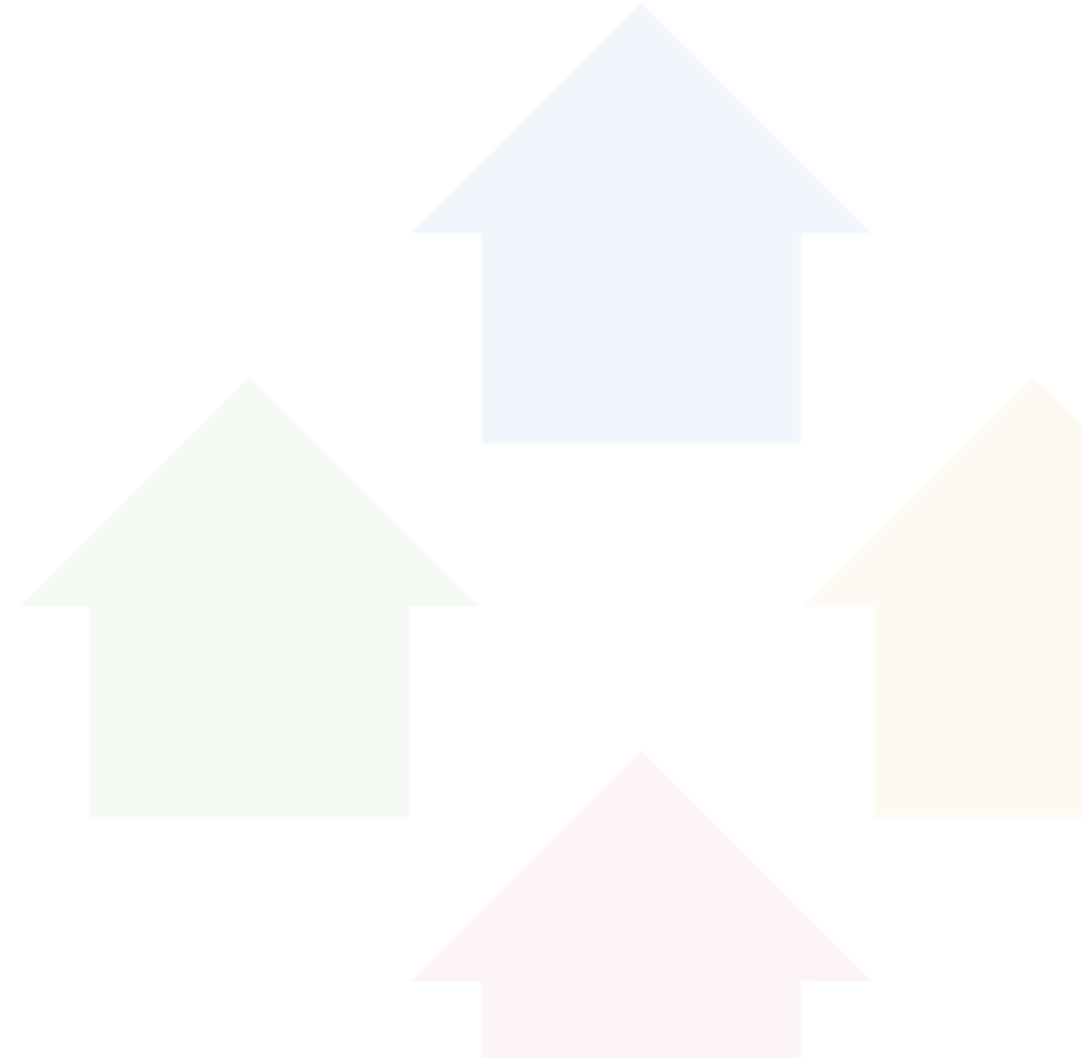![Calgary Homeless FOUNDATION]

You can't always get what you want.

But if you try sometimes, you get what you need.

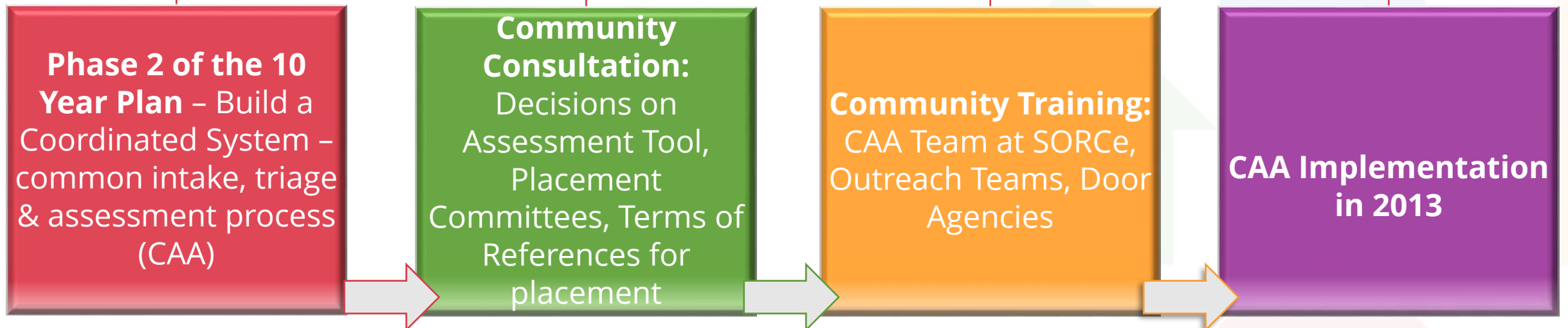Candice Giammarino & Jennifer Legate

Agenda

- CAA in Calgary
- Evolution of CAA data
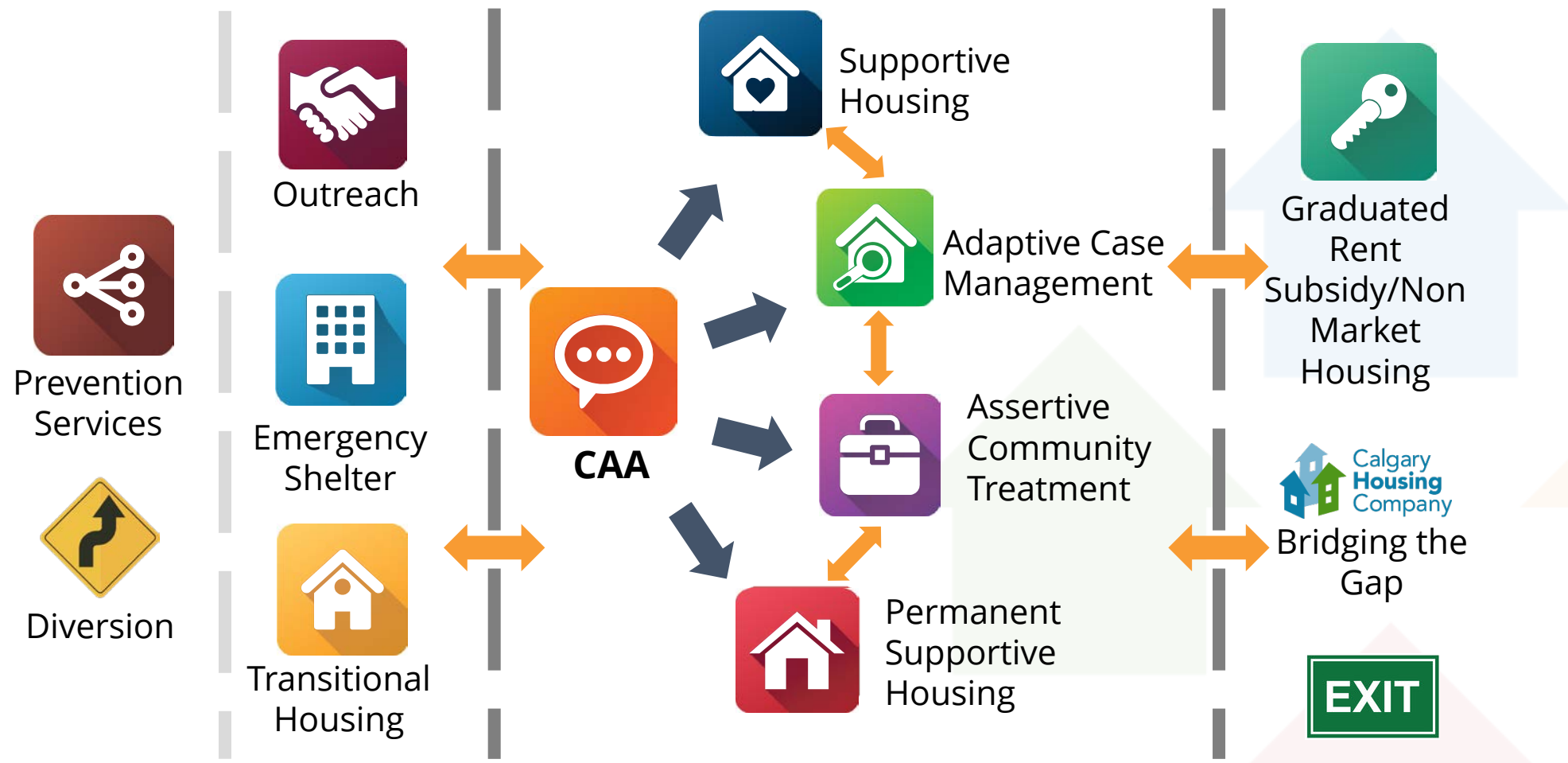- CSS Pilot
- Tool change
- CAA today
- CAA future

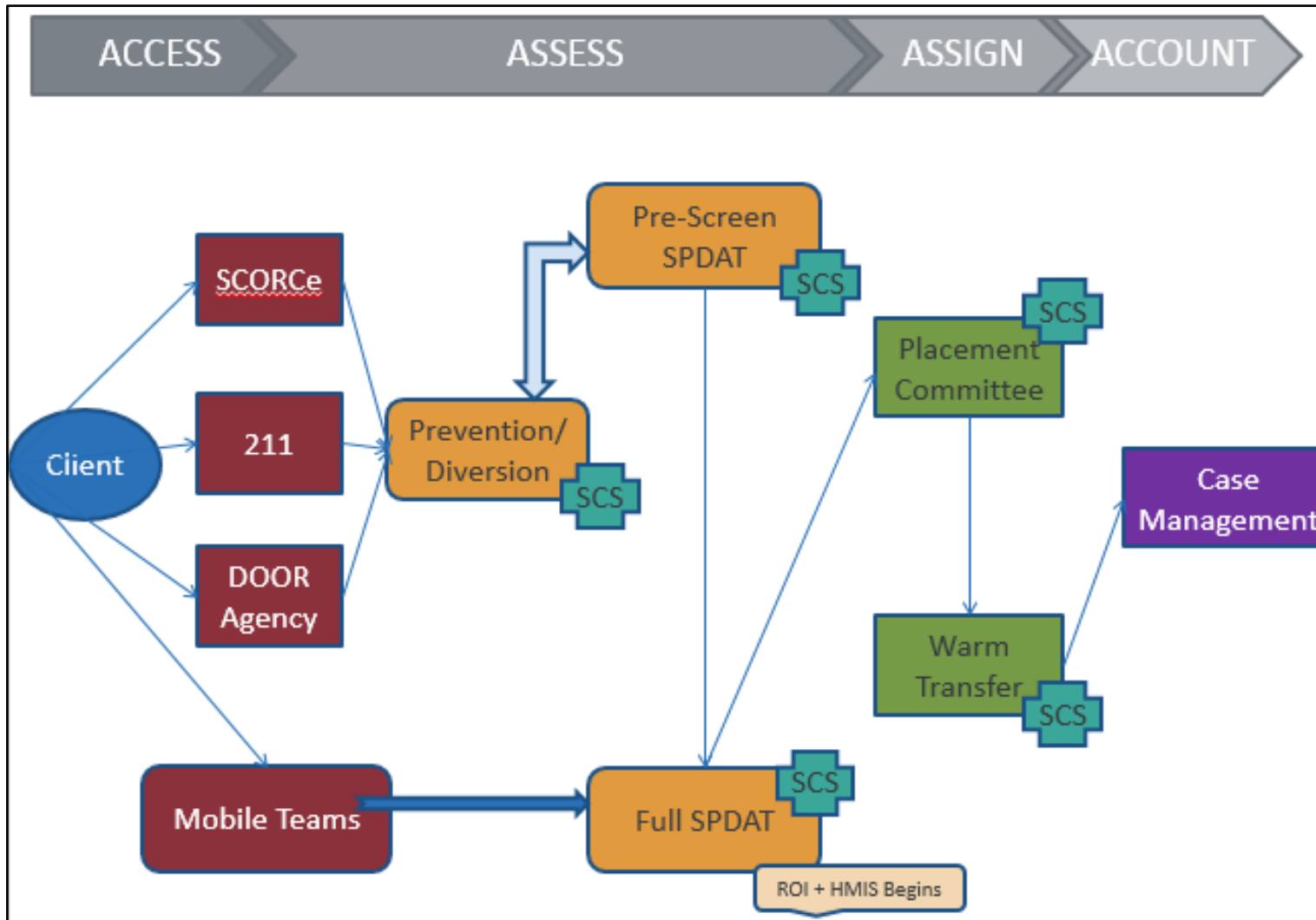# CAA Backgrounder

Calgary Homeless FOUNDATION

As part of 2012's **System Planning work**, the Community Action Committee on Housing and Homelessness identified the need to do further work on coordinated intake

Phase 2 of the 10 Year Plan – Build a Coordinated System – common intake, triage & assessment process (CAA)

Community Consultation: Decisions on Assessment Tool, Placement Committees, Terms of References for placement

Community Training: CAA Team at SORCe, Outreach Teams, Door Agencies
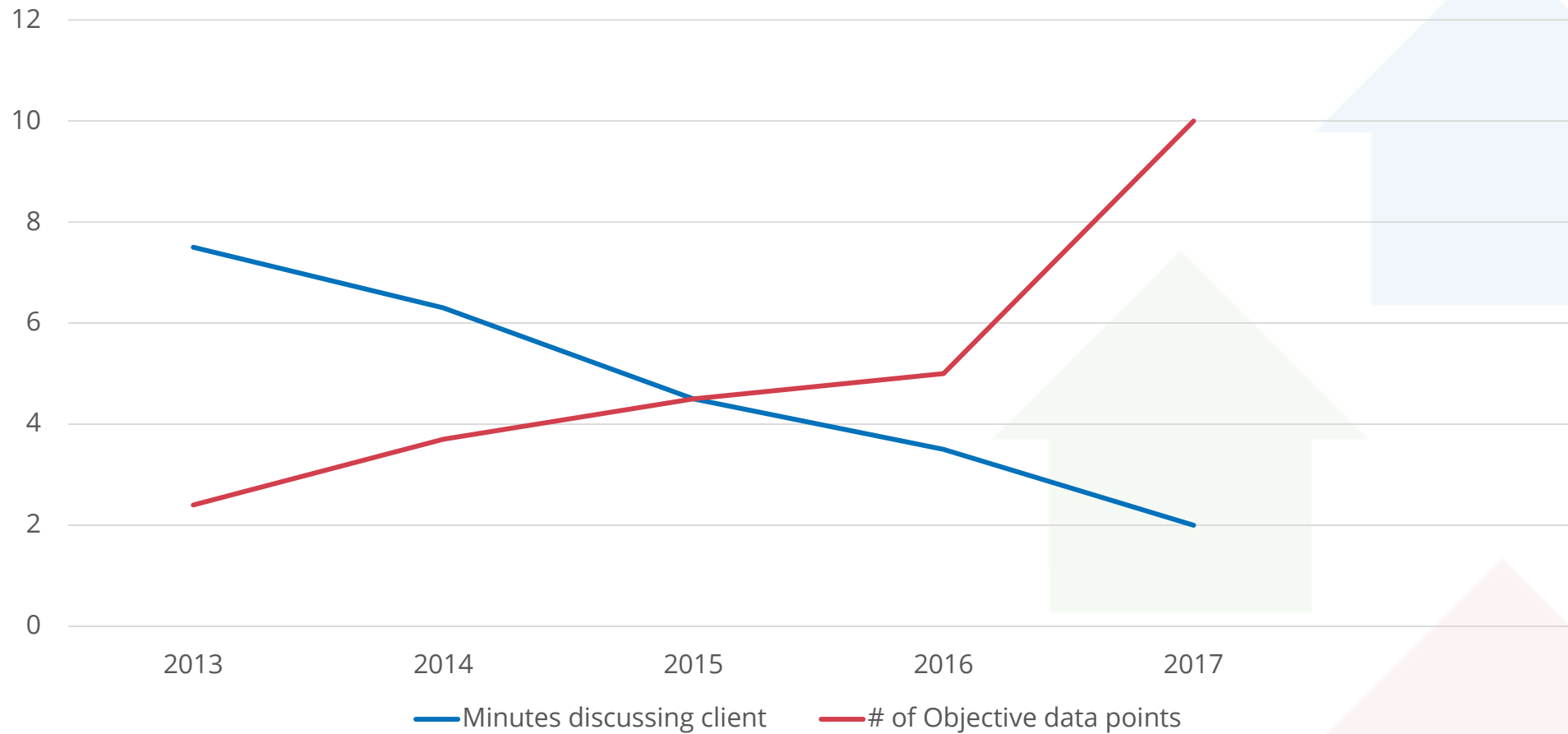
CAA Implementation in 2013

Calgary's System of Care

- Data we had:
  - Basic demographics
  - Full SPDATs
  - Referral information

- Missing data:
  - *Any* information before SPDAT
  - Clients not "eligible" for list
 - <u>Hundreds</u> of MIA clients

The In-Between Time aka growing pains: 2015-16

- What did we learn/what wasn't working so well?

- *Everything* focused on acuity
- Reviewing same top 30 clients repeatedly
- Programs truly getting to know each other's work and eligibility
- Placement committee culture and relationships flourished
- CHF System Planners navigating position at the table

Calgary Homeless FOUNDATION

CSS Pilot – Back to the Beginning

Alberta's definition of Ending Homelessness requires a significant reduction in chronic shelter stayers:
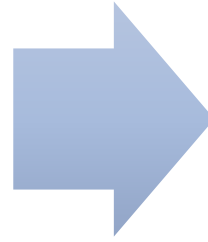
"(Ending Homelessness) will mean that even though there may still be emergency shelters available for those who become homeless, those who become homeless will be re-housed into permanent homes within 21 days.

The Issue:

- The current CAA intake process to Supportive Housing programs triages first based on Acuity (SPDAT score) and Vulnerability.

- Chronic shelter stayers are not being assessed, if they are they score lower and are unlikely to be triaged.

- CAA needs a systematic way to target this population.

The NSQ Tool

Changing the tool in order to change the narrative:

- Transition to the Needs and Services Questionnaire creates equity as each individual will receive the same baseline level of prevention/diversion support

- Coordinated Access & Assessment = **<u>one-on-one</u>** individualized Prevention/diversion plans and support to obtain housing

- Coordinated Access & Assessment ≠ Placement Committee

- Placement committee should be *most* people's "Plan B"

NSQ Implementation

Change Outcomes:

1. Equity
- Everyone is eligible for a Housing Plan, VI-SPDAT, and housing supports.

2. Resource Allocation
- System level needs assessment = comprehensive understanding of our System of Care.

3. Too much focus on SPDAT
- Less time "SPDATing" = more time to offer housing supports.

4. Efficiency
- CAA placement lists become more focused for triage.

HMIS – Who will triage?

- **Families**: all clients with completed NSQ – identifying additional data points at the FPC

- **Youth**: all clients with completed NSQ – identifying additional data points at the YPC

- **Single Adults**: Those clients meeting the following criteria
  - VI-SPDAT Score of ≥ 10
  - Tri-Morbidity factors (not necessary "1" in VI-SPDAT tri-morbid score)
  - Chronic Shelter Data utilized at every placement meeting
  - Engagement

CAA Today & Tomorrow

- Objective data points
- Increased narrative for <u>Transfers</u>
- Niche program questions
- Spectrum of data: Prevention/Diversion, Graduates
- Flagging/alerts

Questions