



Yukon Coordinated Access Guide

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TABLE OF CONTENTS

TABLE OF CONTENTS	3
ACKNOWLEDGEMENTS	5
HOW TO USE THIS GUIDE.....	6
INTRODUCTION.....	7
BACKGROUND	9
COORDINATED ACCESS OVERVIEW.....	13
PHASE 1: RAISE AWARENESS	17
PHASE 2: IMPLEMENTATION	19
PHASE 3: MAINTENANCE AND CONTINUOUS IMPROVEMENT	29
APPENDICES	33
APPENDIX A: MINIMUM REQUIREMENTS OF COORDINATED ACCESS	34
APPENDIX B: RECOMMENDATIONS FROM REVISIONING COORDINATED ACCESS	38
APPENDIX C: EXAMPLES OF COMMUNITY-LEVEL OUTCOMES	44
APPENDIX D: PRIORITIZATION CRITERIA	45
APPENDIX E: INDICATORS FOR EVALUATION	46
APPENDIX F: OTHER TOOLS AND RESOURCES	47
APPENDIX G: POLICY ON INTAKE, ADDING TO, AND UPDATING THE BY-NAME LIST	48
APPENDIX H: ADDING/UPDATING THE BY-NAME LIST (PROCESS GUIDE)	52
APPENDIX I: MATCHING AND REFERRAL (PROCESS GUIDE).....	53
APPENDIX J: COORDINATED ACCESS RESOURCE INVENTORY SHARING AGREEMENT.....	55
APPENDIX K: CHAT/BNL CONSENT FORM FOR INFORMATION COLLECTION	60
APPENDIX L: BNL UNIT DESCRIPTION FORM.....	64
APPENDIX M: VETERAN PROCESS.....	65

ACKNOWLEDGEMENTS

This is a living document and is meant to be revised regularly as Coordinated Access grows and operating procedures evolve to meet changing needs.

This document was created by the Safe at Home Society team, with contributions from the following partners: Blood Ties Four Directions Centre, Built for Zero – Canada, Fetal Alcohol Syndrome Society of Yukon (FASSY), Government of Yukon – Health and Social Services, Victoria Faulkner Women’s Centre, Yukon Anti-Poverty Coalition (YAPC), Yukon Women’s Transition Home, community members with lived experience, and the Reaching Home Community Advisory Board. Yukon Housing Corporation funded the creation of the first edition of this document by Jacqueline Mills, an independent contractor hired through Safe at Home.

Safe at Home Society and the current members of the Coordinated Housing Access Team are located on the traditional territories of the Kwanlin Dun First Nation and Ta’an Kwäch’än Council.

HOW TO USE THIS GUIDE

This guide is designed to be used by anyone who is curious about the Coordinated Access process in Whitehorse; including front line staff, policy analysts, housing services providers, other service providers, people with lived or living experience of homelessness and the general public.

This guide follows a step-by-step process how Coordinated Access is to be implemented here in Whitehorse. Not all sections will be relevant for all readers. The **guide itself** is intended to provide a high-level overview of this process. **Appendices** that are added to the end of the document are for those who would like to know more details including: forms used, policies, processes, and additional resources. This guide is a living document and is expected to change during the implementation process.

This process guide is divided into three phases:

Phase 1: Raise Awareness

This step is required to provide clear information about what Coordinated Access is and why it is important, in order to build understanding and buy-in from service providers, individuals with lived/living experience, decision-makers, and the general public (see page 17).

Phase 2: Implementation

Building the Coordinated Access system in partnership with key stakeholders takes time. The Reaching Home Community Advisory Board and the Community Entity will need to actively support the implementation process from beginning to end. Roles and responsibilities associated with the governance structure will be clearly defined once implementation has taken place (see page 19).

Phase 3: Maintenance and Continuous Improvement

After initial implementation, participating agencies will work to sustain the new service delivery model and improve it through intentional reviews and performance monitoring. Having better local data will allow us to respond more quickly and effectively to trends happening on the ground (see page 29).¹

REVISIONING COORDINATED ACCESS

Purple boxes found throughout this guide indicate how we, in Yukon, are striving to implement the recommendations from [Revisioning Coordinated Access: Fostering Indigenous Best Practices towards a Wholistic Systems Approach to Homelessness](#) in our Coordinated Access process.

¹ The overview of each of these sections is adapted from *Reaching Home Coordinated Access Guide* (2019)



INTRODUCTION

Purpose

This guide is to provide an overview of the Coordinated Access process in Whitehorse, Yukon.

Goals

This guide is to be used as a resource for service providers, to establish community expectations, ensure transparency between participating organizations, produce standards for Yukon's Coordinated Access system, and to help to better align efforts to house people experiencing homelessness in the territory. The intent is that this guide will change as the process is adjusted, improved, and streamlined over time. **This document was last updated May 30th, 2022.**

Timelines

Implementation of Coordinated Access is part of the community's Reaching Home funding agreement with Employment and Social Development Canada. We demonstrated the basic Coordinated Access implementation in May 2022 and are committed to continued improvement of the system.

Guiding Principles

This Coordinated Access process aims to be:

- **Accessible:** access points are clear across the community. There are no basic requirements to access housing. Community partners and the Coordinated Access System will provide high quality, low-barrier services to those experiencing homelessness.
- **Equitable:** through dynamic prioritization based on identified community priorities instead of a first-come, first-serve model.
- **Effective:** people will be matched to the right housing resources for their needs.

Coordinated Access Standards

Agencies participating in Coordinated Access agree to reach the following set of standards:

- All clients will be treated with respect and dignity.
- Individuals can receive immediate support accessing services regardless of where the first point of contact is made and expect the same level of service at any Coordinated Access intake point.
- Every effort will be made to divert individuals and families from homelessness at every opportunity.
- Partner agencies will collaborate in addressing process issues for the purpose of evaluating service quality and efficiency and

**RECOMMENDATION 2:
ENACT THE CALLS TO
ACTION FROM THE TRUTH
AND RECONCILIATION
COMMISSION OF CANADA
WHEN DEVELOPING
COORDINATED ACCESS
SYSTEMS.**

The Reaching Home Community Advisory Board (CAB) is working to implement the recommendations put forward by Inspire. Reconcile. Potential. Consulting to ensure there is a reconciliation lens on how the CAB operates. Under this guidance the 2022-2024 RH funding was prioritized for Indigenous led organizations or groups working with a First Nation.

participate in training sessions as needed to align agency practices with the Coordinated Access system.

- All partners will comply with any and all applicable laws and regulations, First Nations' OCAP principles, as well as common policies and procedures concerning the confidentiality and privacy of client records, storage of client files or communications.

Responsibilities

It is the responsibility for the Coordinated Access Coordinator at Safe at Home² to ensure this guide is updated and modified. It is also their responsibility to ensure that this guide is accessible to participating agencies. If requested, this document should be made publicly available.

It is the responsibility of each participating agency to ensure that their staff contributing to Coordinated Access have read this process guide and consult it as necessary.

Guiding Documents

The following documents help to guide Yukon's Coordinated Access Process.

YUKON PLANS AND REPORTS

- Forward Together; Yukon Mental Wellness Strategy (2016-2026)
- Safe at Home Plan to End and Prevent Homelessness (2017)
- Housing Action Plan for Yukon (2019-2022)
- Yukon FASD Action Plan (2019)
- Putting People First; Final Report of the Comprehensive Review of Yukon's Health and Social Programs and Services (2020)

NATIONAL PLANS AND BEST PRACTICES

- Reaching Home Coordinated Access Guide (2019)
- Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness (2020)
- Reaching Home, Canada's Homelessness Strategy (2019)
- National Housing Strategy (2017)
- Truth and Reconciliation Commission of Canada, Calls to Action (2015)

² Safe at Home is both an organization (as referred to here) and is also a plan to end homelessness. Both of these are referred to throughout the report.

BACKGROUND

Definitions

The Canadian Observatory on Homelessness defines homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioral or physical challenges, and/or racism and discrimination.” This definition has been expanded to incorporate youth homelessness: “young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence.” Homelessness can include several living situations, including:

- **Unsheltered or absolutely homeless** - living on the streets or in places not intended for human habitation;
- **Emergency sheltered** - staying in overnight shelters on a temporary basis (examples include: Whitehorse Emergency Shelter or the Skookum Jim Youth Shelter as well as shelters for people that are fleeing violence such as Victoria Faulkner Women’s Centre and Yukon Women’s Transition Home);
- **Provisionally accommodated** - living in an accommodation that is unsafe or lacks security of tenure (examples include: hotel rooms, a hospital, a correctional facility, drug or alcohol treatment facilities or couch surfing); and
- **At risk of homelessness** - where one has a home but where one’s current economic situation or housing situation is precarious, or does not meet public health and safety standards (examples include: unsafe housing due to mold, lack of running water etc., potential job loss and inability to pay rent or violence in the home).

These definitions recognize that homelessness is not a static state but a fluid experience, where one’s housing circumstances and options may shift and change.

The above definition, however, does not necessarily reflect Indigenous experiences of homelessness. According to the Aboriginal Standing Committee on Housing and Homelessness, “*Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from*

RECOMMENDATION 5: ACKNOWLEDGE AND ADDRESS THE RACISM INDIGENOUS PEOPLE FACE IN THE COMMUNITY.

We have committed to selecting Indigenous tenants for at least 2 out of every 3 units, reflecting the number of Indigenous people on the By-Name List.

A question about clients’ experiences with discrimination also helps prioritize clients for whom racism creates a barrier to housing.

their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships.”³

Following the Indigenous definition of homelessness, it is important to acknowledge that systemic racism against Indigenous people has, and continues to take place in Whitehorse, Yukon, and Canada. Through Coordinated Access in Whitehorse we hope to address the discrimination and racism that exists against Indigenous people experiencing homelessness by working together with Indigenous partners and service providers to provide equitable and accessible access to housing and related supports using trauma-informed, and culturally safe approaches.

Safe at Home Plan

In 2017, Kwanlin Dün First Nation, the City of Whitehorse, Ta’an Kwäch’än Council and the Government of Yukon joined with non-governmental organizations, people with lived experience, and the business community to formally endorse the vision, goals and actions in the Safe at Home Plan to Prevent and End Homelessness.

The Plan was an unprecedented success for Yukon, and a model for how diverse partners could work through complex matters with urgency and care. In November 2020, the Safe at Home Society (SAHS) was formed as a registered Yukon society to serve as an umbrella entity coordinating and providing homelessness services and supports, providing dedicated staffing and resources to expand on the work of the partnership to date.

The Plan set out three core goals:

- **PREVENT:** Preventing homelessness,
- **SUPPLY:** Increasing the supply of safe, stable and affordable housing, and,
- **SUPPORT:** Ensuring access to housing, programs, and services within a system of care.

Coordinated Access addresses the first and third goal of Safe at Home. This system intends to provide **support** to **prevent** homelessness. The system is built on four supporting strategies:

- Build a strong, collaborative governance structure;
- Strengthen community engagement, advocacy and communications;
- Achieve sustainability through consistent resources, partnerships, and training; and,

RECOMMENDATION 17: COORDINATED ACCESS SYSTEMS NEED TO TAKE AN INTERSECTIONAL, CULTURALLY SAFE, AND TRAUMA-INFORMED LENS IN IMPLEMENTATION.

Safe at Home Staff are actively completing training on cultural competency and trauma-informed care on an on-going basis. As relevant, these trainings are being made available to partner agencies.

The VI-SPDAT tool used for intakes includes guidance on its use with Indigenous people.

³ *Aboriginal Standing Committee on Housing and Homelessness (2012)*

- Mobilize knowledge and take action based on research, data and evaluation.

Highlights from the [Safe at Home Progress Report 2020](#)

Since Safe at Home was established in 2017 there has been progress towards preventing homelessness, increasing access to stable and affordable housing, and ensuring access to housing, programs, and services within a system of care. Key areas of progress include:

- improvement to family and youth supports for youth transitioning from care,
- identifying gaps in discharge planning for Yukoners living in rural Yukon,
- preventing evictions and retaining tenants,
- funding support for housing including: community housing and loan programs as well as housing programs geared to help Yukoners maintain core housing,
- supportive housing projects,
- commitments to affordable housing,
- rural housing projects including affordable housing and retrofits, and,
- movement towards a Coordinated Access system in Whitehorse.

This guide builds upon the progress already made through Safe at Home Society for people experiencing homelessness by outlining the Coordinated Access process in Whitehorse. The hope is to improve the alignment and awareness of services, and strengthen partnerships, to ultimately be better equipped to address community needs.

Point in Time Count

A Point in Time (PiT) Count is a snapshot of homelessness on a single night, conducted in communities across Canada with the support of Employment and Social Development Canada.

In Whitehorse, PiTs have been conducted in 2016, 2018 and 2021. At least 151 people experienced homelessness on the night of April 13th, 2021, when the latest PiT count was completed. Many of these people (35%) were experiencing absolute homelessness⁴ while 60% were provisionally accommodated⁵.

The age breakdown of people experiencing homelessness was:

⁴ Absolute homelessness is defined as sleeping unsheltered (4% in 2021) or staying at an emergency shelter (31% in 2021).

⁵ For the purposes of this count, provisionally accommodated means people were staying in a hotel/motel, on a friend's couch, in a public system or in transitional housing. 5% of people asked did not know where they would stay that night.

- 7% youth (ages 16-24)⁶
- 67% adults (ages 25-54)
- 26% older adults (ages 55+)⁷

Of these people 55 % identified as male while 44% identified as female and 2% identified as other gender. Most people experiencing homelessness (85%) self-identified as Indigenous.

This information provides a snapshot in time of people who are experiencing homelessness and is valuable in program planning and evidence-based decision-making. However, this information does not provide a measure of everyone who experiences homelessness in Whitehorse over time, nor does it fully account for people who are accessing non-formal housing supports and are experiencing “hidden homelessness.” Collection, management, and analysis of data related to people experiencing homelessness is one of the key features of Coordinated Access to track progress and changes over time. This is described further in the section outlining the Implementation Phase.

For additional background please refer to:

- [Safe at Home Plan to End and Prevent Homelessness](#) (2017)
- [Reaching Home, Canada’s Homelessness Strategy](#) (2019)
- [Built for Zero Canada website](#)

⁶ There were 21 non-surveyed dependent children, under the age of 18, who were reported by their parent or guardian as experiencing homelessness at the time of the count.

⁷ Less than 5 participants reported being over age 65 at the time of the count

COORDINATED ACCESS OVERVIEW

Coordinated Access is an integrated process that streamlines access to housing and resources in the community. Without a coordinated, person-centered approach, individuals and families trying to access resources or facing a housing crisis often find themselves repeating their story many times to different service providers. This can result in being mismatched to services and having to navigate a complex web of related but disconnected services. This also leads to poorer outcomes for the individuals involved, continued diminished quality of life, and an inefficient use of limited resources. Uncoordinated service provision also means that people remain unhoused for longer, and while they wait for stable housing they must lean heavily on crisis and emergency supports.

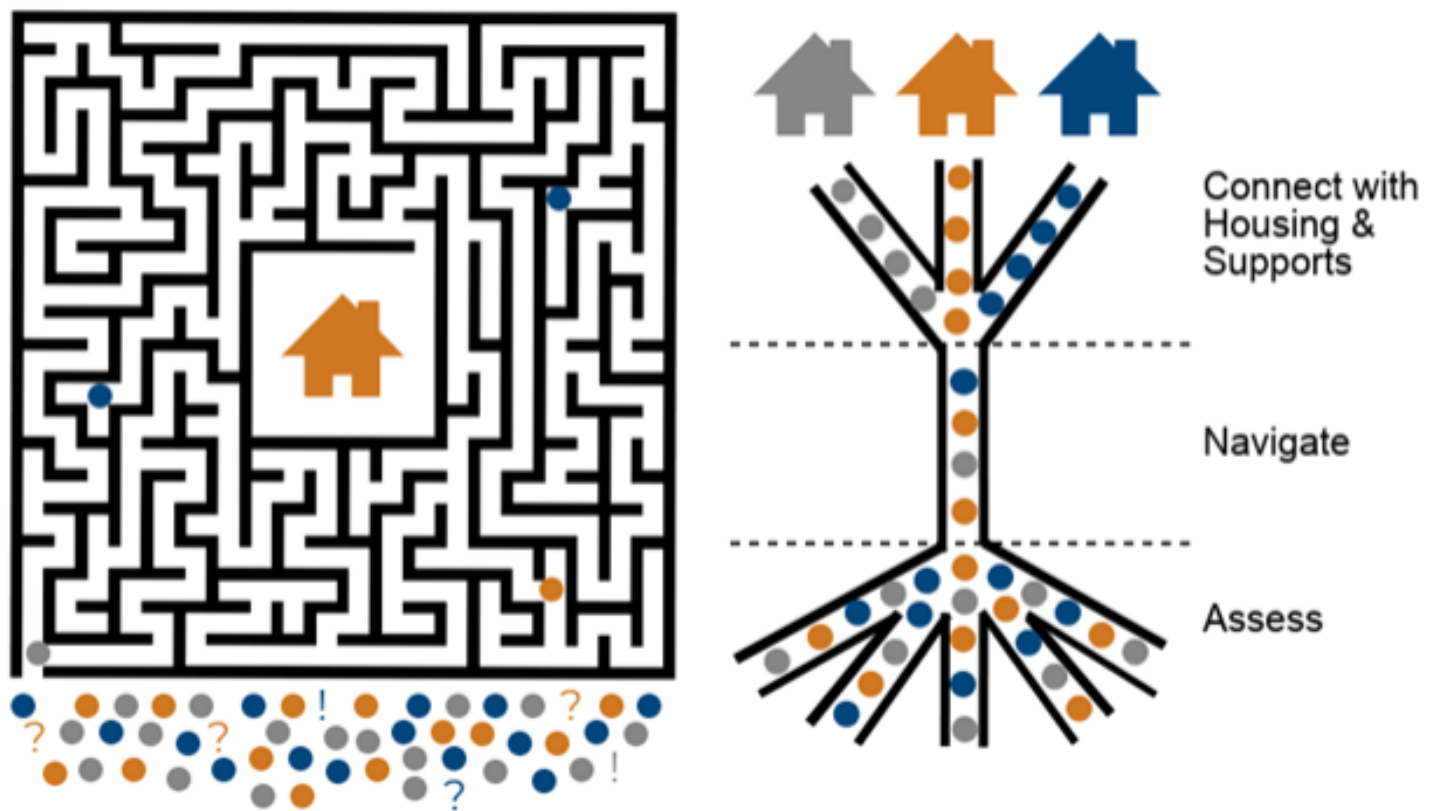


Figure 1: Before and after the implementation of Coordinated Access⁸

Coordinated Access in Yukon not only intends to address the issues outlined above by improving collaboration between service providers, but also includes comprehensive data collection with the consent of

⁸ Retrieved from <https://bfzcanada.ca/wp-content/uploads/Guelph-Wellington-Coordinated-Entry-Guide-Feb-2019-Final.pdf>

individuals experiencing homelessness to establish a baseline and to measure progress and changes in trends.

Whitehorse is a Reaching Home funded community. As a requirement of this funding Whitehorse must implement a Coordinated Access system.

SWOT Analysis⁹

The following analysis was completed on October 16th, 2020 at the Coordinated Access Forum hosted by Safe at Home Society. Participants at the forum identified Strengths, Weakness, Opportunities, and Threats with remaining with the Status Quo and with implementing Coordinated Access.¹⁰ Results are summarized in the figure below. These results were used to guide the creation of this document ensuring that strengths were drawn out, weaknesses addressed, opportunities used, and threats avoided or managed.



Figure 3: SWOT analysis of Coordinated Access in Whitehorse.

In Whitehorse, Coordinated Access uses a decentralized model. The potential risks include:

- Risk of inconsistency in service across access points,

⁹ Full SWOT analysis responses are available upon request.

¹⁰ In the figure (P) represents the present state or status quo, and (F) represents the future state with Coordinated Access implemented.

REVISIONING COORDINATED ACCESS

Indigenous communities have highlighted ways Coordinated Access can better serve Indigenous people, for example in [Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness](#) (2020).

See the [appendix](#) for a detailed overview of how we are working to incorporate these recommendations into our Coordinated Access process in Whitehorse.

- Developing, implementing, and sustaining a shared approach between service providers, and,
- Potential for duplication of data across access points.

These risks can be mitigated by the continued effort of both the Data Lead and Coordinated Access Coordinator at Safe at Home Society who have the responsibility of ensuring a streamlined approach between service providers. Shared community objectives and agreement on a governance structure, both of which are outlined in this document can help to avoid inconsistencies in approaches by different service providers.



PHASE 1: RAISE AWARENESS

Goal

The goal of this stage was to identify a core group of partners willing to move forward with Coordinated Access implementation.

Timeline

January 2017 to June 2021.

Background

In Whitehorse, the process to implement Coordinated Access began in 2017. Since then, community agencies and service providers have been engaged and involved in the design and implementation of Coordinated Access in various capacities. Many service agencies were highly engaged with the development of the process, while others have participated to the extent capacity allows, and still others are on the sidelines but may increase their involvement over time.

The Community Advisory Board has brought together many community stakeholders around the implementation of Coordinated Access, while front-line homelessness service providers have been working together through the Coordinated Housing Access Team (CHAT). Partners have had the opportunity to learn more about Coordinated Access through networking and training opportunities, including Yukon delegations to Built for Zero Canada learning sessions. In 2018, the **Point in Time Count** provided a first opportunity for awareness-raising among people experiencing homelessness in Whitehorse and generated a surge in intakes to the By-Name List.

In 2020, the Safe at Home Society brought on a **Data Lead** and a **Coordinated Access Coordinator**, whose roles include helping to support service providers and the community at large to understand Coordinated Access. Also in 2020, Safe at Home Society launched the **100 Homes** campaign to reach landlords on the private market with the ambitious goal of securing 100 homes for the Coordinated Access system and housing 100 people. This campaign generated widespread community awareness of Coordinated Access and is ongoing into 2022.

An **Intake and Referrals Coordinator**, hired in 2021, has increased outreach to other service providers, especially groups that work with youth. The Coordinated Access Coordinator also met with people with lived experience (through Voices Influencing Change and the Blood Ties Peer Group) to discuss coordinated access and receive feedback. This type of engagement should be ongoing as the Coordinated Access system evolves.

RECOMMENDATION 3: AS ADVISED BY LOCAL INDIGENOUS COMMUNITY LEADERS, ENGAGE IN CEREMONY WHEN DEVELOPING CA SYSTEMS.

Safe at Home and the Community Advisory Board are working with IRP Consulting to determine appropriate ways to engage with Indigenous culture. The 2022 CHAT Retreat was planned with the guidance of an Indigenous Elder.

RECOMMENDATION 4: ENGAGE WITH LOCAL INDIGENOUS EXPERTS TO CONTEXTUALIZE LOCAL ISSUES IMPACTING THE INDIGENOUS COMMUNITY.

KDFN and TKC were partners in developing the Safe at Home Plan and continue to participate in Coordinated Access as capacity allows.

Safe at Home is partnering with CYFN under Reaching Home and First Nations are represented on the CAB.

2021 also saw the further expansion of the Safe at Home Staff to include a **Housing Stability Worker** who will support Yukon Housing Corporation clients to retain better tenancy. In 2022 Safe at Home Society intends to expand on this work through the creation of the **Evictions Prevention Worker** whose primary focus will be working with clients currently housed to help maintain their tenancy.

The first version of this Process Guide was developed in late 2020 with support from Yukon Housing Corporation. This revised version reflects ongoing engagement with the CHAT to develop and adopt the policies and procedures included in the appendices. This process included:

- Aligning common triage and assessment tools,
- Training on the VI-SPDAT and community learning opportunities such as the April 2022 Built for Zero learning session,
- Determining agreed upon prioritization criteria, and
- Putting in place appropriate tools for the management and sharing of data.

Ongoing engagement and awareness-raising priorities include:

- Training on specific aspects of Coordinated Access (ie. Case conferencing, HIFIS, ect.)
- Training on shared values and skills for front-line staff (e.g. First Nations cultural competency, Trauma-informed care, and others as needed)
- Meetings with service providers, housing providers and other community partners to discuss how Coordinated Access can support their work
- Regular check-ins with individuals on the By-Name List and email updates about system-level progress
- Engagement with First Nations leadership to ensure Coordinated Access works for their citizens and is integrated with their services
- In-person outreach, posters in the community, and electronic posts on social media, to build community support/awareness and ensure that Coordinated Access is accessible by all.

Across the board, it is essential to take direction from the expertise of individuals with lived/living experience of homelessness to ensure the Coordinated Access processes in place reduce barriers, augment support, and increase confidence in systems of care as intended.

**RECOMMENDATION 11:
AN EFFECTIVE
COMMUNICATIONS
STRATEGY, INCLUDING IN-
PERSON OUTREACH,
POSTERS IN TRAVEL HUBS,
AND ELECTRONIC POSTS
ON SOCIAL MEDIA, IS
NECESSARY TO ENSURE
THAT COORDINATED
ACCESS SYSTEMS ARE
ACCESSIBLE BY ALL.**

The Safe at Home workers are conducting in-person outreach, to the Whitehorse Public Library and at the Whitehorse General Hospital. The Housing Stability Worker is communicating this work throughout many social housing buildings. Safe at Home is working with SMRT POPUPS to maintain an active social media presence and conducted a radio ad campaign in 2022. Safeathomeyukon.ca launched in 2021.

Outreach through other service agencies is ongoing with plans to continually expand.



PHASE 2: IMPLEMENTATION

Goal

The goal at this stage is to complete all the tasks associated with:

- choosing community-level outcomes and associated prioritization criteria;
- implementing the Homelessness Individuals and Families Information System (HIFIS);
- designing access sites; and
- developing service planning processes including:
 - triage and assessment; and,
 - vacancy matching and referral.

Timeline

August 2020 to March 2022

Governance

COMMUNITY LEVEL-OUTCOMES

Under the federal Reaching Home Directives, we have committed to working toward the following four core community-level outcomes:

- chronic homelessness in the community is reduced;
- homelessness in the community is reduced overall and for priority populations (e.g. individuals who identify as Indigenous);
- new inflows into homelessness are reduced; and
- returns to homelessness are reduced.

Other community level outcomes could be added to reflect community priorities if deemed necessary by participating organizations. This process should involve all agencies that contribute to Coordinated Access in Yukon and happen as early as possible, as these outcomes will help to guide the implementation and reporting processes. For examples of unique community level outcomes adopted in other regions in Canada see the [appendix](#).

As a Designated Community, Reaching Home funding disbursed by Employment and Social Development Canada (ESDC) is administered and distributed by the Community Entity, Yukon Anti-Poverty Coalition (YAPC). As the Community Entity, YAPC is ultimately responsible for reporting on progress toward our community-level outcomes and implementing Coordinated Access. They have subcontracted Safe at Home Society to fulfill this responsibility.

SYSTEM STRUCTURE

The governance structure ensures that there is appropriate leadership for the planning, implementation, and ongoing management of the coordinated access system.

Figure 4 shows how five components of the Coordinated Access System contribute to the system, each with their own equally important role.

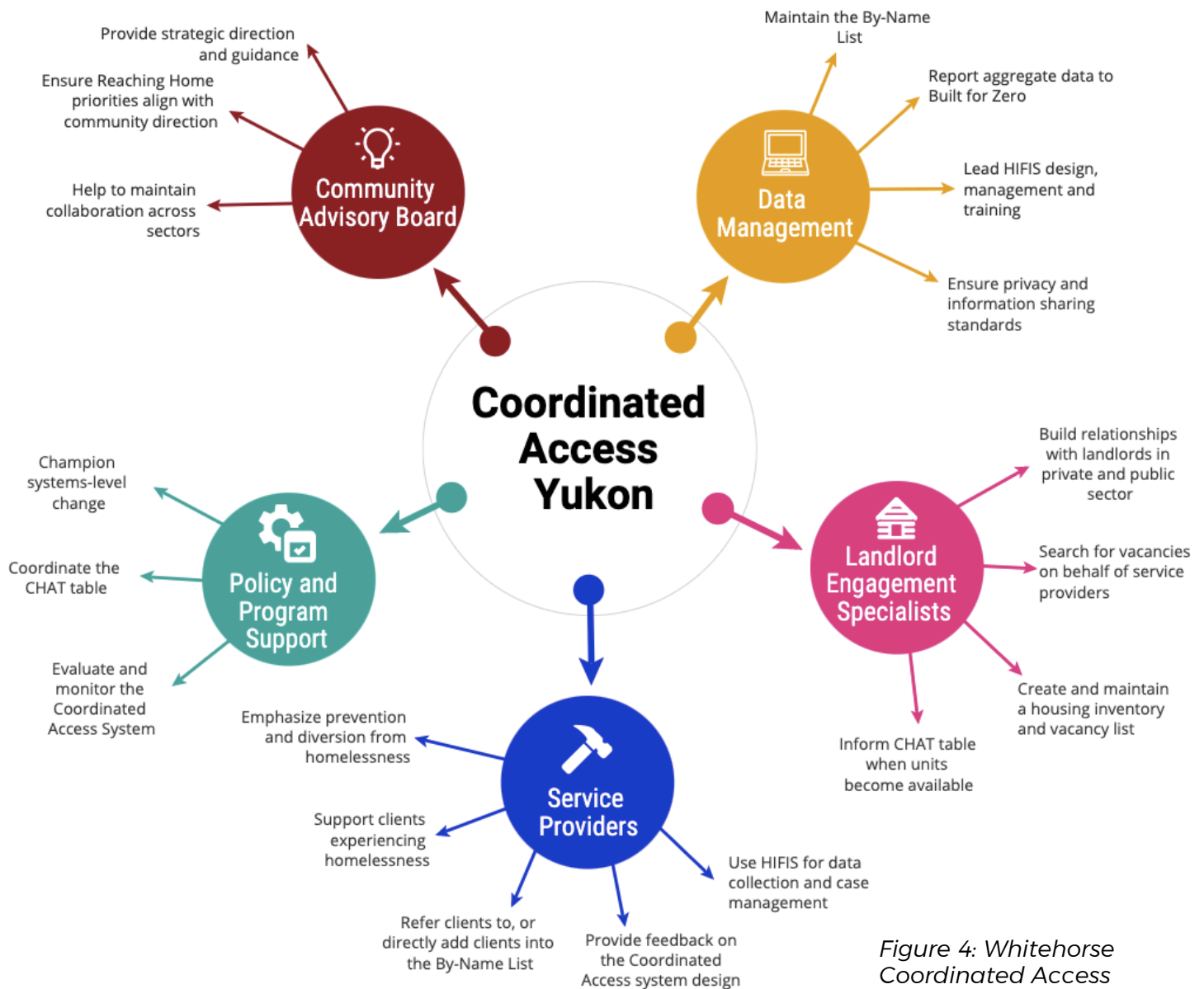


Figure 4: Whitehorse Coordinated Access Governance Structure

Service Providers

Service providers responsible for immediate decisions that affect individuals or families. They provide front-line support and at times actual units of housing to ensure that basic needs of individuals and families are met. Service providers can be further separated into 2 core groups:

- Homelessness Response Providers (HRP) – providers that assist directly with addressing housing challenges. Representatives from

RECOMMENDATION 8: IN ORDER TO ENSURE THAT NO INDIGENOUS PERSON OR FAMILY FALLS THROUGH CRACKS CREATED BY THE LACK OF SYSTEMS INTEGRATION AND SYSTEM FAILURES, REPRESENTATION FROM THE CHILD WELFARE SECTOR, THE CORRECTIONAL SYSTEM, THE MENTAL HEALTH SYSTEM, THE HOSPITAL SYSTEM, AND OTHER SYSTEMS UNIQUE TO EACH COMMUNITY SHOULD BE CONVENED WITH INDIGENOUS HOUSING AND HOMELESSNESS TABLES, PARTICULARLY THOSE RELATED TO COORDINATED ACCESS.

The Community Advisory Board (CAB) convenes representatives from across systems, and Safe at Home is working to build greater ties through, for example, the Referrals coordinator and Housing Stability worker. We are also working closely with CYFN's support team to help ensure Indigenous people seeking services do not fall through the cracks.

the HRP sit in on the Coordinated Housing Access Team. This team has collaborative case meetings. Examples of HRP include the Blood Ties Four Directions Centre Housing Coordinator, FASSY Housing Outreach, Connective Housing First Program and more.

- Other Service Providers (OSP) – those that frequently provide services to people who experience homelessness but do not directly assist with housing needs. Examples of OSP include Kwanlin Dün Health Centre, Community Outreach Services, Whitehorse Correctional Centre, and more.

Both groups are responsible for helping individuals access the By-Name List either directly (HRP) or indirectly (OSP).

Policy and Program Support

The organizations in this group may or may not provide front-line support. They are responsible for:

- updating policies (e.g., to avoid bottlenecks, poor service, or operations that are out of date with written policies and protocols);
- identifying gaps and barriers, provide feedback and recommendations for policy changes to streamline the system; and,
- documenting and ensuring that appropriate training for staff is occurring (training should be organized at a community level, not an agency level when possible).

Data Management

The data management lead is employed through Safe at Home. Data is used by CHAT, a community group of service providers chaired by the Coordinated Access coordinator, that meets regularly to improve the continuity of care for people experiencing homelessness with the highest complexity of needs, by ensuring the smooth implementation and improvement of Coordinated Access. This group will foster collaboration and communication among community partners to support the individuals on the BNL.

The data lead is responsible for maintaining the By-Name List, submitting aggregate reports to federal agencies, creating reports for quality improvement. A **HIFIS Project Manager** position was created to help support the implementation of the HIFIS database and ensure privacy and confidentiality as more members are onboarded.

Community Advisory Board (CAB)

The Community Advisory Board is made up of members from a diverse range of community agencies. They provide strategic support and direction for the implementation and improvement of Coordinated Access

Landlord Engagement Specialist

Since Coordinated Access in Whitehorse follows a decentralized model there are several positions that focus on helping to find

vacancies in the community, communicating with landlords, resolving tenant-landlord disputes and updating the CHAT of unit vacancies.

DISPUTE RESOLUTION

The Coordinated Access governance structure is made up of a diversity of agencies, all which function under different mandates and priorities. While all agencies have agreed to the common principles and values of Coordinated Access which are listed in [the introduction](#), it is still possible for disputes to arise. Ideally consensus would be reached in all circumstances, however, this will not necessarily be possible. If consensus cannot be reached the following dispute resolution process ensures that alignment between supporting agencies is maintained even if agreement is not.

Examples of **case** specific disputes are:

- accuracy of assessment scores,
- prioritization on the BNL, and,
- program placement.

Disputes of this nature will be addressed using the steps below:

1. Members of the CHAT will discuss the issue during their meeting and seek a resolution.
2. If a resolution is not achieved during Step 1, the Coordinated Access Coordinator will bring the issue forward to the Safe at Home Executive Director. The Safe at Home Executive Director will involve other agency members as necessary depending on the issue needing resolution.

Examples of **systemic** disputes are:

- administrative or procedural differences
- differences in service philosophy, principles, or policies

Disputes of this nature will be addressed using the steps below:

1. The Policy and Program Support Team will identify the nature of the dispute and discuss it with the Coordinated Access Coordinator.
2. Agency members identified as part of the dispute will discuss the issue to seek a resolution.
3. If a resolution is not achieved during Step 2, the Coordinated Access Coordinator will bring the issue forward to the Built for Zero Improvement Advisor to recommend a strategy to resolve the issue.
4. The Safe at Home Executive Director and the Community Entity will present the recommended strategy and work to resolve the issue.

**RECOMMENDATION 16:
COORDINATED ACCESS
SYSTEMS SHOULD INCLUDE
MULTIPLE MODES OF
ACCESS, INCLUDING
TELEPHONE, VIDEO CALLS,
AND ONLINE PLATFORMS.**

At present, intake is offered in person or by phone, to be as accessible as possible while safeguarding confidentiality and providing opportunities to engage directly with individuals around diversion and prevention. We have not heard any requests for other modes of intake (e.g. online).

**RECOMMENDATION 19: A
STRENGTH-BASED
ASSESSMENT TOOL
CREATED SPECIFICALLY
FOR INDIGENOUS
INDIVIDUALS AND
FAMILIES SHOULD BE
DEVELOPED.**

Safe at Home and the CHAT have been provided with guidance from Indigenous partners on how to complete the VI-SPDAT in culturally appropriate ways. Researching alternative tools is ongoing and CHAT is prepared to adopt a better common assessment tool when the right fit for Yukon is found.

Intake, Assessment and Referral

ACCESS POINTS TO TRIAGE

Currently Whitehorse is operating a decentralized access model. This means that there are multiple access point to triage and intake (ie. “no wrong door” approach). Current access points include:

- **Blood Ties Four Directions Centre** (Housing Coordinator, Safe Consumption Site staff, Outreach Van staff)
- Yukon Government - **Community Outreach Services**
- **Fetal Alcohol Syndrome Society Yukon (FASSY)** (Housing Outreach)
- **Safe at Home Society** (Outreach & Referrals Workers)
- **Victoria Faulkner Women’s Center** (Housing Navigator)
- Yukon Government - **Whitehorse Emergency Shelter**
- **Yukon Women’s Transition Home** (Low Barrier Outreach Worker)
- **Kwanlin Dün First Nation** (Housing Liaison Support Worker)
- **Skookum Jim’s Friendship Centre** (Emergency Youth Shelter)
- **Connective** (Housing First staff)
- **Queer Yukon Society** (Outreach staff)
- Yukon Government – **Transitional Supports Services**
- **BGC of Yukon** (Frontline Staff)

Child Youth and Family Treatment Team (CYFTT), Ta’an Kwäch’än Council Family Support Worker and other service providers may refer clients to these entry points. We continue to engage with other service providers as well as housing providers to become intake points or warm referral spots. Our community goal is to ensure any client wishing to be on the By-Name List can connect with a service provider whom they have a previously established relationship.

There are many community partners involved in providing services to those who experience homelessness. This means that our system relies heavily on inter-agency collaboration and exchange of information. There are shared policies, documents, protocols, and accountability across the system. Methods to mediate risk of inconsistency in service across access points, challenges associated with developing, implementing, and sustaining a shared approach between service providers and methods to avoid duplication of data are explored in the risk assessment section.

TRIAGE AND ASSESSMENT PROCESS

When an individual or family comes to an access point for housing/support, service providers work to solve housing challenges and prevent evictions. If this is not possible, or if the family or individual specifically requests an intake onto the By-Name List, the service provider will complete the intake process with them.

Having one's name placed on the By-Name List does not guarantee housing. Who is housed and when is determined after a prioritization process that ensures individuals and families with the highest need are placed first.

See the appendix for the intake protocol and related forms. Agencies' responsibilities in terms of intakes and referrals are documented in the [Policy on Intake, Adding to, and Updating the By-Name List](#).

VACANCY MATCHING AND REFERRAL

Housing providers participating in Coordinated Access commit to closing "side-doors" to housing and only filling their dedicated units from the By-Name List through the agreed-upon matching process. Housing providers may have other units that they continue to fill through a different process, if those units are not restricted to individuals experiencing homelessness, and these processes are transparent to the CHAT. See the appendix for more information in the [Coordinated Access Resource Inventory Sharing Agreement](#).

It is recommended that communities keep a common inventory of housing units and other supports (e.g. rent subsidies) available to individuals and families in the Coordinated Access system. In Whitehorse, this list will be maintained by Safe at Home Society, with contributions from participating agencies. Accurate information about available units helps make matching and referrals more successful.

Matching

When a housing unit or spot in a housing support program becomes available, the By-Name List will be filtered by the unit's eligibility

	Filter 1	Filter 2	Filter 3		Sorting
Eligibility	Length of Homelessness	Survivors/At risk of Violence	Risk Factors		
Subset of people on By-Name-List who <ul style="list-style-type: none"> Are <u>not inactive</u> (e.g. no contact for 90 days, moved away, deceased) Are <u>move-in ready</u> Meet the <u>requirements for this housing unit</u> For 2 of every 3 units: <ul style="list-style-type: none"> Are <u>Indigenous</u> 	Chronically homeless	Survivors/at risk of violence	Multiple/Severe risk factors	List 1	VI-SPDAT score (highest to lowest)
			No risk factors	List 2	VI-SPDAT score (highest to lowest)
		NOT survivors/at risk of violence	Multiple/Severe risk factors	List 3	VI-SPDAT score (highest to lowest)
			No risk factors	List 4	VI-SPDAT score (highest to lowest)
	Not chronically homeless	Survivors/at risk of violence	Multiple/Severe risk factors	List 5	VI-SPDAT score (highest to lowest)
			No risk factors	List 6	VI-SPDAT score (highest to lowest)
		NOT survivors/at risk of violence	Multiple/Severe risk factors	List 7	VI-SPDAT score (highest to lowest)
			No risk factors	List 8	VI-SPDAT score (highest to lowest)

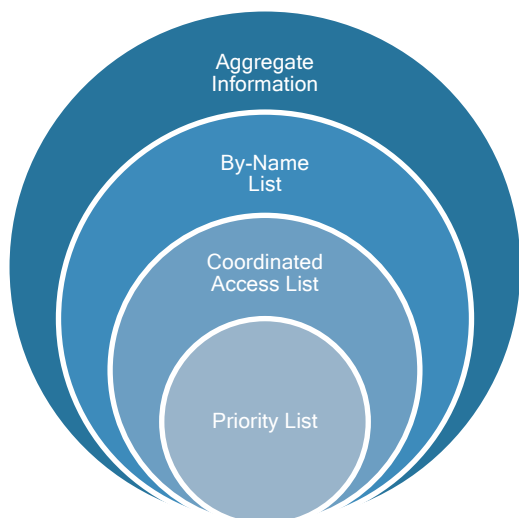
Figure 5: Whitehorse Coordinated Access Prioritization Scheme

criteria and then sorted by community priorities to find the highest-priority eligible matches. A meeting of the Coordinated Housing Access Team (CHAT) will identify any relevant information not captured through this process and they will decide the order in which people will be offered the unit.

Keep in mind that although there may be relevant information that was not included in the By-Name List or has changed since intake, this should still be with the goal of better understanding eligibility or priority under the agreed-upon community priorities. Matching decisions should not take into account unrelated considerations (including urgency, agency affiliation, etc.) Clients who are eligible for a unit should be given the option to consider it, even if service providers do not expect that they will be interested.

The full MATCHING AND REFERRAL (Process Guide) MATCHING AND REFERRAL (Process Guide) can be found in the appendix.

Figure 6: The creation of a prioritization list



**RECOMMENDATION 22:
HOUSING OPTIONS
SHOULD MEET THE NEEDS
OF EACH PRIORITIZED
GROUP.**

Records are kept of the units offered to Coordinated Access, who they are offered to and reasons for any refusals in order to be able to advocate for housing to better serve the needs of those whose needs are not being met.

Referrals

If the individual or family accepts the offer, appropriate steps must be taken to ensure there is a care and housing stability plan, including wrap around supports (ie. health, food). A front-line worker, preferably the person who has had the most contact with the individual or family, will either support the client or conduct a warm referral to other supports. If the individual or family has supports outside of the CHAT (for example, through Disability Services), this process might involve them with consent.

Matching & Referral Challenges

Refusal of Unit

- When an individual or family is selected from the priority list and matched to a housing unit, they are allowed to refuse the unit for any reason. They remain on the list and will be prioritized for future

units no differently than before. The unit will be offered to the next best matched individual or family on the priority list.

Unable to Locate the Future Tenant(s)

- Housing and support service providers should make every effort to locate the individual or family to connect them to the available housing and/or supports. This includes consultation and collaboration with other community partners. Communication should include the reason for contact and a timeline within which a response is needed.
- If the timeline is reached and the individual or family has still not properly responded regarding their interest, the unit will be offered to the next best matched individual or family on the priority list.
- The By-Name List will be updated accordingly, and the appropriate agencies will seek to engage with the individual if/when they reengage with the system. If the system loses contact with a client for 90 days, whether they have moved away, or disengaged, they will be moved to an “inactive” status on the By-Name List.

Privacy/confidentiality

- All CHAT members are required to sign an oath of confidentiality. However, there may be clients for whom that is not enough of a guarantee of safety. These clients may be entered on the By-Name List with only a unique identifier (no name) and discussed only in the most general terms during matching meetings. The agency that completed the intake is responsible for knowing who to contact if that unique identifier is matched.

Exceptional Circumstances

In almost all circumstances the priority list should be used to house those in the community. However, there are some exceptional circumstances which could lead to a concession. For example, dislocation of tenants from a closed apartment building, or natural disasters that might displace vulnerable people

In these circumstances, the CHAT will meet and discuss how to best address housing these individuals. The decision that comes from this group may override the existing prioritization list. This will be addressed on a case-by case basis as these situations are both rare and unique.

The CHAT may also meet to discuss how best to support individuals or groups of people who are not well-served by the Coordinated Access System. This may include:

- People unable to complete assessment themselves (e.g. due to developmental disabilities)
- People who refuse to participate in assessment (or complete the assessment inaccurately) but desire housing
- People who repeatedly reject the units offered to them

**RECOMMENDATION 18:
STRICT TIME-FRAMES FOR
THE COMPLETION OF
INTAKES SHOULD NOT
APPLY TO INDIGENOUS
INDIVIDUALS AND
FAMILIES EXPERIENCING
HOMELESSNESS.**

The Yukon Coordinated Access system takes a client-directed approach. No timelines apply to the completion of intakes, either for Indigenous or non-Indigenous people.

- Families with ongoing changing composition, often due to considerable child welfare involvement
- Families who cannot find a suitable unit for their family size.

Ongoing system operations

MAINTENANCE OF THE BY-NAME LIST

The Coordinated Access process can only be successful if we have access to accurate, up-to-date information about both vacancies and potential tenants. The By-Name List is maintained by the Safe at Home Society Data Lead, but members of the CHAT are responsible for providing regular updates on clients they are in contact with, as outlined in the Policy on Intake, Adding to, and Updating the By-Name List (see appendix).

The process for sharing, viewing, and updating the By-Name List securely is described in the ADDING/UPDATING THE BY-NAME LIST (Process Guide) (see appendix). This will change once HIFIS is implemented (see below).

SUPPORTING CLIENTS ON THE BY-NAME LIST

In a well-functioning Coordinated Access System, clients are supported throughout their time on the list to avoid people falling through the cracks and to ensure they are housing-ready once a potential match is found (e.g. all documents in order, financial and social supports are in place, and a transition plan has been developed).

Many communities accomplish this through targeted case conferencing, and/or using the Coordinated Access System to match clients with support workers (like matching them to housing units). This is not yet in place in Whitehorse, but is an area actively being discussed.

SUPPORTING TENANTS ONCE HOUSED

For housing placements to be successful, tenants will need support through the move-in process and beyond. Currently, the decision of who is responsible for follow up support is based on a discussion between the CHAT. This process should be formalized and expanded to include other service providers who may be involved in clients' lives.

ACCESS TO RECORDS

Upon request, an individual or family may access their records in the HIFIS system once it has been fully implemented. In the meantime, individuals or families wishing to access their records should contact data@safeathomeyukon.ca to receive access to their personal files.

**RECOMMENDATION 20:
AS PART OF AN INTAKE
PROCEDURE, CLEAR
INFORMATION ON THE
CONFIDENTIALITY OF THE
DATA THAT A CLIENT CAN
TAKE FOR THEIR RECORDS
SHOULD BE MADE
AVAILABLE.**

*This is included on the
Consent to Release
Information form signed
before an intake is begun.*

*A sample form is included
in the appendix.*

The Homeless Individuals and Families Information System

The Homeless Individuals and Families Information System (HIFIS) is "a web-enabled Homeless Management Information System that can provide communities with the information they need to further their efforts with addressing homelessness. It allows multiple service providers from the same geographic area to implement coordinated

access using real-time information about people experiencing homelessness and the resources they need to find and keep a home.”¹¹ Use of HIFIS or an equivalent system is a core component of a Coordinated Access system as required by ESDC.

The HIFIS license for Yukon is to be hosted by Safe at Home Society. During the training and implementation of this system the Yukon Government Department of Health and Social Services will continue to hold a separate license to complete bed counts at the Whitehorse Emergency Shelter. Under ESDC recommendation there will eventually be only one license for the Territory which will be maintained by Safe at Home Society.

DESIGN AND IMPLEMENTATION

Safe at Home Society staff, the Blood Tie’s housing navigator and the FASSY outreach lead are currently completing a HIFIS masterclass through ACRE consulting. This training will enable us to design the HIFIS system that will meet community needs in Whitehorse. Other resources include the [HIFIS Implementation Guide](#) and [OCAP training](#).

The HIFIS planning and implementation process will address:

- Data privacy concerns
- Safety of data
- Storage of individual agency data vs. community level data
- Aggregate information that will be reported locally and on a national level
- Reporting practices
- Quality insurance of data
- Training on HIFIS use (who/how often)
- Who adds to the BNL
- Terms of reference for HIFIS users

¹¹ [Homelessness Learning Hub](#)



PHASE 3: MAINTENANCE AND CONTINUOUS IMPROVEMENT

Goal

The goal of this phase is to work toward real-time, high-quality data, provide training and technical assistance and to monitor progress towards the community-level outcomes set at the planning stage, adjusting course as needed.

Timeline

April 2022 and beyond.

Data-Informed Improvement

Part of the purpose of Coordinated Access is to facilitate data-informed decision-making. Data sources available to the Coordinated Access system include the By-Name List, Point in Time count, HIFIS (once implemented), and any other community feedback gathered.

HIFIS

As well as being used for casework and maintaining the By-Name List, aggregate information pulled from HIFIS can tell us how close we are achieving our community objectives as well as direct our program and policy work toward where it is needed most. HIFIS is still being implemented in Whitehorse, and the information available will depend on the ways in which it will be used, how often, and by whom, which are not yet fully decided.

FEEDBACK MECHANISMS

Feedback from service users, front-line service providers, program managers and other Coordinated Access partners is imperative to the improvement of the process in Whitehorse. Feedback mechanisms have not yet been formally created; this will be done throughout this phase. When collecting the following mechanisms can be used:

- Bi-annual surveys
- Online feedback forms through the Safe at Home Society's website
- In-person opportunities during regular meetings

Review of Community Priorities

Community Priorities were set in December 2020 by the CHAT table. These priorities are scheduled to be revisited in June 2022 and then every 18 months to ensure they are still relevant for the people that Coordinated Access is serving.¹² As part of this process,

**RECOMMENDATION 27:
INCLUDE ACCESSIBLE
FEEDBACK MECHANISMS
FOR CLIENTS, FRONT-LINE
SERVICE PROVIDERS, AND
PROGRAM MANAGERS ON
REGULAR INTERVALS.**

These mechanisms are still being designed but ensuring accessibility and equity will be a priority.

¹² This process should not occur more frequently as this takes away from the purpose of priorities.

1. The Data Lead will review any existing data to determine which population(s) experiencing homelessness may be over-represented (this includes the most recent PiT count and information from the By-Name List).
2. The Coordinated Access Coordinator will conduct an engagement process with service providers and alter prioritization scheme if necessary
3. Service providers will agree as a group on the prioritization scheme.

PRIORITY-SETTING PROCESS

The CHAT began by identifying their highest priorities (listed here, with relevant data from the By-Name List at the time.)

People with multiple risk factors	<i>Not currently tracked</i>
People who use drugs/with addictions	<i>Not currently tracked</i>
Families or Family status of client	12% of BNL (4 housed, 8 inactive, 7 active)
Unsheltered/Emergency Sheltered	5% (all inactive) / 13% (12 active, 9 inactive)
Youth <24 years	5% of BNL (1 housed, 5 inactive, 2 active)
Length of time spent homeless	Chronic = 6 mo in past year / 18 mo in 3yrs
People with mental health concerns	<i>Not currently tracked</i>
People fleeing violence	<i>Not currently tracked</i> (new Q: Do you feel safe where you're currently sleeping?)
People living with Hep C and/or HIV	<i>Not currently tracked</i>
Indigenous	70% of BNL (32 housed, 62 inact., 25 active)
Intake date	active: 2 in '17, 3 in '18, 9 in '19, 34 in '20

Figure 6: Potential priorities identified by service providers

The priorities were narrowed down to three (Chronicity, Surviving/At Risk of Violence, and High-Risk Populations) by combining certain factors and removing others that would likely be sorted for in the unit eligibility criteria (e.g., family size). It was agreed upon that 2/3 of units would be matched from a priority list of only Indigenous people, in order to reflect the make-up of the By-Name List.

See Prioritization Criteria in the appendix for a guide to how membership in priority categories is determined.

Evaluations

An evaluation of the Coordinated Access program should be completed regularly. An initial timeline of once per 12-18 months is suggested to avoid overburdening the system or changing directions too frequently. An evaluation is also warranted if data indicates a sharp increase in levels of chronic homelessness with no other reason or

explanation, feedback from clients or staff indicate major changes need to occur, or there is a communication or system breakdown.

INDICATORS

Performance measurement will occur at three levels: system, program and client. For each performance measure, indicators and targets have been assigned to measure them to ensure accountability and continuous improvement. See [Indicators for Evaluation](#) in the appendix.

AREAS TO REVIEW

Evaluations should include:

- a review of policies and procedures to make sure they are being followed and/or to identify where changes may be needed
- a review of prioritization criteria
- a review of inflows and outflows to the By-Name List for patterns that would suggest areas of improvement or concern
- a review of which agencies are participating in Coordinated Access and any populations being underserved or under-resourced
- opportunities for CHAT members, clients, and other stakeholders to provide feedback on the process and be heard
- updating this Process Guide as needed

Sustainability

The following helps to ensure sustainability of the Coordinated Access process in Whitehorse:

- Lead organization (Safe at Home Society has been decided on as the lead organization for implementing and sustaining Coordinated Access)
- Government buy-in and the Safe at Home Plan

RECOMMENDATION 6: INDIGENOUS AGENCIES NEED TO BE ADEQUATELY AND SUSTAINABLY FUNDED TO PROVIDE WHOLISTIC SERVICES. DESIGNATED COMMUNITIES SHOULD BE RESPONSIBLE FOR FINDING CREATIVE FUNDING SOLUTIONS IN ORDER TO ENSURE LONG-TERM SUSTAINABILITY OF INDIGENOUS AGENCIES.

In Yukon, we have an opportunity to break new ground in establishing how self-governing First Nations relate to a non-Indigenous Community Entity. YAPC and the CAB must keep this front of mind in both in the allocation of funds and in their advocacy work. The 2022-2024 Reaching Home Funding was prioritized for First Nations, partners of First Nations,, and Indigenous led organizations.

APPENDICES

The appendices are divided into three sections:

Measuring Our Progress

[Appendix A](#): Minimum Requirements of Coordinated Access

[Appendix B](#): Recommendations from Revisioning Coordinated Access

Additional Resources

[Appendix C](#): Examples of Community-Level Outcomes

[Appendix D](#): Prioritization Criteria

[Appendix E](#): Indicators for Evaluation

[Appendix F](#): Other Tools and Resources

Policies, Protocols and Forms

[Appendix G](#): Policy on Intake, Adding to, and Updating the By-Name List

[Appendix H](#): ADDING/UPDATING THE BY-NAME LIST (Process Guide)

[Appendix I](#): MATCHING AND REFERRAL (Process Guide)

[Appendix J](#): Coordinated Access Resource Inventory Sharing Agreement

[Appendix K](#): CHAT/BNL Consent and Intake/Update Form

[Appendix L](#): BNL Unit Description Form

APPENDIX A: MINIMUM REQUIREMENTS OF COORDINATED ACCESS

The funding agreement between Employment and Social Development Canada and the Yukon Anti-Poverty Coalition (the Community Entity for Yukon) states that *'Through working with community partners the Recipient shall be required to have a Coordinated Access system in place by March 31st, 2022, that fully meets all Reaching Home minimum requirements for Coordinated Access. The minimum requirements, as prescribed by Canada, outline Canada's expectations for the design of Coordinated Access systems across the following areas: coverage, governance operating model, access, assessment, prioritization, matching and referral, and Homeless Management Information System (HMIS) platform.'*

Minimum Requirements	Status of Implementation
All Designated Communities are required to have a Coordinated Access system in place by March 31, 2022.	Built for Zero Canada officially recognized and confirmed that Whitehorse met the basic requirements for Reaching Home Coordinated Access on May 9 th , 2022.
Reaching Home requires all projects receiving funding from the Designated Communities stream to participate in the Coordinated Access system. This includes, but is not limited to, emergency shelters, transitional housing providers, outreach teams and supportive housing providers.	Participation in Coordinated Access is set as an expectation in all 2022-2023 funding agreements for all projects funded by the Reaching Home Designated Communities Stream. Each agreement includes a rubric of expected engagement for the following fiscal year. Some groups continue to participate despite not receiving RH funding.
Communities are required to build an appropriate governance operating model to exercise proper leadership for the planning, implementation, and ongoing management of the Coordinated Access system. This includes identifying a lead organization to manage implementation and operationalization of the Coordinated Access system.	YAPC has subcontracted the Safe at Home Society to lead the implementation of the Coordinated Access System in Whitehorse, with core staff in place to support service providers. The Coordinated Housing Access Team focuses on combining resources and matching from the BNL. The Community Advisory Board provides direction on how Coordinated Access can be improved.
Where the streams are delivered by distinct Community Entities, it is expected that the Community Entities and Community Advisory Boards of both streams will engage in the planning and implementation of Coordinated Access to support active participation of all service providers. In addition, co-planning with the streams will also help facilitate appropriate and culturally sensitive referrals to the Community Entities administering the Indigenous Homelessness streams.	There is no Indigenous Community Entity in Yukon, however, Safe at Home Society is committed to working with self-governing First Nations to ensure complementarity of services. The Community Advisory Board has also engaged Inspire. Reconciliation. Potential. Consulting to create an Indigenous Lens for future funding projects. Priority was given to First Nations and/or Indigenous Led organizations when determining the 2022-2024 Reaching Home funding agreements.
The use of HIFIS will be mandatory in all Designated Communities where an equivalent	Safe at Home has hired a HIFIS Project Manager and is in the process of completing the HIFIS

Homelessness Management Information System is not already being used.	Masterclass with ACRE consulting. Employment and Social Development Canada has provided Safe at Home Society with the licensing for HIFIS. Yukon Government facilitated a Security Threat Assessment to guide Safe at Home Society throughout the implementation phase of HIFIS.
In all Designated Communities, Community Entities must set-up a governance structure to oversee decisions related to implementing and maintaining HIFIS and the data collected.	This is being developed through the ACRE Consulting HIFIS masterclass and should be in place by December 2022.
<p>Communities must develop policies and procedures outlining how the Coordinated Access process operates (for example, the process for evaluating individuals' eligibility for assistance). The purpose of the policies and procedures is to help govern the operation of Coordinated Access and should be made publicly available, if requested.</p> <p>At a minimum, the following policies and procedures must be developed:</p> <ol style="list-style-type: none"> 1. Standard assessment procedures, including documentation of a set of criteria to support uniform decision-making across access points. 2. List of prioritization factors and assessment procedures (for example, acuity assessment form, functional impairments including physical disabilities) with which prioritization decisions are made. 3. Referral procedures, including standardized criteria by which a participating project may justify rejecting a referral; and 4. Protocols for obtaining participant consent to retain and share information for purposes of assessing and referring participants. 	These are in place (see appendices) and are revised as necessary.
In all Designated Communities, Community Entities must develop a set of local agreements to manage privacy, data sharing, and client consent in compliance to municipal, provincial, and federal laws.	Safe at Home Society worked with Yukon Government's Privacy Department to create the CHAT/BNL Consent Form (appendix K). This form, while not bound under local privacy legislation, follows the same authorizations for security of client's information.
All Community Entities must access a server and establish corresponding security and safeguards to secure the data collected.	Safe at Home has contracted Aurora Technologies to ensure all digital files, including the By-Name List, are secure and encrypted on Sync. The 2022 Security Threat & Risk Assessment (STRA) completed by MacGregor-Olsson Consulting confirmed that the proposed HIFIS

	Host does have all necessary safeguards in place. Ongoing policy around data usage and access will follow the recommendations presented in the STRA.
Community Entities that operate with HIFIS are required to sign a Data Provision Agreement and an End-user License Agreement with ESDC. Community Entities that operate with an equivalent Homelessness Management Information System other than HIFIS are required to sign a Data Sharing Agreement with ESDC.	Safe at Home Society is in the process of signing the Data Provision Agreement with ESDC.
Access points must be easily accessed by individuals and families seeking homeless or homelessness prevention services.	There are many access and referral points accessible to diverse populations. Identifying and outreach to other organizations is ongoing.
Coordinated Access process must be implemented throughout the geographic area covered by a Designated Community.	ESDC has agreed that Coordinated Access be implemented beginning in Whitehorse, with expansion to other communities as it is possible. Safe at Home Society will begin expansion to the communities, starting with relationship building in Watson Lake, as early as May 2022.
All people experiencing or at-risk of homelessness must have equitable access to Coordinated Access sites, regardless of the way that sites are organized in the community.	Some intake access points are referral only services (e.g. Community Outreach Services) and do not have opportunity to support any Yukoner experiencing homelessness. CA intake points are a mix of organizations that can support internal and external clients. This mix as a collective ensures all people experiencing or at-risk of homelessness have equitable access to CA sites.
Individuals may not be denied access to the Coordinated Access process because of perceived barriers to housing or services (for example, income, drug, or alcohol use).	There are no eligibility requirements for participating in the Coordinated Access system, although only people experiencing homelessness can be on the By-Name List.
There must be an established and agreed upon intake procedure for the entry of individuals and families into the system.	This is documented in Appendix G .
All Coordinated Access locations and methods (for example, phone, in-person) must offer the same assessment approach using uniform decision-making processes.	A common assessment process is in place and documented in the Intake Protocol – Appendix G .
Communities must use a common assessment tool for all population groups (for example, youth, women fleeing violence, Indigenous peoples) so that there is a shared approach to understanding of people's depth of need. However, the questions and approaches used to conduct the assessment	The VI-SPDAT suite of tools includes comparable tools adapted for each of these populations. Exploring other tools for common assessment that better reflect vulnerable populations

can be adjusted for specific populations (for example, a conversational approach rather than an interview-like approach may be more appropriate for Indigenous clients.	
Prioritization is established through a series of triaging factors, including but not limited to an acuity assessment score from the common assessment tool. It is also important to note, that only information relevant to factors listed in the Coordinated Access written policies and procedures may be used to make prioritization decisions.	The common assessment tool for the Coordinated Assess process in Whitehorse is the VI-SPDAT. This tool is used by all access points to the coordinated access program. There will not be deviances from this process unless agreed upon in a formal process by all Coordinated Access partners.
Referral to housing services must be made based on prioritization guidelines, project-specific eligibility requirements (for example, age restrictions, geographic location) and the specific needs and preferences of the client.	See the Matching and Referral Process for details on how this is implemented.
Reaching Home funded projects providing housing placement (for example, rapid rehousing, transitional housing, supportive housing) and associated supports (for example, case management) must receive referrals and fill vacancies through the Coordinated Access process.	This is included in 2021-2023 funding agreements with the Community Entity. For partners already participating in Coordinated Access their housing resources and the process on how they are filled through Coordinated Access can be found in the Coordinated Access Resource Inventory Sharing Agreement – Appendix J .
As part of the planning process, communities must establish a set of prioritization criteria for each project type (for example, rapid rehousing, supportive housing).	This was completed in January 2021 and will be revisited regularly to ensure priorities are effective and reflect community needs.
In order to manage prioritization for referral and placement in a housing program, communities must maintain a Priority List.	The Priority list is updated and maintained through Safe at Home Society. Currently this is held in an Excel file hosted by Sync. However, this will be transferred over to the HIFIS system when this option becomes available.
Methods of dealing with referral challenges, concerns or disagreements such as refusal of various referrals must be in place.	See the Referral Challenges section, under Phase 2: Implementation.
Referral must remain person-centered allowing participant self-determination and choice without repercussions or consequences, other than the natural consequences that occur with choice (for example, clients who refuse a housing placement would maintain their spot on the priority list).	There are no repercussions for refusal of a unit.

APPENDIX B: RECOMMENDATIONS FROM REVISIONING COORDINATED ACCESS

Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness incorporated Indigenous perspective for a Coordinated Access System. The table below outlines how we are addressing the recommendations put forward in this document.

<p>Engaging with the Federal Government and Designated Community Entities</p>	
<p>Recommendation 1:</p> <p>Reaching Home should create clear guidelines on cross-stream engagement between Community Entities and Indigenous Community Entities. With the overarching aim of enhancing Indigenous decision-making and leadership, these guidelines must be developed in a manner that allow local Indigenous leaders to align with local community traditions, cultures and needs at the grassroots level. These guidelines should also be completed in collaboration with national Indigenous homelessness experts, such as the new national gathering of members from Indigenous Community Entities and Indigenous Community Advisory Boards.</p>	<p>In the absence of clear guidelines from Reaching Home on cross-stream engagement between Community Entities and Indigenous Community Entities our Coordinated Access program will strive to continue engaging with all Entities in a one-on-one manner and through collaborative working groups. Indigenous decision making and leadership will continue to be valued throughout this process.</p>
<p>Recommendation 2:</p> <p>Enact the Calls to Action from the Truth and Reconciliation Commission of Canada when developing coordinated access systems.</p>	<p>The development of this guide and the continuous maintenance and improvement of our Coordinated Access system will rely on the Calls to Action from the Truth and Reconciliation Commission of Canada.</p>
<p>Recommendation 3:</p> <p>As advised by local Indigenous community leaders, engage in ceremony when developing coordinated access systems.</p>	<p>During the development of this guide there was no engagement done with local Indigenous leaders to advise on how ceremony could be incorporated. This is currently a gap and is intended to be addressed during the Raising Awareness phase of our Coordinated Access system.</p>
<p>Recommendation 4:</p>	<p>During the development of this guide there was no engagement done with local</p>

Engage with local Indigenous experts to contextualize local issues impacting the Indigenous community.	Indigenous experts to contextualize local issues. This is currently a gap and is intended to be addressed during the Raising Awareness phase of our Coordinated Access system.
Recommendation 5: Acknowledge and address the racism Indigenous people face in the community.	This acknowledgement is made in the background section of this document. We are working to address this by incorporating these recommendations into our Coordinated Access system as well as challenge the barriers that systemic racism causes for people living with homelessness.
Recommendation 6: Indigenous agencies need to be adequately and sustainably funded to provide wholistic services. Designated Communities should be responsible for finding creative funding solutions to ensure long-term sustainability of Indigenous agencies.	The Community Entity appealed to and prioritized applicants for Reaching Home Funding 2022-2024 if they were Indigenous Led and/or in partnership with local First Nations.
Recommendation 7: Any service hub where multiple services can be accessed under one roof should facilitate an Indigenous wholistic system of care and should be created/sustained in communities.	One of our current partners has funded an Elder on Site to facilitate an Indigenous wholistic system of care. More work needs to be done in this area. Safe at Home Society commits to continuing moving towards this recommendation.
Recommendation 8: In order to ensure that no Indigenous person or family falls through cracks created by the lack of systems integration and system failures, representation from the child welfare sector, the correctional system, the mental health system, the hospital system, and other systems unique to each community should be convened with Indigenous housing and homelessness tables, particularly those related to coordinated access.	There are multiple access points to Coordinated Access in Whitehorse. The Coordinated Access Coordinator will continue to work with other service providers in the community to make sure all appropriate organizations can become an intake point or a warm referral to the program.
Recommendation 9: Indigenous communities need to be equitably funded to rollout a coordinated access system, which includes increased funding for Indigenous housing stock.	Whitehorse is the Designated Community in the case of this process guide. We will work to ensure that Indigenous people are treated equitably throughout this process.
Recommendation 10:	This is a gap.

<p>In order to support capacity for Indigenous communities to co-create and lead coordinated access, governance models and framework documents centered on enhancing Indigenous leadership within a coordinated access system must be co-developed by Indigenous homelessness experts and the federal government. These framework documents should cover areas such as policy and practice, technical standards, roles and responsibilities and accountability.</p>	
<p style="text-align: center;">Implementation of Coordinated Access</p>	
<p>Recommendation 11:</p> <p>An effective communications strategy, including in-person outreach, posters in travel hubs, and electronic posts on social media, is necessary to ensure that coordinated access systems are accessible by all.</p>	<p>As part of the Raising Awareness step in our Coordinated Access system we will continue to reach out in person and find other innovative ways to ensure we are able to reach those affected by homelessness. In 2022 Safe at Home Society paid for a Radio Ad Campaign on a local Indigenous station to this end.</p>
<p>Recommendation 12:</p> <p>In mainstream coordinated access systems, an Indigenous agency or agencies should be included as an access point for coordinated access.</p>	<p>The 2022-2023 Funding Agreements have opened further partnership opportunities. In these agreements at least one Indigenous agency will become an access point for coordinated access.</p>
<p>Recommendation 13:</p> <p>Indigenous representation among staff of mainstream agencies needs to be increased so that Indigenous individuals and families who access these agencies can speak with an Indigenous service provider.</p>	<p>Hiring processes in most partnering agencies have Indigenous priorities in place. The Elder on Site at FASSY is an indication of how mainstream agencies are working towards ensuring Indigenous clients can be supported by Indigenous service providers.</p>
<p>Recommendation 14:</p> <p>Indigenous outreach workers should be hired to collaborate with mainstream services to ensure that coordinated access systems are accessible by Indigenous individuals and families.</p>	<p>Safe at Home Society continues prioritize Indigenous applicants and to encourage other partners to hire Indigenous outreach workers as well.</p>
<p>Recommendation 15:</p> <p>Provide free transportation, such as monthly bus passes, so that Indigenous community members can enter access points in person.</p>	<p>Currently Safe at Home Society provides bus tickets for transportation within town however ordering monthly passes is a future goal.</p>

<p>Recommendation 16:</p> <p>Coordinated access systems should include multiple modes of access, including telephone, video calls, and online platforms.</p>	<p>Currently intakes can be completed in person or over the phone. We continue to explore the possibility of online submissions.</p>
<p>Recommendation 17:</p> <p>Coordinated access systems need to take an intersectional, culturally safe, and trauma-informed lens in implementation.</p>	<p>The staff at Safe at Home Society have all completed Yukon First Nations 101 training and commit to ongoing trauma-informed care training. Service providers in Coordinated Access will be offered training opportunities around these areas when possible.</p>
<p>Recommendation 18:</p> <p>Strict time frames for the completion of intakes should not apply to Indigenous individuals and families experiencing homelessness.</p>	<p>The intake process is designed to be low barrier. This means there is no time-limit, and an intake can occur over multiple sessions.</p>
<p>Recommendation 19:</p> <p>A strength-based assessment tool created specifically for Indigenous individuals and families should be developed.</p>	<p>The assessment tool currently used is the VI-SPADT. We will ensure that everyone administering the assessment is trained in administering this tool for Indigenous people while we continue to search for a more culturally appropriate tool.</p>
<p>Recommendation 20:</p> <p>As part of an intake procedure, clear information on the confidentiality of the data that a client can take for their records should be made available.</p>	<p>Our intake procedure clearly indicates information on the confidentiality of client records and that if desired clients can access their records.</p>
<p>Recommendation 21:</p> <p>For communities that have a separate prioritization list for Indigenous people experiencing homelessness, the Indigenous Community Entity, in collaboration with the Indigenous Community Advisory Board, must be given authority to determine prioritization procedures. For communities that choose to maintain a single priority list, Indigenous individuals and families should be prioritized and the Indigenous community must be given authority to determine their own prioritization procedures.</p>	<p>In Whitehorse there is a single common prioritization list that includes Indigenous and non-indigenous people. The matching and referral process ensures that 2 out of 3 units are allocated to clients who identify as Indigenous. Safe at Home Society is working with Whitehorse First Nations to support ways for their internal prioritization procedures to include insight from the Coordinated Access process.</p>
<p>Recommendation 22:</p> <p>Housing options should meet the needs of each prioritized group.</p>	<p>When a vacancy arises the Coordinated Housing Access Team meets to discuss who on the priority list is a best fit for the</p>

	housing option based on priority level, needs and preferences.
Recommendation 23: Housing for Indigenous people needs to be created and federal, provincial, and municipal funding needs to be provided. From the federal perspective, this includes the release of the National Urban, Rural, and Remote Indigenous Housing Strategy.	In Whitehorse, we will advocate for a National Urban, Rural, and Remote Indigenous Housing Strategy.
Recommendation 24: Designated Community Entities must dedicate a proportion of their funding to receive cultural competency training from local agencies and experts, and work with local experts to determine how to meaningfully incorporate Indigenous representations within their spaces.	The Community Entity has hired Inspire. Reconciliation. Potential – an Indigenous consulting firm that has provided recommendations on how to further engage Indigenous people. Cultural training for all staff is a recommendation.
Data Collection and Indigenous Data Sovereignty	
Recommendation 25: Federally mandated benchmarks and data requirements should be co-created with national Indigenous homelessness experts (for example, the new national gathering of members from Indigenous Community Entities and Indigenous Community Advisory Boards).	This is a gap.
Recommendation 26 In collaboration with national Indigenous homelessness experts (for example, new national gathering of members from Indigenous Community Entities and Indigenous Community Advisory Boards), Reaching Home should co-create opportunities for the collection of qualitative data.	We will continue to advocate for the collection of qualitative data based on the advice of local and national Indigenous homelessness experts. Where and if possible and as appropriate, we will collect qualitative data as part of our overall data collection mechanism in the future.
Recommendation 27: Include accessible feedback mechanisms for clients, front-line service providers, and program managers on regular intervals.	Through the Maintenance and Continuous improvement phase of Coordinated Access we will collect regular feedback from clients, front-line service providers, and program managers at regular intervals. This will be made accessible by online forms as well as in person opportunities for discussion around improvement.
Recommendation 28	This is a gap.

<p>In collaboration with national Indigenous homelessness experts (for example, new national gathering of members from Indigenous Community Entities and Indigenous Community Advisory Boards), the federal government must co-develop informational materials related to Indigenous data sovereignty.</p>	
<p>Recommendation 29:</p> <p>The inclusion of Indigenous agencies in data governance committees in Designated Communities should be a requirement in Reaching Home directives.</p>	<p>This is a gap.</p>
<p>Recommendation 30:</p> <p>Indigenous Community Entities should be given the autonomy to choose the data management system that fits their needs and provided adequate, sustainable funding to develop and manage their coordinated access system and analyze their data.</p>	<p>This is a gap.</p>

APPENDIX C: EXAMPLES OF COMMUNITY-LEVEL OUTCOMES

- House ___ of the longest-term shelter stayers to bring the average length of stay in shelters down to ___ days.
- House ___ of rough sleepers who are not connected to shelter, eliminating street homelessness.
- Develop targeted prevention, diversion, and rapid rehousing measures to stem the flow into homelessness for ___ high acuity youth, families, and singles.
- Fully operationalize a system planning approach to most effectively meet community priorities, including the immediate rollout of coordinated entry and outreach, program and system key performance indicators, and contractual re-negotiations across all funded programs.

APPENDIX D: PRIORITIZATION CRITERIA

The following paragraphs detail how membership in a priority population is determined based on intake questions recorded on the By-Name List.

Chronic Homelessness

- If someone has been homeless for at least 6 of the past 12 months or 18 of the past 36 months.

Survivors/at risk of violence

If ANY of the following are true:

- Person selects “Survivor of violence/at risk of violence” under Household Info on the Intake Form
- Person answers NO to the question “Do you feel safe where you are currently sleeping?” on the Intake Form
- The person answers YES to one of the following VI-SPDAT questions:
 - 8a – Since you have been homeless, have you been beaten up or assaulted?
 - 8d – Since you have been homeless, has anyone threatened you with violence or made you feel unsafe?
 - 8e – Since you have been homeless, has anyone tried to control you through violence or threats of violence, whether that be a stranger, friend, partner, relative or parent?
 - 11 – Does anyone trick, manipulate, exploit or force you to do things you do not want to do?
 - 19b – Would you say that your current homelessness was caused by an unhealthy or abusive relationship?
 - 27 – Has your homelessness been caused by any recent or past trauma or abuse?

High-risk populations

If two or more of the following are true:

- Are you 60 years of age or older? (VI-SPDAT Q. 21)
- Do you have any physical health issues that might require assistance in order to access or keep housing? (VI-SPDAT Q. 22)
- Do you have any issues with your mental health or cognitive issues, including a brain injury, that might require assistance in order to access or keep housing? (VI-SPDAT Q. 24)
- Do you use alcohol or drugs in a way that it impacts your life in a negative way most days, makes it hard to access housing, or would require assistance to maintain housing? (VI-SPDAT Q. 25)
- Do you think stigma or prejudice (for example linked to race, ethnicity, drug use, disability, ...) has affected your ability to get housing or stay housed? (Intake Form)
- The person identifies that they need intensive/round-the-clock supports to stay housed under “Services needed” on the Intake Form

APPENDIX E: INDICATORS FOR EVALUATION

The following indicators are examples of what information could be tracked during the maintenance and continuous improvement phase.¹³

System Level Performance Measures:

- Overall homelessness is reduced by ___% by MM/YYYY.
- Chronically and episodically homeless numbers are reduced by ___% by MM/YYYY.
- ___% of clients are stabilized in permanent housing by 20__.
- Usage of emergency shelters is reduced by ___% by MM/YYYY.
- The average length of stay in shelter is reduced to ___ days.
- ___% of clients have improved self-sufficiency at program exit.
- Inappropriate use of public systems is decreased by ___% among clients at program exit.
- ___% of homeless programs participate in integrated information system by MM/YYYY.
- ___% of clients will be successfully matched to a housing first program within ___ days.

Program Level Performance Measures:

- Length of stay in program.
- Occupancy rate of ___% for all programs.
- Number of clients served.
- Housing retention of ___% for all programs.
- Destinations at exit.
- Return to Homelessness.
- Improved self-sufficiency.
- Engagement with mainstream services.
- Reduce negative reasons for leaving program.
- Turnover rate increased/reduced depending on program type.

Based on the above performance benchmarks an appropriate monitoring, evaluation and reporting framework will be developed.

¹³ These indicators were adapted from [Red Deer's Coordinated Access Guide](#).

APPENDIX F: OTHER TOOLS AND RESOURCES

For more information about Coordinated Access systems and other topics discussed in this guide, the following websites may be helpful.

- [Built for Zero](#)
- [CAEH Coordinated Access Scorecard](#)
- [OCAP Training Link](#)

APPENDIX G: POLICY ON INTAKE, ADDING TO, AND UPDATING THE BY-NAME LIST

[Updated January 13, 2022]

Objectives

To have reliable data about homelessness in the community and to ensure housing is prioritized for the people who most need it, a Quality By-Name List must:

- come as close as possible to including all individuals experiencing homelessness in the community;
 - This includes people who are unsheltered (living on the streets or in places not intended for human habitation), emergency sheltered (staying in shelters for people who are experiencing homelessness or are impacted by family violence), and provisionally accommodated (in temporary accommodations or lacking security of tenure, e.g. couch surfing).
- be updated at least monthly to reflect changes to individuals' housing status,
- use a common intake and assessment process that includes all information necessary for making decisions about prioritization,
- provide for each person to be followed through the system to ensure they get the help they need.
- ensure there is No wrong door. There are 3 types of agencies in our community; this means:
 1. certain homelessness serving agencies are open to anyone walking through their door for intakes/ViSPDATs;
 2. some will do intakes/ViSPDATs only for their clients.
 3. some will do an intake with their clients but do a warm transfer for the ViSPDAT assessment.
 - Dependent children should be added to the By-Name List (BNL) as part of the responsible adult's intake. For spouses or partners, conduct separate intakes and get consent from each partner to be included on the BNL and to receive services together.
- take into consideration people at risk of losing their housing. People whose housing situation is not ideal may complete an intake to the By-Name List however they will not be prioritized for housing intended for people experiencing homelessness. Note that people in this situation should still be assigned a lead agency to do eviction prevention work or assist with a housing search. If there is a known eviction date or present risk of violence that makes homelessness imminent, a follow up should be scheduled to keep ahead of housing status changes.

Eligibility

- All clients who are experiencing homelessness or are at imminent risk of becoming homeless are eligible to be added to the BNL.
- Individuals who are chronically homeless are top priority for housing. Chronicity is defined as:
 - An individual or family experiencing homelessness for 6 months within the last year.
 - An individual or family experiencing homelessness for 18 months within the last three years
 - Note: returning to homelessness after a brief stint in housing is a common occurrence so the overall time spent unhoused is what is used to determine chronicity.

Consent and Confidentiality

- DO NOT send personal information by email without password protections.
- DO store any hard copies or electronic versions of confidential documents securely in a locked file or encrypted/password protected drive, or shred/delete them if not needed.
 - Note: This is a temporary process until HIFIS is adopted and/or there is a data sharing agreement that will allow electronic sharing. HIFIS/Electronic updating will allow for real-time additions/updates to the By-Name List without having to go through these steps.

Because the By-Name List deals with sensitive personal information, client consent and confidentiality are vital.

- Use common scripts to ensure consistent service across intake points.
- Clients should give explicit, informed written consent, whenever possible, to be included on the By-Name List and have their personal information shared.
- If a client cannot write, verbal consent must be documented by the service provider who is doing the intake and include the date and service provider's initials.
- Allow for phone intakes; again, verbal consent should also be documented with date and service provider's initials.
- Clients who do not wish to share their information with other service providers can still be added to the BNL as non-consenting (N/C); they will still be considered for housing, but they will not be discussed in CHAT and only the lead agency will be contacted if they come up for housing.
- Clients who decline to be included on the By-Name List will not lose access to other services offered by service providers.

Refusal to Participate

- Individuals or families may decline to complete the assessment. This does not prevent them from accessing services.
- Clients should be informed that the assessment is used to prioritize housing matches and they may not be prioritized appropriately without one.
- If consent is given and the Intake Form is completed but the ViSPDAT assessment is not, the family/individual will be added to the By-Name List and follow-up can take place later to determine their acuity.
- All staff who will discuss client data/the BNL must sign a Confidentiality Agreement before participating in Coordinated Housing Access Team meetings and/or before discussing clients.
- An individual or family may access their records on the By-Name List by requesting them verbally or in writing from the Data Lead at Safe at Home or through their Lead Agency.
 - Service providers should document when a request is made and if it is filled. The Data Lead at Safe at Home can assist with retrieving/removing records from the BNL.

Security

- Safe at Home uses [Sync.com](https://sync.com) for secure backups and document sharing. Safe at Home email is encrypted from end to end for Safe at Home staff.
- Sync.com stores all data on PIPEDA-compliant, Canadian servers.
- The By-Name List is stored on Sync.com in a separate account from other users at Safe at Home. It is currently only viewed by the Data Lead and is password protected.
- The Data Lead at Safe at Home also has their hard drive encrypted and inaccessible with Windows Bitlocker in the event the laptop is lost or stolen.

Intake

- Intakes can be dropped off to Safe at Home Monday to Friday or arrangements for someone to pick them up can be made. All Intake forms are stored in a locked filing cabinet. A complete intake for the By-Name List includes:
 - a signed informed consent form (or verbal consent; with date & signature of service provider)
 - a completed BNL intake/update form
 - a completed common assessment tool (VI-SPDAT) is highly recommended but not mandatory. Refusal to complete the assessment may impact the client's prioritization on the BNL.
 - assignment of a lead agency for ongoing follow-up with the client.
 - Note: One's lead agency might change during their time on the BNL.

By-Name List Statuses

- Statuses for those on the BNL are:
 - Actively Homeless: Anyone that does not currently have permanent housing will fall into this category. For Actively Homeless individuals/families the current living arrangement can be recorded as:
 - Couch Surfing / Hidden Homeless
 - Hotel/Motel
 - Public Institutions/Correctional Facilities
 - Public System (hospitals and treatment centres)
 - Shelter
 - Unsheltered
 - Unknown
 - Permanently housed: An individual or family is considered 'permanently housed' if their housing situation meets all of the following criteria:
 - There is no designated length of stay (i.e. it is meant to be long-term)
 - They have a tenancy agreement that provides them protection under the [Residential Tenancy Act](#)
 - They self-identify as being permanently housed – this includes individuals that have moved back to a family home (i.e. family reunification).
 - Temporarily housed: An individual or family is considered 'temporarily housed' if their housing situation meets any of the following criteria:
 - There is a designated length of stay
 - It is meant to bridge the gap between homelessness to permanent housing (i.e. Transitional housing)
 - They are not protected under the [Residential Tenancy Act](#) (e.g. Hotels/motels)
 - Note: All BNL statuses of 'temporarily housed' should be reviewed after 90 days to determine if the housing placement is more permanent than suspected.
 - Inactivity: Being marked Inactive removes an individual or family from consideration for available housing. An individual or family's status may be changed to "Inactive" if:
 - They have not been in contact with an intake/access point for 90 days
 - They have left the community
 - They are incarcerated, hospitalized, or institutionalized for longer than 90 days
 - They are deceased.
 - Note: If the individual or family reconnects with any access point their status can be quickly changed back to Active.

Timeliness

- Service providers are encouraged to spend up to two weeks on diversion before completing an intake for the By-Name List if the client is not yet chronically homeless.

- Intakes should be submitted as soon as possible, ideally in the month that they were done. Service providers should submit intakes in person until HIFIS/Electronic Sharing Agreements are in place.

Updates

- The BNL must accurately track people's current housing situation to prioritize them appropriately and maintain an accurate snapshot of homelessness in the community.
- Members of the CHAT can inquire about their clients who are on the By-Name List by contacting the Data Lead at 867-334-9307. Clients who are on the BNL can also call this number to update their info or reach out to a Safe at Home outreach worker by email, website, or social media.
- Service providers are contacted monthly by the Data Lead to determine the current situation of those on the BNL who are transitioning into inactive status.
- Reassessment should be completed as needed if there have been major changes in the individual's life since the last assessment. Changes in housing history, updates to ViSPDAT etc. do not require an assessment to be redone; updates can be over the phone with the Data Lead or by filling in the highlighted boxes on the Intake/Consent form.

Service provider responsibilities

- Service providers should inform the Data Lead of any updates to the list whenever they are aware of a change in an individual or family's housing situation.

Safe at Home responsibilities

- The Safe at Home Data Lead will flag clients who are at risk of going inactive (no contact for 90 days) to ensure no one goes inactive simply due to a delay in updates. Three contact attempts should be made before the 90-day mark.
- Update the Last Contact Date field after any successful contact attempt.
- Maintain adherence to this policy and the processes around Adding and Updating the By-Name List.

APPENDIX H: ADDING/UPDATING THE BY-NAME LIST (PROCESS GUIDE)

Updated March 18th, 2021

Note: This is a temporary process until HIFIS is adopted. HIFIS will allow for real-time additions/updates to the By-Name List without having to go through these steps.

BASIC PRINCIPLES OF CONFIDENTIALITY

DO NOT send personal information by email without password protections.

DO store any hard copies or electronic versions of confidential documents securely in a locked file or encrypted/password protected drive, or shred/delete them if not needed.

ABOUT SYNC.COM

- Safe at Home uses [Sync.com](https://sync.com) for secure backups and document sharing.
- Sync.com stores all data on PIPEDA-compliant, Canadian servers.
- Access to shared documents can be revoked by Safe at Home at any time.
- You will need to create a free account to access shared folders securely

VIEWING & UPDATING THE BY-NAME LIST

The full By-Name List is stored in a password-protected Excel file. A blank sample file can be viewed on the [Built for Zero website](#) under *Sample BNL Excel Workbook*.

- A limited version of the By-Name List (with admin functions removed) will be stored on Sync.com and each CHAT member will get a unique secure link. The file will be:
 - Read-only (not editable or downloadable)
 - Password protected
 - Updated every 2 weeks
- At least once per month, service providers should:
 - **Review all clients' current housing status** for accuracy. Complete an Update Form for anyone whose information has changed.
 - **Check the individuals marked as Nearing Inactive.** If you have seen them recently, complete an update (even if their status has not changed). If you are the Lead Agency and have not been in contact with the person, attempt contact now.

Remember: everyone is jointly responsible for the entire list, not only your clients!

- A secure shared folder will be created for each service provider, shared only with Safe at Home. You can use this folder to upload the completed intake or update forms for the Data Lead. It is also ok to drop hard copies off in person or request a pick-up.

APPENDIX I: MATCHING AND REFERRAL (PROCESS GUIDE)

Updated March 18th, 2021

This process relies on an up-to-date By-Name List, so regular updates must be completed (see Adding/Updating process) in order to ensure accurate matching and prioritization.

ELIGIBILITY AND UNIT DESCRIPTION

1. **Housing Provider** should identify the eligibility criteria for the unit, and if possible provide a description that can be provided to the client. In the case of private market units, the landlord engagement specialist can work with the landlord to write these.
 - Eligibility criteria may vary per unit to maintain a desired mix but must be transparent and clear. Include, at a minimum: size of unit (single person/couple/family), minimum or maximum acuity, suitability for an individual with limited ability or wheelchair users. Eligibility can also include any limitations on income source, or restriction to specific populations.
 - Unit description should also note any requirements such as mandatory program participation, sobriety, etc. as well as any included supports.
2. Provide eligibility criteria, unit description, and deadline for filling the unit (if applicable) to the **Coordinated Access Coordinator** cacoordinator@safeathomeyukon.ca

CLIENT MATCHING PROCESS

PRIORITIZATION

1. **Data Lead** filters the By-Name List to active status records who meet the identified eligibility criteria
 - For the first two of every three units, Data Lead will limit the list to Indigenous applicants (First Nations, Inuit and/or Métis)
2. **Data Lead** breaks these records down into several priority lists:
 - *One* Those who meet chronic, violence, AND high-risk criteria, from high to low acuity (VI-SPDAT score)
 - *Two* Those who meet chronic and violence criteria ONLY, high to low acuity
 - *Three* Those who meet chronic and high-risk criteria ONLY, high to low acuity
 - *Four* Those who meet chronic criteria ONLY, high to low acuity
 - *See chart below for all lists*
3. **CA Coordinator** brings together agencies supporting the top five clients for a matching meeting to discuss any reasons the order might need to be changed.

Eligibility	Prioritization Filters			Sorting	
<div>Subset of people on By-Name-List who</div> <div><ul style="list-style-type: none">• Are <u>not inactive</u> (e.g. no contact for 90 days, moved away, deceased)• Meet the <u>eligibility requirements</u> for this housing unit</div> <div>For 2 of every 3 units:</div> <div><ul style="list-style-type: none">• Are <u>Indigenous</u></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div>	Length of Homelessness	Risk of Violence	High-Risk Populations	
		✓ Chronically homeless	✓ Survivor or at risk of violence	✓ Meets 2+ high-risk criteria	High to low VI-SPDAT score
				✗ Meets < 2 high-risk criteria	High to low VI-SPDAT score
			✗ NOT a survivor or at risk of violence	✓ Meets 2+ high-risk criteria	High to low VI-SPDAT score
				✗ Meets < 2 high-risk criteria	High to low VI-SPDAT score
		✗ NOT chronically homeless	✓ Survivor or at risk of violence	✓ Meets 2+ high-risk criteria	High to low VI-SPDAT score
				✗ Meets < 2 high-risk criteria	High to low VI-SPDAT score
			✗ NOT a survivor or at risk of violence	✓ Meets 2+ high-risk criteria	High to low VI-SPDAT score
				✗ Meets < 2 high-risk criteria	High to low VI-SPDAT score

REFERRAL

1. Starting with the top candidate, the client's **Lead Agency** contacts the **client** to offer them the unit, and arranges a meeting with the housing provider if client is interested.
2. The Lead Agency then informs the Coordinated Access Coordinator of the client's acceptance or refusal.
 - The client may refuse any unit for any reason with no penalty.
 - If a client refuses the unit, inform the Coordinated Access Coordinator. The offer is then made to the next candidate on the list.
 - If there is a deadline for filling the unit, the Coordinated Access Coordinator may set a shorter deadline for the Lead Agency to contact the client, so a second person can be offered the unit if it is refused.

“WARM HAND-OFF”/MOVE-IN

1. The housing agency contact or assigned support worker meets with the client (and any previous supports, if possible) to learn about support needs and get any paperwork in order for move-in.
2. Once hand-off is complete, the **Lead Agency** should file an update to the By-Name List indicating the referral has been made and the person is housed.
3. Contact Safe at Home for support with move-in, if needed.

APPENDIX J: COORDINATED ACCESS RESOURCE INVENTORY SHARING AGREEMENT

Draft: Updated September 29th, 2022

The Coordinated Housing Access Team, in their efforts to streamline Whitehorse's provision of housing and supports to people experiencing homelessness, has agreed to the following processes for the following housing resources. Each process is individual to the needs of the organization supplying the units and final say falls to them. This document has been created to provide transparency to all CHAT members and to establish guiding principles around community resources.

Blood Ties Four Directions (BT4D):

- **LWEH**

Under the Landlord's Working to End Homelessness program BT4D has 4 units that they rent in their name. This ensures that the unit owner is covered with rent and damages. The tenant is someone connected to BT4D and requires additional supports to maintain housing. They work directly with BT4D for rental payments and other tenant needs. When any of these units become available, supposing that the relationship with the landlord remains and the unit comes back to the program, BT4D will use the BNL/CHAT to tenant the next unit.

The Process:

1. When a LWEH is available the Housing Coordinator at BT4D will advise the Coordinated Access Coordinator. The Housing Coordinator will complete a BNL Unit description form to advise the parameters around the units and any restrictions for the client.
2. Matching for these units will take place at our regularly scheduled CHAT. Only clients who fit the BT4D mandate will be discussed in order their priority on our BNL. The clients must have already established a relationship with staff at BT4D as the lack of connection has resulted in failed tenancies in the past.
3. CHAT will discuss 3-5 names in order on how they land on the BNL. The BT4D Housing Coordinator will reach out to the clients to determine interest in the unit. Since all candidates are BT4D clients, their staff can manage who is contacted if the first client is not interested.
4. At the next scheduled CHAT meeting the BT4D Housing Coordinator will update the group on who was housed.

- **Steve Cardiff Tiny Homes**

BT4D have 5 Tiny Homes and are willing to use the BNL/CHAT process to tenant all 5 if they have the final say on who moves in. Previously CHAT to determine the tenancy based mostly on clients' priority level, and this resulted in very poor matches. These Tiny Homes form a community that provides supported case management housing to people living with addictions, complex health challenges, and histories of homelessness. To maintain the right level of support all new tenants entering the community must demonstrate the ability to work with the staff and the current tenants.

The Process:

1. When a Tiny Home is available the Housing Coordinator at BT4D will advise the Coordinated Access Coordinator. These units all have similar a description of low barrier housing for clients willing to accept the supports provided by BT4D. The

size is 240 sq. feet and allows clients to live independently while also preventing guests from putting clients with poor boundaries in difficult situations.

2. Matching for these houses will take place at the regularly scheduled CHAT were clients who fit the BT4D mandate will be discussed in order of priority. The clients must have already established a relationship with staff at BT4D as the lack of connection has resulted in failed tenancies in the past.
3. CHAT will discuss 3-5 candidates who are known to be interested in the Tiny Homes.
4. BT4D Housing Coordinator will meet with those determined as good fit/who are interested and BT4D staff will determine who is the best fit for the Tiny Homes Community. A BT4D staff will advise the clients directly of their decision.
5. At the next scheduled CHAT meeting a BT4D staff (ideally the Housing Coordinator) will advise the group of who received the unit and the reason why. Generally, this will come down to best fit.

- **Outreach Van**

The outreach van is a service provided in partnership with BT4D and FASSY. This service is for anyone in the Whitehorse community. Many of the staff who operate the Van are trained to do intakes to the BNL/CHAT process and do so when appropriate.

Connective (Formerly John Howard Specific Society):

- **Housing First at 5th and Wood Street**

There are 16 Housing First units managed by Connective and all of them will come through the CHAT/BNL process. These units were originally managed by the Yukon Government (YG) with Connective and the Council of Yukon First Nations (CYFN) taking over management in 2021. Because this was inherited by Connective, there was a previous agreement that YG and or CYFN could refer clients to a wait list for these units. Several Connective staff are trained to do intakes to the BNL/CHAT, and they are actively encouraging anyone on their wait list to get on the BNL. Those who are not able/willing to connect with BNL/CHAT are still eligible for the interview portion of the process. The experience has been that most clients on Connective's waitlist are either on the BNL or willing to be added.

The Process:

1. Connective's Housing First Program Manager will contact the Coordinated Access Coordinator at SAHS to advise when a unit will be available. They will complete a BNL Unit description form or provide a basic emailed description on the parameters of the unit. Since these units are very low barrier there is a strong possibility that they won't work for many of our BNL clients, and the overall staffing ability needs to be considered when tenanting.
2. A CHAT meeting outside of our regularly scheduled time will be called when one or more of these units become available.
3. A significant number of names need to be discussed for these units. The filtered BNL names will be read and a selection of 5-10 clients, those who service providers are confident they would be interested, is determined. This is tracked by SAHS staff.
4. The application process for Housing First Units requires Connective staff to ask questions that can be triggering and have generally already been answered during the BNL/CHAT intake process. Because of this the short-listed clients are discussed at length and service providers can give responses for their clients - if known. This allows Connective staff to pre-fill their internal applications for these units.
5. An interview with Connective staff is set up for all prospective clients. This is meant to be an informal meeting between possible tenant and staff to determine best fit for the community of Housing First units. Questions unanswered during our CHAT

process can be asked at this meeting but for the most part we will rely on service providers to limit the need for client to re-tell their story.

6. Connective staff will determine who will receive the unit and contact the client and/or their service provider to advise.
7. At our next regularly scheduled CHAT meeting the Connective Housing First Program Manager will advise who the unit went to and answer any questions regarding the unsuccessful candidates. Generally, this will be due to best fit/support availability.

- **Housing First/ Supportive Housing at 405 Alexander Street**

There are 20 housing first units under supervision of Whitehorse Emergency Shelter. These units are not supported through Reaching Home Funding however the staff at WES see the value in using the CHAT/BNL process to tenant such units.

The Process:

1. WES social worker will contact the Coordinated Access Coordinator at SAHS to advise when a unit will be available. They will complete a BNL Unit description form to advise of the parameters of the unit. Since these units are very low barrier there is a strong possibility that they won't work for many of our BNL clients and the overall staffing ability needs to be considered when tenanting.
2. A CHAT meeting outside of our regularly scheduled time will be called when one or more of the WES units become available.
3. A significant number of names need to be discussed for these units. The filtered BNL names will be read and a selection of 5-10 clients, those who service providers are confident would be interested, is determined. This is tracked by SAHS staff.
4. The application process for Housing First Units requires WES staff to ask questions that can be triggering and have generally already been answered during the BNL/CHAT intake process. Because of this the short-listed clients are discussed at length and service providers can give the responses for their clients - if known.
5. An interview with WES staff is set up for all prospective clients. This is meant to be an informal meeting between possible tenant and staff to determine best fit for the community of other WES tenants. Questions unknown to by service providers can be asked at this meeting but for the most part the CHAT/BNL process should have dealt with those to limit the need for re-telling one's story.
6. The WES Staff will determine who will receive the unit and contact the client and/or their service provider to advise.
7. At our next regularly scheduled CHAT meeting WES staff will advise who the unit went to and answer any questions regarding the unsuccessful candidates. Generally, this will be due to best fit/support availability.

Disability Services (YG):

- **Max's Place**

Disability Services has various housing options for clients who fit their mandate. Rent is calculated at SA Standard Rates with utilities included. Max's Place is a group residence based on a low-barrier, harm reduction model. It is in Riverdale a short walk from public transit and is operated by Opportunities Yukon. All residents are clients of or willing to become clients of Disability Services. Max's Place is staffed 24/7 with a staff to resident ratio of 2/3 during the day and evening. There is one staff overnight. Staff provide, to a limited degree, support with Instrumental Activities of Daily Living (IADL's such as curing/reminders of doctor appointments). Max's Place staff do not distribute medications; however, there is a close relationship with the Referred Care Clinic for resident's that need significant medication support.

The Process:

1. When a unit becomes available Disability Services will submit a Unit Description Form to data@safeathomeyukon.ca with all required criteria (ex: FASD or suspected FASD, willingness to be a client of Disability Services, ect.)

2. Matching for these units will take place at our regularly scheduled CHAT unless there is urgency and a need for a pop-up CHAT meeting is required.
3. CHAT will identify up to 5 clients that would be potential tenants and then identify which lead agency will confirm with each client their interest in the unit.
4. Once confirm the names and contact information of the confirmed interested tenants will be passed along to Disability Services so that follow up on their end can take place.
5. Disability Services will advise the CA Lead or Data Lead of which client was successful in receiving the unit.
6. CHAT will be updated at next scheduled meeting, after tenant placement, of who was the successful match for the unit.

***Kwanlin Dün First Nation (KDFN):**

- **Citizen Housing**

There are currently 220 units that are managed by the Tenant Relations department of this FN Government. Discussions on incorporating the Whitehorse community CHAT/BNL process into their internal process have started. The two KDFN staff that sit on CHAT are not able to approve any commitment to this process however they are in support of a partnership. Discussions with the KDFN Tenant Relations Officer and their Director of Community Services are forthcoming.

***Fetal Alcohol Syndrome Society Yukon (FASSY):**

- **LWEH**

Under the Landlord's Working to End Homelessness program FASSY has 5 units that they rent in their name. This ensures that the unit owner is covered with rent and damages. The tenant is someone connected to FASSY and requires additional supports to maintain housing. They work directly with FASSY for rental payments and other tenant needs. When any of these units become available, supposing that the relationship with the landlord remains and the unit comes back to the program, FASSY will use the BNL/CHAT to tenant the next unit.

The Process:

1. When a LWEH unit is available the Housing Coordinator at FASSY will advise the Coordinated Access Coordinator. The Housing Coordinator will complete a BNL Unit description form to advise of the parameters around the units and any restrictions for the client.
2. Matching for these units will take place at our regularly scheduled CHAT. Only clients who fit the FASSY mandate will be discussed in order their priority on our BNL. The clients must have already established a relationship with staff at FASSY as the lack of connection has resulted in failed tenancies in the past.
3. CHAT will discuss 3-5 names in order on how they land on the BNL. The FASSY Housing Coordinator will reach out to the clients to determine interest in the unit. Since all candidates are FASSY clients, their staff can manage who is contacted if the first client is not interested.
4. At the next scheduled CHAT meeting the FASSY Housing Coordinator will update the group on who was housed.

- **Outreach Van**

The outreach van is a service provided in partnership with FASSY and BT4D. This service is for anyone in the Whitehorse community. Many of the staff who operate the Van are trained to do intakes to the BNL/CHAT process and do so when appropriate.

Yukon Housing Corporation (YHC)

- **Rent Geared to Income Units**

Yukon Housing Corporation is not supported by Reaching Home funding however they have agreed to the following process with CHAT/BNL. They have 479 units within Whitehorse and have agreed that 20% of their vacant units will come to CHAT and be tenanted with clients on the BNL. This agreement will be revisited on March 31st, 2022.

The Process:

1. YHC Tenant Support Manager will advise the Coordinated Access Coordinated at SAHS when a unit becomes available by submitting a unit description and any requirements around how the unit needs to be tenanted (ex: reserved for families, accessible unit, senior's building).
2. During regular CHAT meetings the unit will be presented, and 5-7 tentative clients will be determined based on service providers knowledge of best fit. Depending on the unit, more names maybe be discussed as some units are harder to tenant than others depending on the location and requirements (ex: some families don't want to leave near the emergency shelters).
3. A list of clients and who of the CHAT will contact each client in what order is read off during the meeting. SAHS tracks this information ensures that the order is followed if/when clients are contacted.
4. When a client is interested in viewing the unit, they sign a ROI (Release of Information) for YHC and their information (name and support person) are added to the above mentioned form. This is returned to the Tenant Support Manager who confirms what is required for the viewing. Clients need to have completed the 12-page YHC application and have their eligibility determined before a viewing is scheduled. Clients who have arrears with YHC or have been evicted by YHC in the last 6 months (aka their 'cooling off period') are supported on an individual bases with their lead agency and the YHC Housing Stability Worker.
5. If the client is an approved applicant with YHC they can schedule a viewing with or without their support worker.
6. If the client is interested in the unit, then a lease signing will be scheduled.
7. If the client is **not** interested, then the next prospective tenant/ their lead agency is contacted, and steps 4 & 5 are repeated.
8. Once the YHC unit is filled an updated is provided at the next scheduled CHAT meeting to advise what client ended up moving in.

***Yukon Women's Transition Home (YWTH)**

- **Kaushee's Place**

The YWTH is broken into first and second stage housing. Kaushee's Place is like that of a shelter where women and children can find safety when exiting Intimate Partnership Violence. This is a referral only system so clients who want to find alternative housing supports are referred to another service provider to complete an intake for the By-Name List. *Currently exploring the option of having staff do intakes directly onsite.*

- **Betty's Haven**

Betty's Haven is like second stage housing and only available for clients who have come through Kaushee's Place. These units are meant to only be temporary with a maximum stay of 18 months (however there can be extensions). Currently these units are not left vacant – once the maintenance is completed there is a list of people waiting to move from Kaushee's Place into one of the units. Clients who are not an ideal fit or do not wish to stay in Betty's Haven are encouraged to get on the BNL to secure other options. The manager for Betty's Haven sits on CHAT.

* refers to agreements not yet completed or in need of updating.

APPENDIX K: CHAT/BNL CONSENT FORM FOR INFORMATION COLLECTION



Admin Only

☐ BNL ☐ PHL

CHAT/BNL Consent Form for Information Collection	
Client Name:	Date:

What is the By-Name List (BNL)? A By-Name List (BNL) is a list of people experiencing or at risk of homelessness that helps match them to housing. Participation is voluntary; you can only be added with your consent once the intake process has been explained.

What is the Coordinated Housing Access Team (CHAT)?
The CHAT is made up of staff from many different homelessness serving organizations. They meet twice a month to help those on the BNL to connect with services and/or housing.

Who is on the Coordinated Housing Access Team (CHAT)?
A current list of the CHAT members is listed at the end of the application. CHAT members are always connected to the homelessness serving sector and change only happens once every three months. Any group listed below can provide an up-to-date table of members.

- Participating in the BNL means several things:**
- It does NOT guarantee housing! It may help you become housed faster or find a home that is a better fit.
 - It does NOT affect the type/amount of service you receive from other agencies, see complete list below.
 - It CAN help connect you to the right supports/services; The CHAT works based on what *you* decide.

What is consent? To consent means that you agree to the collecting, using, and sharing of your personal information for the purposes of being matched to housing and/or supports by the CHAT.

- Consent information:** If you consent to adding your name to the **By-Name List (BNL)**, you understand that:
- 1) your information will be shared with the Coordinated Housing Access Team (CHAT), members who work with people experiencing homelessness. The goal is to match the right client to the right home/supports.
 - 2) a CHAT member will ask you to provide personal information to fill in this consent/intake form and complete a separate vulnerability assessment, such as the VI-SPDAT questionnaire.
 - 3) the information that you provide during the intake process will help CHAT to prioritise your needs and determine best fit when housing or supports become available.

- 4) CHAT members have all signed a Confidentiality Agreement that prevents any information from being shared outside of CHAT meetings. Information may be shared if a child or person is at risk of harm and/or there is a subpoena.
- 5) Non-identifying data from the BNL will be used to guide plans for new housing programs, supported/accessable housing or demonstrate gaps in service.

What if I change my mind about giving consent? Are there other options?

You can remove your consent at any time by speaking to the CHAT member that is currently supporting you or staff at Safe at Home. Let them know that you do not want your information shared any longer and an update will be sent to Safe at Home.

If you withdraw your consent, your name will be taken off the BNL starting on the day your request is received; any previous copies will remain, but your info will not exist in the current version.

You can choose how much and what info you would like shared. If you would like to consent to be on the BNL to be considered for housing but would only like your info shared with your lead agency, you can choose N/C Actively Homeless; your info will not be shared with other agencies.

What if there's information that I don't want to share?

If there is information you do not wish to share, you can decline to answer any question. Declining a question does not stop you from being added to the BNL. If you have concerns with any of the questions, please discuss with the CHAT member that is currently supporting you.

Are there times when information may be shared without my consent?

CHAT members will be required to share your information with RCMP or FCS if:

- A child has experienced or may be at-risk of abuse or harm;
- If a person is a threat to themselves or another person; and/or
- If a court order requires information to be shared.

Would you like a copy of your info or have any questions? Please contact:

Coordinated Access Coordinator

208 Alexander Street or 867-332-6201 or cacoordinator@safeathomeyukon.ca

Coordinated Housing Access Team (CHAT): By-Name-List (BNL) Form

Application Type: ☐ New ☐ Update

Has the client withdrawn consent on the CHAT Consent form? ☐ Yes ☐ No **Date:**

VI-SPDAT: Score: ☐ Adult ☐ Family ☐ Youth ☐ Declined **Completed by:**

Applicant		
First Name:		Date of Birth:
Last Name:		BNL Unique Identifier:
Preferred Name/Alias:		How long have you lived in the territory?
Age:	Gender (self identified):	City/Community:
Phone/Email:		
Is it safe to contact you at the phone number above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can a message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you identify as First Nation, Inuit, or Métis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you belong to a Yukon First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served or done basic training (military, Rangers, RCMP)? Been in basic training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What division were you in?	Service/Regiment Number:

Community Currently Residing In/Connected with		
Which community do you want to live in?		Currently residing in?
Which other communities are you connected with, if any?		
Alternate Contact Information		
If we can't get a hold of you, is there someone you are in regular contact with that we can call?		
First Name:		Last Name:
Phone:		Relationship/Organization:
Is it safe to contact you at the phone number above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can a message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No

Tenants		
Is there any other adult you want to live with (partner, family member, roommate)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Completed BNL/CHAT Consent		
If yes, please fill in below. The other adult must also complete a Consent Form to be considered for housing together.		
First Name:		Last Name:
Household Info		
Number of children in household?	Pet owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No Pet type:
Do you expect the number of people in the household to change?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What changes are expected?		
Do you wish/want other family members to stay with you on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No How many?		
Household Type: <input type="checkbox"/> Single Adult <input type="checkbox"/> Over 65 <input type="checkbox"/> Couple <input type="checkbox"/> Youth <input type="checkbox"/> Family <input type="checkbox"/> Other		

History of Housing Instability & Current Sleeping Arrangements		
Are you currently experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No When did your search begin? (date)		
Are you currently at risk of losing your housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Eviction date:		
Where were you living before your most recent experience of homelessness?		
<input type="checkbox"/> Public institution	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Permanent Housing
Where are you currently housed?		
<input type="checkbox"/> Unsheltered/outdoors <input type="checkbox"/> Couch surfing <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hotel/Motel		
<input type="checkbox"/> Public System (WCC/WGH) <input type="checkbox"/> Transitional (Betty's Haven, BTFD) <input type="checkbox"/> Currently Housed (YHC, GMHS, private)		
Yukon Housing Applications	Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Waitlist <input type="checkbox"/> No	<input type="checkbox"/> Whitehorse <input type="checkbox"/> Other:
Grey Mountain Housing	Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Waitlist <input type="checkbox"/> No	
Number of months experiencing homelessness	Past year (12 months):	3 years (36 months):
Are you a survivor of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at high risk of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel safe where you are currently sleeping? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Source of Income		
What is your primary source of income?	Any other sources of income?	Total Monthly Income:

Have you applied for other income (CPP, EI,) <u>but are not yet receiving it?</u> Is there anything we can help with?		
Are you currently employed or do any seasonal/contract/occasional work?		
Do you have any other income/resources/family/friends that could help you get out of the current situation?		
Services Requested		
Do you require housing/support for physical ability issues and/or a wheelchair accessible unit?		
What types of challenges have you experienced in trying to maintain housing?		
What services or governments (FNs) are you connected with?		
What types of support would help you stay housed?		
1. Do you think intensive/24-hour supports would help you stay housed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has prejudice (race/ethnicity/drug use/disability) affected your ability to get housing/stay housed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
CHAT/BNL Consent for Information Collection		
I have read or have had read to me, and understand all parts of this consent form and consent:		
<input type="checkbox"/> to be added to the By-Name List, and		
<input type="checkbox"/> to information being shared between the CHAT so that they can work together to match me/us with housing.		
<input type="checkbox"/> I will continue to get services at		
Client Name (please print clearly):		
Client Signature:	Date:	
Staff Name (please print clearly):		
Staff Signature:	Date:	
Agency Name:		

Members of the CHAT As of September 2022:

BGC Yukon	Queer Yukon Society
Blood Ties Four Directions	Royal Canadian Legion (Branch 254)
Community Outreach Services (YG)	Safe at Home Society
Connective (once John Howard Society Pacific)	Transitional Supports Services (YG)
Council of Yukon First Nations	Veteran's Affairs Canada
Disability Services (YG)	Victoria Faulkner Women's Centre (VFWC)
Emergency Youth Shelter-Skookum Jim Friendship Centre	Yukon Housing Corporation
Fetal Alcohol Spectrum Society (FASSY)	Yukon University
Kwanlin Dün First Nation (KDFN)	Yukon Women's Transition Home Society

Other organizations that serve people experiencing homelessness may join CHAT in the future. For an updated list you can contact your support worker, reach out to Safe at Home, or check our website www.safeathomeyukon.ca

APPENDIX L: BNL UNIT DESCRIPTION FORM



BNL UNIT DESCRIPTION FORM	
<i>Complete & send to data@safeyukon.ca for vacancies to be filled from the By-Name List.</i>	
Address	Agency
Unit Size Studio <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/>	Monthly Rent
Pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other How many?	Utilities included? Yes <input type="checkbox"/> No <input type="checkbox"/> Cost? Heat included? Yes <input type="checkbox"/> No <input type="checkbox"/> Cost?
Universal Access <input type="checkbox"/> Step free access. If no how many stairs? <input type="checkbox"/> Is there a ramp to this unit? <input type="checkbox"/> Wheelchair accessible bathroom/kitchen <input type="checkbox"/> Is this unit accessible throughout? <input type="checkbox"/> Grab bars beside toilet <input type="checkbox"/> Bath/shower? <input type="checkbox"/> Other	Amenities <input type="checkbox"/> Laundry in building <input type="checkbox"/> in unit <input type="checkbox"/> Backyard <input type="checkbox"/> with fence <input type="checkbox"/> Porch <input type="checkbox"/> Other <input type="checkbox"/> Parking-one vehicle <input type="checkbox"/> Additional vehicle <input type="checkbox"/> Garden <input type="checkbox"/> Bicycle storage <input type="checkbox"/> Additional storage <input type="checkbox"/> Barbecue
Please provide brief description of unit	
Date unit available	Must be filled by?
Eligibility	
Criteria -list all criteria for this unit	Documents -please list documents needed
Services Offered-please list all services offered & if participation is mandatory	
	<input type="checkbox"/> Mandatory
	<input type="checkbox"/> Mandatory
Please describe unit type	
<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Housing with limited supports <input type="checkbox"/> Other	

APPENDIX M: VETERAN PROCESS

Veteran Process

As an agency participating in Built for Zero – Canada (BFZ-C), Safe at Home Society commits to achieving Functional Zero Veteran Homelessness, and aligns our definition of Veterans with BFZ-C and Veterans Affairs Canada (VAC) as including: any former member of the Canadian Armed Forces (CAF), former members of Allied Forces (e.g., United States or United Kingdom veteran), former members of the Royal Canadian Mounted Police (RCMP), former Reservists, Veteran Civilians, and former Canadian Rangers ([Built For Zero Canada - Veteran Homelessness \(bfzcanada.ca\)](https://www.bfzcanada.ca)).

The process to identify, verify, and link Veterans experiencing or at imminent risk of homelessness to appropriate available supports is as follows:

- 1. When completing the **CHAT/BNL Consent Form for Information Collection** ([APPENDIX L](#)) with the referral source, individuals are asked a required question about Veteran status:

Have you ever served or done basic training (military, Rangers, RCMP)? Been in basic training?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What division were you in?	Service/Regiment Number:

- 2. **For any individual who self-identifies as a Veteran**, this is recorded in the By-Name List when Intake is received, and triggers the verification process through either Veterans Affairs Canada (VAC), The Royal Canadian Legion, or both. Typically, individuals who have completed 8-week basic training through Canadian Armed Forces will be eligible to be verified as Veterans, as will confirmed Veterans of the Royal Canadian Mounted Police, but other clients with varied forms of service may be eligible as well (ex., Allied Forces).
- 3. Confirmation process **through the Royal Canadian Legion**:
 - a. A Veteran identifies themselves as a Vet
 - b. They signed your local consent form, and the Royal Canadian Legion is listed as a partner OR they gave you verbal/written person to contact the Legion to confirm their service.
 - c. Email veteransservices@legion.ca with the Veteran's full name, DOB, Service Number (if they have it) and state "consent provided." You can also share additional details about their service if you have it to aid the process, but this is not necessary.
 - d. You will receive an email back confirming status. If the person is a Veteran, you will also receive information about the benefits, services, and supports that can be provided through the Royal Canadian Legion and Veterans Affairs Canada.
 - e. Work with your local Royal Canadian Legion to assist the Vet in applying for resources and find housing. If you need assistance identifying the local Legion contact, reach out to EHSJ.

What kind of resources can Vets experiencing homelessness receive?

The Royal Canadian Legion can provide temporary accommodations (motel), assistance with securing housing, rental and utilities assistance, housing move-in kits, and a \$400 gift card to help set up their new home. They also provide peer support and connection back to community.

All Veterans experiencing homelessness are eligible to receive Emergency Funds. Funds can assist with securing housing and short-term financial assistance. Some Veterans may also be entitled to a pension. There are over 250 services through VAC, including mental health and addictions supports as well.