

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

Appendix A-6.

Framework Summary Table:   
Focus Areas by Activity Timeframe

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

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| **Pandemic Timeframe** | **Immediate** | **Short-Term** | **Medium-Term** | **Long-Term** |
| **Prevention & Containment**  Likely already well underway | **Peak Period**  Likely underway or have begun; a few may be completed | **Post-Peak Period & Housing-Focused Re-opening**  Should be underway or started by mid-summer | **Post-Pandemic Planning & Implementation to Right-Size the Housing Response System**  Should begin in mid to late summer |

| **Focus Area** | **Immediate** | **Short-Term** | **Medium-Term** | **Long-Term** |
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| **Unsheltered** | * 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)](http://cnh3.ca/wp-content/uploads/CAEH-COVID-19-PPE.pdf) to learn more. * Train street outreach staff on physical distancing and other safety considerations in street outreach, including administration of NarCan. Ensure 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. * 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. * 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. | * 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). | * 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 continue staying outdoors. Support plans should include information and as necessary, support with physical distancing, hygiene, sanitation, harm reduction, food security, survival supports, etc. * Continue to monitor all unsheltered persons for symptoms, regardless of whether it is their intention to move indoors or stay outdoors. | * 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. |

| **Focus Area** | **Immediate** | **Short-Term** | **Medium-Term** | **Long-Term** |
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| **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. * 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. * 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. | * 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 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. | * 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. If not already addressed, the following activities will be paramount here:   + Identify any remaining congregate shelter spaces to modify occupancy levels and configuration for physical distancing, including plans for winter shelter operations.   + Ensure that the avoidance of service restrictions at shelter operations are codified in practice and policies, if at all possible.   + Implement/refine harm reduction activities to assist shelter guests who are supported in congregate shelter.   + Engage people with lived experience in homelessness to ensure the planned future shelter response is adequate. | * 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. |

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| **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. | * Examine data to project demand for different types of support and housing needs. * 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. * 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. | * Emphasize that housing is the solution to homelessness and public health concerns. * Make amendments as necessary to Coordinated Access prioritization criteria and other processes, as necessary. * 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). * 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. | * 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. |

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| **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](https://www.youtube.com/watch?v=lPufXsHkvow) for more considerations. | * 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. | * 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. | * 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. |

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| --- | --- | --- | --- | --- |
| **Strengthening the System of Care** | * 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. * 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. | * Promote equity-based decision making within intersectoral partnerships. * Monitor and assess data to ensure that testing and screening is being administered equitably. * Create cross-sector planning structures for moving forward. * Generate formal processes for cross-sector feedback, collaboration and decision making. | * 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. | * 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. |