SUMMARY | Abbreviated Health Technology Assessment (HTA)

SERVICE COORDINATION IN HOMELESSNESS

WHAT ARE THE BEST PRACTICES?

OBJECTIVES

- To assess the effects of service coordination practices in homelessness in terms of:
  - Clinical effectiveness and efficiency;
  - Organizational effectiveness and efficiency;
  - Equity and ethical considerations;
  - Satisfaction of service users and service providers.
- To identify the enabling and limiting conditions that influence the implementation and success of such practices.

CONTEXT AND MANDATE

In 2018, the Canadian government adopted *Reaching Home*, a federal strategy to prevent and reduce homelessness. This strategy aims to provide financial support to communities across Canada to help them address their local homelessness needs. One of the key components of this strategy is the implementation of a coordinated access system.

In Quebec, the implementation of a coordinated access system for homelessness is carried out under the 2021–2026 Interdepartmental Action Plan on Homelessness, *S'allier devant l'itinérance*.

To inform the reflections of the Direction of Addiction and Homelessness Services, the Quebec Ministry of Health and Social Services mandated the Health Technology Assessment Unit (HTAU) of the CIUSSS[1] du Centre-Sud-de-l'Île-de-Montréal (CCSMTL) to conduct a health technology assessment (HTA) on the best practices in service coordination in homelessness.

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METHODS

A literature search was conducted in five bibliographic databases (MEDLINE, All EBM Reviews, PsycINFO, Embase, and CINAHL), as well as in the grey literature. Article selection was carried out using predefined criteria. All identified documents were screened and assessed independently and blindly by the two main authors. Data extraction and methodological quality appraisal, conducted using standardized assessment tools, were also performed by the two main authors.

WHAT IS AN ABBREVIATED HTA?

An **abbreviated HTA** is a rigorous and reproducible assessment based on a comprehensive and critical review of the literature, conducted in accordance with the standards of systematic reviews.

Findings related to the effects of the practices were subjected to a grading process. This process considered the robustness, consistency, and magnitude of the results (i.e., clinical and organizational significance), as well as their transferability to Quebec population and context. On this basis, an overall level of evidence (high, moderate, low, or insufficient) was assigned to each finding.

KEY FINDINGS

Thirty studies were included, covering five service coordination mechanisms, two prioritization tools, and three information management systems. Although several practices were identified, the available empirical data remain too limited to draw conclusions on their true potential.

SERVICE COORDINATION MECHANISMS

Five mechanisms were evaluated in 20 studies:

- *Continuum of Care (CoC)*
- *Coordinated Entry System (CES)*
- *Canadian coordinated access program*
- *Client Care Coordination (CCC)*
- *Built for Zero (BFZ)*

Effects

With a **moderate** level of evidence:

⊖ The CES shows inequities, particularly favoring women while disadvantaging service users who are racialized, Indigenous, or living with disabilities.

With a **weak** level of evidence:

⊕ The CES may improve access to services and help prevent returns to homelessness among youth and families.

⊖ Long wait times and non-linear service trajectories may occur within the CES.

⊖ Racial inequities may also be present within the CoCs.

No data are available, or the data are **insufficient**, to evaluate:

- The organizational effectiveness of the CoCs, the Canadian coordinated access program, the CCC, or the BFZ model.
- The organizational efficiency of the different service coordination mechanisms.
- The clinical effectiveness of the different service coordination mechanisms.
- The equity and ethical issues concerning the Canadian coordinated access program, the CCC, and the BFZ model.

Satisfaction

- Studies suggest dissatisfaction among service users and providers working within the CoCs, as well as providers dissatisfaction regarding the BFZ model.

Enabling and limiting conditions

Several **barriers** that may hinder the effectiveness of the different access mechanisms were identified in the studies. The most frequently reported include a lack of resources, limited autonomy and a mismatch between services and users' needs, as well as users' limited understanding of the process.

Studies identified **facilitators** that may enhance the effectiveness of service access mechanisms, including integrated service delivery involving governmental and community actors, adequate support for service users, and strong collaboration and communication between organizations.

Research also highlights a few **strategies** that could improve the effectiveness of service access mechanisms, such as using client-centred and trauma-informed approaches.

PRIORIZATION TOOLS

Twelve studies evaluate the following tools:

- *Vulnerability Index – Service Prioritization Decision Assistance Tool* (VI-SPDAT)
- *Allegheny Housing Assessment* (AHA)

Effects

With a **moderate** level of evidence:

- The VI-SPDAT may lead to racial and gender disparities, disadvantaging racialized individuals.

No data are available, or the data are **insufficient**, to evaluate:

- The clinical or organizational effectiveness and efficiency of the different prioritization tools.
- Equity and ethical considerations related to the AHA.

Satisfaction

Service providers express mixed opinions about theVI-SPDAT. Some recognize its usefulness in the priorization process, while others consider it insufficient, potentially traumatizing, and subject to racial bias.

Enabling and limiting conditions

Several **barriers** that may hinder the effectiveness of prioritization tools were identified in the studies. The most frequently reported include reliance on self-reporting, poorly worded or inappropriate questions, insufficient training for service providers using the VI-SPDAT, and variability in the quality of the data used for the AHA.

Studies also identified **strategies** that may improve the effectiveness of these prioritization tools, including revising certain questions, triangulating data sources, and providing training for service providers.

INFORMATION MANAGEMENT SYSTEMS

Six studies evaluate the following systems:

- *Homeless Management Information System* (HMIS)
- *By-Name Data* (BND)
- *IBM Watson Care Manager* (WCM).

Effects

No data are available, or the data are **insufficient**, to evaluate:

The clinical and organizational effectiveness or efficiency of the different information management systems.

Equity and ethical considerations related to the different information management systems.

Satisfaction

Users are generally satisfied with the WCM system.

No data are available regarding users' satisfaction with the HMIS and BND systems.

Enabling and limiting conditions

Several **barriers** that may hinder the effectiveness of information management systems were identified in the studies. The most frequently reported include system shortcomings and underuse, challenges with data sharing and monitoring, insufficient training, high staff turnover, variable use of administrative discretion, and concerns regarding data confidentiality and security.

Studies also identified **facilitators** that may improve system effectiveness, including the region's size, where a moderate size appears advantageous, and the involvement of community organizations.

CONCLUSION

This abbreviated HTA aimed to identify the best practices for service coordination in homelessness. Although various practices were identified, the currently available empirical data remain too limited to draw conclusions about their true potential.

While the present HTA did not identify the best practices for coordinating services in homelessness, it highlighted numerous challenges related to access mechanisms, prioritization tools, and information management systems. Recognizing these challenges is an important first step toward developing a coordinated access process that is fair and efficient across communities in Quebec.

WARNING
Limitations of the available data

- Most practices were evaluated in only one or two studies.
- The low methodological quality and limited robustness of many studies substantially reduced the levels of evidence assigned to each finding.
- For the majority of outcomes of interest, it was not possible to draw conclusions because the available data were insufficient or nonexistent.
- The generalizability of the results is limited: nearly all studies included in this HTA (28 out of 30) were conducted in the United States, where political, economic, and social contexts as well as health and social service systems differ from those in Canada and particularly in Quebec.

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