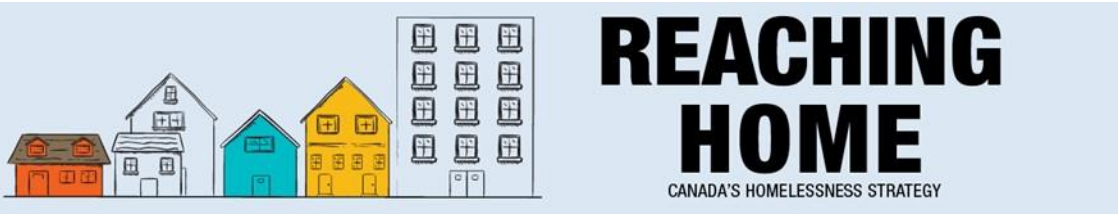

Reaching Home Systems Mapping Reference Guide

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Housing, Infrastructure and Communities Canada
Logement, Infrastructures et Collectivités Canada
Canada

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Chapter 1: Introduction

This section introduces the Reaching Home Systems Mapping Reference Guide and Workbook.

What is the Reference Guide and Workbook?

The Reaching Home **Systems Mapping Toolkit** was developed for communities by Housing, Infrastructure and Communities Canada (HICC). It includes a **Reference Guide** (this document) that provides step-by-step instructions to help communities create a systems map and a Resource Inventory, as well as background information and tips for using the results. The Toolkit also includes a **Workbook** with two customizable templates, one for Systems Mapping and another for a Resource Inventory.

This is the **second version** of the Systems Mapping Guide and Workbook. It was updated based on feedback from the first version released in 2020, which was developed specifically by HICC for Reaching Home communities in British Columbia.

In general, **systems mapping** is a process used by communities to develop a comprehensive understanding of a local network of community services, such as a homeless-serving system, as well as connections between these service providers and broader, inter-related service systems. A **Resource Inventory** is a sub-set of a broader systems map. Communities use this document to describe the service providers that have agreed to fill vacancies through Coordinated Access in more detail, helping to inform the matching and referral process. **Note:** A Resource Inventory is also sometimes referred to as a Housing Resource Inventory or a Coordinated Access Resource Inventory (CARI).

While these documents are typically used to document what is currently available, they can also be used to identify plans for future changes, including plans to onboard new service providers to various Coordinated Access roles and the Homelessness Management Information System[1] (HMIS).

The Systems Mapping Reference Guide and Workbook will be updated over time to reflect best practices in the homeless-serving sector. To suggest edits for future versions, please contact the Homelessness Policy Directorate at HICC by email.

[1] Communities funded under the Designated Communities or Territorial Homelessness streams are required to actively use the Homeless Individuals and Families Information System (HIFIS) or an existing, equivalent HMIS.

Where can the Reference Guide and Workbook be found?

The Reference Guide and Workbook form part of the Reaching Home Coordinated Access Toolkit, which can be found on the Homelessness Learning Hub.

The Systems Mapping Template and Resource Inventory Template have also been integrated with the Canadian Alliance to End Homelessness (CAEH) By-Name Data and Coordinated Access Scorecards and Tools Workbook, which includes the following additional, Reaching Home-related, complementary tools:

- **Reaching Home Self-Assessment Checklist.** This tool is used by communities to self-assess their progress with meeting minimum requirements under Reaching Home. Note that, for communities that are working with Built for Zero-Canada (BFZ-C) and use the Change Package to track their progress with reaching benchmarks of quality established by CAEH, questions in the Foundation levels of the By-Name Data Scorecard and Coordinated Access Scorecard align with the Reaching Home Checklist.
- **Reaching Home Documentation Checklist.** This tool includes a list of the documents that need to be maintained by communities under Reaching Home, as identified in the Self-Assessment Checklist, as well as the Coordinated Access and By-Name Data Scorecards.

More information about BFZ-C is available online.

What is included in a systems map?

A systems map includes all of the organizations and/or service providers within a community that have a mandate to address homelessness. Only those that *directly interact* with clients or participants are included. Some have a *primary* mandate to address homelessness as a core mission or objective (e.g., homelessness prevention programming or operating a supportive housing building for people exiting homelessness), while others address homelessness as a *complement* to another primary mandate (e.g., food banks that serve people experiencing homelessness).

More specifically, systems mapping is for service providers that engage *directly* with people experiencing or at-risk of homelessness to offer services. In this role, they may participate in the Coordinated Access system and use the HMIS to document their work with clients and next steps, or they may plan to do so in the future.

Some organizations have dual roles. For example, an organization may serve as a funding administrator (e.g., a Community Entity under Reaching Home) and offer direct client services (e.g., operate a shelter). In these situations, only the *direct service* part of the organization would be included in the community's systems map.

How can a systems map help communities?

A systems map gives communities a clearer picture of the resources that are part of the local response to homelessness. This information can be used to:

- Improve local community or system plans (e.g., to explain how service providers are working together in their respective Coordinated Access roles and identify gaps in the workflow);
- Inform investment strategies (e.g., to fill service gaps or address redundancies);
- Inform action plans for improving the Coordinated Access system and use of the local HMIS (e.g., to prioritize engagement activities and determine next steps for onboarding new service providers);
- Clarify which service providers need to be part of the integrated governance structure for Coordinated Access (e.g., to ensure the structure is representative of service providers in the local system);
- Clarify which service providers need to be part of service navigation or case conferencing efforts (e.g., to ensure that workers actively serving people facing significant barriers are engaged);
- Tailor Coordinated Access policies and protocols so they meet the needs of the service providers that will use them (e.g., adapting tools for local Indigenous service providers that offer similar services to clients across the system); and,
- Develop communication products for clients, workers and partners (e.g., to explain how to access services or what is available).

Chapter 3 gives more guidance for using systems mapping results.

How can these tools help with Reaching Home implementation?

Together, the Systems Mapping Reference Guide and Workbook give communities the tools they need to meet the following minimum requirements under the Reaching Home Coordinated Access and Outcomes-Based Approach Directive:

- **Coordinated Access Minimum Requirement 8:** Communities must develop and maintain a document that identifies and describes the service providers that participate in the Coordinated Access system (referred to as a "system map"). Communities must use this tool to guide their efforts to improve their Coordinated Access system, use of HIFIS and data quality. This document must include the following:
    - Name of the organization and/or service provider;
    - Type of service provider (e.g., emergency shelter, supportive housing);
    - Funding source(s);
    - Eligibility for service (e.g., youth);
    - Capacity to serve (e.g., number of units);
    - Role in the Coordinated Access system (e.g., access point);

    - Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history); and,
    - If the service provider currently uses HIFIS.

- **Coordinated Access Minimum Requirement 9:** All housing and related resources funded under the Designated Communities or Territorial Homelessness streams (i.e., federally-funded projects/sub-projects) must be included in the Resource Inventory and fill vacancies using the Unique Identifier List, following the vacancy matching and referral process. They will not maintain a separate wait list or use another, parallel process to fill vacancies.

- **Coordinated Access Minimum Requirement 10:** Eligibility requirements must be documented for each housing and related resource in the Resource Inventory.

    - Eligibility requirements can apply to a type of resource (e.g., all supportive housing) and/or a smaller subset of that type (e.g., a unit in a supportive housing building).

- **Coordinated Access Minimum Requirement 11:** Prioritization criteria, and the order in which they are applied, must be documented for each housing-related resource in the Resource Inventory.

    - Depth of need (i.e., acuity) must be included as a factor in prioritization.
    - Prioritization criteria may also include: housing history, current length of homeless episode, current living situation, health status, vulnerability to victimization, household type, number of children and/or pregnancy, age, Veteran status and/or Indigenous identity.
    - Prioritization criteria can be shared for more than one type of resource (e.g., all rapid re-housing and supportive housing) or apply to only one type (e.g., only supportive housing).
    - Only information identified in the community's prioritization policy may be used to filter the Unique Identifier List to generate a Priority List for filling vacancies.

Questions in the Workbook have been organized as follows:

- **Systems Mapping Template:** Mandatory questions under Reaching Home have the "RH" tag before the number (e.g., **[RH1]**).
- **Systems Mapping Template:** Optional (recommended) questions have an "O" tag before the number (e.g., **[O1]**).
- **Resource Inventory Template:** All questions are optional and have an "RI" tag after the number (e.g., **[1-RI]**).

Under Reaching Home, the community's systems map must be made publicly available upon request. That said, under Reaching Home, only the fields identified in Coordinated Access Minimum Requirement 8 need to be shared with external partners, if requested.

Can the Workbook be modified to better meet local needs?

The Workbook provides two templates that are fully customizable. For example, using the templates, communities can:

- Add columns to expand on a question or provide space for more notes;
- Delete or hide columns to remove a question that is not relevant or useful;
- Add rows to expand the number of service providers in the systems map;
- Delete rows to remove service providers that are no longer part of the systems map;
- Edit headings to change how a question is framed or described;
- Edit drop-downs to change the response options for service providers, including adding "Other" response options and follow-up questions for more detail; and,
- Change how the text is formatted (e.g., fonts and colours).

Each tab (Worksheet) is colour coded as follows:

- **Green cells have a direct link to Reaching Home requirements.** Since these questions are mandatory under Reaching Home, these fields must be are completed in full for each service provider.
- **Blue cells are not directly linked to the Reaching Home requirements.** These questions were included based on best practices in the sector and advice provided by BFZ-C. That said, all blue cells can be filled in after green cells are completed, or they can be hidden or permanently removed.
- **Pink cells (on the far right) show the legends for drop-downs.** These can be modified at any time.

As Excel-based tools, both templates include features that can be helpful for organizing and using the information, such as:

- Copying cells/rows to retain default settings that have been applied to them, such as the text that displays when a cell is empty (e.g., "[notes])";
- Copying columns and rows (with data) between tabs to make it easier to compare and build on results;
- Using the "filter" function in each column to show results that match specific text;
- Using the "sort" function in each column to change the order of results; and,
- Using the "search" function in each column to filter the results.

Note that the filtering, sorting and searching features work best when response options are standardized. For example:

- When answering the question “where are services located” in a regional area, service providers could respond by identifying one or more specific municipalities in the cell, separated by commas. To filter by a specific municipality, use the filter or search function and enter the name of that municipality.
- When answering the question “who is eligible to access services”, service providers could respond entering one or more pre-defined criteria in their answers, separated by commas. This makes it possible to filter or search by these categories.

Finally, please note that the default “view” for each tab (Worksheet) has been set so that the first few rows and columns are fixed, allowing for ease of reference when scrolling. That said, these settings can be changed at any time.

Chapter 2: Background

This section provides background information about systems mapping and a Resource Inventory, including describing how this work fits in the context of systems transformation through the implementation of Coordinated Access with an HMIS.

Note: Communities should be familiar with the Reaching Home program, Coordinated Access and using HIFIS as an HMIS before they engage in systems mapping. The Homelessness Glossary for Communities includes descriptions for these terms and concepts. It can be found on the Homelessness Learning Hub.

What is systems mapping? What is a Resource Inventory?

In general, systems mapping refers to the process used by communities to develop a comprehensive understanding of a local network of community services, as well as connections between these service providers and broader, inter-related service systems.

For a homeless-serving system, this includes identifying and describing the service providers that *directly* serve people experiencing or at-risk of homelessness and have a *primary* mandate to address homelessness. Systems mapping can be *extended* by identifying and describing connections with service providers in broader, inter-related systems – those that serve the *same population*, but have a *secondary* mandate to address homelessness. For example, systems mapping could gather information about service providers that also serve people experiencing or at-risk of homelessness and, in this role, help to decrease inflows to homelessness or increase outflows from homelessness (e.g., health, justice, income assistance and settlement service systems).

The process of mapping a homeless-serving system starts with gathering general information to confirm if the service provider meets these criteria (i.e., provides direct service and has a primary or secondary mandate to address homelessness). If so, more detailed information can be documented about funding sources, eligibility criteria, what services are offered, total capacity to serve, and if the organization/service provider currently participates in one or more governance groups, if applicable.

Communities can also use their systems map to document the Coordinated Access workflow and related processes, including roles, use of the HMIS, as well as commitments that have been made to fill vacancies through Coordinated Access. In addition, as a planning tool, a systems map can be used to identify which service providers are at various stages of being onboarded to the Coordinated Access system (e.g., they have agreed to participate, but are not yet using HIFIS or the protocols that would apply to them).

A Resource Inventory is a sub-set of a broader systems map. Communities use this document to describe the service providers that have agreed to fill vacancies through

Coordinated Access in more detail, helping to inform the matching and referral process. A Resource Inventory can include instructions for how to make a referral, more detailed eligibility criteria, and details about the housing units, subsidies and supports that help to ensure that referrals are a good match. For example, to make a good referral for a family with mobility challenges and specific support needs, the vacancy must be big enough, have the right accessibility features, and come with appropriate levels of supports to reduce risks to the tenancy for that family.

Service systems

In any community, there are two main groups of service systems that play a role in preventing and reducing homelessness: the homeless-serving system and broader service systems. Service systems in a community are inter-dependent. While the homeless-serving system has a primary mandate to address homelessness, it is nested within other service systems that also play a role. Service systems are defined further below.

Homeless-serving system

The homeless-serving system refers to all of the service providers within a geographic boundary (service area) that have a mandate to address homelessness. These service providers help people experiencing or at-risk of homelessness with their housing challenges, including helping people experiencing homelessness to meet their basic needs (e.g., food and shelter) and helping people to meet their housing-related goals (e.g., to prevent homelessness, find and move-in to housing, or retain a tenancy). Service providers in a homeless-serving system are part of the same service delivery network.

With a Coordinated Access workflow in place, a homeless-serving system shifts from a coordinated, informal network of service providers to a coordinated, systems-based service delivery system, where service providers play one or more Coordinated Access roles.

The Coordinated Access workflow can be represented visually to show connections between various components and processes. For example, communities can create a diagram that shows the different service “paths” that people can take as they are supported to exit homelessness through the Coordinated Access system. A path could begin at the first point of contact with a referral to an access point. From there, people could connect to an access point and, based on their situation, receive support through triage to prevent homelessness or divert from shelter, where safe and appropriate options are available. For people who remain homeless, their path could continue as they engage in more in-depth assessment and receive support to move through the system (service navigation), with the possibility of being matched with housing, a subsidy and/or case management supports when vacancies in these resources become available. The service path for Coordinated Access would end with a move-in to

housing. As adjustments are made and the system evolves, these visual tools can be updated to show changes over time.

Broader service systems (inflow/outflow partners)

Broader systems are those that serve people experiencing or at-risk of homelessness, but where addressing homelessness is generally not their primary or explicit mandate.

This includes, for example, systems that play a role in reducing inflows into homelessness (e.g., upstream interventions, such as school programs that help at-risk youth with increasing their informal or natural supports) as well as systems with housing and related resources that can be accessed by people experiencing homelessness (e.g., housing with specialized supports, such as Long Term Care). It also includes systems that can help prevent transitions into homelessness (e.g., ensuring that people leaving correctional facilities, hospitals or child welfare transition directly to housing at discharge).

Given that people experiencing or at-risk of homelessness typically have low to no income, systems that serve people for free or at a very low cost can partner with the homeless-serving system to ensure that everyone can access the resources and benefits that are available to them (e.g., free clinics for health care, replacing identification or filing taxes).

Service systems that help increase a sense of belonging in community are also important partners (e.g., recreation and faith-based networks or Indigenous cultural centres).

Service providers in broader service systems often play a referral role in a Coordinated Access system, helping to connect people experiencing or at-risk of homelessness with access points in the community.

Systems transformation through Coordinated Access and use of an HMIS

Implementing Coordinated Access using an HMIS is an incremental change process, where communities are working towards the following broad aims:

- Integrated, community-based governance for the system;
- A coordinated, systems-based service delivery approach; and
- Quality data for Coordinated Access and outcome reporting.

Through these efforts, addressing homelessness at the local level is transformed into a coordinated, systems-based and data-driven response. Some of the benefits of this transformation include:

- **Reduced duplication of effort for clients** (e.g., not having to repeat their story to access similar resources across the community);

- **Reduced duplication of effort for workers** (e.g., being able to build on a shared service plan with other service providers helping the same clients, using the same or similar approach and tools, and sharing data as part of this effort);
- **Reduced fragmentation in the matching and referral process** (e.g., streamlining different processes, aligning policies and protocols, and ensuring people are considered for the widest range of vacancies possible); and,
- **Reduced fragmentation of data** (e.g., for annual results reporting and community-level outcome reporting, as well as strategic and systems planning at the community level).

The change process is described further below.

Moving towards integrated, community-based governance for the system

Governance refers to the overall structures, policies and protocols that establish strategic direction, define how decisions are made, and oversee program implementation. Before integrated, community-based governance is put in place, decision making may be led by organizations or groups that are not representative of the full range of service providers in the homeless-serving system. Further, priorities may be focused more on meeting immediate needs or addressing specific issues, like managing shelter use or encampments, rather than longer-term strategies that may require a broader range of partners to implement.

Under Reaching Home, communities are working towards a governance structure where various homeless-serving sector roles and groups are integrated and aligned, with representation from the following:

- Homelessness roles from all orders of government;
- Local groups with a mandate to address homelessness;
- Local Indigenous partners and those representing the various population groups the Coordinated Access system intends to serve;
- Types of service providers that help prevent homelessness and help people transition from homelessness to safe, appropriate housing; and,
- People with lived experience of homelessness.

With an integrated, community-based governance in place, decision making shifts from being led by *independent organizations and groups* to a *collaborative model* that aims for collective impact and shared leadership among partners.

Moving towards a coordinated, systems-based service delivery approach

Before Coordinated Access has been implemented in a community, service providers may be well connected with each other and share client referrals frequently, but the service delivery system as a whole is not yet formally coordinated. Workers may be using different approaches and tools. They may not be able to share information with each other about the people they are serving in a safe, effective way. As a result,

clients may be asked to complete similar paperwork at different times or repeat their personal information, requiring them to take more steps than necessary to get a housing plan in place. They may also miss out on being considered for vacancies that become available, for which they are eligible and a good match.

Under Reaching Home, communities are expected to meet requirements for clear access points to service, a common approach to triage and assessment, agreed-upon prioritization criteria used to fill vacancies in housing and related resources, and a common process for matching and referral of clients to vacancies when they become available, supported by case conferencing.

With a Coordinated Access "workflow" in place, the homeless-serving system shifts from a *connected*, *informal* network of service providers to a *coordinated*, *systems-based* service delivery system.

Moving towards quality data for Coordinated Access and outcomes reporting

Without an HMIS, communities may be managing different, often inconsistent, data sources, making it very challenging to collect quality data on homelessness for Coordinated Access and outcome reporting. For example, communities may be using one or more Excel spreadsheets to collect data or inconsistent methodologies for tracking community-level trends over time.

Under Reaching Home, service providers are expected to actively use the same HMIS, update client records in real-time, and share data with each other based on the role they play in the Coordinated Access system. Service providers can use HIFIS to fulfill their roles in the Coordinated Access system and meet their operational needs for data and information management.

For HIFIS specifically, configuration that aligns with a Coordinated Access workflow puts less focus on *individual service provider user rights* and more focus on common *user right templates* that align with a Coordinated Access roles. This creates an opportunity to streamline the use of HIFIS across many service providers, based on the type of services they provide and the role they play in the system. Further details on the implementation and configuration of HIFIS can be found in the following documents:

- HIFIS Configuration Guide;
- HIFIS Implementation Guide; and
- HIFIS How To: Setting Up User Rights in HIFIS.

The *Using HIFIS to Generate a Unique Identifier List* guide explains the underlying features in HIFIS that make it possible to generate a Unique Identifier List using HIFIS data. It also describes methods that communities can use to generate a Unique Identifier List using HIFIS data and provides potential approaches for how communities can transition from using Excel or another HMIS to generate their Unique Identifier List, to solely using HIFIS to do so.

Table 1 explains the connection between Coordinated Access roles, the scope of activities for each role and use of HIFIS in more detail. More information can be found in the Coordinated Access in HIFIS guide, including suggestions for configuration.

Table 1. *Coordinated Access workflow roles and use of HIFIS.*

Role: Refer to Access Point(s)	
Scope of Activities	**Use of HIFIS**
Refer people experiencing or at-risk of homelessness to the Coordinated Access system (access points) so they can be served appropriately. Protocols may identify any documentation that needs to accompany client referrals.	Service providers making referrals to the Coordinated Access system likely do not need direct access to HIFIS. Clients experiencing homelessness are included in HIFIS when they are served by a service provider fulfilling another Coordinated Access workflow role (see options below).
Role: Serve as an Access Point	
Scope of Activities	**Use of HIFIS**
Access points may focus their activities on intake and referrals to service providers in the homeless-serving sector and beyond. Alternatively, access points may engage further with clients, for example by supporting homelessness prevention or shelter diversion efforts. Access points follow an intake protocol and begin the triage and assessment process.	Access points may be configured as either: **a)** a HIFIS Service provider that only offers access-related services (e.g., access team); or, **b)** a HIFIS Service provider that offers access-related services and other types of services (e.g., emergency shelter or street outreach that serve as an access point). Service providers follow an intake protocol for entering new clients and documenting transactions in HIFIS. At minimum, service providers will require user rights to add new clients and update information about them (e.g., add transactions to keep a client active and confirm accuracy of Housing History). They may also need to upload documents that accompany client referrals.

Role: Support Clients through Triage and Assessment (Service Planning)	
Scope of Activities	**Use of HIFIS**
Service providers (e.g., prevention and diversion, shelters, street outreach) can collaborate to help clients find and secure housing. Some communities may have dedicated roles for helping clients with their housing plans (e.g., service navigators or housing liaisons).	Service providers add triage and assessment transactions to maintain/update HIFIS data (e.g., to keep a client active, confirm accuracy of Housing History and other client information). Transactions can be more operational, such as shelter use and related services (e.g., book-ins and case management). Referrals can be tracked, both to other HIFIS Service providers and beyond.
Role: Match Clients to Vacancies and/or Support Referrals (Service Planning)	
Scope of Activities	**Use of HIFIS**
When a vacancy becomes available, this role supports the matching and referral process. This often includes case conferencing to agree on which client(s) will be referred to the service provider for an offer and to coordinate next steps as needed (e.g., setting up meetings to discuss the offer with the client and arranging supports for the move-in process). It is typically an administrative role, not direct service. Coordinated Access can support referrals to housing and related resources in the Resource Inventory and to service providers outside the homeless-serving system (e.g., private market or disability and health care sectors).	When a vacancy becomes available, HIFIS data is used to generate a Unique Identifier List. This “list” is filtered so that only eligible clients that are interested in the vacancy are considered for an offer. Data can then be sorted based on prioritization criteria, identifying the clients that should be offered a vacancy before others. Data can be exported out of HIFIS; exports include more data points than the Coordinated Access module displays. Real-time data entry is required to keep the data current. If data for a Unique Identifier List is accessed directly, specific user rights will be required.

Role: Fill vacancies through Coordinated Access	
Scope of Activities	**Use of HIFIS**
As noted above, a range of service providers can fill vacancies using data generated from HIFIS, including those with resources committed to the Resource Inventory as well as private market landlords and service providers from other systems.	HIFIS needs to be updated throughout the vacancy matching and referral process (e.g., documenting the status/outcome of offers and adding new Housing History records after move-in). If service providers that fill vacancies using HIFIS data need direct access to client information in HIFIS, they will need user rights (e.g., to indicate when a client has moved-in).
Role: Service Navigators and Housing Liaisons	
Scope of Activities	**Use of HIFIS**
Service navigators lead or support collaborative processes where service providers work together to develop and implement service plans. The focus is on supporting people to move through the Coordinated Access process by removing service barriers, so that people can exit homelessness as quickly as possible. Housing liaisons lead or support the landlord-tenant relationship. Activities can include supporting applications for housing units, securing and setting-up a unit, and being “on call” to help address issues that may arise in a tenancy (e.g., conflict mediation).	HIFIS needs to be updated throughout the service navigation process (e.g., adding new Housing History records, identifying next steps and follow-ups). Regular data entry in HIFIS ensures that people who remain homeless also remain active in the dataset, so they can be considered for offers and other referrals.

Chapter 3: Systems Mapping Process

This section of the guide describes the systems mapping process in more detail, including suggestions for using the Workbook to document next steps and using results to drive improvements in the local response to homelessness.

Systems mapping goals and next steps

Systems mapping is an iterative process. Information is gathered over time, offering the opportunity to discuss, clarify and confirm:

- Similarities and differences between service providers;
- Roles and responsibilities associated with a Coordinated Access workflow and use of the HMIS; and,
- Commitments to roles.

There are two main goals that systems mapping is seeking to achieve, as outlined below.

Goal 1: Map the Local Homeless-Serving System

The first goal is to describe service providers more generally. Start by simply listing them by organization and service provider/program name, and describing the services they currently offer, or will in the future.

The Systems Mapping Template organizes Goal 1 questions into six parts:

- **General:** Organization name, service provider/program name, service location(s), and primary mandate. Identifying which service providers are Indigenous and/or Veteran service providers is also recommended.
- **Funding:** Funding source(s).
- **Eligibility:** Eligibility criteria (who can be served) and verification process (as applicable).
- **Service Type:** Services offered (primary and secondary).
- **Capacity:** Total capacity to serve and if any resources are included in the Resource Inventory.
- **Governance:** Group membership.

In the Systems Mapping Template, headings are used to organize questions under each of these six parts.

Refer to **Annex A: Systems Mapping Template Questions** for a list of Goal 1 questions, including those that are mandatory under Reaching Home (i.e., those with a “RH” tag), and those that are recommended, but optional (i.e., those with an “O” tag).

Goal 2: Map the Coordinated Access System

The second goal is to understand how service providers will work with their partners to prevent and reduce homelessness as an integrated and aligned Coordinated Access system. Each service provider will fulfill one or more of the following roles:

- Refers to the Coordinated Access system (access points);
- Serves as an access point;
- Supports initial triage and/or more in-depth assessment (service planning and referrals);
- Matches people to vacancies and/or supports referrals for offers; and/or
- Fills vacancies through Coordinated Access.

Note: Identifying service provider role(s) is the first part of the Resource Inventory Template.

Note: Referrals can come from a wide range of service providers in a community, including those that offer services that extend beyond the homeless-serving system (e.g., a service provider that regularly interacts with people experiencing homelessness, but does not have an explicit mandate to address homelessness). A comprehensive systems map will include the most common referral sources, so these service providers can be informed about changes that may impact them (e.g., new access points or updated processes for making referrals).

Mapping for Goal 2 builds on the information gathered through mapping for Goal 1, expanding on the general information by documenting role(s) that each service provider has agreed to play in the Coordinated Access system, use of the HMIS, as well as commitments that have been made to fill vacancies through Coordinated Access.

The Systems Mapping Template organizes Goal 2 questions into five parts:

- **Coordinated Access Role:** Identifying which Coordinated Access role(s) service providers have agreed to play and how this was confirmed.
- **Data Quality Role:** Identifying which role(s) service providers have agreed to play to maintain data quality for the Unique Identifier List and how this was confirmed.
- **Resource Inventory:** Identifying the housing and related resources (units, subsidies, supports) that will fill vacancies through Coordinated Access (partially or exclusively) and how this was confirmed.
- **Coordinated Access Processes:** Identifying the triage and/or assessment approach used (e.g., tools) and participation in case conferencing or related processes.
- **HMIS:** Identifying if the HMIS is used, or will be, and if other data system(s) or tool(s) are used to collect homelessness data.

In the Resource Inventory Template, headings are used to organize questions under each of these five parts.

Refer to **Annex A: Systems Mapping Template Questions** for a list of Goal 2 questions, including those that are mandatory under Reaching Home (i.e., those with a "RH" tag), and those that are recommended, but optional (i.e., those with an "O" tag).

Using Systems Mapping Results

Once mapping is complete, communities should take some time to reflect on the results and consider how the information can be used to promote a shared understanding of the homeless-serving system and inter-related systems (Goal 1) and how the homeless-serving system has been organized among partners for Coordinated Access (Goal 2).

For example, information gathered through the questions under Goal 1 can be used to summarize:

- **Investments** (e.g., which service providers receive federal and/or provincial funding);
- **Capacity to serve** (e.g., total outreach coverage, number of shelter and supportive housing spaces, and subsidy budgets);
- **Service gaps** (e.g., if no service providers serve youth or are Indigenous-specific, or if no service providers serve a specific area of the community);
- **Referral requirements** (e.g., the criteria that must be met before someone can be served by a service provider and if this information is verified); and,
- **Participation in governance groups** (e.g., to identify potential gaps in representation from one or more types of service providers).

Similarly, information gathered through questions under Goal 2 can be used to summarize:

- **How people can connect with services** (e.g., access points);
- **Commitments made to fill vacancies through Coordinated Access** (e.g., number of supportive housing units and who is eligible for them);
- **The overall approach being applied** (e.g., the assessment tools being used and how they are being applied in a unified way across the system);
- **How data quality is being maintained** (e.g., the shared roles that street outreach and emergency shelters have agreed to play);
- **Use of the HMIS** (e.g., if all Reaching Home funded service providers use HIFIS); and,
- **Service gaps** (e.g., if no supportive housing units are located in a specific area of the community).

Based on these summaries, and the insights gained from them, action could be taken by a community to further systems transformation. For example, a working group could be tasked with reviewing participation in local governance, to ensure the right people

are engaged and all types of services and priority population groups are represented. Or a working group could develop recommendations to close identified service gaps, such as funding street outreach for an underserved area or increasing the number of supportive housing units that fill vacancies exclusively through Coordinated Access.

To help with organizing the information to focus efforts, communities could "hide" the questions (columns) in their systems map that are not a current priority. For example, if there are a few key questions that have missing data or need to be updated, all other questions (columns) could be hidden, leaving only those questions (columns) that need attention. A similar approach could be taken with service providers. A new question (column) could be added to identify if the information for each service provider is complete ("yes" or "no"). Service providers with complete information could be "hidden", making it easier to focus on the service providers (rows) that need to be prioritized for next steps.

Systems mapping information can also be represented visually to show connections between various components and processes within a local Coordinated Access "workflow". For example, as described earlier in Chapter 2, communities can create a diagram that shows the possible service "paths" that clients can take as they transition from homelessness to housing. As adjustments are made and the system evolves, this diagram can be updated to show changes over time.

Communities can also use the information to refine existing Coordinated Access policies and protocols or create new ones. Some examples of these next steps are outlined below.

- **Intake protocol:** Streamlining intake processes across the Coordinated Access system helps to ensure that clients do not need to repeat their stories or answer different questions to access similar services across the homeless-serving system. Systems mapping confirms which service providers should be following a common intake protocol as access points. It also shows opportunities to improve consistency in service delivery between service providers of similar service types (e.g., all shelters or all outreach that also serve as access points).
- **Triage and assessment protocols:** Doing the up-front work of integrating eligibility and prioritization questions into a common, unified triage and assessment process helps to ensure that service providers have all the information they need to make relevant and timely referrals. If more information needs to be gathered following a referral, and people are turned away because they do not meet a specific requirement or have a specific document readily available, it can be very frustrating for workers and clients, and delay exits from homelessness. Systems mapping helps to prevent this. Through the systems mapping process, service providers confirm the specific questions that need to be asked during the triage and assessment process, so that referrals for

services, including referrals to fill vacancies that become available, are a good match and there are no extra steps before someone can be served or housed.

- **Communication tools:** It is important that service providers agree to keep promotional materials up-to-date and aligned with messaging used elsewhere. Systems mapping offers an opportunity to reinforce the expectation for clear and consistent messaging to clients, workers, and service providers in broader, inter-connected systems.

Note: More information about how systems mapping can be helpful to communities is presented in Chapter 1.

Systems mapping considerations

Throughout the systems mapping process, here are some things to keep in mind.

- Before engaging with service providers directly, it is recommended that systems mapping questions are filled in as much as possible in advance, using existing information and tools. This will help to save time and increase buy-in for the process. For example, communities could start by filling in the questions about what services are offered using existing data sources from an online internet search or by reviewing information about local service providers described in the National Service provider List[2], 211 or HelpSeeker. Funders can also provide details based on information in agreements with service providers.

- Inaccuracies should be corrected along the way. Doing so will ensure that information about services available to people experiencing or at-risk of homelessness is consistent across all publicly available sources of information, for example.

- Communities may wish to take a "phased approach". For example, communities may wish to start by engaging with service providers about how their work is similar or different from each other, as a way to introduce the concept of being a "system". Local emergency shelter providers could be invited to a meeting where they explore topics such as:

    - **Areas of alignment.** What is *similar* across existing policies and protocols, eligibility criteria, use of service planning tools, and reporting needs? What is the impact of any *differences* on workers and clients?
    - **Portion of shared clients.** Do shelters mostly serve the *same people* or are there some shelters that serve a *unique portion* of the homeless

[2] The National Service provider List is a comprehensive list of emergency and transitional shelters with permanent beds in Canada that is updated on an annual basis by Housing, Infrastructure and Communities Canada (HICC).

population? If people are only being served by one shelter, is their data still being included in the community's overall picture for homelessness?

- **Data sharing.** How is information currently being *shared* between service providers that serve common clients? Is the *same* information being shared between *all* shelters? Is this *same* information also shared with other workers, like outreach staff? If not, what is the impact on workers and clients?
- **Data entry expectations.** Do shelters take a *similar* approach to service planning, including shelter diversion and housing plans? Do they follow the *same* data entry processes, such as HIFIS book ins/book outs, and updating the Housing History module at intake and discharge? If not, what is the impact on workers or clients?

There is no "one size fits all" approach. For these discussions, communities may choose to engage with service providers individually, as a group, or both. Surveys could also be used.

- Not all questions need to be completed at the same time. Communities may choose to complete the questions that are mandatory under Reaching Home before they complete the optional (recommended) questions later, or not at all.
- If the community is undecided about whether or not they will complete the optional questions, all of the (blue) columns could be "hidden" in the template, leaving just the mandatory (green) columns.
- Notes should be taken along the way about the specific steps that were taken, investment of time and effort by staff and service providers, and any reflections on how the systems mapping process could be improved in the future.
- Validating and completing the systems mapping template will take time. Communities should develop the processes that work for them, given their local context and available resources.
- Finally, communities will need to identify which role(s) will be responsible for keeping the systems map up to date. For example, once the systems map is created, someone will need to take responsibility for updating the information on a regular basis and ensuring that changes are reflected across all public sources.

Chapter 4: Mapping the Homeless-Serving System (Goal 1)

This section of the Guide provides an overview of the questions in the Systems Mapping Template that helps communities to document information about the local homeless-serving system (current or planned services for clients).

Refer to **Annex A: Systems Mapping Template Questions** for an overview of these questions, which fall under Goal 1 of the systems mapping process, as outlined in Chapter 3.

Remember! Systems mapping is for service providers that engage directly with clients. They may participate in the Coordinated Access system and use the community's HMIS, or they may plan to do so in the future.

Scope of activities

- Identify and list the service providers.
- Consider beginning with service providers with a primary mandate to address homelessness (e.g., shelters or outreach) and/or those that have dedicated funding to address homelessness (e.g., Reaching Home) as well as service providers that currently use the HMIS, or would like to do so in the near future.
- Consider identifying where service providers are located, their primary mandate, and if they identify as an Indigenous and/or Veteran service provider.
- Identify funding source(s).
- Describe who can be served, what services are available, and total capacity to serve. Consider clarifying eligibility verification processes, if applicable.
- Consider identifying current or planned membership with one or more governance groups.
- Use existing data sources (e.g., online directories like 211) or collect information directly from organizations (e.g., through surveys or interviews).

Part 1: General (Required and Recommended)

Part 1 has six questions, two that are required under Reaching Home **[RH1, RH2]** and four that are optional, but recommended **[O1, O2, O3, O4]**.

[RH1] Organization name

[RH2] Service provider/program name

[O1] Service location(s)

[O2] Primary mandate

a. Homeless-Serving System (HSS)
b. Broader Service System (BSS)

[O3] Indigenous service provider

[O4] Veteran service provider

Additional context and prompts are outlined below for each question.

[RH1] What is the organization name?

- Under Reaching Home, this question is required.
- Mapping should focus on the organizations that are funded to provide services for people experiencing or at-risk of homelessness in the community.
- Typically, these organizations are “agreement holders” with funders that have allocated investments to address housing and homelessness issues (e.g., Reaching Home funds Community Entities, who then fund organizations to deliver one or more sub-projects).
- Communities may wish to expand on this question and include contact information for the organization. A column would need to be added in Part 1 to document this information. Details should align with information found elsewhere (e.g., 211).

[RH2] What is the service provider/program name?

- Under Reaching Home, this question is required.
- What programs or services are offered by the organizations listed in **[RH1]**?
- The service provider name in **[RH2]** is typically how the service or program is known by clients in the community.
- In some cases, a service provider/program name is the same as the name of the organization (e.g., if the organization only offers one sub-project or program).
- Organizations may also have more than one service provider. For example, if an organization runs a shelter, an outreach program, and a supportive housing building, that organization would have three “service providers” (sometimes referred to as “programs”) under their responsibility.
- For HIFIS, how service providers are identified in the system can be the same or different than how they are identified in **[RH2]**. For example, service providers can use the same name and be configured as a single HIFIS Service provider (e.g., Grandview Youth Outreach) or they can be bundled as a “team” with other service providers (e.g., a HIFIS Service provider called Grandview Youth Outreach Team that integrates two outreach service providers for the purpose of data entry and organizing service interactions in HIFIS, etc.).
- Communities may wish to expand on this question and include contact information for the service provider/program. A column would need to be added in Part 1 to document this information. Details should align with information found elsewhere (e.g., 211).

[O1] Where are services located?

- Under Reaching Home, this question is optional, but recommended.

- Another way to ask this question is: where do clients access services in the community?
- As described in Chapter 1, communities may wish to tailor the response options to this question (e.g., entire municipality, specific municipalities or core urban area). New columns can also be added to the systems map, as needed.
- For communities funded through the Reaching Home Designated Communities stream, service providers may serve a smaller area, but access points must serve the entire Designated Community geographic area (i.e., the local Census Metropolitan Area or equivalent).
- For HIFIS, filters can be set-up in the system using the geo-region data field for reporting and generating data for the Unique Identifier List in the context of Coordinated Access (this would be a custom report feature).
- Communities may wish to expand on this question and include addresses (e.g., main office for services that are portable or specific building for shelters) with staff contacts for receiving referrals. Details should align with information found elsewhere (e.g., 211).

[O2] What is the service provider's primary mandate to serve?

- Under Reaching Home, this question is optional, but recommended.
- "Homeless-serving system" service providers have a primary mandate to address homelessness. They receive funding to serve people experiencing or at-risk of homelessness (e.g., emergency shelters and supportive housing for people with previous experience of homelessness).
- "Broader service system" service providers serve the homeless population, but it is not their primary mandate (e.g., mental health provider or community health centre).

[O3] Is the service provider an Indigenous organization?

- Under Reaching Home, this question is optional, but recommended.
- Note that Indigenous service providers may have some additional considerations for Coordinated Access and use of the HMIS, which can be explored further as part of the systems mapping process or another, focused discussion. A column could be added to document these considerations.

[O4] Is the service provider a veteran-serving organization?

- Under Reaching Home, this question is optional, but recommended.
- A veteran-serving organization refers to service providers that have a primary mandate to serve Veterans and receive funding for this purpose (e.g., Royal Canadian Legion or a local Veterans Affairs Canada office).

Part 2: Funding

Part 2 has one question and it is required under Reaching Home **[RH3]**.

[RH3] Funding sources

a. Reaching Home DC/TH
b. Reaching Home IH
c. Federal (other)
d. Provincial
e. Municipal
f. Health
g. Other source(s)
h. Funding notes, if any

Additional context and prompts are outlined below for each question.

[RH3] What are the funding source(s) for the service provider?

- Under Reaching Home, this question is required.
- Service providers may receive various sources of funding.
- This information helps to confirm any policy implications related to Coordinated Access and use of HIFIS, given their funding source(s). For example, is the service provider required to use HIFIS or another database for reporting? If so, what are the data entry and reporting requirements? Or, is the service provider required to participate in another service delivery system that has its own policies and protocols (e.g., prioritization criteria that must be followed when vacancies become available)?
- With respect to participation in Coordinated Access under Reaching Home, service providers funded under the Designated Communities stream or Territorial Homelessness stream are required to participate, and service providers funded under the Indigenous Homelessness stream are encouraged to participate.
- In the funding notes, it may be helpful to identify if funding is temporary.
- Communities may consider adding a question in Part 2 that asks for the percentage of costs that are covered by each funding source. For example, if the service provider receives an equal amount of funding from federal and provincial sources, the percentage split could be identified between them at 50 percent each. This information can be helpful for calculating proportional allocation of data or results, which is an alternate approach to reporting when more than one funder contributes to a service provider in a shared database environment like HIFIS. A column would need to be added in Part 1 to document this information.

Part 3: Eligibility

Part 3 has two questions, one that is required under Reaching Home **[RH4]** and one that is optional, but recommended **[O5]**.

[RH4] Eligibility criteria (who can be served)

[O5] Eligibility verification process

a. Is eligibility verified?
b. If yes to **[O5a]**, describe the process (when, how and who)

Additional context and prompts are outlined below for each question.

[RH4] Who can be served by the service provider?

- There are various ways to describe eligibility. If the service provider has specific criteria that must be met, such as minimum admission requirements for service, then these must be documented (e.g., a specific gender identity or age range).
- Sometimes it is also helpful to document who is *not* eligible. This increases the transparency of who *can* and *cannot* access services from this service provider. A column would need to be added to document this information, or it could be tracked in the Notes for this question.
- Documenting eligibility criteria is important for several reasons:
    - Having accurate information about what is available and how clients can access services increases the quality of referrals between service providers during the triage and assessment process.
    - Given that many programs have waiting lists, it is important to make referrals as efficiently as possible, as early as possible.
- Eligibility details should align with information found elsewhere (e.g., 211).
- This is an open-ended field that can be customized to meet local needs and preferences (e.g., creating drop-down options). Communities may choose to document more detailed eligibility criteria in the Resource Inventory Template for service providers that fill their vacancies through Coordinated Access.

[O5] Is eligibility verified?

- Communities can document if eligibility will be verified by the service provider . For example, if specific documentation needs to be verified before someone can be served, it is helpful for workers to know about this in advance, so that they can confirm that all of the paperwork is in order. This helps to avoid delays and frustration for clients and workers alike.
- If eligibility is verified, **[O5b]** asks about the process. For example, when does verification happen, who does it, and what are the steps?

Part 4: Services

Part 4 has one question that is required under Reaching Home **[RH5]**.

[RH5] Services offered

a. Primary service type
b. If other in **[RH5a]**, describe services
c. Secondary service type
d. If other in **[RH5c]**, describe services

Additional context and prompts are outlined below for this question.

[RH5] What services are available to clients?

- Service provider types have been pre-populated to align with the HIFIS set-up options, but communities may also create their own. Service types are:
    - Access Point;
    - Service Navigation;
    - Housing Liaison;
    - Prevention / Shelter Diversion;
    - Street Outreach;
    - Day Centre/Drop In;
    - Emergency Shelter;
    - Domestic Violence Shelter;
    - Domestic Violence Transition House;
    - Transitional Housing;
    - Housing Support;
    - Supportive Housing;
    - Affordable Housing; and
    - Other (e.g., Service Navigation/Housing Liaisons).
- **Note:** “Subsidies”, “Service Navigation” and “Housing Liaison” have been added as a drop-down option in **[RH5]**, although they are not currently a default HIFIS option in set-up for HIFIS Service Providers.
- Service provider types are about roles that provide direct service to clients, not administrative roles.
- Service descriptions should align with information found elsewhere (e.g., 211).

Part 5: Capacity

Part 5 has one question that is required under Reaching Home **[RH6]**.

[RH6] Total capacity to serve

a. Beds / Units / Spaces
b. Subsidies (number and/or amount)
c. Support (staffing)
d. Other resource(s)
e. Notes
f. Are any of these included in the Resource Inventory?

Additional context and prompts are outlined below for this question.

[RH6] What is the service provider’s total capacity to serve?

- An important part of systems mapping is documenting capacity to serve. This information should align with details found elsewhere (e.g., 211).

- Units of measurement used to calculate total capacity vary and are based on the type of service offered:
    - Emergency shelter capacity could be defined as the total number of **beds [RH6a]**, including those that are available on a permanent, seasonal or overflow basis. Additional columns can be added to provide more detail, such as identifying how many beds are offered on a permanent or seasonal or overflow basis.
    - Transitional housing and housing providers could document capacity as the number of **units [RH6a]** or **spaces [RH6a]**. In the Notes **[RH6e]**, housing providers could identify which units are affordable and which are offered as part of a supportive housing program (housing with supports).
    - **Subsidy [RH6b]** capacity could be documented as the total **number** of subsidies available or the **amount of funding** available overall.
    - Service-based providers, such as case management programs, could document support capacity **[RH6c]** as staffing levels (e.g., number of full-time staff) with details about client ratios or maximum caseloads added to the Notes **[RH6e]** (e.g., ratio of 1:15). Available hours could also be added to the Notes **[RH6e]** (e.g., outreach weekdays from noon to 8pm).
    - Resources that do not fit under the above categories could be documented under Other **[RH6d]**.
- Identify if any of the units, subsidies or supports are included in the Resource Inventory **[RH6f]**. This makes it possible to filter service providers that need to be included in the Resource Inventory Template, where more detailed information can be documented (e.g., how to make a referral).

Part 6: Governance

Part 6 has one question that is optional, but recommended **[O6]**.

[06] Governance group membership

a. Participation in integrated governance structure
b. If yes to **[O6a]**, which group(s)
c. Notes

Additional context and prompts are outlined below for this question.

[O6] Does the service provider participate in the integrated governance structure? If yes, which group(s)?

- As described in Chapter 2, governance is an important part of a homeless-serving system. Under Reaching Home, among other requirements, the local governance structure must be representative of several key groups, including:
    - Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness); and,

    - Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community.
- This question gives communities an opportunity to document if the service provider participates in governance, or plans to in the future. It also provides the opportunity to document the specific group(s) that each service provider belongs to, where applicable. Identifying specific group membership(s) is an open-ended field that can be customized to meet local needs and preferences, and make it easier to filter the response (e.g., standardizing drop-down options and/or acronyms for local groups).
- It may also be helpful to document if the service provider plays a specific role in a group (e.g., chair) and/or the specific staffing position(s) that are represented on that group (e.g., direct support staff or manager). A column would need to be added to document this information, or it could be tracked in the Notes for this question.

Chapter 5: Guidance for Mapping the Coordinated Access System and Use of the HMIS (Goal 2)

This section of the Guide provides an overview of the questions in the Systems Mapping Template that help communities to document information about the Coordinated Access system, including use of the HMIS (current or planned participation by service providers).

Refer to **Annex A: Systems Mapping Template Questions** for an overview of these questions, which fall under Goal 2 of the systems mapping process, as outlined in Chapter 3.

Remember! Systems mapping is for service providers that engage directly with clients. They may play a play a role in the Coordinated Access system and use the community's HMIS, or they may plan to do so in the future.

Scope of activities

- Build on the information that was documented under Goal 1.
- Identify and describe the Coordinated Access workflow by documenting the role(s) that service providers currently play, or plan to do so. Consider documenting if these role have been confirmed and how.
- Identify and describe the roles that service providers play to maintain data quality for the Unique Identifier List. Consider documenting if these roles have been confirmed and how.
- Identify the commitments that have been made to fill vacancies through Coordinated Access. Consider documenting if these commitments have been confirmed and how. **Note:** This question is only for service providers that offer units, subsidies and/or supports to people exiting homelessness and, as such, form part of the Resource Inventory.
- Consider gathering more information about the triage and/or assessment approach that is being applied by each service provider. **Note:** This question is only for service providers that play a triage and/or assessment role in the Coordinated Access system.
- Consider identifying if the service provider participates in case conferencing or other related processes.
- Identify if the service provider uses the HMIS, or plans to.
- Consider documenting the data system(s) or tool(s) that may also be in use to collect homelessness data in the community and more detail about plans for onboarding to the HMIS in the future, if applicable.
- Consider using the "Planning and Next Steps" column to document additional information.
- Use existing data sources (e.g., online directories like 211) or collect information directly from organizations (e.g., through surveys or interviews).

Part 7: Coordinated Access Role(s)

Part 7 has one question that is required under Reaching Home **[RH7]** and one question that is optional, but recommended **[O7]**.

[RH7] Role(s) in the Coordinated Access system (current or planned)

a. Refers to the Coordinated Access system (access points)
b. Serves as an access point
c. Supports initial triage and/or more in-depth assessment (service planning and referrals)
d. Matches people to vacancies that become available and/or supports referrals for offers
e. Fills vacancies through Coordinated Access
f. Other role(s)

[O7] Role confirmation for Coordinated Access

a. Has the role been confirmed?
b. If yes to **[O7a]**, describe how it was confirmed

Additional context and prompts are outlined below for these questions.

[RH7] What role(s) does the service provider play in the Coordinated Access workflow?

- Roles have been pre-populated to align with the Homelessness Glossary for Communities, but communities may modify these roles or create their own.
- Roles inform user rights in HIFIS.
- As noted in Chapter 3, referrals can come from a wide range of service providers in a community, including those that offer services that extend beyond the homeless-serving system (e.g., a service provider that regularly interacts with people experiencing homelessness, but does not have an explicit mandate to address homelessness). A comprehensive systems map will include the most common referral sources, so these service providers can be informed about changes that may impact them (e.g., new access points or updated processes for making referrals).
- With respect to participation in Coordinated Access under Reaching Home, service providers funded under the Designated Communities stream or Territorial Homelessness stream are required to participate. All service providers, including those funded under the Indigenous Homelessness stream, are encouraged to participate.

[O7] How was the Coordinated Access role confirmed?

- Service providers can confirm their Coordinated Access role(s) in a variety of ways, such as:

- Entering into a funding agreement with a funder that has identified the role and its responsibilities as explicit “funded activities”;
- Signing a Memorandum of Understanding (MOU) with other organizations that have mutually agreed to fulfill the same role in the community; or,
- Participating in a local working group that is developing a protocol for service providers playing a certain role (e.g., outlining the responsibilities associated with the role); signing-off on the final version could signify that the new protocol will be adopted by the organization/service provider.

Part 8: Data Quality Role(s)

Part 8 has one question that is required under Reaching Home **[RH8]** and one question that is optional, but recommended **[O8]**.

[RH8] Role(s) with maintaining data quality used for a Unique Identifier List

a. Has the role been confirmed?
b. If yes to **[RH8]**, describe the role(s)

[O8] Role confirmation for data quality

a. Has the role been confirmed?
b. If yes to **[O8a]**, describe how it was confirmed

Additional context and prompts are outlined below for these questions.

[RH8] Has the service provider’s role with maintaining quality data used for a Unique Identifier List been confirmed?

- All service providers have a role to play with maintaining data quality for a Unique Identifier List. Documenting this information helps to confirm expectations. For example:
  - Referral sources help to connect everyone experiencing homelessness to the system, so client files in HIFIS stay active and people can be appropriately served.
  - Service providers that use the HMIS often have several data entry requirements, including documenting client consents and updating/ creating client files. They also need to ensure that data considered relevant and necessary for Coordinated Access is current and complete, including housing history and data used to determine who is eligible for services and who should be prioritized for vacancies.

[O8] How was the role with maintaining data quality for a Unique Identifier List confirmed?

- Service providers can confirm their role with maintaining data quality for a Unique Identifier List in a variety of ways, such as:

- Entering into a funding agreement with a funder that has identified the role and its responsibilities as explicit “funded activities”;
- Signing a Memorandum of Understanding (MOU) with other organizations that have mutually agreed to fulfill the same role in the community; or,
- Participating in a local working group that is developing a protocol for service providers playing a certain role (e.g., outlining the responsibilities associated with the role); signing-off on the final version could signify that the new protocol will be adopted by the organization/service provider.

Part 9: Resource Inventory

Part 9 has one question that is required under Reaching Home **[RH9]** and one question that is optional, but recommended **[O9]**.

[RH9] Resource Inventory (vacancies are filled through Coordinated Access)

a. Beds / units / spaces
b. Subsidies (number and/or amount)
c. Support spaces
d. Other resource(s)
e. Notes

[O9] Confirmation of Resource Inventory commitments

a. Have the commitments been confirmed?
b. If yes to **[O9a]**, describe how they were confirmed

Additional context and prompts are outlined below for these questions.

[RH9] Does the service provider commit housing and/or related resources to the Resource Inventory?

- The Resource Inventory includes housing, subsidies and/or supports that fill vacancies through Coordinated Access.
- Vacancies may be filled exclusively through the Coordinated Access system or shared with other processes (e.g., another service system that runs a parallel, but complementary, vacancy matching and referral process).
- Resources dedicated to the Resource Inventory may be all or a portion of total capacity (as documented in the Systems Mapping Template under **[RH6]**).
- **Note:** It is a minimum requirement that housing and related resources funded through the Reaching Home Designated Communities or the Territorial Homelessness stream are included in the Resource Inventory.

[O9] How were Resource Inventory commitments confirmed?

- Service providers can confirm their Resource Inventory commitments in a variety of ways, such as:

- Entering into a funding agreement that sets the expectation that housing units, subsidies and/or supports that are funded will only fill vacancies through the Coordinated Access system;
- Signing a Memorandum of Understanding (MOU) with the local Coordinated Access Lead that commits specific housing units, subsidies and/or supports to the Coordinated Access system; or,
- Participating in a local working group that is developing a protocol for the vacancy matching and referral process; signing-off on the final version could signify that the protocol will be adopted by the organization/service provider.

Part 10: Coordinated Access Processes

Part 10 has two questions that are optional, but recommended **[O10, O11]**.

[O10] Triage/assessment approach (e.g., tools)

[O11] Participation in case conferencing or related processes

Additional context and prompts are outlined below for these questions.

[O10] What is the approach being applied?

- Under Reaching Home, service providers that help clients with initial triage and/or more in-depth assessments must work together to apply a common, unified process across all population groups in the community.
  - **Initial triage refers to:** Ensuring safety and meeting basic needs (e.g., food and shelter), and guiding people through the process of stopping an eviction (homelessness prevention) or finding somewhere to stay that is safe and appropriate besides shelter (shelter diversion).
  - **More in-depth assessment refers to:** Gathering information to gain a deeper understanding of people's housing-related strengths, depth of need, and preferences, including through the use of a common assessment tool(s) to inform prioritization for vacancies in the Resource Inventory.
- In addition, under Reaching Home, while communities may choose to use more than one tool, if they do, a protocol will need to be put in place to clarify their use.
- Information gathered through this question can help communities to better understand existing tools and approaches. Some examples include:
  - Job aides used to guide homelessness prevention and shelter diversion activities.
  - Housing plan templates that identify the steps that people need to take to find, secure and move into housing.
  - Questions used to measure depth of need or acuity in the domains of life that are linked to housing stability or tenancy risks.

    - Flow charts that show how to match people on a Unique Identifier List with housing units, subsidies and/or supports that become available.
    - Principles and protocols for ensuring culturally safety when serving people that identify as Indigenous, as developed by local Indigenous partners.
    - **Note:** This question is only for service providers that play a triage and/or assessment role in the Coordinated Access system.
- The goal is to align, build upon and improve these existing approaches, so there is a common, unified process in place for all population groups.

[O11] Does the service provider participate in case conferencing or related processes?

- Under Reaching Home, case conferencing refers to a specialized form of problem solving, often used to help people access a range of services, housing and related resources, so they can move forward with their housing plans. By pooling expertise and knowledge, case conferences can help to find solutions to more complex challenges.
- Gathering this information is helpful for identifying which service providers are already engaged in these kinds of activities and who might be a good fit for doing so in the future, given their mandates, the services they offer, who they aim to serve, etc.
- **Note:** It is a minimum requirement that communities funded under the Designated Communities stream and territorial capitals funded under the Territorial Homelessness stream put processes in place to ensure that people are being supported to move through the Coordinated Access process. This is often referred to as service navigation or case conferencing.

Part 11: HMIS

This section has three questions, one that is required under Reaching Home **[RH10]** and two that are optional, but recommended **[O12, O13]**.

[RH10] Currently uses the HMIS

[O12] Other data system(s) or tool(s) used to collect homelessness data

[O13] If the service provider plans to use the HMIS

a. Onboarding priority level
b. Onboarding target month (Month-Year)
c. Number of HMIS users (best guess)

Additional context and prompts are outlined below for each question.

[RH10] Does the service provider currently use the HMIS or does it plan to in the future?

- The service provider will either be:

    - Using HIFIS or another HMIS under Reaching Home; or,
    - Collecting data another way.
- If the service provider is not currently using the HMIS, but plans to in the future, more information about these plans can be documented in **[O13]**.

[O12] What other data system(s) or tool(s) are used to collect homelessness data?

- Sometimes service providers will use more than one data system or tool. For example, a service provider may be using an Excel spreadsheet to keep track of who they are serving. Knowing if there are other tools being used can help communities to determine the potential impact on data quality in the HMIS, if homelessness data is being collected in more than one place.
- **Note:** It is a minimum requirement that service providers funded through the Reaching Home Designated Communities or the Territorial Homelessness stream use HIFIS or an existing, equivalent HMIS.

[O13] What are the plans to implement the HMIS with this service provider (if applicable)?

- For service providers that are planning to onboard to the HMIS, it is important to know when they hope to start using it (i.e., what is the level of priority for onboarding and target date). It is also important to know how many users will be on-boarded through this service provider (best guess).
- This information helps communities with their planning.

Part 12: Planning and Next Steps

This section **[O14]** can be used for planning purposes, such as documenting notes about engagements with the service provider and next steps. It can also be used to keep track of plans for future changes to the system (e.g., new services being launched or pending expansion to an existing program).

As a planning tool, a systems map can also identify and describe the service providers that are at various stages of being onboarded to the Coordinated Access system (e.g., they have agreed to participate, but are not yet using the HMIS or protocols that would apply to them).

Chapter 6: Guidance for the Resource Inventory

This section of the Guide provides an overview of the questions in the Resource Inventory Template that help communities to document more detailed information about the service providers that fill vacancies through Coordinated Access (housing units, subsidies and/or supports), including information used during the matching and referral process.

Note: Questions in this template have a "RI" tag for Resource Inventory. Refer to **Annex B: Resource Inventory Template Questions** for a complete list.

Remember! A Resource Inventory can include instructions for how to make a referral, more detailed eligibility criteria, and information about the housing units, subsidies and supports that help to ensure that referrals are a good match. For example, to make a good referral for a family with mobility challenges and specific support needs, the vacancy must be big enough, have the right accessibility features, and come with appropriate levels of supports to reduce risks to the tenancy for that family.

Scope of activities:

- Consider documenting more detailed descriptions of the resources that are committed to the Coordinated Access system (housing units, subsidies and/or supports), including information that can help to increase the likelihood of a good match between vacancies and the people seeking access to them.
- Consider documenting contact information for service providers, how they indicate that vacancies are available, and how referrals will be made.
- Consider documenting more detailed information about who can be referred.
- Consider documenting data that explains how often vacancies are likely to become available.
- Consider using the "Planning and Next Steps" column to document additional information.
- Use existing data sources (e.g., online directories like 211) or collect information directly from organizations (e.g., through surveys or interviews).

Resource Inventory considerations

- All questions are optional.
- For ease of reference, it is recommended that five columns are copied from the Systems Mapping Template to the Resource Inventory Template:
    - Organization name **[RH1]**;
    - Service provider/program name **[RH2]**;
    - Eligibility criteria (who can be served) **[RH4]**;
    - Primary and secondary service provider type **[RH5]**; and,
    - Resource Inventory commitments (vacancies are filled through Coordinated Access) **[RH9]**.

Note: This can also be done automatically in Excel by linking cells between tabs (spreadsheets).

- The Resource Inventory template does not include any pre-determined drop-down options. Standardizing the response options to meet local needs and preferences is recommended. See Chapter 1 for tips on how to standardize the response options, which will make it easier to filter, sort and search the results.

Part 1: Description

[1-RI] More detailed description of housing and/or related resources that are offered

- This question builds on the information documented in the Systems Mapping Template under **[RH5]** by further describing the units, subsidies and/or supports that have been committed to the Coordinated Access system. It is an open-ended field that can be customized to meet local needs and preferences (e.g., by adding drop-down options).

Part 2: Contact Information for Service Provider/Program

[2-RI to 5-RI] Detailed contact information for the service provider

- This question provides an opportunity to document contact information for each service provider. The following questions are recommended:
  - The service provider's address **[2-RI]**, phone number **[3-RI]** and email address **[4-RI]**; and,
  - When the service provider is available and can be contacted (days and/or hours of operation) **[5-RI]**.
- **Note:** Contact information for making referrals can be documented in Part 3.

Part 3: Referral Process

[6-RI to 10-RI] Detailed information about how service providers will indicate that vacancies are available and how to make a referral.

- This question provides an opportunity to document the referral process for each service provider. The following questions are recommended:
  - How the service provider will indicate that a vacancy is available **[6-RI]**, either immediately or in the future (e.g., at the start of the next month);
  - How referrals will be sent to the service provider **[7-RI]** (e.g., encrypted email with a completed Referral Package);
  - Contact information for the referral **[8-RI]** (e.g., phone number and email address);
  - When the service provider can receive referrals (if different than operational hours) **[9-RI]**; and,

- If documentation is needed before a referral can be made and/or intake into the program (e.g., if reference letters are required before people can move-in) **[10-RI]**.

Part 4: Who Can Be Referred

[11-RI to 19-RI] Detailed description of who can be referred to the service provider.

- This question builds on the eligibility criteria documented in the Systems Mapping Template under **[RH4]**.
- Having more detail about who can be served increases the likelihood of a good match between vacancies that become available and the people seeking access to them.
- Additional detail could be provided under any of the following:
  - **Demographics:** Household type **[11-RI]**; age **[12-RI]**; gender identity **[13-RI]**; Indigenous identity **[14-RI]**; Veteran status **[15-RI]**
  - **Economic status:** Income level (e.g., accessing social assistance or disability benefits) **[16-RI]**
  - **Homelessness experience/type:** For example, some service providers may only serve people experiencing unsheltered, sheltered, hidden or chronic homelessness, or those who are newly identified as homeless **[17-RI]**
  - **Support level**: For example, some service providers may only serve people with higher levels of need (acuity) or complex health needs **[18-RI]**
- Part 4 also has space to document other referral information **[19-RI]**.

Part 5: Housing Details (For Matching)

[20-RI to 27-RI] Detailed description of the housing that has been committed to the Coordinated Access system.

- This question builds on two questions documented in the Systems Mapping Template – the description of primary and secondary service type (e.g., supportive housing) under **[RH5]** and Resource Inventory commitments (e.g., beds, units and/or spaces) under **[RH9]**.
- Having more detail increases the likelihood of a good match between housing vacancies and the people seeking access to them.
- Additional detail could be provided under any of the following:
  - Monthly rent rate **[20-RI]**
  - Unit size **[21-RI]**
  - Accessibility features (e.g., ramps and elevators) **[22-RI]**
  - Policies in place for tenants about pets **[23-RI]**, smoking (e.g., in the unit or on the property) **[24-RI]**, substance use **[25-RI]** or visitors **[26-RI]**

- Part 5 also has space to document other housing details **[27-RI]**.

Part 6: Subsidy Details (For Matching)

[28-RI to 30-RI] Detailed description of the subsidies that have been committed to the Coordinated Access system.

- This question builds on two questions documented in the Systems Mapping Template – the description of primary and secondary service type (e.g., subsidies) under **[RH5]** and Resource Inventory commitments (e.g., number and/or amount of subsidies) under **[RH9]**.
- Having more detail increases the likelihood of a good match between the subsidies that become available and the people seeking access to them.
- Additional detail could be provided for the following:
    - Time limits, if applicable (e.g., up to 24 months) **[28-RI]**
    - Maximum amounts, if applicable (e.g., up to $500 per month) **[29-RI]**
- Part 6 also has space to document other subsidy details **[30-RI]**.

Part 7: Support Details (For Matching)

[31-RI to 33-RI] Detailed description of the supports that have been committed to the Coordinated Access system.

- This question builds on two questions documented in the Systems Mapping Template – the description of primary and secondary service type (e.g., housing support) under **[RH5]** and Resource Inventory commitments (e.g., support spaces) under **[RH9]**.
- Having more detail increases the likelihood of a good match between the supports that become available and the people seeking access to them.
- Additional detail could be provided for the following:
    - Support intensity (e.g., frequency, duration) **[31-RI]**
    - Any tool(s) used for ongoing case management, if applicable **[32-RI]**
- Part 7 also has space to document other support details **[33-RI]**.

Part 8: Service Conditions (For Matching)

[34-RI to 35-RI] Detailed description of any conditions that need to be met by the client.

- This question builds on the eligibility criteria documented in the Systems Mapping Template under **[RH4]**.
- Having more detail about any service conditions that need to be met increases the likelihood of a good match between vacancies that become available and the people seeking access to them.
- For example, if clients need to financially contribute in any way (fees or rent), this should be documented in advance **[34-RI]**.

- Part 8 also has space to document other service conditions **[35-RI]**.

Part 9: Vacancy Trends

[36-RI to 37-RI] Data that explains how often vacancies are likely to become available.

- Knowing how often vacancies are likely to become available helps with systems planning.
- For example, service providers can provide average rates for the following:
    - How long people stay in the housing and/or access subsidies/supports (e.g., number of months or years) **[36-RI]**
    - How often vacancies in housing, subsidies and/or supports become available (e.g., average number of units per month or year) **[37-RI]**

Part 10: Planning and Next Steps

This section **[38-RI]** can be used for planning purposes, such as documenting notes about the vacancy matching and referral process that are specific to each service provider. It can also be used to keep track of plans for future changes (e.g., a new, automated vacancy notification process that will be triggered by data entered in the HMIS).

As a planning tool, a Resource Inventory can also identify and describe the service providers that are at various stages of being onboarded to the vacancy matching and referral process (e.g., they have agreed to fill vacancies using data from HIFIS, but are still transitioning from their own Excel spreadsheet).

Annex A: Systems Mapping Template Questions

There are ten questions in the **Systems Mapping Template** that are **required** under Reaching Home. They are listed below.

[RH1] Organization name

[RH2] Service provider/program name

[RH3] Funding sources

a. Reaching Home DC/TH
b. Reaching Home IH
c. Federal (other)
d. Provincial
e. Municipal
f. Health
g. Other source(s)
h. Funding notes, if any

[RH4] Eligibility criteria (who can be served)

[RH5] Services offered

a. Primary service type
b. If other in **[RH5a]**, describe services
c. Secondary service type
d. If other in **[RH5c]**, describe services

[RH6] Total capacity to serve

a. Beds / Units / Spaces
b. Subsidies (number and/or amount)
c. Support (staffing)
d. Other resource(s)
e. Notes
f. Are any of these included in the Resource Inventory?

[RH7] Role(s) in the Coordinated Access system (current or planned)

a. Refers to the Coordinated Access system (access points)
b. Serves as an access point
c. Supports initial triage and/or more in-depth assessment (service planning and referrals)
d. Matches people to vacancies that become available and/or supports referrals for offers
e. Fills vacancies through Coordinated Access
f. Other role(s)

[RH8] Role(s) with maintaining data quality used for a Unique Identifier List

a. Has the role been confirmed?
b. If yes to **[RH8]**, describe the role(s)

[RH9] Resource Inventory (vacancies are filled through Coordinated Access)

a. Beds / units / spaces
b. Subsidies (number and/or amount)
c. Support spaces
d. Other resource(s)
e. Notes

[RH10] Currently uses the HMIS

There are 14 questions in the **Systems Mapping Template** that are **optional**, but recommended. They are listed below.

[O1] Service location(s)

[O2] Primary mandate

a. Homeless-Serving System (HSS)
b. Broader Service System (BSS)

[O3] Indigenous service provider

[O4] Veteran service provider

[O5] Eligibility verification process

a. Is eligibility verified?
b. If yes to **[O5a]**, describe the process (when, how and who)

[06] Governance group membership

a. Participation in integrated governance structure
b. If yes to **[O6a]**, which group(s)
c. Notes

[O7] Role confirmation for Coordinated Access

a. Has the role been confirmed?
b. If yes to **[O7a]**, describe how it was confirmed

[O8] Role confirmation for data quality

a. Has the role been confirmed?
b. If yes to **[O8a]**, describe how it was confirmed

[O9] Confirmation of Resource Inventory commitments

a. Have the commitments been confirmed?
b. If yes to **[O9a]**, describe how they were confirmed

[O10] Triage/assessment approach (e.g., tools)

[O11] Participation in case conferencing or related processes

[O12] Other data system(s) or tool(s) used to collect homelessness data

[O13] If the service provider plans to use the HMIS

a. Onboarding priority level
b. Onboarding target month (Month-Year)
c. Number of HMIS users (best guess)

[O14] Notes

Annex B: Resource Inventory Template Questions

There are 38 questions in the **Resource Inventory Template**. They are listed below.

[1-RI] More detailed description of housing and/or related resources that are offered

[2-RI] Address

[3-RI] Phone number

[4-RI] Email

[5-RI] Days and/or hours of operation

[6-RI] How the service provider will indicate that vacancies are available

[7-RI] How to make a referral

[8-RI] Contact information for the referral

[9-RI] Intake hours (if different than operational hours)

[10-RI] Documentation needed before referrals are made and/or intake into program (e.g., move-in)

[11-RI] Household type

[12-RI] Age

[13-RI] Gender identity

[14-RI] Indigenous identity

[15-RI] Veteran status

[16-RI] Income level

[17-RI] Homelessness experience/type

[18-RI] Support level (e.g., depth of need/acuity, complex health needs)

[19-RI] Other referral information

[20-RI] Monthly rent rate

[21-RI] Unit size

[22-RI] Accessibility features

[23-RI] Pet policy

[24-RI] Smoking policy

[25-RI] Substance use policy

[26-RI] Visitor policy

[27-RI] Other housing details

[28-RI] Time limits

[29-RI] Maximum amounts

[30-RI] Other subsidy details

[31-RI] Support intensity (e.g., frequency, duration)

[32-RI] Tool(s) used for ongoing case management

[33-RI] Other support details

[34-RI] Financial contribution expected from clients (fees or rent)

[35-RI] Other service conditions

[36-RI] How long people stay in housing and/or access subsidies/supports (average length of time)

[37-RI] How often housing, subsidies and/or supports become available (average turnover rate)

[38-RI] Notes