

# Coordinated Access System Scorecard - with Medicine Hat & Kingston

January 21, 2019

 **20,000**  
HOMES



1. Understand the purpose of the Coordinated Access System (CAS) Scorecard and where it fits in 20KHomes.
2. Have increased clarity on the Coordinated Access System (CAS) Scorecard elements – deepened through hearing from a variety of communities of how they have reached “yes” or “not yet” on the 23 CAS Scorecard elements
3. Ensure people are aware of available 20KHomes resources to support their work with the Coordinated Access System Scorecard and the development of CAS in their communities.

1. Introduction to the Coordinated Access System (CAS) Scorecard
2. Introduction to Speaker Panel and Community Context
3. CAS Scorecard walk-through hearing from each community what that looks like in their community
4. Questions

# Coordinated Access System (CAS) Scorecard Introduction

## The 20KHomes CAS Scorecard is....

- A quality improvement tool – not a judgement tool
- A self-assessment tool – with “yes” or “no” answers
- Taken quarterly alongside the By-Name List Scorecard
- Based on the Built for Zero System Improvement Scorecard (based on US federal CAS requirements) and then Canadianized
- Is currently under review with a new version expected to be released in spring 2019 that aligns with HPS basic requirements but also extends beyond to focus on quality and continuous improvement. Changes will also be based on feedback from you!

Our aim is to get the right person/family to the most appropriate housing intervention, in the right order, using a common assessment tool and agreed-upon prioritization and matching process.

## At minimum, a Coordinated Access System must:

- Offer services based on a CAS list(s) drawn from a real-time list of all people experiencing homelessness (ideally a quality By-Name List).
- Include more than one agency/program using the CAS list to fill housing related spaces (housing, subsidies and/or housing support services) with no side doors.
- Identify and use local system-wide priorities to refer/match to offers for housing, subsidies and/or housing support services from the list (highest priority rather than simply chronological).

# CAS Scorecard – 23 Questions Across 5 areas

1. Management and System Leadership (4)

2. Access (6)

3. Assessment and Prioritization (2)

4. Referral (7)

5. Data & Case Conferencing (3)

# Coordinated Access System Scorecard

## Management & System Leadership

1. Governing body
2. Document policies/procedures
3. Annual evaluation
4. Documented/trained assessors

## Access

5. Full coverage
6. Outreach protocol
7. After hours emergency
8. Marketing
9. Diversion/prevention
10. Safety

## Assessment & Prioritization

11. Standardized assessment
12. Prioritization policy

## Referral

13. Uniform referral
14. Vacancies according to prioritization
15. Vacancy updates
16. Housing navigation support
17. Reduce barriers
18. Client choice
19. Agency Accountability

## Data and Case Conferencing

20. Privacy and security
21. Client-centred assessment
22. Chronic homeless prevention
23. Case conferencing

# Coordinated Access System Scorecard Materials

- [Coordinated Access System Scorecard Guide](#)
  - Explains what the CAS Scorecard is, makes suggestions for how to use it, and walks you through the questions (including a further description, tips and sample resources)
- [Coordinated Access System Scorecard Worksheet](#)
  - A Word document where you can record your community's current status and next steps for each of the 23 elements – includes “yes”, “partial”, “not yet” answers
- [Coordinated Access System on-line Scorecard Form](#)
  - The Google Form communities complete each quarter (with “yes” and “no” answers) that is displayed in your Performance Management Tracker

These materials are available along with further Coordinated Access System resources on the 20KHomes website [Coordinated Access page](#).

## Other Resources We Are Working On...

- Template PowerPoint presentation you can use to help educate your community on Coordinated Access (interested in your most awesome slides – please share!).
- 10 Step document for CAS implementation (companion to the 10 Steps To Create and Use a By-Name List document).
- Webinar series with associated tools over 2019/20.
- Note: These ideas are evolving as we work with HPS and OrgCode – coordinating and linking efforts.

## BNL SCORECARD

- Focussed on having a quality list to know all people experiencing homelessness
- 2 purposes – master list for overall system understanding which feeds CAS sub-list(s)
- **BNL Scorecard focus is on adding to and updating the BNL and quality of data**

## Coordinated Access System

## CAS SCORECARD

- Focussed on process of getting the right people to the right housing intervention
- **CAS Scorecard is focussed on effective CAS operation and matching housing interventions to people on the CAS list(s)**

## DEMAND DATA

PROCESS TO ASSESS,  
PRIORITIZE AND MATCH

## SUPPLY DATA

**BNL SCORECARD**

- Focussed on having a quality list to know all people experiencing homelessness
- 2 purposes – master list for overall system understanding which feeds CAS sub-list(s)
- **BNL Scorecard focus is on adding to and updating the BNL and quality of data**

**CAS  
SCORECARD****HOUSING RESOURCE  
LIST (HRL) SCORECARD**

- Focussed on having a quality list of all housing interventions in a community
- **HRL Scorecard to be focussed on the quality of mapping, and managing of housing interventions data**

# Panel Introduction & Community Context

# Today's Presenters



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# Medicine Hat Community Description

- Population (2016)  
63,230 people
- 5.8% of residents  
identify as  
Indigenous
- Homeless  
population - 68  
(2018 Enumeration)



# Medicine Hat System and CAS Context/History

- 5 Year Plan to End Homelessness developed 2009/10
- Implemented HMIS 2009
- Implemented CAS 2010
- Developed by-name shelter list with CAS in 2011
- Diversion first introduced with CAS in 2013
- Refocused Plan to End Homelessness in 2014
- System Planning & Coordination 2015
- Diversion formalized with CAS in 2016
- Transition & Discharge Planning formalized with CAS in 2016
- Downsizing of Housing First Programs in community 2016/17
- 15 units of PSH added 2017
- Re-thinking options & the opioid crisis 2018
- Bringing it home – 2019

See [Medicine Hat Community Housing Society Website](#) for more information

# Medicine Hat Homeless Serving System of Care

- 3 Emergency Shelters
  - Youth (1 community bed)
  - Adult (30 beds)
  - Family Violence (30 beds)

Coordinated Access (Central Intake)  
HF Program  
RRH Program  
PSH Program  
Graduate Rental Assistance Program  
Youth Hub Outreach Program  
Counselling Program  
Financial Administrator Program  
Community-Based Addictions Crisis Worker  
Drop-In Program (year round)  
Systems Navigators (prevention focused)  
Community Capacity Building  
Capital Allocation for Renovations

Legal & Psychiatric Access  
Recovery / Stabilization Program

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Landlord Assistance  
Peer Support Group  
15 units PSH

# Kingston Community Description

- Service Manager for City of Kingston and County of Frontenac
- Population (2016)
  - Kingston: 123,798
  - County: 26,677
- Homeless population (2018 Enumeration)
  - City of Kingston: 152
  - County: 61



- Emergency Shelters\*
  - Co-ed Adults 25+ (35 beds)
  - Co-ed Youth 16-24 (15 beds)
  - Families (19 beds)
- Prevention Diversion\*
  - Youth & Adult
- Rapid Rehousing/Housing First
  - Youth & Adult
- Street Outreach\*\*

See City of Kingston website –  
[homeless services](#)  
for more information

\*Coordinated Access Points

\*\*Not an access point, but can make referrals and/or have Prevention Diversion staff accompany to meet client

- 10 Year Municipal Housing and Homelessness Plan developed in 2013
- Implemented the CAS and all supporting programs – PD, RRH/HF – in 2015
- Coordinated Access service standards developed in 2015
- Prevention Diversion and Shelter Diversion service standards developed in 2017
- Eligibility & Prioritization service standards developed in 2017
- 2017 – overflow shelter closed
- Review of service standards in 2018 and ongoing
- 2019 –
  - 5 year review of the 10-Year Plan
  - Implement a By Name List

# Key:

## Question Slide

Question - Grey Font

Explanation – Red Font

Resources – Blue Font

BNL Scorecard – Green Font

## Community Response



Not Yet



Partial



Yes

# Walk Through the 23 CAS Scorecard Elements

# 1. Governing Body

Does your Community have a governing body that makes timely CAS decisions that incorporate regular feedback from stakeholders, including people with lived experience of homelessness?

The governing body may be a working group, committee, or other planning group that is working on Coordinated Access within your community.

20KHomes Website resources:

- [Coordinated Access Page](#)
- [Pictures of Coordinated Access Systems](#)

# 1. Governing Body

## Medicine Hat



- The CBO/CE oversees the overall system implementation and performance monitoring of programs and system of care in community.
- The CAS (Central Intake) is managed by the Outreach Department within the MHCHS.
- There are formal and informal feedback opportunities with stakeholders, including those with lived experience.

## Kingston



- Service Manager oversees delivery of all funded programs – through Service Standards, regular team meetings and informal communication.
- No formal process for feedback from stakeholders or people with lived experience
- Prevention Diversion Coordinator oversees PD/Coordinated Intake programs among all Service Providers to ensure consistent service delivery (employed through funded agency to fulfill role).
- **Next Steps:** Explore options for a formal feedback process – surveys, etc.

## 2. Documented Policies and Procedures

Does your Community have documented and approved policies and procedures for each of the following system components: (1) access, (2) assessment, (3) prioritization, and (4) referral?

Written policies and procedures are a best practice for the long-term success of your CAS. They clarify expectations and roles, help to train new staff, and serve as a crucial reference to partners.

20KHomes Website resources:

- [Coordinated Access Page](#) – lots of US, Canadian and Campaign examples

## 2. Documented Policies & Procedures

### Medicine Hat



- P&Ps developed in conjunction with community partners and updated as system or community needs change.
- The CAS P&Ps seamlessly align with the P&Ps for Housing First and Rapid Re-Housing in community.

### Kingston



- Service Manager has developed Service Standards that outline the expectations around all funded homelessness programs.
- Separate Service Standards for (1) [coordinated access](#), (2) [assessment](#), and (3) [prioritization & referral](#).
- Some reports in HIFIS to monitor compliance.

### 3. Annual Evaluation

Does your Community conduct an annual evaluation of your intake, assessment, and referral processes that (1) consults with program participants as well as participating projects and (2) results in updates to the CAS policies and procedures?

Evaluations are a critical part of your community's continuous improvement efforts. They should use data to compare participant outcomes to agencies' outputs. They should also include qualitative data from program participants, whose perception of their experience will not be captured in numbers. Data from your evaluations should result in actionable improvements to your CAS.

## 3. Annual Evaluation

### Medicine Hat



- Formal monitoring conducted a minimum of 1x per year, with data and operational info submitted to CBO/CE on a monthly basis for assessment of system & program performance. Service participants consulted with by programs and CBO/CE (independently).
- CAS program recommends and implements changes to process to improve outcomes on a continuous basis.
- Not restricted by contractual obligations when improvements to delivery are to the service participant's benefit. If it can be better, make it better. Now.

### Kingston



- Operational Review completed in 2017 – working to implement recommendations.
  - Not an annual process.
- Regular oversight around CAS from the Prevention Diversion Coordinator.
  - Not a formalized **annual** process.

## 4. Documented and Trained Assessors

Does your Community keep a documented list of agencies who are responsible for conducting assessments, and are these agencies provided regular training opportunities, including staff onboarding on how to complete assessments?

Training should be offered for onboarding new staff, as well as at least one annual opportunity. It should cover how assessments are to be performed with fidelity to the written policies and procedures, prioritization, uniform decision-making, and referrals.

## 4. Documented & Trained Assessors

### Medicine Hat



- Intake and completion of assessments completed by staff in the Central Intake program (CAS).
- SPDAT V4 is used consistently across the community.
- All programs receive training on the SPDAT V4 and utilize as a case management tool.
- Community partners not delivering direct services also participate in the training.
- Common understanding of tools, their limitations and applicability have been critical in community.

### Kingston



- Intake/Assessments are only completed by designated staff at one of the Coordinated Access points
- Triage tool is completed at point of entry by Prevention Diversion or Emergency Shelter staff
  - VI-SPDAT, F-VI-SPDAT, TAY-VI-SPDAT, PR-VI-SPDAT, JD-VI-SPDAT
- All Program staff receive internal agency training on conducting VI-SPDATs
- Clients who require additional supports (RR/HF) are transferred to the Assessment Team for a full SPDAT assessment.
- All Rapid Rehousing/Housing First staff receive formal SPDAT training but only a member of the Assessment Team completes the initial SPDAT to ensure consistency among referrals.

## 5. Full Coverage

Do your outreach engagement efforts and system access points cover the Community's geographic area, ensuring access to the system regardless of where people present?

A good CAS must be accessible to anyone experiencing homelessness, even if they are not actively seeking services. Consider how your community will engage people experiencing homelessness who might encounter the greatest difficulty reaching an access point due to geography, physical or mental disability, mistrust of the system or concerns about personal safety.

By-Name List Scorecard Crossover:

#1 – Maximize Provider Participation

#2 – Reach Unsheltered Homelessness

## 5. Full Coverage

### Medicine Hat



- One Central Intake site that provides service on and off-site.
- Offsite includes:
  - 3 Emergency Shelters
  - Library, Drop-in program, Street, Resource Centre, Hotels, etc.
  - Institutions: corrections, hospital, treatment
- Phone Intakes

### Kingston



- Several Coordinated Access Sites:
  - Emergency Shelters
  - Two Adult Prevention/Diversion sites
  - Youth Services Hub
  - Rural access points – rotating hours at each site
- Kingston sites are centrally located but outreach extends to all areas of the city.

## 6. Outreach Protocol

Are persons encountered by your Community street outreach staff offered access to the system—and the services and housing provided through that system—exactly as people who present as homeless at physical access points?

Access to your system will be consistent and equitable only if each person or household experiencing homelessness is offered a similar process, regardless of whether they walk into an office or are located by outreach staff. Each staff member who comes into contact with a person experiencing homelessness must be trained to offer access consistently and fairly.

By-Name List Scorecard Crossover:

#2 – Reach Unsheltered Homelessness – some connection, could include these processes in the document outreach protocol required for Advanced quality BNL

20KHomes Website Resources:

- [Coordinate Outreach Coverage – Key Considerations, Tips & Resources](#)

## 6. Outreach Protocol

### Medicine Hat



- Access and service offered is the same, regardless of where the service originates.

### Kingston



- Outreach staff do not complete VI-SPDATs but can refer clients to the appropriate access point
- PD staff participate in Street Outreach and can complete VI-SPDATs in the field for clients that are unable/unwilling to come to the office.
- Assessment Team (full SPDATs) will also meet clients in the community if necessary

## 7. After Hours Emergency

Does your CAS allow for access to emergency services, such as emergency shelter or temporary accommodations for people experiencing a housing crisis, outside of traditional operating hours?

A crisis response system should be able to respond to emergencies or requests for assistance immediately, even in the middle of the night. Your CAS must be accessible when people need it.

## 7. After Hours Emergency

### Medicine Hat



- Shelter admissions to 1 shelter expected to be completed during set hours but can be extended beyond. Other 2 shelters, no time limitation for admissions.
- If an individual or family presents at shelter and cannot stay for health, safety, or medical reasons, a hotel-stay is initiated. After hours emergency with AB supports is the first option, and if unavailable, the CBO/CE covers the costs.
- Due to established community processes, shelters have authority to initiate the emergency hotel stay protocol and inform the CBO/CE and Central Intake the next business day that it has been initiated. The individual or family then meets with Central Intake.
- If emergency housing situation arises outside of shelter, the CBO/CE is contacted (e.g. by police) to arrange for emergency hotel stay. The individual or family then meets with Central Intake.

### Kingston



- Shelter admissions expected completed during set hours but permitted after hours if necessary
- Drop-in services vary within the system
- Available from 6:15am to 5:00pm for adults experiencing homelessness
- No drop-in for family shelter but open 24/7 to clients accessing shelter beds
- Drop-in for youth operates separate from shelter, open during business hours
- Community meal programs
- Motel stays an option for shelter overflow when system is at capacity

## 8. Marketing

Is your Community proactively marketing and removing barriers to accessing the system, especially for people who are least likely to access it on their own?

Consider people experiencing chronic homelessness, youth, families, Indigenous populations, LGBTQ populations, survivors of domestic violence, and people with disabilities. Your community should make special efforts to make these populations aware of your CAS and help them understand how to access it.

## 8. Marketing - Community Notes

### Medicine Hat



- Information on website, and word of mouth has been largest source of information sharing.
- Programs and community partners do exceptional work communicating the access points into system.
- Utilization of HelpSeeker app and other forms of technology.
- Will be engaging with Lived Experience group and graphic designer to help design visuals to represent the system of care.

### Kingston



- Participation in community resource fairs, etc. to promote programs and provide information on access
- Recently developed [FAQ section on City website](#) to respond to commonly asked questions/misconceptions about accessing the system.
- All programs follow a low barrier/housing first approach to service delivery. There are no pre-requisites or “readiness” components to receiving services.

## 9. Diversion and Prevention

Does your Community offer diversion services to people who are newly homeless and requesting access to emergency shelter, as well as prevention services to those who are not technically homeless but experiencing a housing crisis?

When a person presents at an emergency shelter, your community should assess them for diversion opportunities, such as staying with a relative or friend until they find a stable housing situation. Diversion keeps people out of the homelessness system and conserves resources. Similarly, prevention creates opportunities for people who may soon face homelessness and helps them preserve their current housing.

20KHomes Website resources:

- [Diversion page](#)
- [Prevention page](#)

## 9. Diversion and Prevention

### Medicine Hat



- Recognize that diversion services are operationalized differently in community, which comes from system evolution and understanding of context of people's homelessness.
- Diversion services are delivered by the CAS to individuals that are experiencing homelessness or at imminent risk and who are eligible for programming but who indicate that they do not want or who have been assessed as not needing case management services. Individuals are diverted from a level of service that they do not require.
- Diversion services also provides support to those experiencing housing instability. If case management is determined to be the best route, the individual is transferred to appropriate programming to prevent housing loss.

### Kingston



- Prevention/Diversion Program serves clients that are experiencing homelessness or at imminent risk (<30 days) of losing housing.
- Diversion Interview completed prior to shelter intake (adults only) to help identify safe alternatives.

## 10. Safety

Has your Community ensured that victims of domestic violence, dating violence, sexual assault or stalking can safely access and participate in the system and that their safety is not jeopardized by participating in the CAS?

Your community should undergo safety planning to ensure that proper privacy measures are in place to safeguard victims. It is vital that your system protects these individuals' information and does not allow for misuse or accidental public view.

20KHomes Website resources:

- [System Partnering Page](#) – Domestic Violence

# 10. Safety

## Medicine Hat



- Work with the family violence shelter (recently started taking men), and they refer those wanting housing assistance & support to CAS. This shelter also operate a Housing First program in community, which is funded by CBO/CE. Access to their HF program is always through CAS warm transfer.
- Any individual that identifies safety and/or privacy concerns, or who has a preference to not use their name, has the option to use an alias in the system.
- All programs and staff trained extensively on privacy measures and practice is reviewed and monitored frequently by the CBO/CE. Staff also trained on family violence, trauma, responding to sexual violence, etc.
- In extreme situations and with external request, the CBO/CE assumes role of housing and immediate stabilizing individual or family.

## Kingston



- Clients fleeing domestic violence are referred to the VAW shelter (25 beds) which is separate from the funded homelessness system
- Clients can access the homelessness system if no capacity at the VAW shelter
- Adult shelter is co-ed – 6 beds are designated “female-only” in a separate area
- Policies regarding confidentiality – staff do not disclose clients
- Human Trafficking training offered to frontline shelter staff

## 11. Standardized Assessment

Does your CAS use a common assessment tool and process, including questions and scoring criteria?

Your CAS's method of assessment must be written, standardized, and consistently administered. Your CAS may use variations on the common assessment tool for specific populations, such as families, youth, Indigenous/Aboriginal individuals or single adults, but a process must be used consistently inside those populations.

By-Name List Scorecard Crossover:

#1 – Maximize Provider Participation – asks whether providers are using a common assessment tool

20KHomes Website Resources:

- [CAEH Lowdown on Common Assessment Tools blog](#) (with backgrounders)
- [Hamilton's Common Assessment Policy](#)

# 11. Standardized Assessment

## Medicine Hat



- SPDAT V4 is used community wide.
- Tool does not take the place of common sense.
- Understanding the context of someone's homelessness has been critical to our system evolving. People are not numbers.

## Kingston



- VI-SPDAT series of tools used for all intakes.
- SPDAT series used for all assessments for Rapid Rehousing/Housing First
- [Service Standard for Coordinated Intake](#) that dictates how clients enter/move through the system.
  - Includes a common [Coordinated Intake Interview Questionnaire](#) and consent.

## 12. Prioritization Policy

Have you created a prioritization policy that (1) contains a specific, defined set of criteria, (2) is publicly available, (3) includes all housing types, and (4) has been approved by the planning group?

An individual's assessment data is matched against your community's prioritization policy to create a housing match and make a referral. Your prioritization policy should be transparent so that the general public, including anyone affected by the policy, can read and understand it. A transparent policy empowers users and creates accountability for providers.

20KHomes Website resources:

- [Waterloo Prioritization and Matching Protocol](#)

## 12. Prioritization Policy

### Medicine Hat



- Policy and Procedures dictate how individuals are assessed and prioritized. Prioritization can change based on need of community and system.
- Those closest to death remains a constant measure of urgency.
- Available by request and available on website (currently undergoing much needed revamp!).
- Transfer to appropriate program and services based on assessment.

### Kingston



- [Eligibility and Prioritization Service Standard](#) that dictates coordinated intake and how clients enter the system and prioritized:
  - VI SPDAT (within 72 hours if admitted to shelter, at intake appointment if at-risk of homelessness)
  - Coordinated Intake Interview
  - Transfer to appropriate program based on results
- Service Standards publicly available upon request.

## 13. Uniform Referral Processes

Does your CAS have a uniform referral process that matches individuals to available housing resources based on your documented and approved policies?

When a housing resource becomes available, it should set into motion a process that connects an individual from the By-Name List to that resource, so long as the individual fits its eligibility criteria and affirmatively chooses the resource. The individuals being referred should be selected by the community's prioritization policy. The steps of this process should be communicated to housing providers, service providers, and the person experiencing homelessness. Some effective communities staff a role to coordinate these connections in a timely and consistent way.

# 13. Uniform Referral Processes

## Medicine Hat



- All individuals enter system through Central Intake program.
- Assessment and appropriateness of program determined: Diversion, Transition and Discharge, Housing First, RRH, Permanent Supportive Housing, referral to youth programming or other services.

## Kingston



- All clients enter the system through Coordinated Intake/Prevention-Diversion (P/D).
- VI-SPDAT score dictates whether client is supported in PD or referred to RR/HF.
- If RR/HF, separate prioritization process to determine priority for:
  - Case management
  - Rent subsidies
  - Vacancies

## 14. Vacancies Filled According to Prioritization

Are providers filling all vacancies according to the prioritization and referral policy, using a central priority list? This means that all “side doors” have been closed.

Side doors, meaning housing or services that are matched outside the prioritization process, complicate the user’s experience and may create problems for CAS-participating providers. In order for your CAS to be effective, your prioritization policy should include, at minimum, all available housing types, with all referrals made according to the prioritization policy.

## 14. Vacancies Filled According to Prioritization

### Medicine Hat



- CAS matches individuals to the right program (HF, RRH, etc.), and the program assists the service participant in finding the right housing.
- Choice in housing is a fundamental component. Programs are required to show 3 units to each participant when feasible (based on availability).
- Utilize a scatted site model in community, with the exception of place based PSH.

### Kingston



- Prioritized apartments are part of the RR/HF program.
- Central priority list for RR/HF clients sorted by Composite Score
  - Combination of SPDAT score + other local factors
- Clients with highest composite score are the first to be prioritized for rent assistance and/or vacancies:
  - Unit-specific landlord agreements are no longer used in our community
  - Vacancies are managed by Housing Liaison Worker

## 15. Vacancy Updates

Does your CAS have a process in place for housing program and permanent housing providers to regularly input updates about vacancies and new resources?

To be relevant, your CAS must contain up-to-date information about program and housing vacancies. Providers are more likely to submit information if the submission process is fast, uncomplicated, and has few technological barriers.

# 15. Vacancy Updates

## Medicine Hat



- Updated listing of available housing options provided at Central Intake office, and can be accessed by anyone.
- CBO/CE developed and implemented quarterly Landlord Roundtables in 2012. These discontinued at landlords' request, however can be re-initiated at any time.
- Programs are responsible for and have created *exceptional* landlord relations.
- CBO/CE working with developers in community to onboard properties and expand housing options.

## Kingston



- Housing Liaison Worker is the contact person between landlords/Case Managers/Service Manager
- Recruits new landlords
- Maintains relationships with landlords
- Oversees Damage Fund
- Informs CM Team of available/upcoming vacancies and helps advise client placements
- Prioritization Meetings

## 16. Housing Navigation Support

Does your community have the capacity to offer housing navigation support, with a clear point of contact, to people who are prioritized for housing and may need additional support to move from homelessness to housing?

Many communities are learning that providing housing navigation services is critical to supporting vulnerable people who, on their own, may encounter difficulty with the administrative duties necessary to secure housing. Individuals may need navigation once they have been prioritized, though not all users of your CAS will require it. Communities who are further along in designing a CAS often assign a single point of contact who an individual being housed can call for help; this point of contact is also accountable to their client for ensuring a timely and uncomplicated experience navigating the system through to program intake and/or housing move-in.

# 16. Housing Navigation Support

## Medicine Hat



- This is done at all levels of service/program referral, from Diversion (under CAS) to HF/RRH/PSH.
- CBO/CE will be investing in “Landlord Assistance” role for the general community to access and utilize under a housing loss-prevention framework

## Kingston



- Only clients supported by RR/HF case management are prioritized for rent assistance/vacancies
- Supported by case management for 3 to 12+ months
- “Immediate Housing Stability” phase of case management
- Housing Liaison Worker plays a role
- Moderate acuity clients receive support from PD team
- Clients that do not “score in” for services on VI-SPDAT receive general housing assistance only
  - » Apartment listings
  - » Community resources

## 17. Reduce Barriers

Do your Community's projects have minimal screening criteria, providing housing and services regardless of perceived barriers and limited to only that screening criteria required by funding contracts?

Perceived barriers may include substance use, no or low income, domestic violence history, sexual orientation, gender identity or expression, resistance to receiving services, and criminal record.

By-Name List Scorecard Crossover:

#5 – Track Without a Full Assessment

#12 – Track Time on List – includes “document readiness”

## 17. Reduce Barriers

### Medicine Hat



- All programs operate from a housing first philosophy.
- All programs receive *extensive* mandatory and supplemental training. This training is also offered to any community partner or agency that is interested.
- Participants that chose to not continue with a program can re-enter the program within 3 months, no questions asked. After 3 months, the individual must go through CAS for a reassessment to determine level of need.

### Kingston



- All providers operate under a housing first philosophy. Clients are not required to meet any “housing readiness” requirements.
- Case Managers trained in assertive engagement – encouraged to meet the client where they are at (literally and metaphorically).
- Clients who choose not to engage with supports are discharged after 90 days but can re-enter the system if they choose at a later point.

## 18. Client Choice

Does your CAS have a process to allow potential program participants to reject referrals to housing and services and receive alternative referrals without retribution and without losing their place on the priority list?

CAS seeks to empower people experiencing homelessness, so including and responding to a client's choice is essential. Program participants have the right to reject a referral. Your prioritization and referral policies must be written so that the participant is not penalized for rejecting a referral but maintains their prioritization status and receives the next-best referral for which they are eligible. Your policies may cover how the community will document and respond to instances when a client is provided ample choices aligned with their preferences and continues to reject those opportunities. Does your CAS have a process to allow potential program participants to reject referrals to housing and services and receive alternative referrals without retribution and without losing their place on the priority list?

## 18. Client Choice – Community Notes

### Medicine Hat



- Service participants can decline services (or fire their worker) at anytime and are provide alternative support options.
- Choice in housing is a fundamental component. Programs are required to show 3 units to each service participant when feasible (based on availability).

### Kingston



- Clients who decline services at intake are provided with alternate supports or referrals
- Discharged clients can return for service at any point – depending on length of time since discharge, may have to complete a new intake/assessment.
- Final choice for a prioritized vacancy lies with the client – there are no consequences for declining housing.
- Challenging to encourage client choice with extremely low vacancy rate (0.6%)

## 19. Agency Accountability

In the event that an agency rejects a referral, has your Community instituted a review process to ensure adherence to housing first and fair housing principles, as well as a process for participants to appeal prioritization or referral decisions?

To protect program participants, the community should establish a way for participants to appeal decisions. It creates a helpful check on your system. Your community should review each instance of rejection and may ask the program to reconsider its rejection or, if the rejection was fair, offer the participant their next-best referral.

# 19. Agency Accountability – Community Notes

## Medicine Hat



- Referrals made from CAS cannot be rejected by the receiving program unless there are extenuating or unforeseeable circumstances. For example, if the referral is a relative, or court-ordered no-contact circumstances, OR where health and safety are noted.
- In cases where health and safety are noted as concerns, the CBO/CE is brought in to review the Risk Assessments and work with the programs to mitigate any risk.
- Service participants can request a review of their file and explanation of any decision at any time. If unsatisfied, the concern can be escalated up to the CBO/CE as funder.

## Kingston



- Agencies funded in the HHSS follow prescribed guidelines regarding program eligibility – very limited discretion to reject a referral
- Adherence to housing first principles is required per Service Standards and funding agreements – overseen by the Service Manager
- Clients can request an internal review of a decision regarding program eligibility, rent assistance, etc.

## 20. Privacy and Security

Has your CAS instituted privacy and security protocols for the following functions: (1) obtaining program participants' consent for collection, use, storage, and sharing of their information, such as a release of information, and (2) protecting their information that is stored or shared outside of the HMIS?

To freely engage program participants and maintain their legal rights, your community should create a standardized process for collecting a release of information. It is imperative that while collecting personal information you protect the privacy and security of victims of domestic violence so that their identities or locations will not be divulged outside the CAS. Additionally, your community should ensure that its data is stored securely with up-to-date technology.

By-Name List Scorecard Crossover: # 7 – Unique Identifier

20KHomes Website Resources:

- [By-Name List page](#) – whole new section on “Privacy, Consent and Data Sharing”

## 20. Privacy and Security

### Medicine Hat



- All programs adhere to standardized process and forms for the collection of personal information, use, storage, and disclosure of information.
- Transfer of service participants from one program to another also has a standardized process and has been used intra-provincially.
- Any individual that identifies safety and/or privacy concerns, or who has a preference to not use their name, has the option to use an alias in the system.
- All programs and staff trained extensively on privacy measures.

### Kingston



- [Client Informed Consent](#) outlines:
  - storage and use of personal information in HIFIS 4
  - sharing among partner agencies
- User Agreement - signed by all users outlining proper HMIS access
- [Service Standard](#) that outlines expectations around privacy in HIFIS 4
- Service Providers have internal consent forms for sharing of information outside of the HHSS

## 21. Client-Centered Assessment

When an individual refuses to answer questions or receive services, does your assessment process consistently engage them and capture the necessary information to make informed referral decisions, without retribution?

On the By-Name List Scorecard, your community considered its process for accounting for individuals who do not consent to a full assessment. Further, your assessment process should be designed to serve and house those individuals even when only the minimum information has been collected. When an individual's consent is not documented, staff should adapt protocol to use and share the individual's information with the same degree of protection as if a signed release of information was secured.

By-Name List Scorecard Crossover:  
#5 – Track Without a Full Assessment

## 21. Client-Centered Assessment

### Medicine Hat



- Mandatory that all staff are trained in Motivational Interviewing Level 1 & 2 as well as assertive engagement.
- Continuous engagement and rapport building.
- Staff trained to focus on tenancy as the most critical component of the assessment.

### Kingston



- Staff are trained in assertive engagement.
- Staff attempt to engage client or obtain collateral information for assessment if consent is provided.
- Clients who are discharged for non-engagement can re-enter the system at any time.

## 22. Chronic Homelessness Prevention

Does your Community take the following measures to prevent individuals' status from becoming chronically homeless: (1) identifying and tracking people who are close to meeting the definition of chronic homelessness, and (2) demonstrating that there are effective housing and service interventions in place to prevent their status from becoming chronically homeless?

Take note that this question pertains not to general prevention efforts but specifically to preventing an individual's status change into chronic homelessness. Prevention requires an effective, timely tracking method and service interventions that are prepared specially for people timing into chronicity.

## 22. Chronic Homelessness Prevention

### Medicine Hat



- System of care developed is robust, with program space available to receive individuals experiencing both chronic and episodic homelessness. Limitation to this is staff turnover in receiving programs.
- Waitlist for service is reflective of new inflow into community, those entering or re-entering the systems after periods of housing stability, as well as those individuals not yet connecting to program for various reasons (travelling out of community, etc.).

### Kingston



- Chronically homeless clients receive services first
- Clients identified as chronically homeless are referred directly to Assessment Team from intake (bypass the VI-SPDAT)
- Assessment Team manages a priority list that includes date of homelessness – tracks moves to chronic
- **Next Steps:** Implement measures to prevent clients from becoming chronically homeless

## 23. Case Conferencing

Does your community utilize case conferencing throughout your Coordinated Access System as a routine, centralized process that helps community leaders and housing navigators monitor and advance the progress of various people toward housing?

Consider using case conferencing to support all steps along the coordinated access process including:

- To support the process to add people to the list (when needed)
- To support people on your list to become “document ready” for matching to housing and supports
- To support matching people to resources (if needed)
- To support the “match” to “move-in” process (when needed).

20KHomes Website resources:

- [Case Conferencing Overview and Examples](#)

## 23. Case Conferencing

### Medicine Hat



- Utilize case conferencing as needed.

### Kingston



- Case conferencing is limited at coordinated intake as this is a triage service.
- Case conferencing happens regularly (informally/as needed) once clients are supported by PD and/or RR/HF.
- Both teams have regular internal team meetings.
- Helping clients become “document ready” or connecting to resources is done by the supporting CM, or by the Assessment CM if the client has not yet been assigned a worker.

## Medicine Hat

- Continue to make improvements to the CAS to achieve optimum service participant, program, and system level outcomes.
- Implement Landlord Assistance role for general community under prevention framework.

## Kingston

- Increase formal oversight and feedback process.
- Explore additional options for clients not willing/able to access emergency shelter .
- Explore more effective methods to prevent clients waitlisted for RR/HF from becoming chronically homeless while waiting for services.

Questions?



# Thank You

For more information, please contact us.

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