COORDINATED ACCESS PROCESS (CAP) LIVING GUIDELINES

EFFECTIVE JULY 2016

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THE CITY OF Red Deer

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TERMS OF REFERENCE

PURPOSE OF THE COMMITTEE

The Coordinated Access Process (CAP) Committee is a collaboration among housing programs in Red Deer to ensure individuals experiencing chronic or episodic homelessness have access to housing first programs that meet their needs. The purpose of the Coordinated Access Process is to streamline access and referral to housing programs. It is a client-centred approach that provides a consistent and transparent process of prioritizing individuals and families for housing first programs.

CAP follows a triage model which means the most vulnerable individuals are matched to a housing program first. This is not a *wait list* but is rather about making a best possible program match based on length of homelessness, acuity, client choice and availability of program spaces. All housing programs funded by The City of Red Deer must participate in CAP.

GUIDING PRINCIPLES

- Follow the Housing First philosophy
- Work to create an efficient system
- Prioritize program matches based on history of homelessness and acuity focusing on rough sleepers and long-term shelter stayers
- Transparent and consistent process
- Client-focused approach – keep the best interests of clients in mind when making decisions and allow for client choice in program matching where possible

COMMITTEE MEMBERSHIP

The CAP Committee will be chaired by The City of Red Deer's Program Coordinator - Housing. The following organizations make up the CAP Committee.

Organization	**Program**	**CAP Representative**
Alberta Health Services / Recovery Alberta	Street Connect / Pathfinders	Social Worker
	Opioid Dependency Program	Social Worker
Canadian Mental Health Association	Amethyst House	Program Supervisor or Team Lead
	Pathways to Housing	Program Supervisor or Team Lead
City of Red Deer	Social Wellness & Integration Supports	Housing Program Specialist Community Facilitator
McMan Youth, Family & Community Services	Arcadia Youth Transitional Housing	Case Manager
	Arcadia Coordinated Entry – Youth	Intake Worker
Red Deer Native Friendship Society	Pimâcihowin Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	Housing Program Coordinator

	Indigenous Coordinated Entry & Outreach	Coordinated Entry Intake & Outreach Worker
	Indigenous Homelessness Prevention	Housing Program Coordinator
	Indigenous Cultural Connections	Housing Program Coordinator
Safe Harbour Society	Coordinated Entry – Adult	Coordinated Entry Workers Program Manager
	Outreach Team	Outreach Workers Program Manager
	Shelter Diversion	Shelter Diversion Worker Housing & Recovery Lead
Shining Mountains Living Community Services	Kiiweew Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	Team Lead
	Wiichi Coordinated Entry & Diversion	Intake Worker Team Lead
	An mas Indigenous Homelessness Prevention	Case Manager Team Lead
	Nihtaa Indigenous Cultural Connections	Cultural Connections Worker Team Lead
The Mustard Seed	Shelter Diversion	Shelter Diversion Worker
The Outreach Centre	Homelessness Prevention	Senior Program Manager or Housing Team Lead
	Red Deer Housing Team Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	
YMCA of Northern Alberta	Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	Team Lead

Other organizations (e.g., Office of the Public Guardian, Disabilities Services, Alberta Works) may attend as guest participants in the CAP meetings once a confidentiality agreement has been signed.

ROLES AND RESPONSIBILITIES

Chair Responsibilities – The City of Red Deer Social Wellness & Integration Supports:

- Oversee the referral process in a manner that is in accordance with the CAP Terms of Reference, Operating Procedures and established prioritization guidelines.
- Create and manage the prioritization list and ensure referrals are made to the appropriate housing programs.
- Ensure the structure of the meeting is followed and time is respected.
- Guide the group through difficult decisions and ensure the consensus decision making model is respected.
- ETO data entry to ensure program referrals are completed in an accurate and timely manner.
- Document potential program gaps, identify needs of the committee and advocate to ensure clients are not left out of the process. This information will be used for informed decision making, advocacy work and future planning.
- Ensure the Terms of Reference are up to date and reflect the purpose and vision of the group.
- Provide technical assistance with the Efforts to Outcomes (ETO) database and managing the prioritization list.

Coordinated Entry Responsibilities:

- Make a commitment to attend all CAP meetings or send an alternate in their place.
- Ensure that an up-to-date SPDAT is done for each client and that data is input into ETO prior to CAP meetings.
- Present clients who may not meet CAP criteria for Committee review
- Present and discuss relevant client information at the CAP meeting including SPDAT score, history of homelessness, client needs and housing preference.

Housing Program Responsibilities:

- Make a commitment to attend all meetings or send an alternate in their place that has the authority to make program matching decisions.
- Accept clients matched by the CAP Committee into their program and participate in the Possible Program Match meeting.
- Follow-up with clients and report back to the committee on program matches.
- Agree not to accept a client into their housing program without the prioritization and resulting referral from the CAP Committee.
- ETO data entry to accept/not accept referrals to their program.

Support Services Responsibilities:

- Make a commitment to attend all CAP meetings or send an alternate in their place.
- Provide insights to committee to increase service reach and connection with clients.
- Where clientele cross over exists, relay messages about housing to individuals.

Executive Committee:

- An Executive Committee consisting of the Executive Directors and/or Program Managers of each member organization and Safe & Healthy Communities staff will oversee the Coordinated Access Process.
- This group will meet quarterly or as needed to make decisions on the issues identified by the CAP Committee, and/or other relevant purposes.

Organization	Program	CAP Executive Representative
Alberta Health Services / Recovery Alberta	Street Connect / Pathfinders	Manager
	Opioid Dependency Program	Manager
Canadian Mental Health Association	Amethyst House	Manager of Programs Executive Director
	Pathways to Housing	
City of Red Deer	Social Wellness & Integration Supports	Housing Program Specialist Community Facilitator Social Policy, Integration and Outcomes Coordinator Superintendent
McMan Youth, Family & Community Services	Arcadia Youth Transitional Housing	Lead Practice Specialist Senior Practice Specialist
	Arcadia Coordinated Entry – Youth	
Red Deer Native Friendship Society	Pimâcihowin Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	Executive Director Program Coordinator
	Indigenous Coordinated Entry & Outreach	
	Indigenous Homelessness Prevention	
	Indigenous Cultural Connections	
Safe Harbour Society	Coordinated Entry – Adult	Program Manager
	Outreach Team	
	Shelter Diversion	Housing & Recovery Lead Shelter Manager
Shining Mountains Living Community Services	Kiiweew Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	Executive Directive Team Lead
	Wiichi Coordinated Entry & Diversion	
	An mas Indigenous Homelessness Prevention	
	Nihtaa Indigenous Cultural Connections	
The Mustard Seed	Shelter Diversion	Shelter Services Manager
The Outreach Centre	Homelessness Prevention	Senior Program Manager Housing Team Lead
	Red Deer Housing Team Scattered Site Case Management - Rapid Rehousing Level 1	

	- Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	
YMCA of Northern Alberta	Scattered Site Case Management - Rapid Rehousing Level 1 - Rapid Rehousing Level 2 - Intensive Case Management Level 1 - Intensive Case Management Level 2	General Manager Program Manager Team Lead

GOALS OF THE COMMITTEE

1. All members will follow the process for program matching ensuring timely and efficient service delivery.
2. All members will participate in good faith, with respect, integrity and ethically towards the common goal of ending homelessness with a client centred approach.
3. To the best of the CAP Committee's ability, ensure no client is *left out* of the Coordinated Access Process by ensuring those with the longest history of homelessness and highest acuity are prioritized for housing programs.
4. The committee operates under the principle that sharing of client information is necessary to ensure effective provision of services, continuity of supports and efficient use of resources.
5. Document learnings and work towards collecting data regarding clients who are not matched to a housing program and finding reasonable housing solutions.

CONSENSUS MODEL

The CAP committee seeks consensus on all program matching decisions. The purpose of consensus decision making is to ensure the agreement of the majority of the participants and to employ appropriate measures to resolve or mitigate the objections of the minority, arriving at the most agreeable decision possible.

Guiding Principles:

- Agreement Seeking – A consensus decision making process helps participants reach as much agreement as possible.
- Collaborative – Participants contribute to a shared discussion and shape it into a decision, meeting the concerns of all group members as much as possible.
- Cooperative – Participants in an effective consensus process will strive to reach the best possible decision for the client, rather than competing for personal preferences.
- Egalitarian – All members will be afforded, as much as possible, equal input into the process. All members have the opportunity to present and provide input into the process.
- Exhaustive – Reaching consensus does not assume that everyone must be in complete agreement, but rather that all opportunity for discussion and deliberation has been exhausted and that all members have received acceptable responses to their comments, questions and concerns.
- Inclusive – All members will be involved in the consensus decision making process.
- Participatory – The consensus process will actively solicit the input and participation of all decision-makers.

MEETINGS

The CAP Committee will meet every Wednesday at 9:00 a.m., either in person at an established location, or online through video/audio conferencing. It is important that members attend the meetings to ensure that all programs are represented. If an assigned representative is unable to attend the meeting they must send an alternate in their place. When there will be no agency representative (in exceptional circumstances only), the chair must be informed prior to the meeting.

Meeting Agenda

See "Operating Procedures – CAP Committee Meeting" for detailed agenda

1. **Review Pending Referrals from previous CAP meeting** – Coordinated Entry workers and Housing programs provide updates on the Pending Referrals (clients matched to a housing program at previous meetings.) Support services provide insights where possible.

2. **Review Availability & High Level CAP Data**
    - Housing and case management availability
    - Total client counts by demographic and acuity scale from Program Transfer and Prioritization Lists
    - Coordinated Access enrollments that are 365 days or more

3. **Review Prioritization Exceptions** – Clients who have been brought forward by Coordinated Entry Intake Workers who have exceptional circumstances, inclusive of clients from the Coordinated Access Enrollments 365+ days list

4. **Program Transfers** – Clients who are currently enrolled in a Housing First program and need to transfer to a different program that better meets their needs are considered first. Rationale for the program transfer will be provided during the CAP meeting.

5. **Prioritization List (New Program Matches)** – Clients on the prioritization list are reviewed and matched to available programs following the Prioritization List

6. **Housing or System Capacity Check-in** – Housing Capacity Check-in weekly, with the exception of once-a-month System Capacity Check-ins

7. **Updates** – At the end of the meeting, representatives have the opportunity to update or connect with the Committee as needed.

PRIORITIZATION PROCESS

The most acute and vulnerable individuals and families will be referred to available program spaces that are best suited to their needs. The Service Prioritization Decision Assistance Tool (SPDAT) is the standardized tool that is used to match clients to housing programs and provide data to help inform program matching.

All program staff will be trained on how to use the SPDAT and will receive "refresher training" on a regular basis. There is trust among the member organizations that staff have the knowledge and expertise to complete an accurate SPDAT with clients.

Location of Clients Served:

Generally intake and assessment will only be done for individuals who are within Red Deer city limits. However, this may be expanded to individuals who are within a 40-kilometer drive of Red Deer (e.g., Lacombe, Blackfalds, Springbrook, Penhold, Innisfail, Sylvan Lake, Rimbey), if a form of transportation is available.

- Coordinated Entry will pre-screen calls from clients outside of Red Deer to determine if they meet this criteria prior to completing an intake and SPDAT.
- Intake and assessment for individuals outside of Red Deer will reviewed on a case-by-case basis for clients who:
    - Are currently homeless and meet the definition of chronic/episodic to be eligible for Housing First programs.
    - Can drive or have reliable transportation to Red Deer for intake appointments.
    - Are willing to be housed in Red Deer or along a transit route directly connected to Red Deer.
    - Require support services located in Red Deer and/or have natural support systems in Red Deer.
    - Are fleeing a violence situation and require a move to Red Deer for their safety.

When clients prefer to be housed outside of Red Deer city limits, a 40-kilometer distance can be accommodated assuming:

- the housing program has the resources to carry out the same level of service to the individual or family as outlined in the service provider's contract and the System Framework for Housing and Homelessness Supports (e.g., same degree and occurrence of home visits a client living in Red Deer would receive of similar acuity, program enrollment period etc.)
- the housing program's capacity to meet the contracted outcomes (e.g., overall target clients served per annum) can still be met

Coordinated Entry Intake Workers should have the necessary information regarding out-of-town clients at the CAP meeting and Housing Programs should have the ability to determine whether or not they can accommodate.

Prioritization Guidelines:

Those Clients with the highest acuity and longest history of homelessness will be prioritized for programs with a focus on rough sleepers and long-term shelter stayers. Clients who require a transfer to a different program that better meets their needs are also given priority.

Clients within the following categories will be prioritized by acuity, as determined by the Service Prioritization Decision Assistance Tool (SPDAT) score, and length of homelessness.

1. Rough Sleepers – sorted by SPDAT score and years homeless
2. Shelter Stayers – sorted by SPDAT score and years homeless
3. All other clients who are couch surfing, in Detox or in public institutions – sorted by SPDAT score and years homeless

Indigenous housing programs will also prioritize:

1. Indigenous individuals and families
2. Indigenous individuals and families who are looking for Indigenous Cultural Connections as a key component of their housing (where certain programs deem applicable)

Prioritization Exception: There is an exception to the above.

- Individuals with very unique and special circumstances (e.g., regular engagement with Coordinated Entry, a very long period of time on the priority list, and/or for pregnancy, danger, and or medical purposes) may be prioritized higher on the list.

- To support the Coordinated Entry teams, City of Red Deer will pull a list of clients who have been enrolled in Coordinated Access for 365 days or more. The list will be sent to Coordinated Entry teams on Tuesday after the ETO entry cutoff. All clients within this subset will be considered "Standing Exceptions" and considered in the order of longest enrollment, while factoring in housing program capacity as it is shared.
- Each Coordinated Entry Team will have the opportunity to submit one exception (per team) to the CAP Committee Chair by Tuesday at 10 a.m. If more than one exception is brought forward amongst the collective teams, a meeting will be held Tuesday from 3:30 – 4 p.m. to determine the most appropriate Exception for the following day's meeting.

Intake & Assessment Exceptions: If Coordinated Entry engages clients who do not meet the criteria of episodic or chronic homelessness (e.g., homelessness experience less than 30 days) but the household's needs exceed that of a Homelessness Prevention program, Coordinated Entry can bring forward the client for CAP Committee approval to proceed with Intake and Assessment. Following the completion of the Intake and Assessment, the household will be added to the Prioritization List.

The full consensus of all individuals at the CAP Committee meeting is required to make an exception for an individual to the above stated criteria. Recognizing that the CAP Committee would like to provide timely supports to all interested individuals, this exception clause is reserved only for unique and exceptional circumstances. It may be used a maximum of one (1) time per week.

Eligible Programs	Individual SPDAT	Family SPDAT
Amethyst House Permanent Supportive Housing Pathways to Housing Permanent Supportive Housing (50+)	45-60	N/A
Scattered Site Case Management – Intensive Case Management Level 2	50-60	70-80
Scattered Site Case Management – Intensive Case Management Level 1	45-49	66-69
Scattered Site Case Management – Rapid Rehousing Level 2	35-44	54-65
Scattered Site Case Management – Rapid Rehousing Level 1	20-34	27-53

**transitional housing for youth clients can fall within any range*

A CAP report from the Efforts to Outcomes (ETO) database will be shared during each meeting that prioritizes clients based on where they are currently staying, acuity, and history of homelessness. This prioritization list will be updated by City of Red Deer.

When clients have the same SPDAT score and length of homelessness, the following elements (from the SPDAT assessment) will be considered when matching clients to a program:

1. Pregnancy,
2. Physical health & wellness,
3. Mental health & wellness and cognitive functioning, and
4. Involvement in high-risk activities and/or exploitive situations.

MEET & GREET

Prior to the Possible Program Match meeting, it may be appropriate for the client to meet with a program representative to make sure the client has clear expectations of the program and in the case of place-based programs, where they would live.

PROGRAM MATCHING PROCESS

Diversion is expected as part of the assessment and referral process and should occur prior to clients entering the Coordinated Access Process.

Coordinated Entry will complete a SPDAT with clients and have them sign the *Consent to the Disclosure of Information Form*. By signing this form, the client authorizes their information to be shared with the CAP Committee. If a client does not provide consent to share information with one of the agencies at the CAP Committee meeting, that agency must leave the meeting before discussion about that client begins.

Coordinated Entry will present clients to the CAP committee and make program referral suggestions based on client need. The presentation will include a brief description of the client's situation and a recommendation for a program match based on their housing preference.

Discussion will occur among all members to determine the best program match for the client, taking into consideration the following:

- client choice,
- acuity,
- best program fit, and
- available program space.

Client choice in program referrals should always be respected. However, if a client's preferred program is not available, it may be best to refer them to the next best option rather than having them wait on the prioritization list. Coordinated Entry will have this discussion with clients prior to the CAP meeting.

Programs accepting clients should ensure they have the required information to make an informed decision at the meeting and do their due diligence in following through on that referral. Programs are not obligated to accept a client if their program is not a good fit for that client. For example, the program does not have the capacity to support the client in meeting their housing needs or the client does not have the ability to live with other tenants in a shared living situation. Every effort should be made to reduce the number of times a client goes through the Coordinated Access Process thereby making the process easier for the client.

When a program match is confirmed a Possible Program Match meeting will occur between Coordinated Entry staff and the housing program accepting the client. This will involve an in-person meeting with the client and both staff. At the following CAP meeting the program will report back to the committee on all efforts made to engage the client. Coordinated Entry will transfer client information to the Housing Program after a program match had been made at CAP. Dependent on the matched program's preference Coordinated Entry will attend the Possible Program Match meeting.

Although every effort will be made to match clients to programs that best meet their needs, there may be instances when a program referral is not accepted. For example:

- The client may not wish to accept the program referral. In this case they should be given the option to be put back on the CAP prioritization list.
- After further discussion with the client and review of the SPDAT, it may be determined that the program is not a good fit for the client. In this case the client will be brought back to the CAP Committee for discussion.
- The client found their own housing or is incarcerated. In this case they will be removed from the CAP prioritization list.

All program matches, referrals and notes will be recorded by City of Red Deer.

COLLABORATIVE CASE CONFERENCING

It is recognized that not all clients will be matched to a program through the CAP Committee because there may not be a suitable program to meet their needs. Collaborative Case Conferencing aims to bring service providers together to brainstorm possible solutions to move an individual towards housing or connect them to the most appropriate system of care.

The Coordinated Access – Collaborative Case Conferencing functions as a preliminary meeting to strategize around next steps for one client who is either, connected to housing supports or in need of housing supports, and falls within one or more of the following:

- Multiple failed housing attempts
- Safety concerns for staff
- Dismissals or evictions from Permanent Supportive Housing
- Unknown housing options for a client

**Clients brought forward do not need to be on the Prioritization List, but client consent needs to be obtained prior to submission*

Case Conference meetings are held when called, occurring after the CAP Committee meetings. Meetings will not be held on weeks where other Coordinated Access related meeting occur (e.g., CAP Executive Committee meeting)

When a representative has brought a client forward for discussion the following process is utilized:

1. CAP Representatives can submit one client weekly after the CAP Committee meeting until end of day Friday.
2. First client received will be the client discussed
3. CAP Chair will inform the Committee that a client has been brought forward
4. The CAP Representative who has submitted the client is responsible for:
    - Requesting the attendance of external stakeholders (if applicable):
        - Client consent will be retained to allow for external stakeholder participation
        - External stakeholder(s) must sign the Confidentiality Agreement prior to meeting
    - Client consent will be obtained if the client is not already engaged in CAP (where consent would have been upon Intake and Assessment)
    - Presenting the client to the table and leading the dialogue
    - Following up on next steps and coordinating subsequent case conferencing meetings
5. Submissions are not carried forward week over week

HOMELESSNESS PREVENTION & DIVERSION PROGRAMS

The Coordinated Access Process is for clients experiencing chronic or episodic homelessness. Homelessness Prevention, Coordinated Entry Homelessness Diversion (with Housing Resources) and Shelter Diversion programs do their own intake and are not required to go through the Coordinated Access Process. Clients who are at imminent risk of homelessness should be referred to Homelessness Prevention. Those who are recently homeless can be referred to either Homelessness Prevention or Shelter Diversion dependent on the individual or families needs. Those who require supports with limited homelessness experience, may be referred to Coordinated Entry and brought forward to the weekly CAP meeting for consideration.

Homelessness Prevention
Clients who are at imminent risk of homelessness should be referred to Homelessness Prevention for "Housing Loss Prevention" services (3-months case management) or those who are recently experiencing homelessness for "Housing Placement" services (6-months case management).

When determining if a client is a fit for a Homelessness Prevention program, their history of homelessness should be considered in tandem with other factors. While there are no longer limitations around client's previous homelessness history to engage in programming, programs will utilize their intake and assessment process to determine whether the client's housing needs can be met through the Homelessness Prevention program or if more intensive supports are required.

Applicable Coordinated Access policies inclusive of Location of Clients served also apply to Homelessness Prevention programs.

Coordinated Entry - Homelessness Diversion (with Housing Resources)
All Coordinated Entry teams play a role in diversion; however, some Coordinated Entry teams have dedicated housing resources. These programs are light-touch oriented with no on-going case management supports.

Shelter Diversion
An intervention that supports people who are seeking to access emergency shelter to explore other safe and appropriate alternatives. Shelter Diversion's primary focus is assisting first time or short-term shelter stayers in finding alternative housing solutions, with no on-going case management supports. As a secondary function, Shelter Diversion may assist shelter-stayers in navigating systems and support housing related activities (e.g., acquiring identification, income applications, community referrals etc.)

Clients enrolled in these programs may require additional supports to better meet their needs. In these cases, the client will be referred to Coordinated Entry to complete or update their SPDAT, complete CAP Intake Interview and be referred to the Coordinated Access Process.

OPERATING PROCEDURES

DIVERSION

Throughout the continuum of services, clients are empowered to independently resolve their housing issues. Diversion strategies will be explored with individuals at Coordinated Entry and those seeking access to a housing program. Clients are encouraged to attempt to utilize natural or existing resources rather than engaging in housing services. Coordinated Entry workers will assist by engaging in an exploratory discussion and providing referrals to other resources.

Remember – Diversion is not about turning people away; it is about helping them find solutions to their housing situation. Diversion utilizes the "lightest touch" possible leveraging natural resources and community resources.

Dialogue with client:

- The goal is to find housing solutions while avoiding the homeless serving system including emergency shelters and housing programs.
- Together you will explore their current housing situation, options and community resources using the following framework to base your discussions.
- If they are new to Red Deer they may be encouraged and supported in finding a way to return home, if possible. Alberta Works may assist with this.
- Do not discuss with them the SPDAT or housing programs until chronicity and acuity have been established and all preventative measures have been exhausted.

Diversion Exploratory Questions:

1. Why are you seeking help with housing? What brought you here today?
2. What have you tried already or in the past? How did that work for you?
3. What other things have you considered doing?
4. What barriers are there from preventing you from using the above to address your housing situation, even for the short term while other options can be explored?
5. Where did you stay last night (if a family, did they all stay in one place)?
    a. Is this a safe situation for you to return to and if so could you stay there for a few days or a week while other options are explored and resources accessed?
    b. What would it take for you to be able to stay there for a few more days? If the barrier is, for example, food scarcity, then explore supports such as food banks or referrals to other community resources.
6. What other options do you have – family, friends, coworkers. Explore – what would it take for you to stay there –consider possible ways to remove barriers.
7. What is making it difficult for you to be in stable housing at this time? Such as being new to the area, recent immigrants, financial barriers, damage deposit, unemployment, age, health, or mobility issues.
8. What resources does the client already have available or is utilizing that would be of benefit in helping to formulate a strategy – are they employed, already receiving financial assistance or using other community resources or services.

Examples of Diversion Resources:

- Family reunification, landlord mediation and community resources such as financial assistance for damage deposits or rent, food banks, access to housing directories or computers to explore available housing options.

CLIENT ASSESSMENT AT COORDINATED ENTRY

1. All other policies/procedures in this Guidelines document apply to Coordinated Entry (e.g., location of client's housing).

2. Explain confidentiality and review the Consent to the Disclosure of Personal Information form with the client.
    - The client may choose to exclude certain agencies from the list and their information will not be shared with that organization. Please make note of this in ETO.

3. Complete the SPDAT assessment with the client.

- The Service Prioritization Tool (SPDAT) is an assessment tool for agencies that work with individuals/youth/families experiencing homelessness.

INDIVIDUAL SPDAT CRITERIA		**YOUTH SPDAT CRITERIA**	
When to use an Individual SPDAT	**2 Heads of Household**	**When to use a Youth SPDAT**	**2 Heads of Household**
• Individual accessing supports is 25 years of age or older • Individual may have children or dependents, but either NOT in their care or anticipated to be in their care once housed	• Each head of household who will receive supports and meets "Individual SPDAT criteria" should have a completed Individual SPDAT OR • See Family SPDAT Criteria for circumstances where a Family SPDAT may/ may not apply	• Individual accessing supports is between the ages of 16 to 24 • Youth may have children or dependents, but either NOT in their care or anticipated to be in their care once housed	• Each head of household who will receive supports and meets "Youth SPDAT criteria" should have a completed Youth SPDAT OR • See Family SPDAT Criteria for circumstances where a Family SPDAT may/ may not apply

FAMILY SPDAT CRITERIA			
When to use Family SPDAT	**Defining Child/Dependent**	**Living Situation Determinants**	**2 Heads of Household**
• There is a child or dependent in the care of the person(s) seeking supports • Regardless of the age of the person(s) seeking supports (youth or adult) a Family SPDAT should be used where ever dependents/children are intended to live with the head of household(s)	• 18 years or younger • Special or complex needs - 24 years or younger	• Utilize Family SPDAT if children/dependents are being housed with the head(s) of household	• If both heads of household equally share responsibilities for, and attachment to, the children, the Family SPDAT would be used for both • If a single SPDAT is completed for the other head of household, it should identify the reality that the other head of household is not identifying their connection to the children

- Completing the SPDAT will ensure the client is entered into triage/prioritization list for consideration. It does not guarantee a match to a housing program.

- It is very important to record notes for each SPDAT element in ETO. This information is critical to help determine an appropriate program match for the client. Notes should contain enough information to make an informed decision at the CAP Committee meeting.
- Only Coordinated Entry workers trained on how to complete the SPDAT should conduct assessments.
- It is important not to rush through a SPDAT and some situations will require a second appointment or the collection of information from professionals, if applicable.
- When completing a family SPDAT, clearly document where the children are currently staying.
- SPDATs will be reviewed every 90 days and updated if a significant change is identified for clients on the prioritization list in CAP or sooner if the client's situation changes (e.g., hospitalization; frequent emergency room visits; incarceration; involvement with police/justice; medical conditions; income change; living arrangements (shelter, couch surfing, sleeping rough).
- The Chair will flag overdue assessments and discuss with Coordinated Entry staff.

4. Provide a brief explanation of each Housing First program so the client understands the options and the expectation of case management.

5. Discuss housing preferences with the client.
   - Explore what type of housing situation the client is interested in – scattered site, independent living, roommate, shared living, permanent supportive housing, etc. Ask what their second choice is, should their first program choice not be available.
   - Ask whether or not the client wants sobriety. This information has direct implications on which programs clients can be matched with.

6. Discuss all possibilities of how the client can be reached in the future.
   - This includes phone, email, messages, other professionals in the community, etc.
   - If a program match is made, the Coordinated Entry worker will have to locate the client to inform them. In order to be effective and efficient, multiple access point should be identified.
   - Clients should be encouraged to check-in regularly and keep in contact with their Coordinated Entry worker.
   - Clients who have been on the prioritization list for over 90 days and who have not kept in contact with their Coordinated Entry worker will be removed from the prioritization list until they re-engage in the CAP process.

7. Briefly explain the Coordinated Access Process and how program matches are made.
   - The purpose of the CAP Committee is to determine if there is a housing program that best meets the client's needs.
   - All of the SPDATs are entered into the ETO database and the committee reviews the assessments prioritizing those with highest acuity and longest history of homelessness who are rough sleepers or staying in shelter. If they are matched to a program their Coordinated Entry worker will notify them.
   - Remind the client of the triage model. This is a prioritization list and is about the best possible match based on acuity, client needs, and availability of services.
   - Do not indicate how long it will take until the client is matched to a housing program. There are several factors to consider, such as the history of homelessness and acuity of all clients on the list in relation to the type and number of available program spaces.
   - Stress the importance of the client keeping in touch with the Coordinated Entry worker so they can be reached when a program match is made.

8. Record the client information and the SPDAT in the Coordinated Entry site in ETO.

9. Record case notes in ETO to document client contact and any other relevant information about the client's situation.

BEFORE THE CAP COMMITTEE MEETING

Monday (or first day of the work week)

- CAP Committee Chair sends weekly reminders to CAP Committee Representatives
- Collaborative Case Conferencing meeting is either confirmed or cancelled dependent on submissions received by end of day Friday.

Tuesday

CAP Committee Chair pulls CAP Enrollments report for Coordinated Entry after ETO cut-off period to detail all clients who have been enrolled in ETO - Coordinated Access for 45+ days. 45 days marks halfway mark before SPDAT would be considered outdated.

Enrollments that are 365+ days will be highlighted and considered as Standing Exceptions.

If multiple Exceptions are submitted, and dependent on Housing Program availability the CAP Committee Chair will call together all Coordinated Entry teams to meet for an Exceptions meeting.

10 a.m.

- ETO entries cut-off
    - Client demographics, SPDATs entered
    - If outcome has been determined for Housing Program Pending Referrals, referrals have been accepted or not accepted
- Coordinated Entry Exceptions cut-off

2 p.m.

- Housing Capacity Submission cut-off
    - It is important that capacity is submitted by the cut-off time so that a Coordinated Entry Exceptions meeting can be accommodated if shared.

3:30 – 4:00 p.m.

- Coordinated Entry Exceptions meeting (if applicable)
    - If a meeting is called, at least one representative from each Coordinated Entry team must attend
    - Coordinated Entry teams will present clients brought forward under exceptional circumstances
    - Decision will be made utilizing the consensus model, and the decided upon client will be brought forward at the following day's CAP Committee meeting where the overarching table will revisit the Exception

CAP COMMITTEE MEETING

Wednesday

CAP Committee will meet every Wednesday at 9:00 a.m., either in person at an established location, or online through video/audio conferencing. City of Red Deer chairs the committee and provides administrative support.

1. **Review pending referrals from previous CAP meeting** – Coordinated Entry workers and Housing programs provide updates on the Pending Referrals (clients matched to a program at previous meetings.) Support services provide insights where possible. The CAP Committee Chair will make notes to detail actions and areas of for follow-up and for subsequent meetings.
   - *Leave on Pending Referral List* – The program is still trying to connect with the client to arrange a Possible Program Match meeting. The client remains on the pending referral list.
   - *Successful Program Match* – The program has met with the client, explained the program and both parties agree the program is a good match, and a Possible Program Match meeting is complete. The program accepts the referral in ETO so the client can be removed from the prioritization list.
   - *Return to Prioritization List* – The client's needs could not be met by the program, or the client does not meet program eligibility. The program selects "not accept" for the referral in ETO, so the client can return to the prioritization list. If the decision has been made by Tuesday, this should be actioned by the ETO cut-off.
   - *Remove from Prioritization List* – Multiple and varied attempts to find the client have been unsuccessful. Or the client chose to not continue. Client is removed from prioritization list until they re-engage in the intake process. Housing Program must "not accept" the client in ETO and notify the CAP Committee Chair before the Chair can dismiss from ETO.
2. **Review Availability & High Level CAP Data**
   - CAP Housing Program availability
   - Total client counts from Program Transfer and Prioritization Lists
   - Coordinated Access enrollments that are 365 days or more
3. **Review Prioritization Exceptions** - clients who have been brought forward by Coordinated Entry Intake Workers who have exceptional circumstances, inclusive of Standing Exceptions from the Coordinated Access Enrollments 365+ days list.
4. **Program Transfers** – Clients who are currently enrolled in a Housing First program and need to transfer to a different program that better meets their needs are considered first. Rationale for the program transfer will be provided during the CAP meeting.
5. **Prioritization List (New Program Matches)** – Clients on the prioritization list are reviewed and matched to available programs following the Prioritization List
   - All clients on the prioritization list are sorted by where they are staying, SPDAT score, and history of homelessness. Clients with the highest SPDAT score and longest time homeless are matched to a program first. Priority will be on the rough sleepers and shelter stayers. When clients have the same SPDAT score and history of homelessness, the following SPDAT elements will be considered when matching clients to a program:

- Physical health & wellness
- Mental health & wellness and cognitive functioning
- Involvement in high-risk activities and/or exploitive situations

- Coordinated Entry workers present clients to the CAP Committee and make program referral suggestions based on client choice and need. The presentation includes a brief description of the client's situation and a recommendation for a program match based on their housing preferences.
- Support services provide insights into clients seeking supports as they come up throughout the process.
- Clients are matched to a program, taking into consideration client choice, history of homelessness, acuity, best fit for program and available program spaces utilizing the Prioritization Process.
- The following acuity scale wilk be used to guide the matching process:

Eligible Programs	Individual SPDAT	Family SPDAT
Amethyst House Permanent Supportive Housing Pathways to Housing Permanent Supportive Housing (50+)	45-60	N/A
Scattered Site Case Management – Intensive Case Management Level 2	50-60	70-80
Scattered Site Case Management – Intensive Case Management Level 1	45-49	66-69
Scattered Site Case Management – Rapid Rehousing Level 2	35-44	54-65
Scattered Site Case Management – Rapid Rehousing Level 1	20-34	27-53

**transitional housing for youth clients can fall within any range*

- Housing programs accepting clients should ensure they have the required information to make an informed decision at the meeting and do their due diligence in following through on that referral. Programs are not obligated to accept a client if their program is not a good fit for that client.
- If a client's choice for a program match is not available, they may be matched to the next best option (based on previous discussion with the client) or wait on the prioritization list until their program preferences comes available.
- Coordinated Entry workers will update the client's SPDAT assessment with the client if they have had a significant change in their situation or if they have been on the Prioritization List for more than 90 days.
- Clients who have been on the Prioritization List for over 90 days and who have not kept in contact with their Coordinated Entry Worker will be removed from the Prioritization List until they re-engage in the

process. If the client re-connects with an agency their SPDAT will be updated, and they will be brought forward to the CAP Committee meeting for a program match.

6. **Housing or System Capacity Check-in** Housing Capacity Check-in weekly, with the exception of once-a-month System Capacity Check-in occurs
   - Housing Capacity – forecasting the upcoming capacity of housing programs
   - System Capacity – detailing how things are going for each program, inclusive of programs that do not have housing programs that take referrals through Coordinated Access.

7. **Updates** – At the end of the meeting, representatives have the opportunity to update or connect with the Committee as needed.

AFTER THE CAP COMMITTEE MEETING

1. The CAP Committee Chair will:
   - Send a copy of the meeting's Referral Matches and the Pending Referrals with the notes taken during the meeting to those who attended the meeting.
   - Send a copy of the Housing/System Capacity Check-in provided at the meeting to the broader Coordinated Access representatives to assist in community referrals made throughout the week and to give a sense of upcoming program capacity
   - Complete ETO entries inclusive of the Referral Matches made at the meeting

2. The Team Lead for the housing program will review the SPDAT in ETO and contact the Coordinated Entry worker if there are concerns/questions within one day. If there are no concerns they will advise Coordinated Entry to proceed with the Possible Program Match meeting.

3. The Coordinated Entry worker will notify the client of a Possible Program Match meeting. This will involve an in-person meeting with the Housing First Program, Coordinated Entry and client.

4. At the following CAP Committee meeting the Coordinated Entry worker will report back on all pending referrals.

5. If the Possible Program Match meeting is completed and the housing program and client agree to the match, the program will accept the referral in ETO.

6. If the client declines the program match or if the housing program is not a good fit, the program does not accept the referral in ETO and notifies the CAP Committee Chair. The client will go back on the CAP prioritization list to be discussed at the next meeting.

7. If the client no longer needs the housing program (found housing on their own, moved, etc.) the program does not accept the client in ETO and notifies the CAP Committee Chair. This information is shared at the CAP meeting and the Chair will dismiss the client from the CAP site. The client can be re-enrolled in the CAP site at any time should they re-engage in services.

8. If the client cannot be found within six weeks of being matched to a housing program (time frame is flexible depending on the client's situation), the program does not accept the referral in ETO, informs Coordinated Entry and the Chair, the Chair will dismiss the client from the CAP site once Coordinated Entry confirms that the client is to be dismissed. When the client re-engages with Coordinated Entry an updated SPDAT would be completed for the client and they would go back on the prioritization list.

PROGRAM TRANSFERS

Transfers from Programs within our System Framework – Housing First & Prevention Programs

In some cases, clients that are currently in a Housing First or Homelessness Prevention program may require a different program to better meet their needs. The following process should be followed:

- Client information will be shared with Coordinated Entry to enter the SPDAT and complete the CAP Intake Interview. (The SPDAT is the most recent one completed by the current case manager.) The client will be then be referred to the Coordinated Access Process (CAP) site in ETO.

- At the beginning of each CAP meeting the list of program transfer clients will be discussed and these clients will be matched to a program that meets their needs. These clients do not need to wait on the prioritization list. Rationale for the program transfer will be provided at the CAP meeting. The case manager from the program the client is transferring will present the client. The case manager may however, request Coordinated Entry to present the client.

- Examples of situations where program transfers may apply:
  - Client is about to be evicted from a place-based housing first program (Buffalo, Arcadia Transitional Housing for Youth, Supported Housing) or has recently been evicted from a housing program.
  - Client needs to move to another program that better meets their needs. For example, client moves out of Amethyst House and still requires housing supports, or client in Rapid Rehousing program needs more support through an Intensive Case Management program.

- The following people will be present during the possible program match meeting for clients transferring from one Housing First to another – Case Manager from current program, Case Manager from new program. Coordinated Entry staff will attend if requested.

- The following documents will be shared with the new program
  - Consent to File Transfer form
  - Updated SPDAT
  - Lease agreement
  - Walk through checklist and pictures of unit
  - Third party payment agreements
  - Applications for income (e.g., AISH, Income Support)
  - Any other forms required for case management (budget, crisis plan, risk assessment, referrals to cultural supports and other community supports)

Transfers from Housing First Program in Other Communities

Other communities in Alberta may wish to transfer a client to a Housing First program in Red Deer in cases where the client is moving to the area for their safety or to be closer to family supports. The following process should be followed:

- Client will be referred to Coordinated Entry to complete a SPDAT and CAP Intake Interview. The client will then be referred to the Coordinated Access Process (CAP) site in ETO.

- The client will be included on the CAP Prioritization List to be matched to a program that meets their needs in accordance with the regular prioritization guidelines.

RE-HOUSING CLIENTS ENROLLED IN "GRADUATE"

1. If the client is within 90 days (3 months) of Graduate enrollment in ETO:
   - If the program is still a good fit for the client – they may be brought back directly into the program they were originally enrolled in (HIMD). In this instance, the Team Lead will notify the CAP Committee that they have taken a client graduate back into their program and therefore have fewer spots available.
   - If the program is not a good fit for the client – they will be referred to the Coordinated Entry service provider for an updated SPDAT assessment and be added to the CAP prioritization list

2. If the client is enrolled in Graduate in ETO but is beyond the 90 days (3 months):
   - They will be referred to the Coordinated Entry service provider for an updated SPDAT assessment and be added to the CAP prioritization list.

PROGRAM MATCH MEETING GUIDELINES

A Possible Program Match meeting is the process in which a client is supported in their transition from the intake stage of the Coordinated Access Process (CAP) to a Housing First program. It involves an in-person meeting with the case manager and client. The Team Lead/Program Manager and/or Coordinated Entry may also attend the meeting at program's discretion. The client may also invite another support person(s) to attend the Possible Program Match meeting (e.g. family member, Public Guardian, Client Advocate). The client shall consent in writing to any other individuals other than those noted above in attending the meeting. All Possible Program Match meetings will be documented by Coordinated Entry staff as well as the Case Manager involved in the meeting.

POSSIBLE PROGRAM MATCH MEETING PROCESS

1. The Team Lead for the housing program will review the SPDAT in ETO and contact the Coordinated Entry worker if there are concerns/questions. If there are no concerns, they will advise Coordinated Entry to proceed with the Possible Program Match meeting.

2. The Team Lead for the housing program will provide the case worker with a copy of the SPDAT prior to the Possible Program Match meeting.

3. The Coordinated Entry worker will make contact with the client to tell them they have been matched to a program and make an appointment time for the Possible Program Match meeting.

4. All efforts to connect with the client must be documented in ETO through case notes.

5. If the Coordinated Entry worker is successful in contacting the client, a Possible Program Match meeting should be arranged as soon as possible.

6. If the Coordinated Entry worker is unable to contact the client within the required time frame, they must continue to actively contact the client through various means (e.g. phone, email, text, in-person, searching community, etc.) The program referral will be not accepted in ETO after 14 days of unsuccessful contact with the client. This decision will be made in consultation with the team lead, Coordinated Entry worker and case manager.

FORMAT OF THE POSSIBLE PROGRAM MATCH (PPM) MEETING

1. The Possible Program Match meeting will take approximately one hour and may occur at the agency's office or any other location where the client is most comfortable (e.g. library, McDonalds, other community agency, etc.). Consideration must be given to the safety of staff, privacy and confidentiality of client information when deciding upon a suitable location.

2. The Coordinated Entry worker will provide the following documents to the Housing Program for the meeting:
    - Copy of most recent SPDAT
    - CAP Intake Interview
    - Copy of case notes entered into the CAP site in ETO, if applicable.
    - Any additional information to help with the meeting.

3. The case worker will bring the Consent to File Transfer form to the Possible Program Match meeting.

4. The Possible Program Match meeting will be led by the case manager from the Housing First program. They will explain the housing program that the client has been matched to; ensuring the clients has a good understanding of the program including the expectations of the client and case worker.

5. The Coordinated Entry worker will share information about the client including key components of the SPDAT and any other relevant information (income, community supports, etc.) that will assist in the case management support. Note: The Possible Program Match meeting is not for reassessment of the client's SPDAT.

6. Provide an opportunity for the client, case manager and the Coordinated Entry worker to ask questions or provide additional information. In situations where the client provides new information that may change their eligibility for the housing program (e.g. SPDAT score no longer in program range), this will be reviewed by Coordinated Entry and the client at a separate meeting.

7. The case manager and client agree on their next meeting date which will be within two business days of the Possible Program Match meeting.

8. Although best efforts are made through the Coordinated Access Process to make suitable program matches, there may be instances where the client or housing program decides not to continue with the Possible Program Match meeting. For example – the client refuses the program after hearing more information about the program and feels it is not a good fit, or the program may decline the client if their circumstances have changed beyond the scope of the program. In the instance where the program is declining the client, the Team Lead/Case Manager for the program will have this discussion with the client.

AFTER THE POSSIBLE PROGRAM MATCH MEETING

Once the client has been accepted into a Housing First program, they are assigned to a case manager. In some instances, clients may continue to approach Coordinated Entry for support because they have formed a relationship. Since Coordinated Entry does not provide case management support, these clients should be encouraged to connect with their case manager and referred back to the housing program.

Due to the connection Coordinated Entry has with clients who are in shelters or sleeping rough, they will continue to play an important role in helping to find clients who have disengaged in the Housing First programs.

There are also times when a letter of support from the Coordinated Entry worker may be appropriate for income, housing, etc.

GRIEVANCE AND APPEALS

Type of Grievance	Example	Process to Follow
Coordinated Access Process	• Client is frustrated they have not been matched to a program yet. • Client thinks that the terms of reference were not followed when a program match was made. • Client thinks their confidentiality has been breached at the CAP Committee.	1. Client presents their grievance to the program that they are working with. 2. The grievance is discussed at the CAP Committee meeting and a response is determined. 3. The Chair of the committee provides a written response to the client's grievance.
System issues	• A participating program has concerns about another service provider's Coordinated Access practices	1. Model the behaviour you want to see in the homeless serving system 2. Before reaching out to another service provider, take the opportunity to reflect on the concern and consider likely factors that may be contributing towards problem 3. Speak directly to the parties involved with the perceive concern. Leading with the positive purpose in having the conversation 4. Get informal help from a third party (e.g., co-worker, supervisor, manager, executive director) 5. Get formal resolution if there has been a serious conflict, misconduct, despite efforts made the concern continues to persist, a formal resolution process can be initiated by contacting the CAP Host 4. For the fulsome System Issue Resolution process see the Performance Management Guide

TERM

The Terms of Reference, as a living document, will be reviewed and updated as necessary to ensure the committee is effective.

KEY MESSAGES

The following key messages are meant to provide Coordinated Entry workers with standardized messaging for clients about the CAP process regardless of which access point they enter through.

WHAT IS CAP?

- Coordinated Access Process (CAP) is a method of matching individuals experiencing chronic or episodic homelessness to a housing program that meets their needs.
- Program referrals are made based on the following – acuity (level of need and/or risk), length of time homeless, best program fit, client choice, and available program spots. Priority will be given to rough sleepers and long-term shelter stayers.
- CAP follows a triage model which means the most vulnerable individuals with the longest time homeless and highest acuity are matched to programs first. This is not a typical "wait list" but rather about making a best possible match based on acuity, length of time homeless, client need, and availability of program spaces.
- All funded Housing First programs in Red Deer participate in the CAP process.

WHAT IS SPDAT?

- The SPDAT (Service Prioritization Decision Assistance Tool) is a triage assessment tool to determine acuity and key issues related to housing. This tool is used in the CAP process to ensure fairness in program matches with the focus on serving those with the most acute needs first and to accurately match the client to housing programs.
- The SPDAT does not assess a person/family, but rather assesses their housing support needs.
- The client is encouraged to be honest and accurate when completing the SPDAT so the score and information gathered accurately reflects their unique situation and strengths. It is not always in their best interest to just get a high score, as different programs take clients that fall into different ranges of acuity based on the service provided.
- Completing the SPDAT does not guarantee a match to a housing program.

WHAT IS THE CAP COMMITTEE?

- The purpose of the CAP Committee is to review the completed SPDATs, determine the available program spots and the match clients to a housing program that best meets their needs.
- The CAP Committee meets weekly and consists of a Chair and representatives from agencies that operate the Housing First programs.

HOW ARE CLIENTS NOTIFIED OF A PROGRAM MATCH?

- Once a SPDAT is done it will be reviewed by the CAP Committee who will make a referral to a housing program.
- The client will be contacted once a program match has been made. It is important to have up-to-date contact information.
- Pease note that it can take some time to get into a program. It is important to remember that we are trying to match clients to the *right* program – it is not a first come, first serve process.

- It is very important for the client to keep in touch and check-in regularly with their Coordinated Entry worker.