A Pandemic Response and Recovery Toolkit for Homeless System Leaders in Canada

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OrgCode Consulting, Inc. prepared this document, with input and direction of the Canadian Alliance to End Homelessness. Parts of the document are inspired and modelled after the National Alliance to End Homelessness' and Center on Budget and Policy Priorities' *A Framework for COVID-19 Homelessness Response: Responding to the Intersecting Crises of Homelessness and COVID-19 and the brief Guide to Using the Framework*, with permission of the authors. The US Department of Housing and Urban Development's *Recovery Guide: Meeting the Needs of People Experiencing Homelessness During Disaster Recovery* also helped with framing and ensuring various content was covered in the toolkit. Finally, the document would not be possible without the plethora of resources created and assembled by the Canadian Alliance to End Homelessness and the Canadian Network for the Health and Housing of People Experiencing Homelessness (CNH3).

1 Purpose and Preamble

Part 1 contains an introduction and summary of the Response and Recovery Toolkit.

1.1 The Purpose and Value of a Pandemic Toolkit for the Homelessness Response System

March 2020 brought with it a chain of events never seen before across the homelessness response sector in Canada. As COVID-19 gripped the country, communities large and small adjusted their homelessness service delivery to help "flatten the curve" and respond to the threat of the pandemic. Working in tandem with municipal/regional emergency preparedness committees and experts in Public Health, the homelessness sector mobilized to prepare for and respond to the pandemic.

The response system mobilization across the Country varied. Some communities followed guidance or used resources from the Public Health Agency of Canada, the framework prepared by the Canadian Network for the Health and Housing of People Experiencing Homelessness, or resources emerging from American entities like the Centers for Disease Control and Prevention and National Alliance to End Homelessness. Others relied upon local expertise, past experience with SARS, and/or pure intuition.

Amidst the uncertainty, the sector responded admirably. Shelter capacity issues were addressed in novel approaches. Street outreach was altered. The intersection between homelessness and health was amplified. Housing emerged yet again as good health care.

In community after community, an initial COVID-19 state of emergency situation assessment gave way to an immediate prevention and containment response (e.g., changes in sheltering practices). After the immediate response was operational, System Leaders[1], with community and government partners, could begin to consider short, medium, and longer-term planning for response and recovery options. What was a sprint at the beginning began unfolding as a different sort of event altogether – a marathon. But unlike marathons that have a fixed finish line that is predictable, there remains uncertainty as to where the finish line is for the homelessness system in the pandemic response and if/when the new normal begins (or whether what is happening now is the new normal – and there is no other "normal" after this).

The pandemic is not over. System Leaders must remain vigilant, prepared to reactivate stringent prevention and containment protocols within homelessness service environments for COVID-19 surges. At the same time, they must examine the response to date, make continuous improvements, and collect and understand lessons learned so that activities and strategies can be further adjusted to achieve the mission of preventing, reducing, and ending homelessness in the post-pandemic era.

[1] System Leaders" used throughout the document is one or more persons and works for an organization that is the recognized leader for the homelessness response system. This is also usually the entity responsible for planning and distributing funding to homelessness serving organizations. Throughout the country these may be the likes of Community Entities, Community-Based Organizations, Service Managers, etc.

The Pandemic Response and Recovery Toolkit is intended to assist System Leaders plan and navigate the community's response and recovery as it pertains to people experiencing homelessness and people supported in housing programs. The Toolkit outlines phases and action steps – many that have been mobilized already across the country - to help with planning, implementation and evaluation of pandemic response and recovery activities in communities. Furthermore, it contains a compendium of resources to help System Leaders along the way.

This could be a time of doom and gloom. But there is a silver lining. With innovation and the courage to capitalize on emerging opportunities, the homelessness response and housing support system may emerge from this situation stronger and better than before the pandemic hit. According to a Nanos Research Poll conducted over July 26 to 30, 72% of Canadians believe it is urgent to end homelessness in Canada. It is possible that we can achieve Recovery for All.

1.2 Organization of the Toolkit

The toolkit is divided into six parts and comes with an Appendix:

1. Purpose & Preamble
2. November Update
3. Behind the COVID Chaos: Assumptions, Realities, and Service Orientation
4. Pandemic Response and Recovery Framework
5. Operationalizing and Customizing the Framework
6. Concluding Thoughts

   Appendix A: Compendium of Tools and Resources for System Leaders

1.3 How to Use the Toolkit

There is more than one way to use the toolkit and hyperlinks are provided throughout the document to assist with navigation to related topics and additional information. Some System Leaders may find it helpful to reflect upon and evaluate what has already occurred, while others will optimize recommendation for future planning and action steps. Other ways the toolkit may be used are for checklists of activities and progress, preparing for the second wave of COVID-19, developing or refining policies, allocating resources, structuring community conversations, and/or developing an evaluation framework. Here are some suggested approaches to using this toolkit:

- ☐ To examine the service orientation essential for housing-focused responses to the pandemic, skip ahead to Part 3;
- ☐ If you would benefit from a summary of activities to be completed in each of the Response and Recovery Phases, skip ahead to the Appendix A-6 for an Overview of the Focus Areas by Timeframes;
- ☐ To examine the anticipated community responses and psychosocial needs of staff and community members as the pandemic progresses, skip to Section 3.4;
- ☐ To assist in making decisions for the re-opening of programs/services in Phase 3 or Post-Peak Period, skip to Section 4.2 (iii) and Section 5.2.

2 November Update

Since the initial release of the Response and Recovery Toolkit for System Leaders, the country has dealt with an increasing number of COVID cases and deaths. While parts of the initial toolkit have stood the test of time, other parts of the toolkit have become dated. Links throughout the document have been updated to newer information whenever possible and relevant. Modifications have been made to parts of the initial text to reflect the updated reality.

Programs and services that respond to homelessness and/or support people once housed have found themselves in new operational realities. Shelters have less capacity. Unsheltered homelessness in encampments is anecdotally on the rise. The importance of housing continues to be the best safety strategy. The urgency of the initial response has subsided and allowed communities to critically think and better respond to this next surge. Community leaders have a better grasp on COVID information and realities, and are better positioned to understand, strategize and implement a response based upon the information gleaned over the past three-quarters of a year.

The emphasis in the response to COVID throughout the country in the homelessness and housing services sector is deeply immersed now in responding to the next wave of COVID and pulling together a strategy and program design to best serve people who are homeless through the winter months when risks of infection from indoor gatherings is expected to continue to rise. All the while, medium- and long-term planning must continue, and the results of this planning may have lasting impacts on how homelessness is responded to in Canada moving forward, even in a post-pandemic or managed-pandemic reality.

The challenges to service delivery are clear as of November 2020:

1. Congregate shelters are a shadow of what they were prior to the pandemic;
2. Unsheltered homelessness appears to be on the rise;
3. Day services like drop-ins are meeting essential needs but are also impacted by physical distancing requirements and service demands;
4. Housing with supports still need to happen, but with modifications;
5. The opioid crisis continues to be deadly;
6. Sustainability of “temporary” measures that have not already transitioned are in question;
7. There is a tsunami of people precariously housed or about to experience homelessness as a result of financial duress caused by the pandemic;
8. The system will need to grapple with questions that may shake the very identity of the system of supports that existed before the pandemic.

1.4 Congregate Shelters are a Shadow of what they were Prior to the Pandemic

Prior to the pandemic, shelters across Canada were diverse, but congregate approaches to shelter – whether sharing a room with a few others or sharing an entire dormitory space – was the norm in most communities. Many of these same shelters had the capacity to flex their number of beds upwards in the

event of extreme weather events like cold weather alerts and blizzards. That cannot happen anymore as physical distancing remains in effect. Most place-based shelters throughout the country (a facility dedicated solely to being a shelter) have seen diminished capacity because of physical distancing requirements.

As a result of the reality of decreased capacity in existing facilities, many communities initially shifted their shelters to other environments: motels, convention centres, community centres, and such, to allow for improved physical distancing. Existing shelters worked at "thinning out their numbers" to allow a smaller number of people into the facility with physical distancing. Throughout the warmer months, as COVID numbers decreased, many communities wound down their temporary shelter isolation and overflow sites. However, as the days turn colder and those sleeping unsheltered seek warmth, and COVID numbers increase with the 2nd wave, not every community has a winter sheltering strategy in place. Whereas demand exceeded supply of shelter beds in many communities prior to the pandemic, it is direr now.

Meanwhile, it is anticipated that there will be a new influx of homelessness from people losing housing for financial reasons. This influx will add to the existing homeless population – many of whom cannot get into shelter. System leaders should consider the following as they plan or action winter response plans or response and recovery plans in general, if not already doing so:

- How to add more capacity to the shelter system (again);
- How to sustain capacity already added;
- How to prioritize people for available shelter space;
- How to improve housing efforts out of shelter to return people to housing – quickly.

Additional response and recovery frameworks and community examples, including those focused on cold weather, are available and regularly updated on the CNH3 website.

1.5 Unsheltered Homelessness (Appears to Be) on the Rise

Because of changes in shelter capacity, and likely in part due to people being unable to stay in doubled-up situations during the pandemic, community after community across the country – urban, suburban, and rural – have indicated that unsheltered homelessness, and especially encampments, are on the rise. Existing street outreach services are often overwhelmed with demand. On top of this, street outreach can find themselves torn between focusing on permanent solutions to homelessness through housing, and meeting immediate needs. Also, street outreach can find themselves working to help people in encampments remain safer through physical distancing of tents, access to basic needs, and assisting with access to health care, including access to COVID testing.

Unsheltered homelessness at this scale is unprecedented across the country. It is both a challenge and opportunity to adjust the system of care to stay focused on permanent housing solutions rather than resigning oneself to this amount of unsheltered homelessness. Considerations may be given to:

- Expanding street outreach services with clear objectives for new positions/teams added;
- Renew or develop a comprehensive street outreach strategy moving forward;

- Providing clarity of roles for different outreach teams as necessary – who is focused on immediate needs and who is focused on helping unsheltered people access housing;
- Creating training opportunities for street outreach services to respond most effectively to the new realities.

1.6 Day Services like Drop-in Centres

Drawing a straight line between the use of a drop-in centre and an exit from homelessness is not always easy, or warranted. In some communities, especially those without 24/7 shelters, day services play a critical role in meeting basic needs and providing a space out of the elements. Some of these spaces throughout the country are very active at engaging people and assisting them to exit homelessness. Others are more passive spaces where contact with staff is usually based upon immediate needs rather than longer-term assistance with accessing or maintaining housing. On top of this, many day services are the only socio-recreational and support outlet for people that have already achieved housing, where the day service invites both homeless and housed people to come and use the programs and services.

There are some communities that introduced day service programming for the first time ever during the pandemic. Designed primarily with an eye toward helping people exit homelessness, there are no doubts lessons learned in some communities that have helped propel the system of care forward. In other communities, day services have changed or stopped.

If shelters and/or street outreach change, the functions of day services will also need to change. Depending on the direction a community goes, this can result in more demands on day services than ever before. System leaders may consider:

- Developing a comprehensive day services strategy that is more in tune with the realities of COVID;
- Outlining housing access expectations of day services, including how day services connect to local Coordinated Access systems;
- Outlining housing support expectations of day services;
- Mapping where and when people can access day services, and what the service user can expect when using the day service;
- Adding more day service capacity if existing operations are impacted by physical distancing such that some people are remaining unserved;
- Expanding Access Points for Coordinated Access into all day service locations.

1.7 Housing with Supports Still Need to Happen, But with Modifications

Oddly, three realities have occurred throughout the country. Some communities have housed an enormous volume of people during the pandemic. Other communities have housed about the same volume of people that they were housing before the pandemic began. Still other communities have seen their housing numbers plummet. While some communities have engaged with landlords willing and

eager to rent during this period of time; others have not found landlords willing to engage or eager to house up vacancies during the pandemic. On top of this, some communities have been able to adapt the work occurring with housing support workers during this time to help ensure safety, other communities have reduced caseloads and/or have been assisting people remotely during this time. Access CAEH'S COVID-19 Resource on Home Visits for tips and examples of how housing support work has been and can be adapted during the pandemic.

Housing with supports must continue. Without outflow from homelessness services, the system will be more overwhelmed. Furthermore, increased lengths of homelessness will have negative repercussions for the people experiencing homelessness. To achieve these aims:

- Efforts at diversion must be funded and consistently applied;
- Rapid resolution initiatives need to be intensive and intentional;
- Rapid rehousing needs to be expanded;
- Creativity and perseverance are required to access more housing options, using a multi-pronged strategy (e.g., modified chronological access for social housing; prioritization for supportive housing; acquisition of additional housing options like converted motels; portable, local rent supplements; etc.). Check out CAEH'S COVID-19 Resource on Finding and Securing Housing for more information on these strategies with associated community examples;
- Amendments to Coordinated Access may be necessary;
- Consistent application of housing supports must continue, based upon the level of need of the individual or family being housed.

1.8 The Opioid Crisis Continues to be Deadly

Opioid related deaths in some parts of the country have reached tragic heights. Some cite the availability of increased funding through the likes of the CERB as a contributor. On top of this, changes to purity and potency of actual substances are having horrific consequences. In some communities, changes in services have also resulted in fewer frontline staff being available to assist with overdose response, especially amongst those who are unsheltered.

There continues to be three overlapping Public Health crises: homelessness; COVID-19; and, opioids. As they are overlapping, they need to be thought of and responses planned for concurrently. For example, homelessness service providers still need to provide overdose prevention and response while promoting harm reduction, while helping people exit homelessness for housing in a way that is safer from contracting the virus. Consideration may be given to:

- Renewing harm reduction education to frontline staff in the sector;
- Expanding outreach and education related to harm reduction;
- Reinforcing or expanding access to harm reduction supplies;
- Providing opportunities for more staff in the sector to be trained on providing Naloxone;
- Expanding safe storage opportunities for substances when people enter shelter;

- Homelessness and housing services renewing their partnerships with safer injection sites, where they exist.

1.9 Sustainability of "Temporary" Measures are in Question

While some communities propped up their system of care with a range of interim measures to keep people sheltered, increase shelter capacity, ensure people living outdoors had basic needs met, and allowed for some housing work to continue in the early days, many of those communities have since pivoted away from interim measures to make more lasting sustained change during this time. For example, some communities started with large, safe interim shelters and then phased those out to replace it with a better planned, and likely longer-term measure – at least for the winter. Other communities have continued on with their initial response and have continued to prop up those efforts with re-deployed staff. In many of these instances, it has been system leaders providing the oversight, and making a plethora of service, funding, and policy decisions. However, many of those same system leaders have had to stop or slow down their involvement in other activities like policy development, shelter system improvements, amendments to housing and support programs, By Name Lists and Coordinated Access development, maintenance, or strengthening, program monitoring, and performance evaluations of funded agencies. The "usual" work, pre-pandemic, has rightly taken a back seat to the life-saving measures required by the pandemic response. Will system leaders be able to get back into the business of leading rather than reactive responding?

System leaders may give consideration to:

- Formalizing a service plan for the next 3, 6 and 12 months that sketches out the system components and objectives, including temporary measures that will fade away, measures that started as temporary but now are going to continue, and, new measures that will be incorporated into the system;
- Prioritizing which non-operational tasks (e.g., program monitoring) will be taken care of and when, along with which initiatives will be delayed until the system is more stable in the new reality;
- Adjust budgets to reflect program realities and help inform investment of new funding from any order of government or philanthropist.

1.10 A Tsunami of New Homelessness is Likely Going to Happen

As the next wave of the pandemic hits, and there remains a depressed economy and households experience financial duress, different parts of the country are likely to experience volumes of people at the precipice of homelessness unlike anything ever seen in recent times. Efforts to ensure there is effective and strategically invested prevention will be key, especially for keeping people housed who previously experienced homelessness and are now in housing. Efforts to enhance diversion will be critical so that an already overwhelmed system of care is not paralyzed by volumes of people seeking service. Rapid resolution efforts likely need to be bulked up as well, to help people exit homelessness as quickly as possible whenever prevention and diversion are not possible or are not effective.

There are real questions of whether local systems of care are designed to handle the potential surge. On top of this, even those that are designed well may struggle with trained and qualified staff shortages in key positions.

Depending on the volumes of people entering homelessness, the entire "front door" of the system of care may need a re-think. If not designed appropriately, it is likely to address the needs of those that just came into homelessness at the expense of those that were already homeless before the pandemic began. Personal values and pressure from elected officials and others may want to see this newly homeless group in more favourable terms because they are seen as having fewer issues and are therefore more deserving. "It's just financial!" the sector may hear repeatedly as a call to action. Specific proactive strategies and responses will need to be designed, funded, and implemented in many communities so that the system of care does not lurch into a reactive response.

System leaders may want to consider:

- Articulating (or renewing) the intentions of prevention, the intended audience, and the financial resources available, with an emphasis on ensuring people that previously experienced homelessness remain a priority to keep housed, while also adding more staff to undertake prevention activities;
- Reinforcing the need for comprehensive diversion, establishing clear objectives, providing flexible funding for diversion efforts, and adding staffing for diversion purposes;
- Working closely with income supports staff to have a complimentary approach to responding to housing instability situations for people on assistance;
- Educating the community on who is eligible for prevention or diversion assistance, how to receive it, and what will happen next.

1.11 The System will Need to Grapple with Questions that may Shake the Very Identity of the System of Supports that Existed Before the Pandemic

In the early months of the pandemic, it was clear that communities and organizations within those communities were doing all they could to react to what was happening. Safety was paramount. Drastic measures were taken. What started as interim measures have morphed. Holding the system together by whatever means possible until such time as "normal" returns is giving way to deeper, more critical and more important questions about whether or not the system of care should return to what it was like pre-pandemic, or if we should embrace a new system design altogether. Now is the time for system leaders to grapple with these questions:

i. What is the future of shelter?

The pandemic has decimated shelters. Safe volumes of occupants have resulted in constricted capacity. Demand remains. The future of shelter likely looks like one or more of the following:

1) Non-congregant settings – to provide the utmost in physical distancing, and help promote dignity, many communities have turned to motels as a shelter option during this period of time. Whether

these buildings continue to operate as motels with contracts for shelter provision, or these buildings get purchased and converted into non-congregant shelters – the option may be viable, and depending on local demand, may be a more suitable approach to sheltering over the long-term.

2) Massive facilities – to achieve appropriate physical distancing, massive facilities may be needed with a much larger footprint in communities. Several communities in North America, including some in Canada, have demonstrated that the likes of large gathering places like convention-type centres allow for physical distancing, allow for integrated isolation spaces in the same facility, and can be staffed at appropriate levels.

3) More, smaller facilities – another approach worthy of consideration is increasing the number of shelter facilities, but making them smaller and in more neighbourhoods throughout a community. Each site would allow for appropriate physical distancing. However, the costs to operate are likely to be higher because the economy of scale from larger congregate facilities are not there from a staffing perspective.

System leaders need to enter into visioning and planning mode for how the shelter system shapes up in the next year. Even if there is a vaccine that proves to be effective, there is no need to go back to how shelters operated before.

ii. How can street outreach change?

Unsheltered homelessness is either increasing or is gathering more attention than it previously has, and many communities are responding to encampments of various sizes and degrees of organization. Some communities had street outreach programs prior to the pandemic, other communities that did not have had to redirect some staff to try to engage with people living outdoors. A lot of street outreach work during the pandemic has focused on meeting unsheltered people's basic needs and promoting safety.

Fundamentally, system leaders need to reckon with what they want street outreach to do and the outcomes expected of street outreach. Street outreach can either be contact driven (seeing as many people as possible and meeting their most basic needs) or solutions driven (seeing a fewer number of people, working with them intensely to obliterate barriers and make it possible for people to access housing directly from being unsheltered). Asking the same staff to do both is remarkably difficult.

Street outreach, like shelter, needs to be one of the central pillars of an ongoing response to reduce and end homelessness. It cannot be an afterthought or cobbled together through re-allocated staff. With the volume of encampments already anecdotally reported throughout the country, public support for ending homelessness may also erode if there aren't effective, street-level responses to homelessness that favour intensive supports and housing over enforcement.

iii. What can and should day services do?

The nature of day services like drop-in centres has been changed by the pandemic. Day services can be a lifeline for people experiencing homelessness, allowing people to address basic needs like access to food and hygiene, and provide safe respite from the elements. Some have remained passive spaces, albeit with physical distancing, while others have started to reinvent day services as a location for intensive

housing engagement and addressing barriers to housing or income access. If shelters operate 24/7 and street outreach is robust and housing-focused, it may reduce the demand and even need for day services in some communities, whereas in other communities without 24/7 shelter and without robust street outreach may find themselves not only needing day services, but fundamentally anchoring the day service response into the system of care.

iv. Will there be enough qualified staff to do the work as new money flows – especially if expectations and remuneration do not rise?

For decades, in many communities, the homelessness response and housing support system has relied upon poorly paid labour to perform the work. While mixed throughout the country, many communities have struggled to attract top-tier talent sustainably to the sector because of insufficient wages for the demands of the job. In a lot of communities, the sector is a stepping stone for better paying jobs in government or health care. What if this was the one opportunity the sector has to reset expectations, enhance professional qualification requirements, provide additional training and support to peers, and allow those in the sector to make a livable wage? Can the industry improve the level of experience and expertise amongst frontline shelter, street outreach and day services staff?

v. Does Coordinated Access as it was constructed and implemented need to be adjusted?

In the pre-pandemic approach to reducing and ending homelessness, Coordinated Access, while difficult, more or less made sense. As systems have shifted and as services can be reimagined in this space of opportunity, it may be the ripe opportunity to explore amendments to Coordinated Access as constructed and implemented. Namely:

1) Do existing Access Points still make sense?
   Access Points to Coordinated Access were shifted in some communities during the pandemic as outlined in CAEH'S COVID-19 Resource on Getting Back to Housing. This was done in some instances out of necessity (no longer was it safe to have large volumes of people in one space), and sometimes out of opportunity (a temporary facility or motel was put in place providing an audience to engage to have included in Coordinated Access). Moving forward in the pandemic, and a continued reopening, will cause some communities to have to permanently change their Access Points. It is likely, as the country moves through the next wave, that Access Points may also need to be increasingly mobile and fluid.

2) Do the prioritization criteria created in the community need to be adjusted?
   As System Leaders have often found themselves in an operational space during the pandemic response, it is revealed that there may be gaps or opportunities to better meet the needs of very vulnerable people. Some of these vulnerabilities were exposed because of the pandemic. It may be the most appropriate time to examine whether prioritization criteria need adjusting.

3) Can passage through Coordinated Access happen faster?
   Some communities have proven it is possible to make the Coordinated Access happen faster, housing large volumes of people during the pandemic – and for many, at rates that are higher than

before the pandemic. There has been a renewed sense of urgency. It is necessary to lean into what is being learned through this process so that lengths of homelessness continue to decrease and more people access housing.

vi. Are we taking equity seriously?

There may never be a better time to address and fix inequities in the system of care. Now may be the best opportunity to see which people are disadvantaged by the system as it is currently designed and resolve to improve the system of care for those particular people so that they get the housing and support opportunities needed in a culturally competent manner. It is likely to be sensitive and difficult, but rather than working at the margins to find slivers of inclusivity within the system, why not redesign the system from the end-user out?

vii. What does system leadership look like now?

The pandemic has reinforced the difference between management and leadership amongst those in charge of designing and influencing systems of care for people experiencing homelessness. Leaders have developed short term responses and have entered into the space of developing a vision for the future that sees the system as being different and improved upon. Managers are living in the day-to-day, lurching from one crisis to be managed after another. They are not yet in the space, or incapable of entering into the space of envisioning a desired future. Now is the time for dramatic transformation in communities that need or want to do so. It requires being brave and thoughtful. It may also mean throwing old plans out the window and creating new ones. The world has changed. How we reduce and end homelessness should change too.

viii. Can we invest in change and spend on impact?

Even with more funding for homelessness services and housing support programs as a result of COVID, now is a time of finally addressing a number of historical issues in how some initiatives are funded throughout the country. For one, communities can untangle the web of fund layering in different programs where they have cobbled together funding from different sources to make a position or program viable, and start to provide more predictable, sustainable funding. For another, system leaders may be better positioned now than they have ever been historically, to de-fund some projects or programs funded through homelessness funding that only tangentially touches homelessness – and even that is a stretch. This may also be the time for system leaders to move some parts of the system more towards a purchased service arrangement than a Request for Proposal and grant issuance approach. Going this route will allow system leaders to have less variation in approaches to conducting the work, increasing standardization to proven and evidence-informed practices.

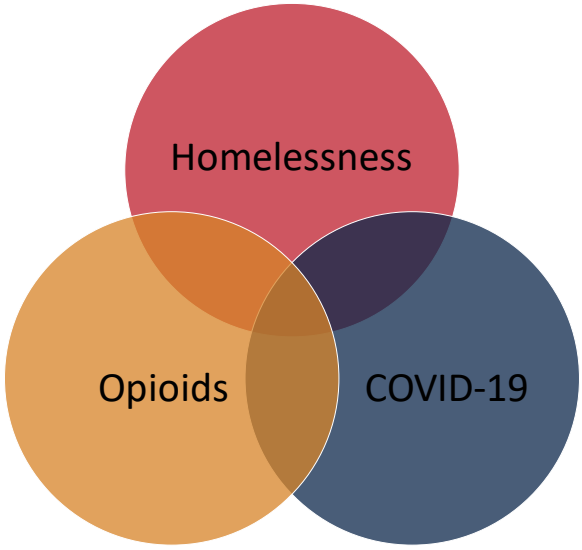
3 Realities, Assumptions, and Service Orientation

Part Three consists of an overview of the many competing realities and issues to consider during the development of pandemic response and recovery action items:

- Three intersecting crises: homelessness, opioids, and COVID-19
- Assumptions and service orientation
- Inclusion and equity
- Disaster response phases
- Responsibilities

1.12 The 'Perfect' Storm: At Least Three Intersecting Public Health Crises

Nationally, System Leaders are likely leading a response to at least three current intersecting Public Health crises simultaneously as it pertains to people who are homeless:



These three intersecting Public Health crises exist within a backdrop of other disparities which further exacerbates efforts by the homelessness response system. These include economic poverty; systemic and structural racism; inadequate, unavailable, or inappropriate low-income housing; compromised health and wellness; discharge planning and connections with other sectors such as corrections and health services as well as child welfare entities that discontinue supports, thus creating a pipeline of transition aged youth from care to homelessness.

The people most directly influenced by the decisions and actions of System Leaders are the individuals and families that are currently experiencing homelessness. Homelessness itself was already a crisis

impacting thousands of people across Canada whose poor health outcomes and death rate far exceed that of the general population. Responding and working to end homelessness has always been complex given the lack of affordable housing, the multiple systems and factors at play, and the diversity within the population of people experiencing homelessness.

In various parts of the country there was already an opioid crisis, with a considerable number of people who are homeless experiencing overdoses, and some people who are homeless dying as a result of opioid overdose. The response from health and law enforcement as it relates to the use of opioids is also quite mixed throughout the country. Where additional support services such as Safer Consumption Sites or Harm Reduction Workers or Concurrent Disorder Therapists have been added, the pandemic has impacted the volume of substances people can access (which has been an increase for some people that received the CERB), how people access quality substances, harm reduction supplies, and peer/professional supports. Meanwhile, there are challenges with supporting people who use any substance and helping them follow self-isolation or quarantine orders, or to follow through on treatment orders. Visit the Canadian Network for the Health and Housing of People Experiencing Homelessness (CNH3) website for COVID-19 resources on harm reduction and drug supply, the Canadian Research Initiative in Substance Misuse for resources on supporting people who use substances in shelter during COVID-19, as well as the Canadian Drug Policy Coalition for resources to better understand the potential harms associated with changes in drug supply and support services.

COVID-19 layers another crisis on top of the other two. While COVID-19 impacts the global population, it impacts sub-populations like those who are homeless and people who use substances in profound and different ways. In issuing guidance to homelessness service providers and local public health authorities, the Public Health Agency of Canada has recognized these impacts and stresses the importance of collaboration in planning, response, and recovery.

1.13 The Mission has not Changed, but Methods may Continue to need Modification Amidst the Pandemic Reality

In the midst of a global pandemic, it would be natural to lose sight of the primary goals of the homelessness response system: to prevent, reduce, and end homelessness. This mission has not changed, even in light of the pandemic. *How* the work is completed may have or may need to change further, for certain periods of time at least. During the initial phase of the pandemic response strategy, it was natural and necessary to focus on what was going to be immediately required to keep the maximum number of people safe, alive, and supported. However, efforts to help people access and maintain housing is continuing, and functions like Coordinated Access are more or less operational, though perhaps differently than before the pandemic began. Visit CAEH's Getting Back to Housing Guide for examples of how Coordinated Access may shift as part of a community's COVID-19 response.

In addition to the ongoing mission, increased emphasis and alignment with the following constructs remain essential for success:

i. Plan for the Needs of Various Populations

While the toolkit speaks to homelessness in general terms, it is appreciated that various populations such as youth, women, Indigenous persons, LGBTQ2S+, survivors of household violence, families and others may benefit from highly customized, culturally appropriate responses. Access resources on responding to various populations on the CNH3 Resources page.

ii. Remain Trauma-Informed – More than Ever!

It is likely that the pandemic has caused or exacerbated existing trauma to people served, as well as staff. Whenever and wherever possible the homelessness response system must be trauma-informed. Regaining control over activities, decisions and choices is essential for people's recovery and must be honoured in engagement. Find resources on this topic on the Homelessness Learning Hub – Trauma Informed Care.

iii. Honour Person-Centred and Strength-Based Responses

Even when dealing with stringent prevention and containment actions during the immediate phase of responding to the pandemic, whenever possible, engagements with service users should be person-centred and strength-based. The needs of the whole system must respect and support the uniqueness of each person or family impacted. To learn more, see the Homeless Hub – Strength Based Approach.

iv. Equity-based Planning and Decision-Making

Equity-based planning and decision-making processes are paramount within communities. The pandemic response should make efforts to include the voice of people with lived experience whenever possible, especially regarding planning and feedback on response options, like this blog from the U.S. National Alliance to End Homelessness (NAEH). Marginalized groups are likely to be disproportionately impacted by the pandemic and should therefore be provided a meaningful presence in creating and implementing homelessness and housing service solutions to the pandemic. NAEH's Framework for an Equitable COVID-19 Homelessness Response is guided by the principle to advance racial justice and equity, as the Framework guides communities to use new funds to help eliminate disparities. For further information and resources, see the CNH3 Resources page, BFZ-C Peers and Lived Experience page, and links to equity resources in the Coordinated Access Scorecard Guide, as well as National Alliance to End Homelessness equity planning resources, or resources from the National Collaborating Centre for Determinants of Health, or the equitable system transformation framework prepared by the US National Innovation Services.

v. Advocacy with Government and Use of Funding

As additional funding is made available for homelessness, it is possible to improve or expand some parts of the system, while bringing other activities to a close, if necessary. Looking at the entire homeless population pre-pandemic, as opposed to all homelessness post-pandemic, may lead one to decide, for example, to expand supportive housing options rather than a shallow housing allowance that would reach more people. It is more equitable to expand social housing for people with deep, unmet needs even though equality would suggest that everyone get some piece of the recovery pie. Further

considerations can be found in the CAEH and OrgCode's COVID-19 Resource on Making Strategic and Housing Focused Investment Decisions During Response and Recovery.

1.14 Stay True to Housing First in Planning, Activities and Communication

This toolkit assumes that across Canada, communities and the organizations within them are operating in alignment with a Housing First philosophy. Homelessness should be as rare as possible. If it does occur, it should be as brief as possible and hopefully never repeated. People served through this approach should be provided ample supports to help them stay housed indefinitely, albeit not always the first place they moved.

i. Make the Case: Housing is a More Affordable, Permanent Response than Just a Homelessness Response

Given homelessness is expensive, and that the service utilization of a housed person is less costly than a homeless person, it can be helpful when planning and implementing the recovery strategy to educate other parties on the fact that ending homelessness is cheaper than managing homelessness. Pandemic recovery funding allows for a greater reach into reducing or ending homelessness, not just emergency responses! Find further information on the Homeless Hub – Cost Analysis of Homelessness.

ii. Prepare Data and Speaking Points on Housing First

The response and recovery processes may expose some community leaders, elected officials, and funders to homelessness in ways they have never been exposed previously. There can be a tendency by people unfamiliar with the population or preferred service orientation to insert criteria that tries to reform or fix people rather than house and support them. There can be a tendency to think some people because of presenting issues and behaviours will not succeed in rental accommodation. Housing First is the most inclusive approach to housing and supporting people. If already enshrined as policy within the community, the pandemic may present the opportunity to educate others on the theory and practice of Housing First. System Leaders should have their speaking and data points ready on this and potentially release them pre-emptively. For example, System Leaders may want to outline their Housing First policies, principles, or programs, and showcase key data points such as the number of people who have been permanently and stably housed through Housing First programming. For a quick summary of Housing First, see the Homeless Hub and this Housing First Summary from the US National Alliance to End Homelessness.

iii. Ensure People Who Are Homeless Access Non-Homeless Specific Recovery Resources

There are various pandemic assistance programs not specifically for people who are homeless. System Leaders should continue to help people who are homeless have equitable access to those assistance programs, like CERB (or its successor), as appropriate. Consideration may be given to dedicating specific staff or assigning funding for additional support workers or navigators to help people who may are

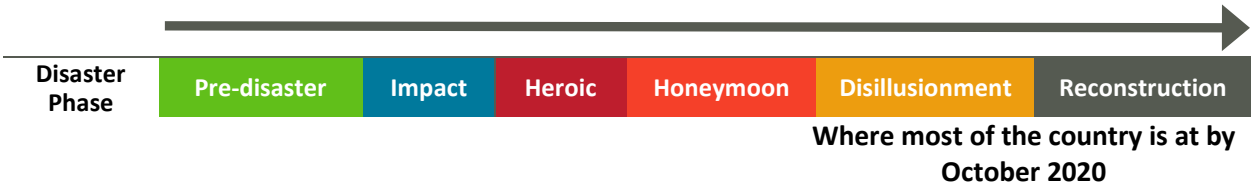
homeless or recently housed access all the funding resources for which they are eligible. See CAEH's COVID-19 Resource on Preventing Evictions for an overview of federal and provincial rental and financial aid during COVID-19.

iv. Don't Forget About Existing Homeless People When There are Newly Homeless People

Where a community already has modified chronological access in place for social housing or other types of rent geared to income housing, it is necessary to ensure that criteria applied to pandemic recovery housing options also considers people who are homeless more favourably, as opposed to being disadvantaged by their homelessness status. It is a good practice to prioritize those who have been homeless longer ahead of those that have been homeless for shorter periods of time. See further information on this topic in the Getting Back to Housing Guide.

v. Disaster Phases

Unlike other disasters that are local or regional in nature, global pandemics are world-wide and can last for an extraordinarily long period of time, as Canadians feel many months later. All disasters have a relatively predictable progression of effects and reactions on individuals and communities from a Pre-disaster phase through to a Reconstruction phase. Understanding this natural progression assists System Leaders in navigating the ambiguity inherent in all disasters. Each of these phases has implications for the homelessness response system and those that lead it.



Phase	Explanation and Indicators
Pre-disaster	The warning time that communities had to prepare for the pandemic. In the pre-disaster phase, people begin to have their initial emotional and intellectual responses to the threat. Some people immediately jump in to prepare and, respond while others cower and resist involvement.
Impact	Psychosocial, personal safety, and financial effects of COVID-19 begin to be understood. The greater the scope and depth of the outbreak in the community/region, the greater the psychosocial impacts on its members. This event impacting both personal and professional life.
Heroic	The goal is to prevent loss of life by whatever means necessary. Feel-good stories of altruism are sought and shared. Resources begin to arrive in larger quantities, moving from an initial response to a sustainable response.

Honeymoon	The initiation of relief efforts gives people comfort and boosts morale. Those most impacted by the disaster desire recovery to be quick so they have the chance to return to normal sooner rather than later. The honeymoon phase of the disaster response is characterized by a short-lived sense of optimism.
Disillusionment	With time, there is a sober realization that things will not be the same as they were before the pandemic. Those impacted realize that there are limits to available assistance. The optimism present in the honeymoon phase wanes while disappointment, anger, and frustration become common. If recovery delays set in or become unduly bureaucratic, some people will turn away from government or community assistance and try to take care of things on their own, usually with limited success.
Reconstruction	Emergency and initial surge responses to address the pandemic subside and close. It is not uncommon for people impacted to experience setbacks and flashbacks and may have trauma from the disaster that has not been dealt with appropriately. People are adjusting to the new situation and realizing they must do for themselves what was previously done by others. Over time, grief and anger may be replaced by acceptance or even optimism.

System Leaders should be sensitive to the fact that not every organization, community, or government partner involved in the response to homelessness during COVID-19 will be in the same phase. This has implications on convening planning and input for the purposes of improving or reprofiling services or acknowledging or replicating what is working.

In examining the progression of the disaster effects, individual emotional responses and collective reactions within the community and the homelessness response system, the following graphic[2] provides a helpful reference.

vi. Why is this Important? Self-Care and System Leadership

Given the emotional highs and lows that are typical reactions as the COVID-19 disaster progresses, it is expected that System Leaders will likely have their own emotional response to the pandemic because of either/both personal and professional pressures. In the initial days and weeks of the response, long workdays and time spent working on weekends was the norm for many System Leaders across the country. If System Leaders do not acknowledge and adjust to which phase they are in, and if the System Leader does not manage their own self-care, entrenched disillusionment rather than reconstruction may set in. Access the CAEH's COVID-19 Resource on Self-Care for related considerations, tips, and tricks. A System Leader Self-Care Checklist is included in Appendix A-1.

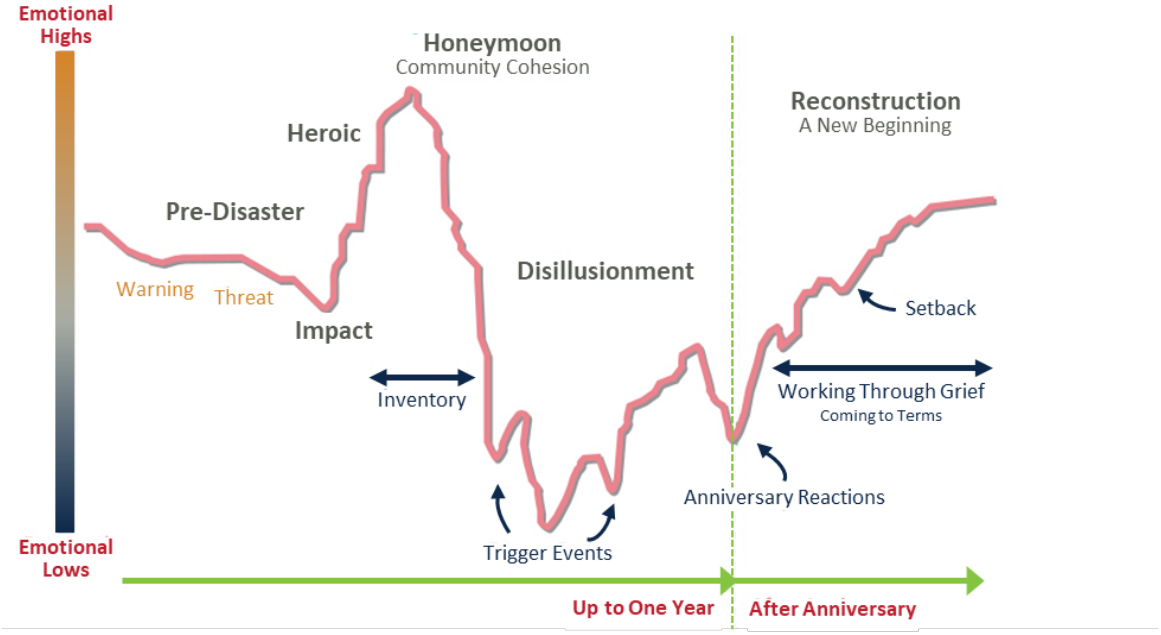
[2] Phases of a Disaster & Collective Responses, US Department of Health and Human Services, SAMHSA. Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. Source: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

1.15 The Reality of Responsibilities

The homelessness response system does not have the capacity, financial, or human resources, to realize all recommended measures included in this toolkit on its own. In fact, a range of entities will be necessary for achieving results of the toolkit. Ensuring that partnerships and collaborative efforts are as successful as possible rests with System Leaders.

i. A Collective Response: Engaging Other Entities

It is likely that System Leaders will have to engage multiple partners and entities essential in the pandemic response and recovery activities. These entities include persons experiencing homelessness, funded service providers, faith-based organizations, local elected officials, government and philanthropic funding sources, and health services. Although the roles and responsibilities identified for each entity differs, each of these partners will be essential in the work of leading the homelessness response system throughout the pandemic response and into recovery. Appendix A-2 and Appendix A-3 provide guidance on engagement with entities, including a self-assessment tool. If there is clarity of role and responsibility, each entity can maximize the contribution, improve the impact of operational practices, and reduce the stress experienced by staff, partners and System Leaders. Local conditions and circumstances may influence when in the pandemic response and recovery each of these entities is engaged, and what the request or need of the entity is for the response of the homelessness and housing support system.



ii. Funding Realities: Options and Decisions

As outlined in CAEH and OrgCode's *Making Strategic and Housing-Focused Investment Decisions for Response and Recovery* , governments have provided considerable additional funding for communities

to respond to the needs of vulnerable Canadians – including those experiencing homelessness - during the pandemic. System Leaders can help make those investments count! More funding opportunities continue to potentially emerge from the Throne Speech. Time will tell how these are implemented and the impacts on the homelessness response system. The commitment to end chronic homelessness should be embraced favourably.

4 A Framework for Pandemic Response & Recovery

Part Four contains:

- A framework for response and recovery
- Providing timelines and guidance for activities

1.16 Five Focus Areas in the Framework

Responding to and recovering from the pandemic can also be viewed as an opportunity to position the homelessness response and solution system to be stronger in the future. For this opportunity to be optimized however, strategies and activities will be required in the following five mandatory areas[3]:

1. **Unsheltered homelessness**: what are the specific needs of people who live outdoors?
2. **Shelter**: what are the specific needs of people who use shelter?
3. **Housing**: what are the considerations in housing access?
4. **Prevention and diversion**: how do we keep previously homeless persons housed, and how do we reduce or stop new homelessness?
5. **Strengthening systems for the future**: what needs to be done as a system of care moving forward?

Most drop-in and day support services including meal programs were closed during the pandemic. If these important services were maintained in your jurisdiction, see Appendix A-5 for considerations for drop-in and day services for all phases of the pandemic response and recovery timeline.

1.17 Four Phases of Pandemic Response and Recovery

To understand the essential actions within each of these five areas, this toolkit provides a framework that is organized across four *overlapping* and *inter-dependent* timeframes. Phase One and Two focus on pandemic Prevention and Containment Activities leading up to and through the Peak Period of outbreaks of COVID-19 locally and nationally. These phases focus on reducing loss of life via incorporating public health guidelines for all parts of the homelessness response system within the reality of reductions (or eliminations) of most community-based supports, potentially including drop-in services. Service modifications are most severe in these phases of response and thankfully, Phase One and Two are done and most communities are in Phase Three which is the Post-Peak Period.

The Post-Peak timeline signifies the (gradual) re-opening of community programs and the economy while ensuring public health guidance (especially physical distancing and use of masks) are incorporated into all environments. As the risk of new outbreaks related to the initial peak of the pandemic declines,

[3] A sixth area, "Drop-ins and Day Services" may be relevant in some jurisdictions but not others. See Appendix A-5 for considerations in Drops-in and Day Services.

the homelessness response system can focus on Phase Four: Post-Pandemic Planning and Implementation to Right-Size the Housing Response System. Phase Four is underway in some parts of the country and not in others. All enhancements during Phase Four focus on endorsing housing-led solutions and ensuring that the system never again returns to operations and environments that increase public health concerns for the people that we serve. Housing must remain the goal of the homeless response system, as housing is good health care.

Pandemic Response & Recovery Phase	Actions
One: Prevention & Containment	Immediate Actions (completed)
Two: Peak Period	Short-term Actions (completed)
Three: Post-Peak & Housing Focused Re-opening Period	Medium-term Actions (underway)
Four: Post-Pandemic Planning & Implementation to Right-Size the Housing Response System	Longer-term Actions (underway in some communities; not in others)

Work across these phases is not entirely consecutive or confined to a specific phase; rather, a lot of work begun in each phase will continue throughout the duration of the Public Health response, into the recovery phase, and beyond.

As previously mentioned in this toolkit, pandemics can generate additional surges in outbreaks. A second surge remains possible as the country heads into autumn and winter months. In the event of a 2nd Wave of COVID-19 outbreaks prior to the release on an effective vaccine, even if a community were to be focused on Medium-Term Action Steps, for example, the community will need to revert back to the Immediate Action Steps (Prevention & Containment), and progress again through the Short-Term Action Steps (Peak Period). Through evaluation of progress locally, it is likely that each community will be better prepared for the Immediate and Short-Term Action Steps, and may be able to progress through those two steps more efficiently than before.

The toolkit document structures activities by timeframe. In Appendix A-6, a summary roadmap for pandemic response and recovery activities for each of the focus areas are structured along the timeframe above.

Overview: Homeless System Planning for COVID-19 Response & Recovery

Immediate Actions

Public Health Focus:
Emergency Protective Measures to Flatten the Curve

Create system-wide screening and testing protocol and route people to appropriate options based on need (symptomatic, asymptomatic, high-risk COVID-19 positive).

- **Unsheltered people**: increase outreach and create additional hygiene resources for people in unsheltered locations
- **Shelters**: ensure physical distancing in current congregate facilities; set up new non-congregate shelter options for higher-risk, symptomatic, overflow, and people in unsheltered locations
- **Housing**: increase efforts to house people through normal channels
- **Prevention/Diversion**: implement jurisdiction-wide moratoria on evictions; support people in supportive housing and specialized rehousing programs
- **Other key activities**: collect data on all response actions for analysis; engage people with lived experience

Short-term Actions

Public Health and Strategic Investment Focus:
Effective and Equitable Re-housing

Develop policies and practices that support people in non-congregate or overflow shelters exiting to housing, not back to unsheltered locations.

- **Unsheltered people**: sustain and expand efforts to support, screen, test, and safely shelter people who are unsheltered; increase outreach efforts
- **Shelters**: begin re-housing people placed in non-congregate or overflow shelters, while concurrently rehousing people in congregate shelters or unsheltered locations
- **Housing**: restart landlord engagement activities; emphasize coordinated access again; being cross-system planning
- **Prevention/Diversion**: scale up to prevent loss of housing among people in supportive housing, intensive case management, assertive community; treatment, rapid re-housing and all other types of supported housing programs
- **Other key activities**: implement equity-based decision-making processes; use data to project need for different interventions and inform equity-based decision

Medium-term Actions

Strategic Investment Focus:
Reduce New Entries into Homelessness

Continue to implement Public Health measures in homelessness and housing programs and supports.

- **Unsheltered people**: rehouse people from unsheltered locations; continue to increase supports to unsheltered persons
- **Shelters**: scale up non-congregate shelters if needed; implement or increase housing-focused supports in shelters
- **Housing**: move people from shorter term support programs like rapid rehousing or temporary rent supplement programs to permanent supportive housing or social housing as necessary; work to increase rental supplements or add more supported housing capacity in community
- **Prevention/Diversion**: prevent evictions amongst people with very low-income, while planning for how to respond to higher-income households facing homelessness; divert households from homeless system when safe and appropriate; engage partners like corrections and hospitals for prevention activities to eliminate discharge to homelessness
- **Other key activities**: use data to refresh projections of need (supports and rental assistance) for different population groups impacted in different ways, applying an equity lens

Longer-term Actions

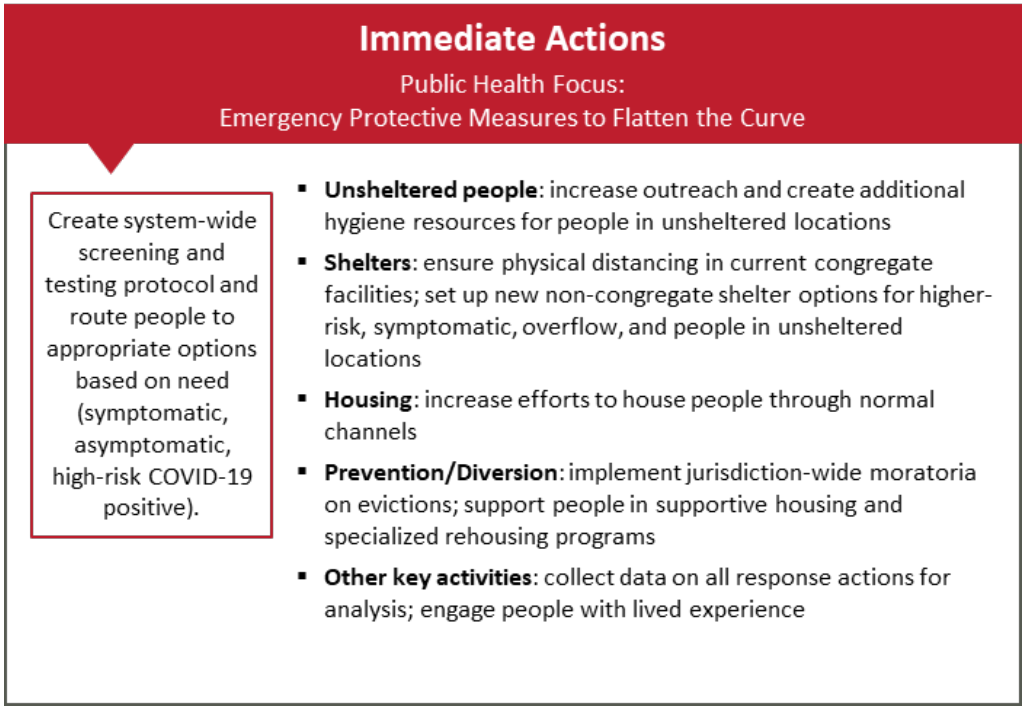
Strategic Investment and Public Health Preparedness Focus:
Strengthen Systems and Prepare for Future Crises

Strengthen connections between homeless and health services, including public health and emergency management systems to prepare for future crises.

- **Unsheltered people**: monitor re-housing efforts for people living in unsheltered locations
- **Shelters**: close non-congregate and overflow shelters by moving people into housing; access the feasibility of congregate shelters as a common practice in light of the pandemic; strengthen opportunities between shelters and economic recovery measures
- **Housing**: assess and plan additional activities to meet the needs of marginalized/highly impacted populations in communities
- **Prevention/Diversion**: expand income eligibility considerations in programs that prevent evictions
- **Other key activities**: conduct review of COVID response to inform lessons learned for planning, including impact of equity-focused practices

i. Phase One: Immediate Actions for Prevention and Containment Activities

With the onset of COVID-19, the first focus is on everything that needs to occur in different parts of the system of care to minimize the risk of infection and transmission of the disease and prevent loss of life. The System Leader may need to provide guidance, instruction, suggestions and/or direction to ensure each of these actions is adequately completed within the five priority areas of the homelessness response system.



FOCUS: Equitably protecting all people experiencing homelessness from COVID-19 infection and illness, helping flatten the curve of community infections while reducing demand on health care resources. Efforts are integrated within a public health and emergency response.

TIMELINE: Completed

Based on the best available public health and homelessness research, the following approaches are recommended for homelessness response systems:

Area of Attention	Action Priorities for Prevention & Containment Period
Unsheltered Persons	▪ To reduce the risk of infection and transmission, do not clear encampments. ▪ Teach, equip, and apply the use of appropriate protective equipment in street outreach. Access CAEH's COVID-19 Resource on Personal Protective Equipment (PPE) to learn more. ▪ Train street outreach staff on physical distancing and other safety considerations in street outreach, including administration of NarCan. Ensure

Area of Attention	Action Priorities for Prevention & Containment Period
	access to and distribution of NarCan and other harm reduction supplies locally. ▪ Implement non-congregate shelter options for people living outdoors. ▪ Apply screening and testing protocols in large-scale outreach efforts for people sleeping rough; examine existing street outreach data and prioritize to whom outreach efforts will be focused. Existing data from outreach services or a past Point in Time Count can help inform where to go first to engage people effectively. Check out the Centers for Disease Control and Prevention's (CDC) considerations for COVID-19 testing in shelters and encampments. ▪ Create and apply safe transportation options, recognizing that public transportation options may not be readily available in many communities. ▪ Ensure access to hygiene resources, either outdoors or in nearby facilities (toilet, shower, washbasin, laundry, soap). ▪ Create and distribute communication materials regarding protecting against COVID-19 with those who are unsheltered, such as the CDC's printable resources for homeless populations ▪ Direct any unsheltered person who is unwell to testing site or other appropriate health care resource. ▪ Monitor and respond to survival needs, such as addressing food insecurity if drop-ins and other food services are currently closed. ▪ Engage people with lived experience to ensure the response to unsheltered homelessness is adequate.
Shelters	▪ Teach, equip and apply the use of appropriate personal protective equipment and reconfigure shelter environments to promote physical distancing. ▪ Shift buffet or cafeteria style food service to individually pre-packaged meals. ▪ Train shelter staff on physical distancing and other safety considerations in sheltering, including administration of NarCan. Ensure access to and distribution of NarCan locally. ▪ Apply screening and testing protocols; examine existing shelter data to prioritize which guests may be better served in alternate settings based upon factors like symptoms, age, and/or pre-existing health vulnerabilities. Consider which testing approach is most appropriate based on CDC's Guidance. Visit CAEH's COVID-19 Resource on Universal and Priority Testing for more information and community examples. ▪ Create and distribute disease prevention materials with those who use the shelter. ▪ Direct any person who is unwell to testing site or other appropriate health care resource, including on-site resources if available or possible. ▪ Create and apply safe transportation options if transportation to or from the shelter is required.

Area of Attention	Action Priorities for Prevention & Containment Period
	▪ Secure and open new non-congregate settings to provide isolation/quarantine units, respite beds, alternate care settings, and temporary shelter options for others (including those who would otherwise remain unsheltered). ▪ Ensure services are delivered in a trauma-informed and recovery-oriented manner. ▪ Amend any procedures or policies as necessary so shelters function in a low-barrier, culturally appropriate, non-discriminatory, and readily accessible manner. ▪ Reduce occupancy within existing shelters, if required to align with physical distancing guidelines, by relocating all or some people to non-congregate settings. ▪ Identify any shelters that need to close, in addition to any winter facilities that may have already closed. ▪ Engage people with lived experience in homelessness to ensure the planned response is adequate. ▪ Avoid service restrictions if at all possible. ▪ Implement/refine harm reduction activities to assist shelter guests who are quarantined/isolating in-place.
Housing	▪ Continue to support rapid resolution options for those that are newly homeless (family reunification, market rate housing, social housing, etc.). ▪ Intensify efforts to house people via Coordinated Access. ▪ Ensure those that are exiting homelessness for housing are connected to follow-up supports, as appropriate. ▪ Continue to provide in-person housing supports when properly equipped with necessary personal protective equipment; provide remote housing supports when it is not possible to safely provide supports in-person. ▪ Clearly communicate to all existing people being supported in housing what is happening with their supports, why and how to get in contact with you. ▪ Create and disseminate communication to landlords, as appropriate, notifying them of changes in the housing support process, if any.
Prevention and Diversion	▪ Implement moratoria on evictions jurisdiction-wide, if possible. ▪ Focus supports on persons and families housed through any existing housing programs for homeless persons to ensure they are stable and have their needs met at this time. ▪ Deliver eviction prevention and shelter diversion activities using an evidence informed approach, including a needs assessment to prioritize households with the greatest risk of entering homelessness. Access OrgCode's webinar on prevention and diversion during COVID-19 for more considerations.

Area of Attention	Action Priorities for Prevention & Containment Period
Strengthening Systems for the Future	▪ Integrate the homeless response with the broader public health response. ▪ Ensure HIFIS, HMIS, or comparable database is being used to capture the data of enhanced capacity, service modifications, and a tracking of inflow and outflow within the homelessness response system. ▪ Engage people with lived experience to gather information on challenges and opportunities for enhancements. ▪ Document and assess the impact of COVID-19 on already marginalized and vulnerable communities such as Indigenous persons who are homeless. For example, see Crisis' overview of the differential impacts of COVID-19 on specific homeless populations and groups in Scotland with associated actions to take forward or the Canadian Housing and Renewal Association's webinar on the Impact of COVID-19 on Indigenous Communities and Housing Issues. ▪ Ensure strategies and communications have broad geographic reach. ▪ Begin noting those elements of the homelessness response system that will be impossible to operate as it previously did, at least until such time as there is a vaccine.

Across the broader system of care within community, the Systems Leader will also lead the completion of a number of additional action steps during the Immediate Action phase of the pandemic response. The following recommendations are provided to assist:

Action Step	Commentary and Considerations
Emergency Response Table Representation	The System Leader either needs a spot at the community Emergency Response Table, or a direct representative/contact person at the Emergency Response Table. Do not let homeless or newly housed people become an afterthought in the community response. Ensure information flows both ways with the Emergency Response Table.
Simple Agreements/ Memorandum	System Leaders may need to negotiate additional shelter or motel access. System Leaders may need to develop new partnerships or service providers to ensure people who are homeless or newly housed are supported responsibly.
Temporary Shelter Locations	System Leaders often need to negotiate with Health and Political Leaders on temporary shelter or motel options. Temporary shelter options should be easily located, lower-barrier, and supplement or replace existing shelter space. The needs of specific population groups (e.g., frail, elderly, women, youth, etc.) may require a special response for sheltering. Shelter locations should almost always be larger facilities that allow for physical distancing and some privacy either through a non-congregate option, or with congregate sheltering with appropriate spacing between individuals/families. Some or all temporary shelter locations will require a special operator for the time of the

Action Step	Commentary and Considerations
	temporary shelter, a framework for which types of services and supports to offer at this time at the shelter, and a reporting structure back to the Emergency Response Table on the effectiveness and challenges with establishing and operating the shelter.
Specialized Shelter Spaces for Survivors of Violence	System Leaders in homeless services should ensure they are informed of the response being taken in the Violence Against Women sector, and effectively, and as necessary confidentially, communicate that information to service providers during the pandemic. Access the CNH3 website for domestic violence sector resources.
Transportation	People impacted by the pandemic are likely to require transportation to and from locations established to meet sheltering and other service needs. Communities may need to consider parking, bussing, use of street outreach vans, and/or other forms of transportation like taxis or rideshare programs to get people to the locations where they can be served, and return to other locations as necessary.
Food Security	People impacted by the pandemic, whether staying at a temporary shelter or not, quite possibly will experience food insecurity. Amongst lower income and homeless persons that relied upon food programs like drop-in centres prior to the pandemic, this issue will be especially acute. In communities where drop-in services remained open to serve people, please examine the recommended activities identified in the Appendix A-5. If drop-in services have been closed during the pandemic, System Leaders will need to work with community partners to ensure there is food access for homeless and newly housed persons while aligning with public health guidance throughout the pandemic response and recovery periods.
Needs Assessment/ Safety & Health Screening	System Leaders need to work with Public Health colleagues to communicate how Health Screening will occur in the sector. This should be made clear for persons experiencing homelessness, for newly housed persons, as well as for staff and volunteers.
Communication/IT Equipment	System Leaders need to work with technology partners to ensure whatever additional facilities are added have appropriate communication and IT equipment.
Purchasing	System Leaders need a pathway to clear procurement and may need to stay involved in problem-solving procurement issues in the community-based sector.

Action Step	Commentary and Considerations
Immediate Funds	System Leaders need access to petty cash. System Leaders also may need to access (emergency) funds for a service provider through a new or existing contract.
Access to health services and medications	System Leaders have to work with colleagues and counterparts in health to ensure there is appropriate access to health resources, including mental health and substance use support services. Medication access and medication management changes may also be necessary, and System Leaders may help problem solve medication access or storage issues.
Children's Services	System Leaders need to work with partners in Children and Youth Services to ensure there is access to childcare options for frontline workers in homelessness and housing support services. System Leaders may also need support from Children and Youth Services for child/youth programming at a temporary family/youth shelter facility.
Supports for Service Animals and Pets	Some of the people impacted by the pandemic have service animals or pets. Considerations will need to be given to such issues as food access, where the animal can relieve itself, potential kennel options, and the general care and welfare available for the animal at this time. See this resource regarding pets, homelessness and COVID-19. Further resources around sheltering and pets can be found on the CSTN website.
Inter-agency Contacts	System Leaders assemble key contacts across each organization, as well as relevant contacts in other systems.
Collect data in HIFIS or HMIS	System Leaders must promote and support that relevant data is collected during this time to allow for analysis, service planning, evaluation, etc. For communities that use HIFIS, check out the HIFIS How-To series for how HIFIS can support COVID-19 response and recovery.

ii. Phase Two: Short-term Actions for Peak Period of Pandemic

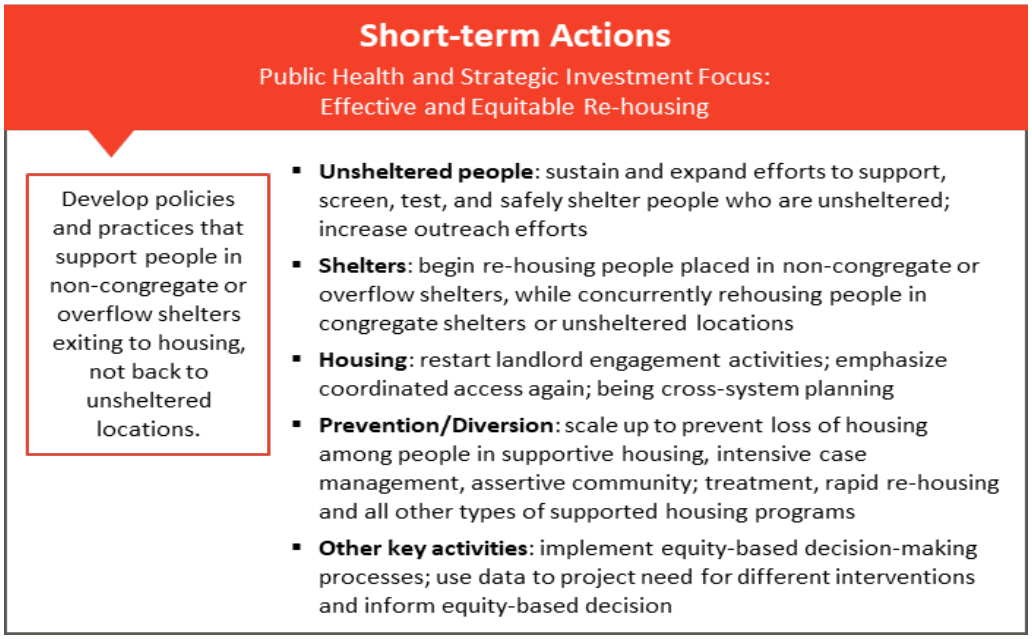
During Phase Two, the focus is on everything that needs to occur in different parts of the system of care after immediate actions are at least underway and communities are experiencing the Peak Period of pandemic outbreaks. The System Leader may need to provide guidance, instruction, suggestions, and/or direction to ensure each of these actions is adequately completed.

FOCUS: Effective and equitable use of resources to re-house people experiencing sheltered or unsheltered homelessness.

TIMELINE: Completed.

Based on the best available information and research, the following recommendations are provided:

Area of Attention	Action Priorities for Peak Period of Pandemic
Unsheltered Persons	▪ Revisit whether the outreach strategy has been comprehensive in locating and mapping encampments as well as required testing. ▪ Continue to make offers of shelter and housing to those that remain unsheltered. ▪ Solicit input from faith-based organizations, neighbours, businesses that are open, and people with lived experience to identify where outreach efforts can be expanded or refined to reach people not previously engaged (especially at or near encampment sites that are not occupied during visits, but there is evidence one or more person is staying there).
Shelters	▪ Increase capacity of non-congregate shelter options as necessary, especially for those who are higher-risk, and for people who are symptomatic, as well as people that need to be relocated from existing shelters to decrease



Area of Attention	Action Priorities for Peak Period of Pandemic
	occupancy rate for physical distancing requirements, and respond to unsheltered homelessness based upon uptake of shelter options. ▪ Continue to provide screening and testing and expand to meet demand as necessary. ▪ Re-examine any remaining policies and procedures that are creating barriers for people to stay sheltered, or have resulted in service restrictions that could have been avoided. ▪ Provide shelter or housing options for people exiting quarantine or isolation shelters and cannot return to their original location. ▪ Assess whether equitable access to new and existing shelters is being provided. ▪ Continue to incorporate harm reduction activities to assist shelter guests who are quarantined/isolating in-place.
Housing	▪ Examine data to project demand for different types of support and housing needs. For example, the U.S. Corporation of Supportive Housing (CSH) projects supportive housing need by state based on chronic data. ▪ Ensure Coordinated Access is robustly tracking availability of housing and support opportunities and matching as expediently as possible. ▪ Begin discussions of need for more permanent housing through new builds/remodels or acquisitions. For example, CSH outlines key considerations for exploring hotel/motel acquisitions as a housing strategy for people exiting COVID-19 shelters. ▪ Enhance landlord engagement activities to recruit more units. ▪ Monitor data to ensure that exits to housing are equitable. ▪ Ensure people that move into housing are linked to appropriate services.
Prevention and Diversion	▪ Adjust volume of supports in housing as existing tenants adjust to new reality. ▪ Prioritize supports to existing tenants that are at a higher risk of re-entry into homelessness. Identify if type and intensity of supports need to be different from pre-pandemic supports. ▪ Enhance front door diversion activities at each shelter, or for the entire shelter system to prevent people from experiencing homelessness. ▪ Identify/dedicate investments for eviction prevention for people housed through any of the community's re-housing housing and support programs.
Strengthening Systems for the Future	▪ Promote equity-based decision making within intersectoral partnerships. ▪ Monitor and assess data to ensure that testing and screening is being administered equitably. Check out the National Health Care for the Homeless Council's Brief on Testing, including recommended actions to actively reverse disparities (page 6). ▪ Create cross-sector planning structures for moving forward.

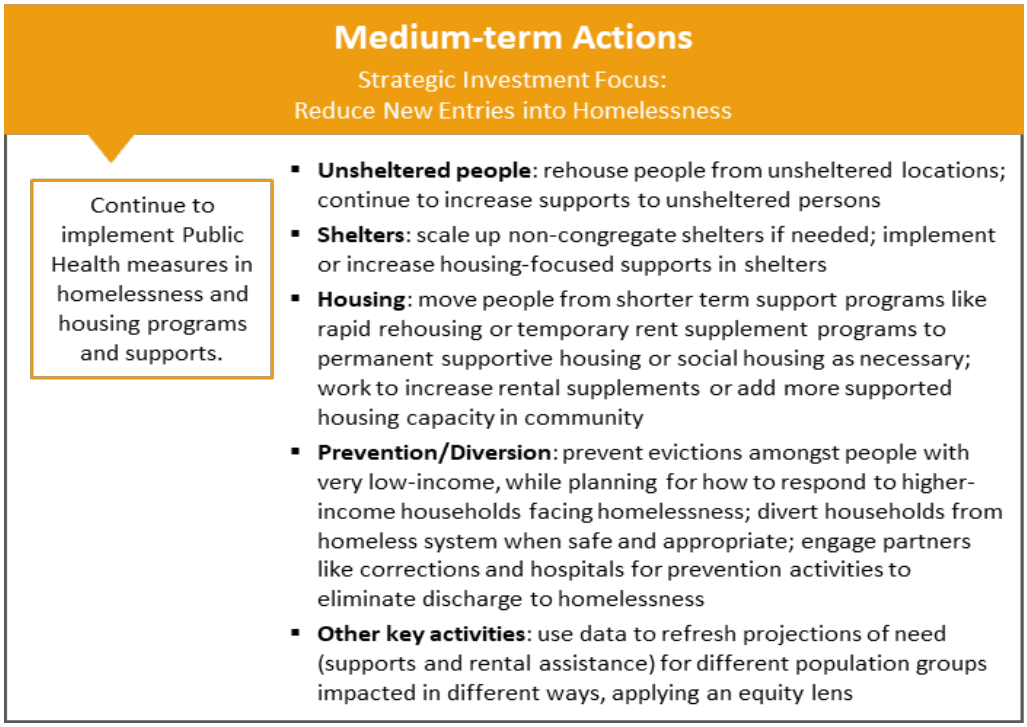
Area of Attention	Action Priorities for Peak Period of Pandemic
	▪ Generate formal processes for cross-sector feedback, collaboration and decision making.

Across the broader system of care within the community, Systems Leader will likely be required to lead the completion of the following action steps during the Shorter-Term Action phase of the pandemic response:

Action Steps	Commentary and Considerations
Access to Translation	System Leaders may need to work with translation services or other community partners to get essential homelessness or housing COVID-19 related documents in languages other than English.
Culturally Appropriate Services and Leadership	Indigenous persons, as well as some immigrant, newcomer and refugee groups, may benefit from information and services being provided in a culturally appropriate manner. System Leaders should work with community partners to ensure culturally appropriate services and leadership are available during the pandemic response and recovery.
FAQs	System Leaders should keep a running list of questions from homelessness and housing service providers, and the answers provided. System Leaders should also provide links to essential information from other relevant sources. Consider how and how often changing information will be communicated to service providers. For example, a summary e-mail or newsletter with Q&As is sent to all providers on a weekly basis.
Reconfigure housing-based support services, as required	System Leaders also need to consider the support needs of formerly homeless persons living in housing throughout the community. This can require working with agencies to re-tool how supports are delivered or authorizing that supports can be delivered remotely during this time.
Solicit Proposals of Interest	If there is a known or possible expansion of programs and services to people who are homeless or newly housed, the earlier stages are the best time for System Leaders to solicit an understanding of interest from the community-based sector to operate/deliver these programs any services.

iii. Phase Three: Medium Term Actions for Post-Peak Period & Housing Focused Re-opening

Phase three focuses on everything that needs to occur in different parts of the system of care once Short-term Actions are at least underway and focus on re-opening services/programs in the Post-Peak period. The System Leader may need to provide guidance, instruction, suggestions and/or direction to ensure each of these actions is adequately completed during the post-period period.



FOCUS: Reducing new homelessness and maintaining housing access and support emphasis.

TIMELINE: Underway.

Area of Attention	Action Priorities during Post-Peak Period & Housing Focused Re-opening
Unsheltered Persons	▪ Complete a case review and case conference process as necessary for all people remaining unsheltered. Determine if lack of movement inside is a result of service barriers that need to be resolved, lack of capacity, previous poor experience of trying to be inside since pandemic started, and/or personal choice to stay outside. Develop personalized support plan for each person that desires to go inside, with a pathway and timeline for achieving that result through shelter or housing. ▪ Develop personalized support plan for each person that desires to continue staying outdoors. Support plans should include information and as necessary, support with physical distancing, hygiene, sanitation, harm reduction, food security, survival supports, etc.

Area of Attention	Action Priorities during Post-Peak Period & Housing Focused Re-opening
	▪ Continue to monitor all unsheltered persons for symptoms, regardless of whether it is their intention to move indoors or stay outdoors.
Shelters	▪ If necessary, amend or increase non-congregate shelter capacity. ▪ Continue monitoring, screening and testing shelter guests in both lower-density congregate and non-congregate settings. ▪ Review policies and procedures, including service restriction policies, if people are being exited from shelter or only allowed restricted access to shelter. ▪ Begin evaluation of pre-existing shelter facilities for capacity and other facility issues that will change operations moving forward with a focus on maintaining public health guidelines.
Housing	▪ Emphasize that housing is the solution to homelessness and public health concerns. ▪ Make amendments to Coordinated Access prioritization criteria and other processes, as necessary. Examples of amendments to Coordinated Access are available in CAEH'S Getting Back to Housing Guide. ▪ Create individualized service plans for each unsheltered person that wants housing, as well as each person in a motel or non-congregate shelter, to access housing (via Coordinated Access, or if they have the means and lower service needs, independent of Coordinated Access). Check out HUD's Guidance on Supporting Individuals Exiting Isolation or Quarantine for information on successful transitions to housing. ▪ Enhance landlord recruitment and retention activities. ▪ Scale up intensive housing supports as necessary to assist the volume of higher-need individuals about to access housing. ▪ Coordinate the administration of all types of housing subsidies from one location if possible. ▪ Update housing need projections.
Prevention and Diversion	▪ Put in place "front door" diversion and prevention resources system-wide, with flexible financial resources to customize problem-solving action steps for each person/family, where possible. ▪ Focus eviction prevention services on those with very low-income. If there is a large number of low-income people applying, prioritize applicants by other higher need criteria. ▪ Work with Provincial/Territorial income support programs to partner on prevention and support activities. Standardized approaches to prevention and diversion remains important. ▪ Work with child welfare, corrections and health care institutions to improve discharge planning and reduce the inflow into the homeless serving sector.

Area of Attention	Action Priorities during Post-Peak Period & Housing Focused Re-opening
Strengthening Systems for the Future	▪ Examine timelines (end dates) of eviction moratoria, additional income assistance, and other related initiatives. Use this data to analyze and project impact on homelessness response system. ▪ Analyze data on returns to homelessness and customize supports for each returning household to exit them back to housing rapidly. ▪ Assess the impact of equity-based decision-making.

Across the broader system of care within the community, the Systems Leader will likely lead the completion of the following action steps during the Post-Peak Medium-term Action Plan phase of the pandemic response:

Action Steps	Commentary and Considerations
Refine immediate and short-term operations that are continuing	System Leaders want to ensure there is an understanding of which operations are going well and where there are opportunities for improvement. System Leaders may be involved in visioning, problem solving, or funding to refine operations that are continuing.
Initiate longer-term planning process	System Leaders want to initiate planning for the longer-term. Consideration may be given to what opportunities have presented themselves, the impact COVID-19 has had on the work of ending homelessness, what it will take to get initiatives stalled by the pandemic back on track (or squashed if no longer relevant), and how to sustain the COVID-19 response, if necessary. Attention may also be paid to understanding and addressing longer-term low-income housing needs.
Reorganize community resources to focus on housing acquisition and maintenance, as necessary; analyze previous service options and amend for the new reality, as required	As a result of COVID-19, many congregate shelters across Canada require lower occupancy and a change in configuration of operations and services. The community will need to add more shelters or house a sufficient volume of people so as to right-size the new version of shelter. Approaches to street outreach, day services like drop-ins and meal programs, and even housing help centres are likely in need of transformation moving forward if the old way of doing business is impossible as a result of the pandemic. System Leaders may need to cut ties with programs that are no longer viable (a shelter that is not financially prudent at a reduced number of beds) if they can find suitable replacement services, or if the community is better off without the service. Coordination with other orders of government if/when they directly fund services like shelter outside of a local response may be necessary for System Leaders to achieve this aim.
Focus on housing as part of the recovery	System Leaders are likely going to need to persuade all emergency parts of the system to again focus on housing and Coordinated Access. Use of cost comparison data to illustrate the differences between traditional responses to homelessness, the pandemic response to homelessness, and the solution to

Action Steps	Commentary and Considerations
	homelessness should be prepared and presented. System Leaders may also want to borrow from a Social Determinants of Health framework to make the case for housing as a solution to homelessness. In addition, System Leaders should be prepared to make the moral argument on why housing is the best solution to homelessness.
Retool processes like prioritization and coordinated access	Developments in the community as a result of the pandemic may require a retooling of the prioritization criteria or process. Other aspects of Coordinated Access may also need to be revised like case management or matching. These changes, if permanent, should be codified by System Leaders moving forward. These considerations are addressed in the CAEH Getting Back to Housing Guide.
Begin planning for new service options and winding down temporary options	As new facilities and housing options come onboard, System Leaders should begin reducing and even stopping new intakes at temporary facilities. Ensure new facilities and housing options are appropriate for the nature of the pandemic (e.g., new shelter facilities allow for physical distancing). As appropriate, begin to transition people from temporary facilities to new facilities or, ideally, housing options.
Monitor who returns to homelessness	To improve the response, which has an emphasis on housing people, it will be important to for System Leaders. To understand which types of people are not being successful in the process and therefore return to homelessness.
Expanding housing and landlord liaison services	Recovery will primarily be focused on housing people out of homelessness, whether they were in homelessness prior to the disaster or became homeless as a result of the disaster. To achieve this aim, most communities will need to expend more resources on landlord recruitment and liaison services and will likely need additional workers to support people in housing once they move out of homelessness. New housing opportunities (e.g., housing normally used by students or seasonal workers) may also be available in the community.
Expanding prevention and diversion services	Newly homeless persons – especially larger volumes of them - present challenges to the unique opportunity to make seismic changes to the homelessness response system. To keep people from experiencing homelessness, communities must expand system-wide diversion and prevention services and ensure there is ample rapid resolution services available to maximize resilience in helping people resolve their own homelessness.
Innovate & transform	After basic and immediate needs are met, it is possible to vision and dream about what the system of care – or any of its programs or supports like income/benefits – can look like. Innovation in recovery will help ensure that the response in the medium and longer-term is not simply about trying to return the homelessness response system back to what it used to be. When necessary and appropriate,

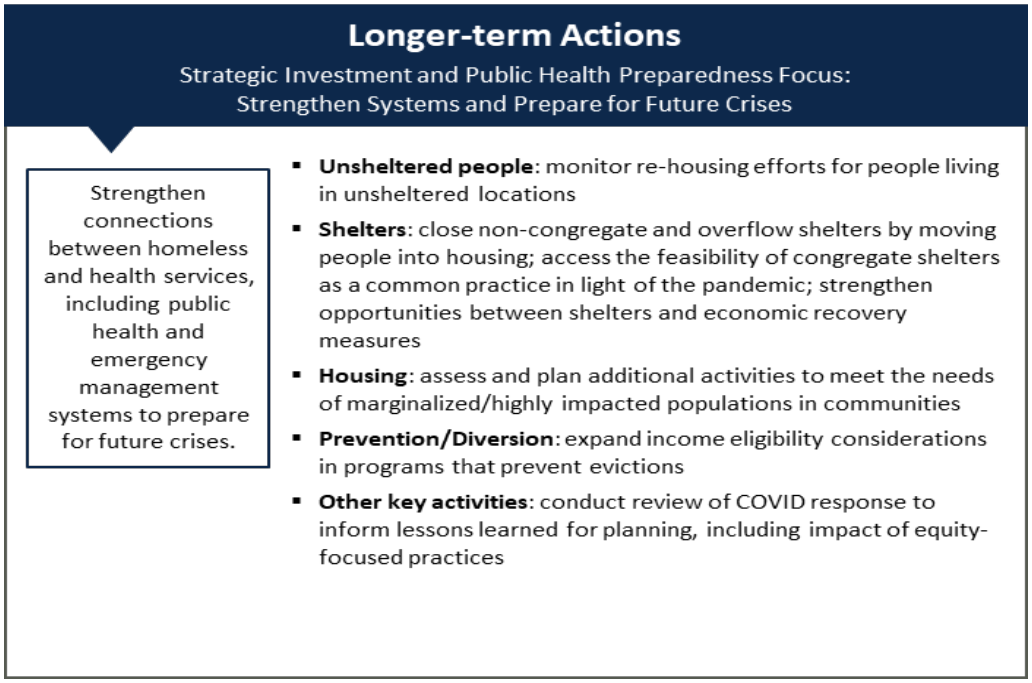
Action Steps	Commentary and Considerations
	this can be a time of considerable transformation in how the sector operates moving forward.
Follow-up with unsheltered persons	System Leaders will need to ensure basic needs of unsheltered persons continue to be met, and that offers of shelter, housing and other services continue as appropriate.

iv. Phase Four: Longer-term Actions for Post-Pandemic Planning & Implementation to Right-Size the Housing Response System

The final focus is on everything that needs to occur in different parts of the system of care once Medium-term Actions are at least underway and planning begins for the Post-Pandemic reality. The System Leader may need to provide guidance, instruction, suggestions and/or direction to ensure each of these actions is adequately completed. As with each of the 4 Phases of the Pandemic Response and Recovery Framework, it must be realized that the progression from Phase 1 to Phase 4 will be replicated after each COVID-19 surge with Phase 4 implemented during the post-peak period.

FOCUS: Strengthen systems and be better prepared for future crises.

TIMELINE: Underway or soon underway in most Canadian jurisdictions



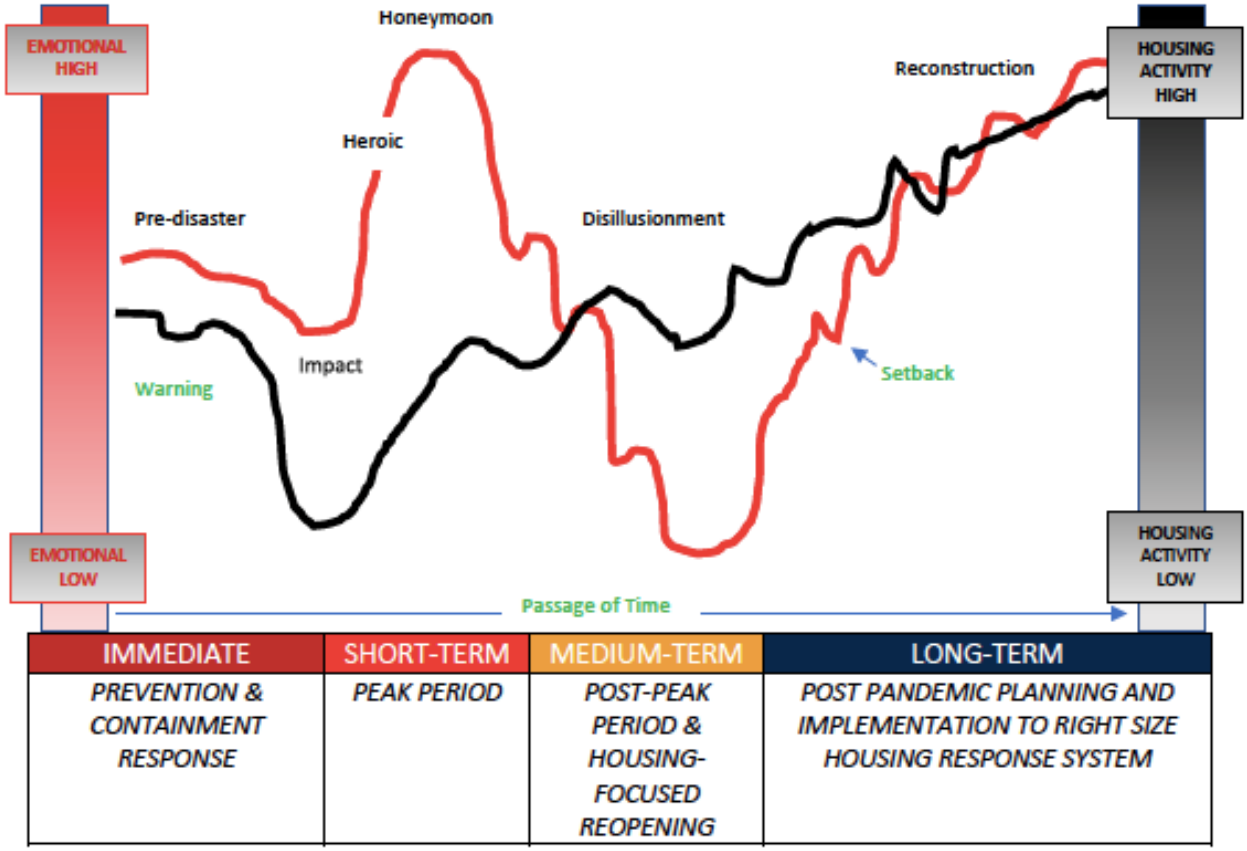
Area of Attention	Action Priorities for Post-Pandemic Planning & Implementation to Right-Size Housing Response System
Unsheltered Persons	▪ Continue to monitor all unsheltered persons for symptoms, regardless of whether it is their intention to move indoors or stay outdoors. ▪ Continue to provide access to basic needs and survival supports. ▪ Allow encampments to be removed only when there are public health concerns with the encampment, there is sufficient posted notice, there is intensive outreach to resolve the situation without enforcement, and there are direct housing options or non-congregate shelter options that can be offered for each person.
Shelters	▪ Implement plan on pre-pandemic shelter structure (remodeling to allow for physical distancing, shutting down, redeveloping, etc.) while simultaneously expanding non-congregate shelter facilities. Communities should avoid any net loss of beds unless trends analysis demonstrates there has been sustained lack of need. ▪ Begin to close surge spaces (motels, convention centres, etc.) as both housing and non-congregate sheltering options for people to move to come online. ▪ Work with shelters to ensure unrelenting housing focus moving forward, if not already in place.
Housing	▪ Continue to connect people to housing supports based upon their specific needs/acuity. ▪ Continue to implement plans to expand supportive housing options. ▪ Begin assessing interest and commitments from multiple sectors to support housing investment across various affordability levels based upon projections.
Prevention and Diversion	▪ Assess and strengthen system-wide diversion and prevention implementation. ▪ Continue to support people who have exited homelessness with customized case management. ▪ If prevention needs of low-income people have been sufficiently met, expand income eligibility criteria for eviction prevention assistance to include moderate incomes.
Strengthening Systems for the Future	▪ Strengthen coordination and partnership between homeless programs and health programs, including public health, mental health, physical health, and substance use supports. ▪ Document the strengths and weaknesses of your community's response to the pandemic. ▪ Examine data to communicate impacts of COVID-19 on homeless persons and break out data on specialized population groups like Indigenous Persons if necessary, to demonstrate health disparities and inequities. ▪ Document promising practices.

Across the broader system of care, the Systems Leader should also lead the completion of the following action steps during the Longer-term Action Plan phase of the pandemic response:

Action Step	Commentary and Considerations
Complete renovations, new development and/or wind down of homeless serving facilities that can no longer be used	System Leaders provide guidance on when to close a temporary facility or return it to its original use, with input from a range of stakeholders. Facilities that were added should only be retracted once people have been presented housing or other suitable and safe shelter options. System Leaders may need to create a structure that encourages case conference, as necessary, for any individuals or families that are not easily served by the new or amended facilities being offered.
Enhance prevention resources	System Leaders should work to expand the volume of follow-up support workers to assist newly housed people in staying housed. Meanwhile, increase income eligibility thresholds to moderate income for available prevention programs, if resources allow.
Continue with expanded diversion resources	Continue to ensure that there is a system-wide, robust diversion protocol in place. Problem solving and flexible financial resources that can be activated quickly are necessary.
Adjust support levels for people moved into housing	Some of the people moved into housing will require more intensive supports, either in a time-limited or permanent manner, and as such, adjustments need to be made to caseloads to reflect this. System Leaders need to encourage and fund suitable caseload sizes for the intensity of support being provided. Similarly, there will be some persons presumed to require more intensive supports that may benefit from less intensive supports.
Wind down emergency response table	Discontinue involvement of the homelessness response system or their designate at the emergency response table.
Evaluate response and lessons learned	System Leaders should appoint or hire someone (or an outsider like an academic, evaluator or consultant) to design and complete an evaluation. Conduct the evaluation of the entire response focusing on what can be replicated in the future because it worked well, that which can be replicated with modifications to get improved results, and that which cannot or should not be replicated because it did not work well. Ensure the evaluation is anchored in data not opinions and anecdotes.

As a summary of the pandemic response and recovery activities with the passage of time as well as the anticipated phases of community reactions and psychosocial needs related to a disaster, the below

graphic[4] provides a summary of activities, emotions, responses and the increasing emphasis that must be placed on housing-led solutions.



[4] Graphic amended from Phases of a Disaster & Collective Responses, US Department of Health and Human Services, SAMHSA. Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. Source: https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

5 Operationalizing and Customizing Pandemic Response and Recovery Framework

Part Five consists of:

- Completing a Situational Assessment to Determine Next Steps for Local System
- The Implementation Order of Pandemic Response Activities
- Reactivating a Pandemic Response, if required
- Housing and Support Options to Consider
- Data and Improvement Science

The mission for the homelessness response system has not changed (prevent, reduce and end homelessness), however, efforts to prevent loss of life and implement public health measures have radically revised most of the daily activities. In most communities, there are sections of the system that have required major modifications in order to respond to the pandemic. Communities and organizations must be careful not to revert back to solely managing homelessness rather than ending it. Based on each local and unique situation, the depth of the COVID-19 impact on the system, your clients and your community as well as the evolution from pre-pandemic, pandemic containment to post-peak period activities and the people served in each community, next steps can only be identified once an assessment of the current situation is completed.

1.18 Complete a Situation Assessment to Determine Next Steps

As is the case for all professional practices, next steps can only be determined after slowing down, assessing the current situation and considering the most appropriate approaches and strategies that will allow partners to continue focusing on the ultimate goal of ensuring safe, appropriate housing options for all. The System Leader, in concert with trusted advisors and peers, should work through the following assessment:

1. **Situation**: where is our community and our system regarding COVID-19 pandemic phases, what's happening, what partners are actively collaborating, who is currently being served well and who is not?
2. **Mission**: what's the next phase to be tackled and how do we ensure that the mission does not get lost in the shorter-term objectives related to ongoing pandemic response measures, even for those communities experiencing the post-peak period of COVID-19's first surge?
3. **Execution**: how will we continue to promote prevention and containment measures while preparing for post-pandemic operations within a transformed reality, what lessons have been learned so far and are all action steps still incorporating housing for all as paramount for recovery?
4. **Coordination**: who is doing what, are cross-sector communications and collaborations effective, is data being gathered on modified service delivery for future analysis?

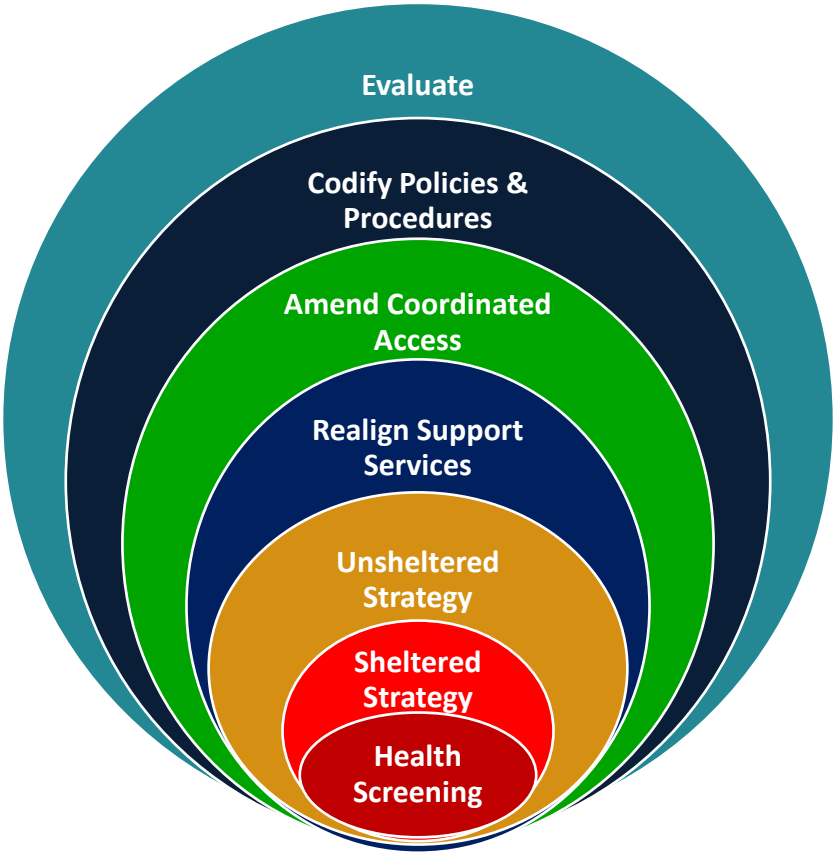
5. **Timelines**: when will each action/element be completed? Although there are many things that are outside of our immediate control during disaster response and recovery, timelines that detail anticipated milestone and accomplishments promote hopefulness, even in periods of ambiguity.
6. **Questions and confirmation**: anything else that needs to be clarified?

System Leaders are not expected to have all the answers, but they are expected to ask the important and pertinent questions to ensure that decisions and activities move the system to a successful housing-focused recovery for all. To assist System Leaders in assessing the current situation impacting the local system and community and determining the next actions required, Appendix A-7 provides System Leaders with the important questions to ask to complete a valid, relevant and thorough situation assessment. Access Crisis, Groundswell, and Pathway's "sense-check" tool for additional community considerations that help identify the strengths of community responses and areas of further attention.

1.19 One Essential Step at a Time: Remain Strategic to Avoid Unintended Consequences and Problems

In this section of the toolkit, key service modifications to the homelessness response system impacted by COVID-19 that need to be addressed are reviewed. While some of these can happen concurrently, most of the action items at least must start with the preceding step. Operationally, it is quite likely that once initiated, ***many of these items will or have happened concurrently***.

Although it can be overwhelming to remember everything that needs to be done, the homelessness response system and its leaders have plenty of expertise in addressing complex social issues – the quest to prevent and end homelessness in recent decades has equipped System Leaders with the ability to succeed even in the midst of ambiguity. To assist in determining where your local homelessness response system is, consult Appendix A-8 for a Community Self-Assessment of Major Steps Checklist.



When reviewing these steps, keep in mind the overall mission is to house people. When reading the outline of steps for response and recovery, Coordinated Access to housing and supports should and can continue throughout steps 1-4 where there is a clear connection to housing support services and a shared understanding of how the person will be supported and served in the community. Housing is an immediate action. But, be sure to holistically revisit the community's Coordinated Access process after the fourth step in terms of what housing support services are available, prioritization processes and criteria, etc.

These steps for service modifications will need to be reactivated if another peak of COVID-19 outbreaks re-emerge again in the autumn or winter months of 2020/21. Any additional pandemic peak periods will demand the reactivation of pandemic response actions especially in Disaster Phases One and Two, as discussed in the last section.

i. Response Step 1: Screening and Health Service Access

From the beginning, even as it has shifted, there needs to be a shared understanding of what the health screening is, who is doing which health screening with which people, where a homeless person that is symptomatic should be referred, and how a symptomatic person or person identified through contact tracing will be supported and assisted in getting to the testing site for COVID-19. Visit the CNH3 website and CAEH'S COVID-19 Resource on Universal and Priority Testing for screening and testing guidelines and community examples.

Clarity is required on how the community will address and support people who are unwell. Where will they stay when recovering? Once recovered where will they go?

Direction and support are required for the homelessness response system when encountering people who are unwell who refuse to get tested or supported. This has to include direction for both sheltered and unsheltered persons. This support and direction need to come from qualified public health professionals. Similarly, direction and support are required for when people who are homeless cannot follow orders to self-isolate or quarantine (perhaps by choice, and more likely impacted through the power of social bonds, mental health, addiction or dependency). System Leaders in homeless services need to engage with colleagues in public health and law enforcement on how broken isolation or quarantine directives will be addressed. Expecting absolute compliance without appreciating the particular needs of the population group is not in keeping with a lower-barrier approach to serving people who are homeless. Access CAEH'S COVID-19 Resource on Requesting Leadership and Support from Local Health Authorities for specific examples of how public health professionals should get involved and tips for garnering their support.

Communities have also struggled with, and subsequently learned, that clarity between health and homelessness response is necessary. The homelessness response system should be supported by Health, but not run by health services. Health services should be supported by homelessness service providers, but not run by homeless service providers. So, for example, a Health provider should not run the shelter, but may operate the isolation unit within the shelter for people with symptoms or diagnosis. Or another way of looking at the same situation, the homeless service provider should run the shelter, but not the isolation unit.

ii. Response Step 2: Shelter Considerations

Many communities throughout the country implemented different types of shelter solutions as part of the homeless system response. Some of these were temporary and have since closed. Others are temporary and have not yet wound down. Other modifications are permanent. Revisions were made to reduce shelter occupancy within existing shelters to align with public health measures. Revisions also incorporated efforts to identify homeless persons at higher risk for deadly impacts of COVID-19 and provided a more appropriate environment to prevent loss of life. Regardless of the type of additional shelter space provided, it must meet physical distancing guidelines.

In many instances throughout the country, existing shelters have experienced radical transformations. Many have reduced capacity as a result of physical distancing requirements. Most have had to rethink everything from personal and facility hygiene to how community rooms are used; from how to safely serve meals to how to properly complete intakes without long queues for admission. In the face of COVID-19, many existing shelters throughout the country will need to permanently change their operations and occupancy. It is entirely possible that some communities will require additional and/or more appropriate shelter facilities moving forward to meet community demand while trying to sustain the same number of shelter beds within the community. Dedication to increasing the outflow from the homelessness response system via housing while ensuring an unrelenting diversion, rapid resolution and housing-focused strategy moving forward will reduce the pressure faced by shelter partners.

All shelters, whether pre-existing or added, must maintain a high standard of operation. The preference is to have these shelters operating as low-barrier as possible while appreciating the necessity to align with Public Health guidance related to disease prevention standards. So, for example, a shelter may have sorted out safer injection practices at or in close proximity to the shelter, but people staying in designated isolation or quarantined spaces are still unable to physically leave the shelter except for a two-hour window every day. Working with partners involved in shelter delivery and Public Health professionals, communities should be actively working to support those guests who struggle to adhere to this expectation without removing them from service whenever possible. This can result in changes to intake process, operating policies, and barring/service restriction practices. In some circumstances, the need to be as accommodating as possible given the Public Health emergency strains the staff and/or the organization to respond effectively.

The experience of other disaster responders historically suggests that, in some instances, there will be a push to keep those who were already homeless prior to the pandemic separate from individuals or families that become homeless and need shelter because of the pandemic. Often, those who become newly homeless because of economic strain related to the pandemic receive a different response from community partners or are given different priority for recovery supports. It can be a mistake to divide the homelessness response system into what is essentially a more deserving and less deserving divide.

Guiding documents for shelter/motel can be found on the CNH3 website.

iii. Response Step 3: Unsheltered Homelessness

Outreach to unsheltered persons has adapted to educate unsheltered persons on COVID-19 and the available shelter options for them. Street outreach is also screening for symptoms and directing and/or accompanying people to health resources for testing. Street outreach workers are identifying those persons that are choosing not to avail of existing shelter resources and focus on hygiene, food security and safety of those staying outside. Concurrently these workers are amplifying efforts to promote and support permanent solutions to homelessness directly from unsheltered environments.

Encampments should not be cleared unless there is an imperative to address imminent risk to loss of life and/or all housing and shelter options have been exhausted. There are risks concerning disease transmission if people are moving around community more and are dislodged. Related to encampments, it is important to have every known location where one or more person sleeps consistently mapped for the entire community. It should also be known who stays there, whether or not they are engaged in housing activities, and what their immediate and medium-term support needs look like. The encampments map should be updated in as close to real time as possible as unsheltered persons move to shelter or housing. The encampment map should be used by homeless service providers and Public Health officials but should never be used for enforcement activities. All the same, a community can ask law enforcement, by-law, parks staff and the like to help populate the encampment map. Check out these key considerations, tips, and resources from Built for Zero Canada on mapping and coordinating outreach coverage.

Depending on the experiences of homelessness within the community, it may be necessary to prioritize which unsheltered persons are served in which order. The rationale for prioritization in the COVID-19 response can look different than the prioritization criteria used during a non-pandemic period.

Physical distancing should be supported in encampments. Outreach staff need to advise and help unsheltered persons, wherever possible, plan for and increase the amount of physical space between tents or other structures put in place for staying outdoors.

Sanctioned encampments may be discussed in your community as part of the official COVID-19 response. This can be a discussion that occurs as part of the initial immediate response but seems to occur more in the short and medium terms as a community grapples with some unsheltered people that remain outdoors and do not avail themselves of additional indoor resources, where they exist. Communities should proceed with caution. Wind down strategies are very difficult. Having enough staff to safely operate and support the sanctioned encampment can be hard to come by. Redirecting street outreach staff to operate the encampment takes outreach staff away from supporting other unsheltered persons who choose not to use the sanctioned encampment. Unsheltered persons cannot be forced to go to a sanctioned encampment.

Some people may move from shelter spaces to unsheltered locations thinking it is a safer alternative than congregate shelters, even with physical distancing in the shelter. Data sharing across the community, especially between shelters and street outreach providers, is necessary.

iv. Response Step 4: Support Services Realignment

Amendments will likely be required in how support services continue for formerly homeless persons now in housing. For example, some housing case managers or follow-up supports workers may be of an older age or have pre-existing health conditions that would place them at greater risk if they continued to do in-person home visits, and as such they may move to remote housing-based supports. For example, the Ontario Housing First Regional Network of Community Interest facilitated a webinar in April 2020 with four Housing First programs, detailing COVID-19 changes to their housing work such as home visits and considerations for other housing programs. Additionally, access CAEH's COVID-19 Resource on Home Visits for examples of amending home/support visits during COVID-19.

Additional funding may allow for resources to house more people. This rate of expansion, however, is limited to how quickly the Coordinated Access process can respond and the availability of housing support staff (for example, more case managers) as new program matches and referrals are added. There is likely to be pressure felt by System Leaders to get money out the door fast. Insufficient infrastructure to quickly allocate and disburse these funds to prepared and qualified agencies may result in investments not having the desired impacts. It is also likely to result in substantial returns to homelessness if too many people are matched to housing with insufficient or no supports.

For both people in shelter and people who are formerly homeless in housing, a variety of government and community-based supports will need to be navigated. They include:

- **Income Supports**: most people will be on or be eligible for a variety of Provincial/Territorial income assistance, from general welfare to disability supports, and may be eligible for various Federal programs as well. At the same time, however, accessing one type of income support may make a person/family ineligible for other benefits like access to a bus pass. Such intended and unintended consequences on revisions to programming and benefits need to be addressed and navigated.

- **Supportive Services for People Who Use Substances**: There are three primary service areas where a response will be necessary:
  - Services that assist people with cessation and abstinence, including detox and longer-term support services;
  - Services that assist people with withdrawals, though still using;
  - Services primarily designed to reduce harm.

  In some communities, access to substances has also changed as a result of the pandemic, and people who use substances may be exposing themselves to product they have not previously used or from a source that they have not previously relied upon. Even when those who use are reminded of testing purity and starting in smaller doses, additional overdose response resources can be required. Resources on overdose safety and support, and harm reduction practices in shelter/isolation units, as well as substance use more generally and COVID-19 are all resources that may be helpful to System Leaders when engaging with substance use and harm reduction services.
- **Physical Health Services**: access to doctors, nurse practitioners, nurses and other allied professionals will need to be made available to all people who are unwell, whether it is COVID-19 related or not. Where non-essential health services have been changed, some people supported in homeless or housing programs will need assistance in the interim, as well as support in reactivating those supports in the post-pandemic era.
- **Services that Support Mental Wellness**: access to psychiatrists, counsellors, therapists, mental health nurses, and mental health peers will need to be available to people who are struggling with their mental wellness, whether it is COVID-19 related or not.
- **Cultural Supports Services, Especially Indigenous-Specific Services**: consideration should be given to how people can (continue to) engage with cultural supports during the pandemic. Shelters that serve concentrations of people of the same culture may appeal to cultural leaders to provide supports safely at a shelter facility, or remotely when the technology is available to do so. Cultural practices such as smudging should be supported and should incorporate Public Health measures regarding appropriate physical distancing. To learn more, go to the Homelessness Learning Hub Indigenous Homelessness and COVID-19 Resources.
- **Services that Support People's Faith Practices**: as different faiths have different worship practices, services that support people's faith can look quite differently. Establishing the likes of a prayer or meditation space within shelter space is a good practice. It can be possible to stream different religious services depending upon available technology.

v. Response Step 5: Coordinated Access Considerations

With screening and COVID-19 specific health resources in place, safe shelter strategies, appropriate support in place for unsheltered persons, and support services have been realigned, the homelessness response system must double-down on its emphasis on re-housing. This is not to say that essential housing work did not occur while the first four steps are being completed. However, in this step there is the opportunity to truly understand how the shifting reality impacts Coordinated Access. It is possible that policies and processes regarding priorities, program matching and referral processes need to also

be modified. Furthermore, the availability of resources, or lack thereof, can influence which supports are available to assist people once they move into housing, or the timeframe for focusing on assisting more people in accessing housing.

Careful examination of existing prioritization criteria and processes may be required to confirm whether or not amendments need to be made in light of the pandemic. For example, a community may place greater emphasis on people with pre-existing conditions for housing. This could be in addition to existing prioritization criteria or take the place of prioritization criteria during the time of the pandemic and the response to it. Visit CAEH's Getting Back to Housing Guide for examples of how Coordinated Access prioritization criteria or processes may shift as part of a community's COVID-19 response.

Housing location and landlord relation services should focus primarily on opportunities to rehouse people through Coordinated Access. This means the usual engagement in discussions with the landlord about whatever housing support programs exist in each community. In addition to the CAEH's Getting Back to Housing Guide, a summary of housing and support options for homeless people during pandemic response and recovery can be found in Appendix A-10.

Some System Leaders will feel the pressure to get newly homeless people, especially those whose homelessness is directly tied to the pandemic, housed faster than those who were already homeless when the pandemic began. Community efforts to scale up their homelessness prevention, diversion and rapid resolution efforts will assist in decreasing the inflow of new households into homelessness due to the pandemic. The Coordinated Access process and policies may need to be re-examined however if the homelessness response system is pressured by other sectors in the community to prioritize newly homeless people. If this is the case, important deliberations will be required to determine whether these households are prioritized for all housing resources or just housing opportunities that emerge as a result of COVID-19.

vi. Response Step 6: Codify Practices and Policies

"What is happening and why" cannot and should not live in people's memories nor should this knowledge be constantly changing or open to interpretation. After the immediate response, System Leaders may find it helpful to work closely with all relevant parties involved in the pandemic response to put practices into policy language. Capturing these in writing becomes important for operations and future evaluation, but also can be critical for planning for a second wave of COVID-19. In addition, if responses to the pandemic are recorded in various communities, then cross-jurisdictional analysis may be possible to identify truly best practices in Canada that could/should be replicated in a second wave or future pandemics.

Depending on the size of the community and the nature of the pandemic impacts, the System Leader may need additional support to complete this work. If the system had redeployed or furloughed policy staff, they will be needed for System Leaders at this time. Data analysts are likely also to be required.

vii. Response Step 7: Evaluate & Determine Lessons Learned

Continuous improvement should be embraced and practiced throughout the entire implementation of homeless services during all phases of COVID-19 disaster response. When there are natural pauses in

the feverish pitch of operations, such as moving from short-term actions to medium-term actions or when the first peak of COVID-19 outbreaks seems to be over, a more fulsome evaluation makes sense. The evaluation should inform future responses, including responses and service modification such a subsequent surge of COVID-19 outbreaks occur in the months ahead.

In the evaluation process, it will be important for System Leaders to examine the after-action review through a system planning perspective. Communities have operated with the best of intentions while relying on the available resources and information during this unprecedented experience. Perfection remains the enemy of the good. System Leaders may find it helpful to embrace a "failing forward" mentality when evaluating and improving the disaster response and recovery framework moving ahead.

1.20 Stay Prepared to Reactivate Intensive Pandemic Response Mode

Public Health experts warn that there may be a second wave of COVID-19. Lessons learned in the first wave response should inform the planning and response for a second wave. A Second Wave of COVID-19 Planning and Response Checklist has been included in Appendix A-9. Harnessing all of the insights and lessons learned from the response of the initial COVID-19 outbreak, the additional sub-sections below provide guidance for System Leaders that may need to lead community partners through a second wave of the pandemic.

i. Optimize the Local Planning Group

System Leaders may benefit from (re)activating a (virtual) planning group to gather feedback on the response in the first wave of COVID-19, and how that helps prepare for a potential second wave.

Consideration should be given to ensuring the following voices are included in that process:

- People who are homeless and sheltered
- People who are homeless and unsheltered
- People who are previously homeless and now in housing receiving supports
- Service providers, including frontline, management and executive staff
- Vendors (for example, if food was prepared, delivered or provided by a third party; if transportation was provided by a third party; if security was provided by a third party; etc.)
- Community and allied non-health service providers (for example, a trusteeship program that supports people who are homeless or newly housed, but not exclusively)
- Partnering health professionals, including public health, mental health, physical health and substance use support/recovery services

ii. Use Lessons Learned from Initial Response to Inform a Reactivated Response

System Leaders may benefit from structuring what is being learned in the process of responding to the pandemic. This may be helpful to structure using the same themes from the 5 Areas of Attention in

action planning: Unsheltered; Shelters; Housing; Prevention and Diversion; and, Strengthening the System for the Future.

iii. Reinitiate Implementation of Service Adjustments & Activities from Phase One of the Disaster Response and Recovery Framework

In the event of another COVID-19 outbreak in your community (see this checklist from the Center for Disease Control), it is recommended that System Leaders re-initiate all activities identified in Phase One of the Immediate Actions (Prevention and Containment activities) as outlined in Part 3 of this document and in Appendix A-6. Ensuring that the lessons learned from COVID-19 responses during the initial surge of outbreaks will assist in refining the implementation of service modifications and response activities during subsequent surges in the pandemic.

1.21 Data Tracking and Improvement Science for Pandemic Response & Recovery

There are both opportunities and circumstances that require homeless response and housing support services to be delivered differently than they were before the pandemic struck. Whether by choice or by circumstance, the pandemic presents opportunities to challenge some assumptions, deliver programs and services differently, and learn. The System Leader should lead or delegate the task of collecting and tracking all necessary data and information in the response to allow for measurement of changes and the impact on achieving outputs and outcomes compared to service results prior to the pandemic.

i. Selecting New Data Points to Track

Each community should decide what, if any, new data elements they wish to collect during this time that they feel are relevant. Caution should be exercised in selecting too many new data points. The enthusiasm to learn can lead to a temptation to create a laundry list of data points that may be interesting, but are difficult to consistently collect, or are difficult to collect because it takes too much time to collect and enter data with the resources available. Better to select five or few new data points and do them well rather than having a list of aspirational data points where data quality and completeness is poor.

For communities that use HIFIS, check out the HIFIS How-To series for how HIFIS can support COVID-19 response and recovery.

ii. Three Simple Metrics Tracked Well to Determine Effectiveness

Three simple metrics provide considerable insight into the performance of the support system pre-pandemic, response, and post-pandemic periods. System Leaders are able to pull this data from their By-Name List, but a quality BNL is not required to track changes and impacts.

Metric	What to Examine	A Deeper Dive
How long are people remaining homeless?	Mean and median in equivalent time ranges pre- and during pandemic. For example, if in the 10th week since the pandemic began, examine data for the 10 weeks prior to the pandemic. Examine both weekly results and the results over the entire time period.	Further analyze the data by other variables. Examples include: ▪ Age range ▪ Acuity range ▪ Indigenous & non-Indigenous ▪ Chronic homeless status ▪ Type of household (individual, family, youth)
How many people exit homelessness?		
How many people return to homelessness?		

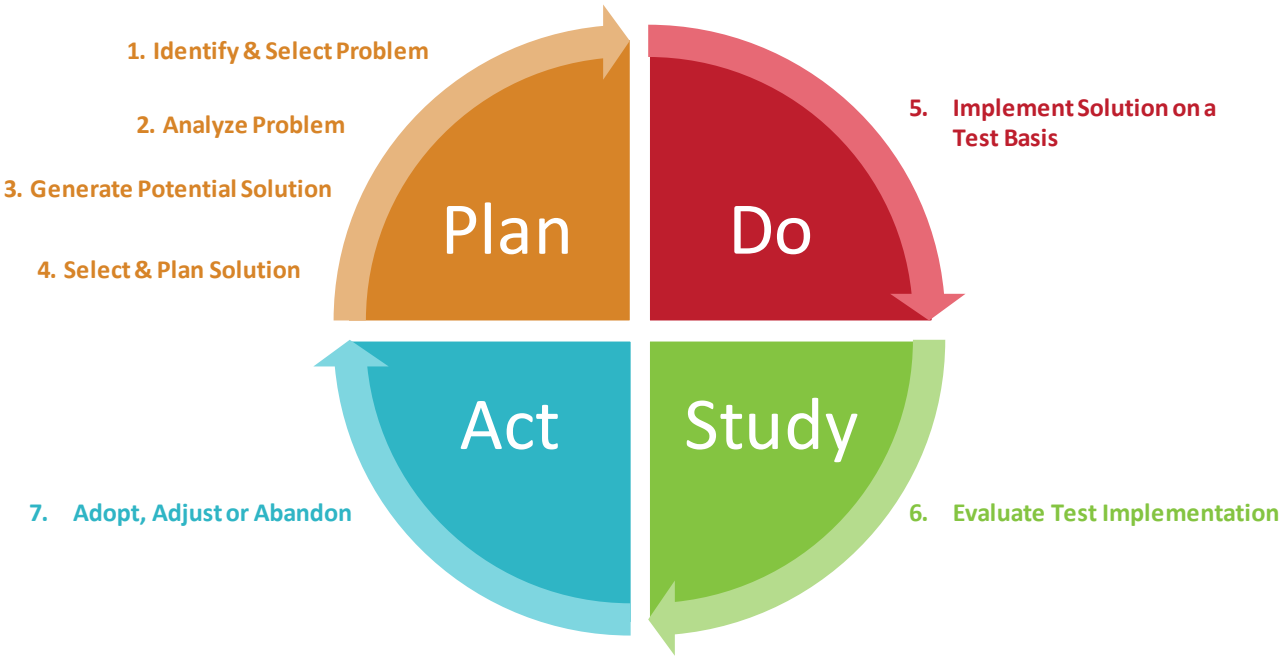
In communities where data has historically been of poor quality or incomplete, this can be an opportunity to energize the system on data collection and analysis. Without good data and good analysis, the ongoing response to the pandemic, including the possibility of reactivating a response for a second wave, will be informed by anecdote rather than fact. Where service providers and System Leaders have opinions related to the response and how to make improvements, these should be confirmed through data wherever possible. This may result in other data points needing to be collected in some communities.

iii. Establishing a PDSA (Plan, Do, Study, Act) Cycle

Some improvements being considered lend themselves to the use of a PDSA Cycle to measure the impact of the improvement and make revisions. System Leaders test new ideas and exercise innovation in responding to a crisis. Implementing surge shelters, centralizing intake, adding more diversion staff, and amendments to coordinated access are all examples of change ideas that have been implemented during the response to the pandemic. While the tendency may be to skip to implementation, System Leaders should be mindful and intentional about defining the specific change they've introduced as part of COVID-19 response or recovery and measuring the impact of such change in a way that answers the question, "how will I know if this resulted in improvement?".

Why is it important to test change ideas within a defined structure? Beyond the ability to answer the question of "how will I know if this resulted in improvement?" it also informs which changes a System Leader may want to help bring to scale across an entire system of care. It also allows the sector to demonstrate that it is responsive to new information and efficiencies and improvements on effectiveness where warranted.

The four-step management model is iterative, which naturally lends itself to adaptations if the idea is deemed worthy, but the execution needs improvement. The model can also result in adopting an improvement – potentially at scale through the entire community – thereby improving performance for all organizations involved in the same type(s) of work. Lastly, the model can result in abandoning an idea where results do not demonstrate adaptations are likely to make improvements. Nonetheless, at least one adaptation is often tried prior to abandoning an idea tested through a PDSA Cycle. For further information on the Model for Improvement and using PDSA cycles, refer to the Improvement Guide.


1. Identify & Select Problem
2. Analyze Problem
3. Generate Potential Solution
4. Select & Plan Solution
Plan
Do
5. Implement Solution on a Test Basis
Act
Study
7. Adopt, Adjust or Abandon
6. Evaluate Test Implementation

6 CONCLUSION

Pandemic response and recovery are not one size fits all. Communities should use this document to help create a local customized plan for moving forward. Communities should also reference back to this document for updates as new information and practices are learned.

It is clear that the current pandemic has caused trauma, loss and chaos for communities, the homelessness response system, the people that we have the privilege to service and the staff that are dedicated to service delivery excellence. It is also clear, however, that recovery from this disaster provides an important opportunity for the homelessness response system to right-size its services and demonstrate the innovation and leadership required to demonstrate that housing-focus responses provide the best cure for homelessness and public health concerns. Creating a system of care that diligently espouses evidence informed, strength based and person-centred design, processes and practices is the opportunity that exists in each Canadian community in the post-disaster reality. Together, we can end homelessness in Canada once and for all.

APPENDIX A – COMPENDIUM OF TOOLS AND RESOURCES FOR SYSTEM LEADERS

A-1. System Leader Self-Care Checklist

A-2. Fostering Collective Response and Recovery – A List of Potential Partnering Entities and Their Roles

A-3. Engagement with Community Partners Checklist

A-4. Financial Resources for COVID-19: Investments Available for Communities, Agencies and Individuals

A-5. Drop-In and Day Service Considerations

A-6. Framework Summary Table: Focus Area by Activity Timeframe

A-7. Creating A Customized Response & Recovery Framework: Important Questions for Situation Assessment

A-8. Community Checklist of Major Steps to Respond to Pandemic

A-9. Second Wave of Pandemic Covid-19 Community Response and Preparedness Checklist

A-10. Housing & Support Options for Homeless People during Pandemic Response & Recovery