# Making Zero Count

## Memorandum of Understanding (MOU) Development Resources Handbook

canadian observatory on homelessness

TURNER STRATEGIES

# Acknowledgements

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# Foreword:

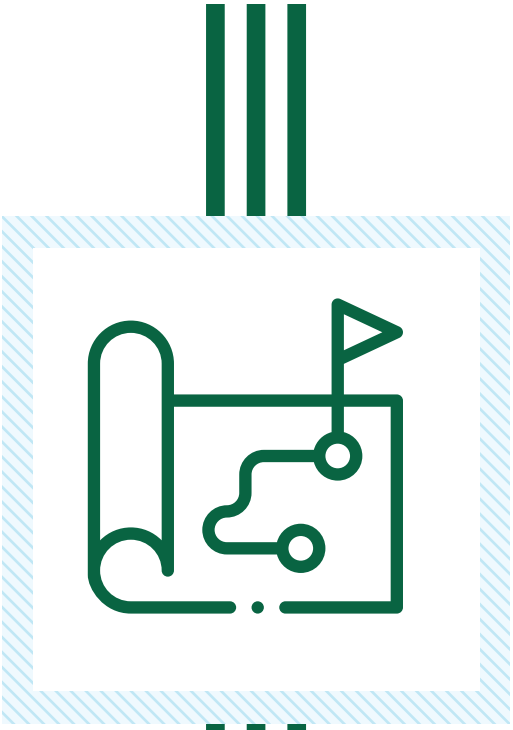
A critical part of ending homelessness is the increased integration and coordination between various public systems and the homelessness sector. However, current funding and service models often do not adequately address the reality of people moving between these systems. Too often, people are discharged into homelessness from other systems - perpetuating the length of time that homelessness is experienced.

In our consultations with communities, it became clear that while many communities have made significant strides to integrate approaches across the homelessness-serving systems, it is difficult to implement systems integration at the case management level. Often there are no clear processes to follow, especially when it comes to working within a cross-agency team.

> Through these tools, we recognize that in order to end homelessness, public systems have to work together.

Systems navigation is paramount for service users to be able to navigate housing and income supports. Ending homelessness means that no one falls through the cracks between different systems.

This resource is intended to provide a starting point for communities that want to develop Memorandums of Understanding (MOUs) with other public systems in order to address this challenge.



# Overview:

**Purpose:**

**To prevent** homelessness from occurring as people transfer from one system to another.

**To strengthen** discharge planning between public systems and the homelessness sector.

**Target Audiences:**

Systems Planning Organizations & Homelessness-System leaders.

# Key Terms:

**Memorandum of Understanding (MOU):** A nonbinding agreement between two or more parties outlining the terms and details of an understanding, including each parties' requirements and responsibilities.

**Discharge Planning:** An integrated approach to continue care and a process that includes identification, assessment, goal setting, planning, implementation, coordination and evaluation.

**System:** A collection of organizations, people and actions that interact together and share a primary goal. For example, the homelessness system includes organizations whose primary intent is to serve those who are homeless or at imminent risk of homelessness.

**Systems Navigation:** A process that helps service users navigate the health, housing and homelessness and social services systems.

**System of Care:** A local or regional system for helping people who are homeless or at imminent risk of homelessness. It organizes and delivers services, housing and programs and coordinates resources to ensure that a community aligns with the goals of its Community Plan.

# Resource 1

## **How to -** Housing First & Connecting with Public Systems:

Housing First is increasingly understood as not only a program intervention, but a **philosophy** that drives a full-systems response to homelessness. Housing First is a way of thinking about ending homelessness. It is a set of values that orient the actions that occur in that system.

This orientation provides the framework for service providers operating across agencies and systems. It makes clear the key outcomes that service providers can collectively work towards, even if there are different mandates from different service providers.

**For example,** John Doe may be experiencing homelessness due to a wide variety of reasons. Service providers from different sectors may want to work towards different outcomes, depending on their own mandates. However, it is imperative that they collectively work towards supporting John Doe.

**The mental health sector** may believe that it is important to first address his mental health issues since it is deteriorating as a result of his experience of homelessness.

In comparison, **the health sector** may want to address his lack of housing as they may believe that it will be difficult to reduce his substance abuse if he is living at a shelter. This continues to apply to different public systems as well.

As we know, safe, affordable housing is the foundation for individuals to thrive and move forward with their lives. Supporting other public systems to understand this is key, as these systems also have a vested interest in seeing people live healthy lives. Communities are beginning to do great work at increasing awareness around homelessness within other public systems. While it may be a challenge for other public systems to have a strong understanding around homelessness, it is a key next step in reducing the number of individuals experiencing homelessness within a community's system of care.

# Resource 2

## **How to -** Raising Awareness with Public Systems & Building the Case for Working Together:

The homeless-serving sector clearly sees the link between poor discharge planning and homelessness. Frontline workers are well aware of the way gaps between systems increases the severity and length of a person's crisis - often further entrenching them in poverty and homelessness. However, in a data-driven world, it is essential to back these stories up with clear data.

Further, once the data about how many people are falling through gaps in the different systems is collected, it becomes possible to determine the human and financial cost of these systems failures. Being able to clearly articulate the human and financial cost of not addressing systems failures is a key way to engage public systems.

Focus on homelessness inflow to make a clear case. At a minimum, shelters and other transitional accommodations should record if a person has been discharged from a public system before ending up at the shelter.

### The key public systems to watch for include:

**Correctional System**



**Jail**



**Bail**

**Violence Against Women (VAW) shelters**

**Education Systems -** High Schools & Post-Secondary institutions, especially.

**Hospitals & Healthcare systems** including regional health authorities.

**Child Welfare**

### Public Service Interaction Indicators List & Corresponding Interview Questions

Some suggested indicators & corresponding questions that could begin to capture this data include:

- **Number of people discharged from hospital to an emergency shelter**
  - Were you recently discharged from the hospital?
- **Number of people discharged from jail to an emergency shelter.**
  - Were you recently in jail or a correctional facility?
- **Number of people who have aged out of child welfare care in the past 6 months.**
  - Were you involved with the Child Welfare system in the past 6 months?
- **Number of people who were in school within the past 3 months.**
  - Are you currently in school or have you been for the past 3 months?
- **Number of women who were discharged from VAW shelters in the past 3 months.**
  - Were you recently staying at a Violence Against Women's shelter in the past 3 months?

In order to be effective, these questions need to be integrated into the Coordinated Access process - ideally aligned with the other demographic information captured by the shared Homeless Management Information System (HMIS) in your community. The more real-time data can be captured by HMIS, the more effective the data will be in making the case and gaining buy-in from public systems. This also allows for service providers to measure the decrease after an intervention is tested.

Communities will see different trends emerge. We have heard examples where there is a sudden increase in families coming from another community via bus tickets provided by that region. This a trend worth noting. Another example includes one seemingly small policy implication that consistently causes individuals to experience homelessness, such as one provincial context where social assistance is not provided without a residence, and a shelter address does not count. This is a barrier that gets in the way of moving people quickly through different systems. Finding a way to capture these frontline conversations and bringing them to collaborative tables is important in building the case for connected public systems. Below we share some key statistics on the increased use of public systems by people experiencing homelessness, and the dollars saved when housing is provided as part of the intervention. We have also collected Housing First data, demonstrating the impact of housing on decreasing the use of emergency public systems. Both of these forms of data may be useful in beginning to build the case for public systems partners.

## Homelessness & Public Systems Statistics:

### Child Welfare:

**57.8%** of youth experiencing homelessness reported some type of involvement with child protection services over their lifetime[1].

### Hospitals:

**32-54%** of people experiencing homelessness had used the emergency department within the last year, a rate three times as frequent as the general population[2].

**People who experience homelessness** are nearly **4 times more likely** to re-enter the hospital within a 30-day period[3].

**Corrections:** After discharge from the justice system had a 40% increase in the likelihood of experiencing homelessness[4].

## Cost Savings using Housing First:

**The Alberta 7 Cities Project** collectively saw the following reductions in public systems usage after implementing a Housing First approach to homelessness across 7 major cities in Alberta:

- **85%** fewer days in jail
- **64%** fewer days in hospital
- **60%** fewer interactions with Emergency Medical Services
- **60%** fewer emergency room visits
- **57%** fewer interactions with police[5]


1. Nichols, N., Schwan, K., Gaetz, S., Redman, M., French, D., Kidd, S., O'Grady, B. (2017). Child Welfare and Youth Homelessness in Canada: A Proposal for Action. Toronto: Canadian Observatory on Homelessness Press. Retrieved from hiips://www.homelesshub.ca/resource/child-welfare-and-youth-homelessness-canada-proposal-action-0

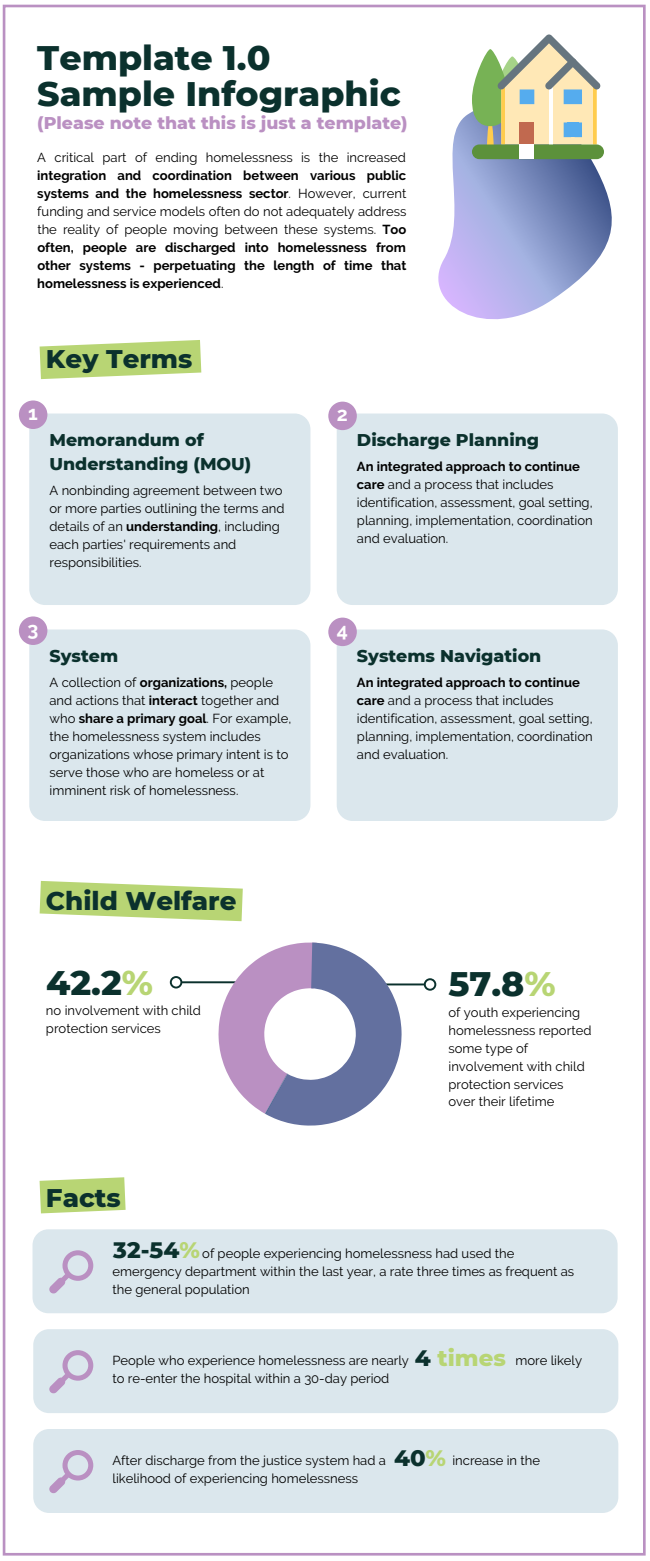
2. Hwang, S. D. (2015). Healthcare Utilization Among Homeless People. Retrieved from https://homelesshub.ca/resource/health-care-utilization-among-homeless-people

3. Saab, D., Nisenbaum, R., Dhalla, I., & Hwang, S. W. (2016). Hospital Readmissions in a Community-based Sample of Homeless Adults: a Matched-cohort Study. Journal of general internal medicine, 31(9), 1011-8. 4. Kellen, A., Freedman, J., Novac, S., Lapointe, L., Maaranen, R. Wong, A. (2010) Homeless and Jailed. Jailed and Homeless. Retrieved from hiips://www.homelesshub.ca/resource/homeless-and-jailed-jailed-and-homeless

5. Ending Homelessness. Retrieved March 19, 2019 from hiips://www.7cities.ca/ending_homelessness

# Template 1.0

## **Sample** Infographic:




This sample infographic was creating using Canva.com, a free web-based infographic design tool. Simply choose one of Canva's professionally-designed templates, add charts and visuals from their library and then customize as you wish. No design skills required.

**More free infographic design tools:**

- Venngage.com
- Piktochart.com

# Resource 3

## **How To -** Facilitating the Conversation & Increasing Collaboration:

**When engaging in a commitment to collaborate, you may want to answer the following questions together:**

What is our commitment to collaborate?

What could happen if we do not commit to collaborating together?

In what ways are we more alike than are we different?

What are our intersections?

What outcomes do we both want to achieve?

The data above is a key step in helping to demonstrate the importance of collaboration across different systems. The following resources are intended to support a homeless-serving organization who may wish to have a meeting with another public system in order to develop a shared MOU.

The following agenda is a series of questions to build clarity around the particular reason for the MOU and can also help to strengthen the beginning of the conversation. Use this opportunity to educate stakeholders about the way in which discharge into homelessness leads to re-entry into other systems, long-term impacts and the resulting costs.

# Template 2.0

## **Agenda** to Discuss Developing an MOU with Public Systems:

### Welcome & Introductions

▷ **Start with an introduction of everyone and a quick overview of each stakeholder's role at their organization/institution**

- This helps to build trust and strengthen relationships between stakeholders

### Clarifying Roles & Responsibilities

▷ **What is the mandate & role of each institution and/or agency?**

- What services are provided?
  - → What resources and specialties does each agency bring?

▷ **What are the limits faced by each agency?**

▷ **Are there any services outside of the standard mandate that are being provided in response to community or service user needs?**

- **E.g.** Libraries becoming de-facto drop-in centres for people who are experiencing homelessness, schools providing breakfast programs for students experiencing poverty, or police receiving training to respond to mental health crisis because more people calling the police require support in this way, etc.

### Identifying the Key Issue

▷ **What are the points of intersection between these two systems? Consider:**

- Discharges to emergency shelter after interacting with the justice system.
- Re-entry of person experiencing homelessness into public systems, leading to de-stabilization and/or stop the progress towards housing.
- Frequent use of emergency services or public systems via re-entry of the same service users.

▷ **Identify what factors are driving this on both ends. Consider:**

- Lack of Resources
- Legislation
- Operational Policy
- Lack of Communication
- Funding Stream
- Mandates
- Lack of timely intervention
- Capacity

▷ **Identify opportunities for flexibility that each system can take. Consider:**

- Education for staff at each institution or non-profit.
- Policy that prompts communication as soon as a person enters the institution (depending on the communication between services).
- Lengthening amount of time before discharge.
- Working with other community partners for more supports.
- Clarity around which service provider can take the lead.

### Establishing Common Ground

▷ **What is the central issue/goal identified that both stakeholders can play a role in resolving?**

▷ **Identify what each stakeholder can do to resolve this issue. Consider:**

- Developing a consistent protocol across both systems & train staff on it.
- Changing operational policy.
- Providing more opportunities for ongoing information & resources sharing between stakeholders.
- Commitment to integrate public systems coordination with the Coordination Access process within the homelessness-serving system.
- Capturing more data about how these systems interact, as part of discharge and intake processes.
  - → **E.g. 1 -** Number of people discharged without a housing plan.
  - → **E.g. 2 -** Assessment of housing status at point of intake for both systems.

▷ **Who will take the lead on writing the draft MOU?**

▷ **Who needs to sign off on the MOU for confirmation?**

### Wrap Up & Conclusion

- Identify any key next steps
- Set a timeline for these next steps
- Thank everyone for coming

# Resource 4

## **How To -** Breaking Down the Agenda

### Welcome & Introductions

▷ **Start with an introduction of everyone and a quick overview of each stakeholder's role at their organization/institution.**

- ▶ This helps to build trust and strengthen relationships between stakeholders.

### The data collected is a key step

in helping to demonstrate the importance of collaboration across different systems. The following resources are intended to support a homelessness-serving organization who may wish to have a meeting with another public system in order to develop a shared MOU.

Systems are ultimately a series of relationships, some formal and some not. In order to take on a systems integration approach, it requires significant time and effort to build trust and relationships with partners in intersecting systems. This work will move faster as trust is established. While it may seem simple, taking time to get to know the stakeholders in the room on a human level is critical to this work.

**Tip:** As well, this part of the conversation will help you assess if those in the room are actual decision-makers or simply reporting back. As much as possible, it is critical to get the decision-makers in the room. However, at an introductory meeting, that may not be feasible. So, work with who is in the room, and ensure that follow-up communications brings the decision-makers into the conversation.

### Clarifying Roles & Responsibilities

▷ **What is the mandate & role of each institution and/or agency?**

- ▶ What services are provided?
  - → What resources and specialties does each agency bring?

▷ **What are the limits faced by each agency?**

▷ **Are there any services outside of the standard mandate that are being provided in response to community or service user needs?**

- ▶ **E.g.** Libraries becoming de-facto drop-in centres for people who experiencing homelessness, schools providing breakfast programs for students experiencing poverty, or police receiving training to respond to mental health crisis because more people calling the police require support in this way, etc.

### Developing a core

understanding of the intended function of each organization is helpful to lay the groundwork for where the limits of organizational capacity are. However, this part of the conversation is also intended to clarify how organizations may be taking on a role that is not within their mandate. In many cases, this role may be connected to homelessness and the related lack of flow in the system. Hospitals recognize the challenge of not discharging seniors due to the unavailability of long-term care beds in their local community. Similarly, emergency shelters should not be considered a 'housing' option for 18-year old individuals as they age out of

care from child welfare. These are both examples of the way in which a lack of resources and flow within each system leads to resources being used differently than mandated.

Every organization wants to be focusing on their mandate without taking on the challenges of other sectors, while simultaneously lacking the resources and professional expertise to take on systems integration. This is an opportunity for organizations to navigate these difficult conversations.

## Identifying the Key Issue (1/2)

▷ **What are the points of intersection between these two systems? Consider:**

- Discharges to emergency shelter after interacting with the justice system.
- Re-entry of person experiencing homelessness into public systems, leading to de-stabilization and/or can stop the progress towards housing.
- Frequent use of emergency services or public systems via re-entry of the same service users.

▷ **Identify what factors are driving this on both ends. Consider:**

- Lack of Resources
- Legislation
- Operational Policy
- Lack of Communication
- Funding Stream
- Mandates
- Lack of timely intervention
- Capacity

This is the part of the discussion that likely spurred this whole meeting. All stakeholders likely know what the central points of intersection are. However, it is important that this section of the conversation not be entirely one-sided. It might seem easy to air frustration with the way that a public system is discharging people directly into homelessness. However, a key element of this part of the conversation is demonstrating that the challenge is felt by both sides. Perhaps people are being discharged into homelessness, but it is also true that people are much more likely to re-enter or become frequent users of various public systems because of a lack of housing options or other resources. Systems integration cannot include placing blame on one system over another.

**Tip:** It is important to recognize the burden on public systems in this piece. The revolving door into various emergency services or the child welfare system is perhaps the common ground to focus on. Find out how these systems are also being squeezed due to a lack of housing resources and align yourself as facing a common challenge.

The question around identifying what the limits are, helps to narrow what the solutions are. Keep this work possible. While legislative changes and funding re-structuring are probably needed, these are long-term goals. The purpose of this meeting is to discuss the shorter-term possibilities that will result in better service experience for people experiencing or at risk of experiencing homelessness.

## Identifying the Key Issue (2/2)

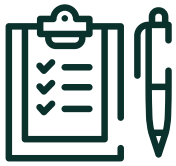
▷ **Identify opportunities for flexibility that each system can take. Consider:**

- Lengthening amount of time before discharge.
- Working with other community partners for more supports
- Policy that prompts communication as soon as a person enters the institution (depending on the communication between services)
- Clarity around which service provider can take the lead
- Education for staff at each institution or non-profit agency

This is where investigating what can change is important. Some changes to process and protocol could make a significant difference to outcomes for people experiencing or at risk of experiencing homelessness. Examples of hospital/ homelessness shelter partnerships tend to center on developing a clear protocol for when people are unstably housed or at risk of homelessness and then training staff for this. These coordination interventions result in real differences to housing outcomes, and cost savings.[6] Much of the time, there are gaps in process, simply because two systems are not engaged with each other.

# Questions to consider:

Is housing status identified upon entry into another system?



What can be done well in advance of discharge when you already have the understanding that a service user does not currently have stable housing?

▷ **Is this data captured by the public systems?**

▷ **Are public institutions asking about a person's housing status upon intake?**

Is there space or flexibility for change in a stakeholder's process or protocol?

▷ **Where within a process can change or testing using a different strategy take place?**

6. Region of Waterloo. Hospital Discharge Report. Retrieved on March 20, 2019 from https://homelesshub.ca/sites/default/files/Hospital_Discharge_Report_Final.pdf

## Establishing Common Ground

- **What is the central issue/goal identified that both stakeholders can play a role in resolving?**
- **Identify what each stakeholder can do to resolve this issue. Consider:**
  - Developing a consistent protocol across both systems & train staff on it.
  - Changing operational policy.
  - Providing more opportunities for ongoing information & resources sharing between stakeholders.
  - Commitment to integrate public systems coordination with the Coordination Access process within the homeless-serving system.
  - Capturing more data about how these systems interact, as part of discharge and intake processes.
    - → **E.g. 1 -** Number of people discharged without a housing plan.
    - → **E.g. 2 -** Assessment of housing status at point of intake for both systems.
- **Who will take the lead on writing the draft MOU?**
- **Who needs to sign off on the MOU for confirmation?**

After the common goal has been developed, and a clear understanding of where both stakeholders have room to make changes, you are reaching the stage of setting the terms of an MOU. Ultimately, an MOU is an opportunity to formalize this discussion and clarify who can do what moving forward. It sets the stage for the work that needs to be done. It also becomes an organizational commitment to turn back to, when people do not experience a coordinated response between two systems. It becomes a framework to use to push for continuous improvement in this area.

The other part of this conversation will likely address logistics. It takes work to develop a coordinated response. Identify the backbone person moving forward the results of this meeting, in both drafting an MOU and calling a follow-up meeting or maintaining the communication. Below is an example of a possible MOU between a hospital and the Community Housing Services branch of a municipality. Note this is not an actual MOU, but rather based on challenges often raised in consultations with communities about discharge into homelessness from a hospital.

# **Template 3.0** Example of MOU Template Between Homelessness Service Provider & Hospital

## **Memorandum of Understanding between** Hospital **and** Community Housing Services

### 1.1 Purpose

**The purpose of this collaboration is:**

- to support people who do not have a permanent home and are currently admitted to the Hospital to connect to community supports to find and maintain permanent housing.
- to encourage the Hospital and Community Housing Services to foster and build positive relationships.

### 1.2 Signatories

**Signatories to the Collaboration include:**

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

### 1.3 Collaboration Commitment

**The Collaboration identifies a commitment between the Hospital and Community Housing Services to work together to:**

- Support people experiencing homelessness or risk of homelessness that interact with our various services.

### 1.4 Principles

**The following are the principles under which this Collaboration was developed:**

- First consideration will be for the safety and well-being of the person we are supporting.
- Programs will assist this person in identifying the choices and resources available to them.
- Programs will respect this person's right to make their own choices.

## 1.5 Roles and Responsibilities of Each Stakeholder

- **The role of the Hospital includes but is not limited to:**
  - Provide high quality care to all patients who access our services, including those without stable housing.
  - Partner with community resources to ensure this care is carried on after a patient is discharged.
- **The role of Community Housing Services includes but is not limited to:**
  - Coordinate resources and develop and implement clear processes for people who are homeless or at risk of homelessness to access safe, affordable housing.
  - Partner with community agencies and resources for effective service delivery of housing and related supports for people who are without stable housing.

## 2.1 How we will collaborate:

### Our collective actions for each intersection point.

These specific intersection points have been identified for the purposes of collaboration. We are committed to collaborating to support people experiencing or at risk of experiencing homelessness in our community.

**Intersection Point #1-** A person who is homeless or at risk of homelessness is admitted to the hospital.

**Outcomes to be Achieved:** Intake will include an assessment of housing needs and connect to the community's Coordinated Access process for appropriate resources.

### Collaborative Actions We Agree to Take:

We agree to the following collaborative actions to work towards the above-noted process outcomes for this point where our work intersects:

- **The Hospital will agree to assess housing needs as part of the intake process.**
- **All involved parties will ensure that consent forms are obtained and signed at the start of any joint intervention. This will help to facilitate smoother communication during the application process and ongoing service provision.**
- **Once housing needs are assessed, stakeholders from the hospital agree to refer the person, through the Coordinated Access process, to community resources for housing related supports.**

**Intersection Point #2:** _____

_____

**Outcomes to be achieved:** _____

_____

**Collaborative Actions We Agree to Take:** _____

_____

## 2.2 Changes to the Collaboration

Changes to this Collaboration may be made by mutual consent of both signatory organizations:

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Contact Person:** _____

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Contact Person:** _____

## 2.3 Commitment to Collaborate

The signatories express a willingness to work collaboratively, in an ongoing manner, to build relationships and understanding across both sectors. The signatories also agree to articulate clear practices where service intersections exist with a view to strengthening coordination of service delivery and benefits to people experiencing or at-risk of experiencing homelessness that access our services.

**We have participated in the development of this local collaboration and are committed to its ongoing implementation.**

**This local collaboration will take effect on** _____ **and may be reviewed and/or updated upon the request of any of the parties to this collaboration.**

**Name of Signatory:** _____

**Signature:** _____ **Date:** _____

**Name of Signatory:** _____

**Signature:** _____ **Date:** _____

# Template 4.0 MOU Template (1/4)

## Memorandum of Understanding between

_____

## And _____

### 1.1 Purpose

**The purpose of this collaboration is:**

▷ _____

▷ _____

### 1.2 Signatories

**Signatories to the Collaboration include:**

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

### 1.3 Collaboration Commitment

**The Collaboration identifies a commitment between the** _____ **and the** _____ **to work together to** _____

_____

# Template 4.0 MOU Template (2/4)

## 1.4 Principles

**The following are the principles under which this Collaboration was developed:**

- ▷ _____
- ▷ _____
- ▷ _____
- ▷ _____
- ▷ _____
- ▷ _____

## 1.5 Roles and Responsibilities of Each Stakeholder (optional category)

- ▷ **The role of _____ includes but is not limited to:**
  - ▶ .....
  - ▶ .....
  - ▶ .....
  - ▶ .....
- ▷ **The role of _____ includes but is not limited to:**
  - ▶ .....
  - ▶ .....
  - ▶ .....
  - ▶ .....

# Template 4.0 MOU Template (3/4)

## 2.1 How we will collaborate:

**Our collective actions for each intersection point.** These specific intersection points have been identified for the purposes of collaboration. We are committed to collaborating to support people experiencing or at-risk of experiencing homelessness in our community.

### Intersection Point #1 _____

_____

### Outcomes to be Achieved: _____

_____

### Collaborative Actions We Agree to Take:

**We agree to the following collaborative actions to work towards the above-noted process:**

_____

**outcomes for this point where our work intersects:** _____

_____

▷ .....

▷ .....

▷ .....

### Intersection Point #2 _____

_____

### Outcomes to be Achieved: _____

_____

### Collaborative Actions We Agree to Take: _____

_____

# Template 4.0 MOU Template (3/4)

## 2.2 Changes to the Collaboration

Changes to this Collaboration may be made by mutual consent of both signatory organizations:

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Contact Person:** _____

**Name:** _____

**Address:** _____

_____

**Phone Number:** _____

**Contact Person:** _____

## 2.3 Commitment to Collaborate

The signatories express a willingness to work collaboratively, in an ongoing manner, to build relationships and understanding across both sectors. The signatories also agree to articulate clear practices where service intersections exist with a view to strengthening coordination of service delivery and benefits to people experiencing or at-risk of experiencing homelessness that access our services. **We have participated in the development of this local collaboration and are committed to its ongoing implementation.**

**This local collaboration will take effect on** _____
and may be reviewed and/or updated upon the request of any of the parties to this collaboration.

**Name of Signatory:** _____

**Signature:** _____ **Date:** _____

**Name of Signatory:** _____

**Signature:** _____ **Date:** _____

# Additional Resources

Gaetz, S. & O, Grady, B. (2006). The Missing Link: Discharge planning, incarceration & homelessness. The John Howard Society of Ontario. Retrieved from hiips://johnhoward.on.ca/wp-content/uploads/2014/09/the-missing-link-aug-2007.pdf

Region of Waterloo - Hospital Discharge Report  Retrieved on March 20, 2019 from https://homelesshub.ca/sites/default/files/Hospital_Discharge_Report_Final.pdf

Guide to Memorandum of Understanding Development & Negotiations: https://aspe.hhs.gov/basic-report/guide-memorandum-understanding-negotiation-and-development#chapIII