



Service Standard

Number: Gen - 03	Program: General
Issue Date: September 4 2015	Subject: Accessing the Housing and Homelessness Delivery System and the Coordinated Intake Protocol
Revised Date: May 19 2017	

This service standard outlines the requirements that must be met in the delivery of programs and services under the Kingston/Frontenac Housing and Homeless Services System. It serves as a reference when developing in-house policies and procedures to ensure that compliance is achieved. This Service Standard pertains to the following program area:

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|--|---|---|---|
| <input checked="" type="checkbox"/> Homeless Prevention/Diversion | <input checked="" type="checkbox"/> Adult | <input checked="" type="checkbox"/> Youth | <input checked="" type="checkbox"/> Rural |
| <input checked="" type="checkbox"/> Housing Assistance/Emergency Shelter | <input checked="" type="checkbox"/> Adult | <input checked="" type="checkbox"/> Youth | |
| <input type="checkbox"/> Housing First/Rapid Re-Housing | <input type="checkbox"/> Adult | <input type="checkbox"/> Youth | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Homelessness Prevention Fund | <input type="checkbox"/> Adult | <input type="checkbox"/> Youth | <input type="checkbox"/> Rural |

Reference:

- **10-Year Municipal Housing and Homelessness Plan:**
 - **Recommendation #45:** Implement common intake and assessment protocols and practices.
 - **Recommendation #53:** Increase access to and awareness of services available to individuals and households at risk of homelessness.

Rationale:

There is a system-wide design for individuals and families seeking assistance from the Housing and Homelessness Service System (HHSS) – Kingston and Frontenac. The

design is reinforced through an on-going communication strategy to inform the public on how to obtain services; an outreach component to engage people who are without shelter; and a coordinated intake protocol (CIP). CIP must be completed with each individual or family to determine the most appropriate service to address the immediate housing and support needs.

Action to be taken:

The Service Manager in partnership with the service provider community shall ensure potential users and referral sources can easily access the housing and homelessness delivery system by:

- Utilizing effective and diverse communication strategies to inform the public of how to access services;
- Ensuring there are multiple access points located where persons who are homeless or at risk of homelessness naturally congregate, such as an emergency shelters;
- Encouraging and supporting youth access locations separate from the adult system to address the unique needs of youth seeking services;
- Maintaining an outreach and engagement component in the system to actively seek out individuals and families, unsheltered and living in the rough;
- Ensuring that shelter diversion is provided as a service at the point of initial contact for adults seeking emergency shelter;
- Working with the rural service providers to promote access to services for clients residing in the County of Frontenac.

The Service Manager in partnership with the service provider community shall monitor access to the system and the use of Coordinated Intake Protocol (CIP) by:

- providing system oversight and support to ensure adherence to the protocols;
- providing training to service providers administering the coordinated intake protocols and responsible for recording the outcomes in the Homeless Individuals and Families Information System (HIFIS);
- monitoring system wide information on the implementation and outcomes of this Service Standard by service providers and consulting with service providers should action need to be taken;
- developing inter-sector protocols aimed at reducing the frequency of known discharge into homelessness from institutions such as acute care hospitals, mental health care facilities, correctional facilities and the child welfare system.

Service Providers shall:

- ensure that emergency shelter workers and prevention-diversion workers are assigned the role of coordinated intake worker as part of their responsibilities and are competent in the administration and interpretation of the Coordinated Intake Protocol (CIP);
- ensure that in their role as coordinated intake workers, staff are knowledgeable and competent in the administration of the selected screening tools;
- ensure that in their role as a coordinated intake worker, staff receive the initial training and on-going reviews in the administration of the intake interview and the implementation of the related Service Standard HAES 02: Shelter Diversion;
- ensure the information gathered throughout CIP is entered into HIFIS in a timely, accurate and complete manner;
- work in conjunction with the Prevention Diversion Coordinator to ensure CIP is implemented consistently and recommending areas for improvement if the intended results are not being achieved;

The detailed Coordinated Intake Protocol is attached to this Service Standard as Gen 03: Schedule 1 - The Coordinated Intake Protocol (CIP). The Service Manager in partnership with the service provider community shall take the lead in developing, implementing and monitoring the outcomes of the common Coordinated Intake Protocol (CIP) that is intended to:

- target services to individuals and families who are homeless or at imminent risk of homelessness;
- place a priority on preventing homelessness in the youth system regardless of level of risk of becoming homelessness;
- ensure an efficient process so that individuals and families access the most appropriate services to address their immediate housing need;
- place an emphasis on diversion from emergency shelter services for adults while emphasizing a connection to resources in the youth shelter system;
- ensure protection of personal information;
- ensure proper consents are obtained at the point of initial contact;
- identify the shared data elements and collection and reporting processes in the Homelessness Individuals and Families Information System (HIFIS);

Gen 03: Schedule 2: Definitions of Homelessness by Target Population provides the definitions of homelessness as approved by the Service Manager.

Expected Outcomes:

- 90% of client households will complete the coordinated intake process in full within three days of accessing an agency delivering programs and services under the housing and homelessness service delivery system.
- 90% of households accessing the housing and homelessness service delivery system shall be transferred to a Program within five (5) business days

Exceptions to this Service Standard:

Service Providers requesting an exception must adhere to the Service Standard “Gen-04: Request for Service Standard Exception”. Any exceptions to the implementation of this Service Standard will be reviewed on a case-by-case basis and approved at the discretion of the Service Manager. The Exception is reviewed by the appropriate systems coordinator for Prevention/Diversion Adult/Family or Youth) as appropriate.

Related Forms:

- Gen-03: Accessing Services - Form 1 Coordinated Intake
- Service Priority Decision Assistance Tools (SPDAT) used for screening as developed by OrgCode Consulting Inc. referenced in Schedule 1: Gen 03: Schedule 1 - The Coordinated Intake Protocol (CIP)

Related Documents:

See related documents section to view these items:

- Service Map – Prescreening, Intake and Admission (May 1 2017)

Related Service Standards:

- Gen - 07 - Protection of Personal Information and Consent
- HAES - 02 – Emergency Shelter Diversion

Approval Authority:



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Gen 03: Schedule 1 - The Coordinated Intake Protocol (CIP)

Before beginning Coordinated Intake (CIP):

- The prevention-diversion or emergency shelter worker who is completing CIP selects “coordinated intake” when logging into Homelessness Individuals and Families Information System (HIFIS) and begins by searching for the client record.
- If a client record exists and the client received a service in the previous twelve 12 months, the client is redirected to his or her last known worker or if unavailable, to that worker’s supervisor for follow-up. A brief note is entered by selecting “*comments*” from the “Client- Display Vitals” screen stating to whom and when the client was redirected.

CIP is initiated only when:

- a new individual or family accesses the Kingston/Frontenac Housing and Homelessness Services System and there is no client record in HIFIS; or
- An individual or family is in HIFIS but has not received any service within the previous 12 months. In this situation, a second coordinated intake service is opened in the client’s record.
- CIP is a service transaction that is opened under Goods and Services in HIFIS and coordinated intake protocol is the related activity. The start and end date is recorded accordingly.
- During the CIP process activities are opened under the initial Goods and Services Transaction. The first activity is always “Coordinated Intake Protocol”. Others may include shelter-diversion; SPDAT screening; and/or General Housing Assistance.

The Intake Interview - Overview

- The coordinated intake protocol begins with an explanation of the intake process and the “Notice of Collection of Information” with the client.
- The worker begins the interview using **Gen-03: Accessing Services Form 1: Coordinated Intake Interview**.
- The information gathered during the interview allows the worker to determine the housing status of the client and the likelihood of finding a resolution on their own.
- The Form guides the interviewer as s/he makes decisions about the services or programs that are required by the client to achieve the best outcome.

- For persons who are homeless and are seeking an emergency shelter bed, the coordinated worker initiates the Service Standard HAES: 02-Shelter Diversion and completes HAES 02: Form 1- Shelter Diversion.
- This form places an emphasis on diversion from emergency services for the adult/ family population by asking a set of questions that may assist the household find an alternative to the emergency shelter.
- Only if it is determined that diversion from emergency services is not possible is the individual or family transferred to the Housing Assistance/ Emergency Shelter Program through Coordinated Intake.
- Youth are not targeted for diversion until they are connected to a support worker for follow-up.
- Information collected by the Interviewer on the Coordinated Intake Forms is immediately entered into HIFIS.
- Detailed data entry instructions are provided on Gen-03: Accessing Services Form 1: Coordinated Intake Interview.

Completion of a VI SPDAT Screening Tool

For clients currently homeless use one of the following screening tools:

- Adult Singles use VI SPDAT v2.0 Single
- Adult Families use VI SPDAT v2.0 Families
- Youth use TAY VI-SPDAT v1.0

For clients currently housed use one of the following screening tools:

- Adult Singles – use PR-VI SPDAT for singles v1
- Adult Families – use PR-VI SPDAT for families v1
- Youth – use TAY VI-SPDAT v1.0
- The screening tool is completed as part of the CIP process usually on the same day as the initial interview. If not, it must be completed within three business days.
- No services other than coordinated intake or emergency shelter services can be provided until Coordinated Intake is completed and a client household is triaged to the most appropriate service. This includes administration and scoring of the appropriate SPDAT screening tool.

Exception: Households known to be chronically homeless do not require a VI screening tool following the Intake interview and are transferred to assessment for HF/RRH.

Triage and Transfer to a Program within the Housing and Homelessness Delivery System

- With information from the intake interview, the worker transfers the client to the most appropriate program within the Housing and Homelessness Service System.
- Gen-03: Accessing Services Form 1: Coordinated Intake Interview guides the worker and provides the available options based on the results of the Intake Interview and the SPDAT screening tool.

Entering Coordinated Intake Protocol results into HIFIS

- Information gathered is entered in HIFIS either as a new client record or by adding information to an existing record.
- Client Vitals are entered into HIFIS immediately following the interview to avoid duplication of services.
- The remaining information gathered during the intake interview must be entered within 24 hours of administration.
- Where general housing assistance is offered only or where no further service is required or agreed to after CIP, the client status is changed to inactive in HIFIS.
- For clients refusing to sign the Consent Form to Share Information, refer to Service Standard Gen - 07 - Protection of Personal Information and Consent.

Gen 03 Schedule 2: Definitions of Homelessness by Target Population

The following definitions are used in the Kingston-Frontenac Housing and Homelessness Services System - and are endorsed by Kingston City Council and the Canadian Observatory on Homelessness

FOR ADULT SINGLES AND ADULT FAMILIES INCLUDING RURAL

Chronic Homelessness

- Chronic homelessness describes the state of being homeless for persons, often with disabling conditions, who are currently homeless and have been homeless for six months or more in the past year.

Episodic Homelessness

- Episodic homelessness describes the state of being homeless for persons, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year.

Short-Term Homelessness

- Short-term homelessness describes the state of being homeless for persons who are currently homeless and have been homeless for fewer than 6 months and who have experienced fewer than three episodes of homelessness in the past year.

FOR YOUTH AND YOUTH-LED FAMILIES

Youth homelessness refers to the situation and experience of 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. A more comprehensive description of Youth Homelessness is available through the Canadian Observatory on Homelessness.

(<http://homelesshub.ca/CanadianObservatoryOnHomelessness>)

Comment on “couch surfing”

Note: Client households (adult and family) who have a current housing history “**staying** with friends/relatives” are considered to be homeless since it is considered a temporary solution to their housing situation.

Whereas, Client households (adult and family) who have a current housing history “**living** in family house/ apartment” are considered housed because there is the assumption that they will remain there indefinitely.

Where the choice is difficult to distinguish between the two options, consider the history or anticipated length of stay at a single address and whether or not the family/friend has indicated a time limited stay. When a length of stay exceeds 6 months at one address, this is a good indicator to consider selecting “**living** in family house/ apartment” and therefore housed.