

# MAKING STRATEGIC & HOUSING-FOCUSSED INVESTMENT DECISIONS FOR RESPONSE & RECOVERY

Governments have provided significant additional funding for communities to respond to people experiencing homelessness during the pandemic. We have a responsibility to make those investments count. Although each community will have unique challenges, there are currently two interdependent and overlapping opportunities for both strategic and tactical decision making:

- Leadership Opportunity 1: Responding to the COVID-19 Pandemic
- Leadership Opportunity 2: Recovery from the Pandemic’s Initial Surge

Beginning with overall investment decision-making considerations, this two-part guidance document was created to assist community leaders in their decision making and system planning activities as they lead COVID-19 responses and recovery from the initial wave. It is not an all-inclusive document; community leaders are encouraged to reach out to CAEH, OrgCode, and other partners for additional community-based supports.

## Overall Investment Decision-Making Considerations

### Prioritizing

With emerging needs and opportunities, community leaders should consider using a [decision-making matrix](#) to identify and address “important & urgent” and “important & non-urgent” priorities first, before moving on to those that are non-urgent.

URGENT, BUT NOT IMPORTANT	IMPORTANT & URGENT
NEITHER IMPORTANT NOR URGENT	IMPORTANT, BUT NOT URGENT

## Maximizing Impact

Within the new COVID-19 reality, leadership and decision making must be elevated to ensure that it is strategic, forward-thinking, evidence-informed, and data-driven. Now is **not** the time to invest in ineffective homelessness prevention and re-housing practices. It is also not the time to revert to traditional funding approaches that focussed more on evenly distributing funds to community partners and less on expectations of quality assurance and measurable outcomes. *“Invest in Change, Spend on Impact”* must continue to be the mantra for community leaders making important funding decisions at this time.

## Aligning and Adjusting Plans

Community leaders are encouraged to revisit shared principles and goals across local systems of care, commonly outlined in community plans or plans to end homelessness. While plans and priorities may need to shift, the goal to end homelessness continues. Now is the time to ensure you are fully grounded in your principles.

A reminder to Reaching Home Designated Communities that [Reaching Home Directives](#) have been updated. Community Advisory Board (CAB) sign-off is not required for new Reaching Home allocations, although consultation is encouraged wherever possible. Project objectives outlined in initial community plans may also be adjusted during this time but any changes to base funding allocations still requires CAB sign-off.

Crisis situations such as pandemics highlight existing vulnerabilities in local systems of care that may have gone unnoticed or been accepted in the past. Never has the demand for strategic investments, service coordination, and effective collaboration been stronger. Now is a great time for communities to look at their plans and priorities and revisit with their partners what is possible and most effective for ending homelessness.

## Equity

As communities work to respond quickly to local needs, it remains essential that leaders strive for equity-based decision making. Even amid a global pandemic, communities must work to close the gaps already evident in our systems of care (e.g., for those with Indigenous identity, women’s homelessness, people of colour, and LGBTQ2S+). Consider the following questions from [this article](#) when planning investments and implementing responses:

1. Which groups or settings are likely to be disadvantaged in relation to the option being considered?
2. Are there plausible reasons for anticipating differences in the relative effectiveness of the option for disadvantaged groups or settings?
3. Are there likely to be different baseline conditions across groups or settings such that the absolute effectiveness of the option would be different, and the problem more or less important, for disadvantaged groups or settings?
4. Are there important considerations that should be made when implementing the option to ensure that inequities are reduced, if possible, and that they are not increased?

For further information, see this [NIS Equitable System Transformation Framework for COVID-19 blog](#) and this [NAEH Ensuring Racial Equity in COVID-19 Response webinar](#).

## Responding to the COVID-19 Pandemic

**Strengthen Housing-Focussed Solutions.** Communities have the opportunity to immediately double down on housing their neighbours who are known to be experiencing homelessness, particularly those with pre-existing health conditions or those who are legally required/mandated to isolate because of COVID-19. Visit CAEH's COVID-19 Resource on [Getting Back to Housing](#) for practical tips on how communities can adapt Coordinated Access to accelerate connections to permanent housing and build momentum to end homelessness once and for all.

**Intensify Homelessness Prevention, Diversion, & Rapid Resolution.** Targeted assessment, problem solving, and mediation are essential activities in a housing-focussed response, especially during a pandemic. Consider asking these questions of your current prevention, diversion, & rapid rehousing efforts to strengthen their impact:

- What staff can be re-deployed to amplify re-housing and homelessness-proofing efforts locally?
- Are prevention activities completed by trained professionals that maximize the household's resources and natural supports?
- Do programs have streamlined access to flexible funding for eligible re-housing costs including housing location, move-in and eviction prevention efforts?
- Is there flexibility in the allocation of finite financial and support resources?
- Are staff incorporating an objective assessment into their practice (e.g., [Prevention/Rehousing VI-SPDAT Singles](#) and [Prevention/Re-Housing VI-SPDAT Families](#))?
- Are households that demonstrate the greatest depth of need being prioritized for supports?
- Does the provision of financial and social supports match the household's depth of need?

**Cultivate the Capacity to Deliver Services Differently.** Identify opportunities to deliver services differently, provide resources and training for staff to shift gears, and instill confidence in new and creative ways of doing things. Consider these questions:

- Are resources readily available to support training for new and/or re-deployed staff?
- Are resources and technology available for the remote delivery of housing-based supports to tenants? Is computer and phone access being optimized for screening of clients, contact tracing and medical follow-up efforts?
- Are community spaces being used to triage peoples' needs, distribute supplies and essential items (potentially curbside or via take-a-way options) and connect people to housing or safer sheltering-in-place options within the community to reduce risk of exposure and transmission?
- Has your system adjusted its housing efforts to the new COVID-19 realities? Access CAEH's COVID-19 Resource on [Finding and Securing Housing During a Pandemic](#) for ideas and examples.

**Collaborate with the Health Sector and Incorporate Health Supports into Service Interactions.** Never before has the strategic coordination between health and homeless-serving partners been so important. Stringent physical distancing requirements demand an overhaul of service environments. It is recommended that communities seek guidance, leadership, and support from local public health units as per the Public Health Agency of Canada's [guidance to homelessness service](#)

[providers](#). Visit CAEH's COVID-19 Resource on [requesting public health support](#) for specific ideas and examples of how public health can get involved. Consider these questions:

- Is priority testing occurring in shelters and encampments? Access CAEH's COVID-19 Resource on [Priority Testing for Staff and People Experiencing Homelessness](#).
- Are front line staff properly trained and equipped to encourage disease prevention activities like physical distancing, hand washing/sanitizing; harm reduction, psychosocial supports? Access the following CAEH's COVID-19 Resource for information and ideas:
  - [Personal Protective Equipment](#) for more information on how to use PPE, where to source it, and how to manage and conserve PPE and
  - [Promoting Health Practices](#) for resources on handwashing, social distancing, and cleaning.
- Do shelter partners have resources to incorporate both obligatory and recommended public health measures especially in congregate sleeping and eating spaces (e.g., required spacing between mats and cots, physical distancing between clients and between staff and clients; switching from buffet style or cafeteria style food service to individually pre-packaged meals)?
- Can current shelter options minimize concerns of an outbreak or would alternative, external shelter-in-place options such as hotel rooms be more appropriate, especially for medically vulnerable clients? Do unsheltered people have access to essential supplies (hand washing/sanitizing, washroom and hygiene options, food, etc.)?
- Are plans and investments regarding isolation and quarantine spaces ensuring service coordination and protocols between health and homelessness sectors?
- Are resources available to ensure staff can implement approved workflows and protocols for people demonstrating COVID-19 symptoms and/or requiring medical intervention? Are harm reduction supplies readily available?
- What harm reduction, behavioural and clinical supports are available for people in isolation/quarantine with mental health issues and substance use issues, including the potential need for de-tox, alternative pharmaceutical management, etc.?

**Increase Support for New Operations and Client Needs.** Client needs and day-to-day program operations have likely changed during this time. Consider these questions:

- Will changes to operations demand additional program supplies and client-specific resources?
- Are enhanced outreach resources available for people experiencing unsheltered homelessness?
- Are available outreach services prioritizing clients with the greatest vulnerability?
- Are emergency shelters operating on a 24/7 basis?
- Are additional funds required for revised shift rotations and additional/new staffing demands?
- Is there clarity on how current funding can be utilized to cover access to such essential supplies as food and prescriptions?

**Map Operational Investments and Adjustments.** Leadership during the COVID-19 pandemic will demand a reliance on data-driven decision making and the courage to test innovative partnerships and strategies. Mapping operational and investment adjustments - and their impacts - will enhance our ability to improve our operations in the future. Consider the sustainability of current emergency responses and begin building the case now for more sustainable housing-focussed solutions.

## Recovery from COVID-19's Initial Surge

The post-COVID-19 world will likely not resemble our old view of “normal.” Pandemic responses will dominate our strategic planning and investments for at least the next year as additional surges in outbreaks remain possible. However, one insight remains clear – the goal of ensuring homelessness is rare, brief, and non-recurring must not only be a priority for our sector but also identified as an essential action plan for all community partners and levels of government across the country. The best way to protect people’s health, prepare for the second wave and recovery, is to permanently house people by providing lasting solutions to end homelessness.

**Adopt a Community-Wide Housing First Orientation.** During the initial response, command centres were formed and communities quickly and appropriately responded with immediate safety measures (such as isolation and quarantine shelters and hygiene for encampments). During this process, new partnerships were developed. As we move forward into the second wave and recovery, it is more important than ever to promote, educate, and ground our efforts in a Housing First orientation. Now is the time to move away from a focus on temporary solutions and to clarify the cost/benefit of housing over emergency responses and to measure, analyze and problem-solve around the gap in housing for people experiencing homelessness with greater urgency.

**Remain Committed to the Acquisition and/or Development of Housing Options.** Leaders must remain vigilant in optimizing opportunities to increase the acquisition and/or development of safe, affordable housing options. Within a stagnant economy, new opportunities will likely emerge for local levels of government, community partners, and non-profits to acquire land, properties, and buildings such as hotels. Look for opportunities to increase housing availability (acquisition and stock in public and private market) and increase affordability (affordable base rent and subsidies). Ensure those acquisitions are connected to your Coordinated Access process and prioritized for those experiencing homelessness.

**Facilitate Retraction of Interim Shelter-in-Place Facilities/Options.** An important consideration for leaders is how to retract temporary facilities and how households staying in temporary spaces are connected to permanent housing options. Are opportunities and momentum capitalized upon to ensure that individuals and families currently sheltering-in-place in alternative and interim facilities have appropriate housing options to move to within community? Is there consensus that vacating current locations for unsheltered homelessness or over-crowded shelter options is unacceptable? Are all components of the local system - Coordinated Access, re-housing programs (existing or new programs) and support services - mobilizing to house those without a safe, appropriate home?

**Retain Valuable Cross-Sector Collaborations with Health.** During the initial COVID-19 surge, joint policy and program initiatives between local health care and homelessness services enhanced community efforts to “flatten the curve”. Improved service to shared clients achieved through partnerships must be analyzed to highlight and invest in future cooperative opportunities. Are we analyzing the impacts of joint health and homelessness activities (from the impact of symptom screening to reductions in transmission and hospitalizations to increased efficiencies in contact tracing) to ensure continued investment in future collaboration? Could the ongoing sharing of health and homelessness resources and opportunities optimize the commitment to prevent and end

homelessness? What investment would be required to maintain streamlined and coordinated pathways for our shared clients in the future?

**Invest in the Message that Housing Leads to Public Health, Improved Stability, and Stronger Communities.** Regardless of the tragedies, anxiety, and loss experienced, we must acknowledge that the quest to prevent and end homelessness throughout the country has never been more illuminated for political leaders, policy makers, funders, and the general public. How will you use your planning and communication investments to keep the momentum for housing as a public health measure and a basic human right in the forefront of agendas at all levels of government, community partners, and the general public? What data and insights were gathered to prove the “housing is essential to health” message? Are you prepared to strategically communicate that message and proof of impact to donors, investors, government funders, and community?

**Disclaimer:** This document is a collection of resources and/or ideas compiled by the team at CAEH. Please follow [Public Health Agency of Canada guidelines on COVID-19](#) as the primary resource for all health-related concerns.

CAEH will continue to update this resource as new information or ideas become available. Please refer to the CNH3 website Resources page at [cnh3.ca/resources](http://cnh3.ca/resources) for additional information. If you have an idea or resource to share or are seeking further support, please contact us at [info@caeh.ca](mailto:info@caeh.ca).