

Complex Housing Situation Response Protocol

The purpose of the Complex Housing Situations Response Protocol is to create a mechanism for contact and response when external agencies identify a property owner who lives in a housing situation that may be impacting their health and safety. As external agencies identify that the situation may be related to a health challenge, a mechanism to engage health resources is required.

Historically these situations have been identified by the City of Winnipeg through calls to 311, Community By Law Enforcement Services, Water and Waste Services or Animal Services. Other identifiers include Province of Manitoba Public Health Inspectors, Manitoba Hydro, Humane Society, and neighbourhood groups. These identifiers will be referred to as “agencies” throughout this protocol.

The housing situations are often unique, but they may involve hoarding, squalor, lack of utilities, structural safety concerns, animal infestations or other challenges. The situations intended for this response protocol are typically at a serious concern level and have persisted for a significant time period.

At times individuals are connected to or known to health services within Community Areas. The agencies are encouraged to engage residents to determine any existing connections. If a connection is identified and contact is made, WRHA services are expected to create a response. If the connected support is a community agency that may need assistance to provide a response, they are encouraged to connect to WRHA through intake to the Response Protocol.

Intake

The existing Public Health centralized intake process will be used for referrals. A referral form will be faxed to centralized intake. The PHN who takes the referral will provide a synopsis to the Team Manager who informs the CAD. The CAD will send the name of the resident to Community Area Team Managers (Community Mental Health, Primary Care, Home Care, HART) to review documentation and electronic charts and determine any existing WRHA service connections or prior connections.

If connections are determined, the CAD will request the attached team follow up and develop a response plan. If no connections are determined, the response protocol will be utilized.

Response

A Public Health Nurse (PHN) will be tasked to provide outreach and engagement to determine the individual’s service interests and needs. Consent will be requested to engage other resources for follow up but if not obtained, WRHA services can still be involved. These situations have historically been met with resistance due to varied factors, and therefore, the PHNs will utilize a trauma-informed approach for assertive engagement. Depending on the timelines that the urgency of the situation allows, the PHN may make repeated attempts to engage. The level of knowledge the PHN is able to determine may vary.

A guide for the PHN’s in this role is available as a supporting document.

In anticipation of need to develop a plan, the CAD will determine Community Area representatives to be invited to a planning meeting. The CAD will determine who will coordinate a meeting to occur in a short time frame. The range of community area programs or services that may be required will vary in individual situations. Additionally, regional (i.e., Indigenous Health Services, Health Outreach and Community Support, Cancer Care, Mobile Crisis, etc) or community resources may be invited to plan. As engagement continues, additional community or system supports may be identified as potential partners. The CAD will be informed if additional invites area required.

The planning meeting will occur to determine roles for various partners in a plan. A plan will be documented on a shared integrated planning template (Attachment ____). The plan may change and evolve. However, the original meeting arranged through the CAD will determine partners to be involved, a lead case manager for coordinating the plan’s follow up and communication, and a time line for follow up with the CAD. The Integrated Plan Template will be completed and distributed to all those with a role. The Plan will be stored in a chart for the individual to be created in Accuro. The CAD may be required to identify a program that can open the chart. If an individual is not engaging, planning discussions may initially focus on an intervention for health and safety purposes.

The types of situations applicable to this response protocol represent imminent health and safety risk to the individual and therefore cannot be closed if the person is not engaging. Although a person is likely to engage if a trauma informed, person-centred, non-judgmental approach is utilized, there may

Complex Housing Situation Response Protocol

be many reasons a person may still not engage. One assessment to consider if a person is declining to take steps to have their basic life and safety needs met (i.e., heat, water, food, shelter) is capacity assessment. An involuntary hospitalization may be required to assess and guide a clinical intervention. This option may be considered as part of an initial planning meeting.

Implementation

The identified services to assist in the plan will implement roles and remain in communication through an identified primary case manager. The plans will utilize a harm reduction focus and aim to support the individual to minimally have basic life and safety needs met. If the plan cannot achieve this goal, a request may be returned to the CAD for assistance to identify approach or services that were not originally considered.

The situations referred to this protocol will likely have developed over several years. The system sense of urgency for health and safety may not be shared by the individual. A slow and steady focus on engagement will likely be required. However, at times, the health of the individual may have declined to the extent that an urgent hospitalization is required.

If engagement is occurring, a person-centred plan will be required with a range of supports to achieve goals. In considering the components that will be necessary, previous scenarios have indicated that planning for the following aspects are helpful for all individuals.

- P** - Primary Care Provider - Ensure existing or new provider is aware of extent of concerns and can assess health and capacity if required.
- I** – Income – determine income source and ability to meet basic needs and potentially use finances to assist with presenting issues. Ensure individual is accessing maximum income and benefits. Note if IDs are available and taxes are done to support access to income.
- C** – Case management - Determine supports that can provide case management in the longer term to coordinate a response, engage other resources, and support sustained stability.
- H** – Housing services - Determine viability of remaining in home. If the individual plans to remain in the home, supports to address conditions will be required. If a move is required, determine a housing search resource to assist if the case manager is unfamiliar with the rental housing market. List provided in attachment _____. Sale of property may be required.

If the situation involves hoarding or squalor and the individual plans to stay in the property, additional resources will be required. Assessment may be a first step to determine underlying factors causing the behaviour. Pending assessment, an Occupational Therapist may be able to develop a plan for the individual to support clean up. As there are minimal community resources to assist, involved support providers may be required to support the individual to have realistic, organized goals, plans, and supplies for incremental cleaning.

In the majority of situations experienced, the individual's health has deteriorated to the point that they are unable to independently manage the responsibilities required to address the issues. Health services will determine who can provide ongoing assistance based on individual capacity, supports and eligibility for various services.

Reporting

The involved support providers will document in their standard charting mechanisms. As a chart will be opened in Accuro when the situation first arises, and the plan will be stored in the chart, any update on the plan determined at the initial meeting should be charted or scanned into Accuro including the name of the current primary case manager.

At various points in implementation of the protocol, the CAD may request updates from the case managers on status of situations to identify needs for further protocol enhancements.

If issues or challenges arise related to protocol implementation, feedback can be provided to the Complex Housing Situations Steering Committee through the Initiatives Leader, Housing, Supports and Service Integration (204-794-3804).

Resources

[Population & Public Health Complex Housing Response Protocol](#)

[Complex Housing Situation Response Algorithm](#)