



ST. JOHN'S COORDINATED ACCESS MANUAL

Version 2.0

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CONTENTS

1.	WHAT IS COORDINATED ACCESS?	5
1.1	Purpose and Rationale.....	5
1.2	Leadership.....	5
1.3	Membership.....	5
1.4	Guiding Principles	6
1.5	Governance Structure and Reporting	6
2.	CA CONTINUUM OF SERVICE	6
3.	STAGES IN THE CA PROCESS	8
3.1	Entry Point.....	8
3.2	Pre-screening	9
3.2.1	About the CA Pre-Screener	9
3.2.2	Confidentiality	9
3.2.3	How to conduct a Pre-Screener	9
3.2.4	Current homelessness status.....	9
3.2.5	How to discuss prevention/diversion.....	11
3.2.6	Individuals outside St. John's.....	11
3.3	Assessment.....	13
3.3.1	VAT scheduling	13
3.3.2	Conducting VATs	14
3.3.3	Reporting on VATs.....	14
3.3.4	VAT Assessor support and feedback.....	14
3.3.5	Storage of participant information	14
3.3.6	Expired VAT	
3.4	CA CA Intake Table	16
3.4.1	Roles at the CA CA Intake Table	16
3.4.2	Participation in CA CA Intake Table.....	16
3.4.3	CA CA Intake Table conduct.....	17
3.4.4	CA CA Intake Table quorum	17
3.4.5	CA CA Intake Table agenda and minutes.....	17
3.4.6	Participant case notes	17
3.4.7	CA Waitlist Matrix	18
3.4.8	Collateral information	18
3.4.9	Time limit and lack of consensus	18
3.5	Collective Impact Working Group (CIWG)	19
3.6	Program Match.....	20
3.6.1	Unable to locate	20
3.6.2	Program match declined by participant.....	21

3.6.3	Program match declined by program	21
3.6.4	Program referral required	21
3.6.5	EHSJ-managed programs	21
4.	ROLES AND RESPONSILITIES OF INDIVIDUALS AND ORGANIZATIONS	23
5.1	New CA Agencies	26
6.	CONFIDENTIALITY, PRIVACY AND ACCOUNTABILITY IN CA.....	26
6.1	Documentation	26
6.2	Individual Access to Personal Information	26
6.3	Substance Use, Physical Barriers, and Communication Barriers	27
7.	INDIVIDUAL AND STAFF SAFETY IN CA	27
7.1	Urgent Situations – Participants.....	27
7.1.1	Domestic/Family Violence	27
7.1.2	Suicide or Self-Harm Risk Concerns.....	29
7.1.3	Homicide Risk Concerns	30
7.1.4	Victims of Crime	30
7.2	VAT Assessor Safety	30
7.2.1	Mobile Services	30
7.2.2	Use of Personal Vehicles	31
7.2.3	Communication	31
7.3	General Responsibilities for Safety	31
7.3.1	Whistleblower Protection and Responsibility	32
8.	UPDATES	33

LIST OF APPENDICES

- Appendix A: CA Definitions
- Appendix B: CA Information Sharing Policies & Procedures
- Appendix C: CA Pre-Screener
- Appendix D: CA Pre-Screener Information Sheet
- Appendix E: CA Consent Form
- Appendix F: VAT Reporting Document
- Appendix G: CA Participant File Checklist
- Appendix H: CA Intake Table Agenda Template
- Appendix I: CA Intake Table Minutes Template
- Appendix J: CA Intake Table Guiding Principles
- Appendix K: CA Participant Notes Form
- Appendix L: CA Waitlist Matrix
- Appendix M: CA Participant Match Form
- Appendix N: CA Memorandum of Understanding (MOU)
- Appendix O: CA MOU Schedule A
- Appendix P: Application Form for New CA Agencies
- Appendix Q: CA Intake Table Flowchart Sample
- Appendix R: CA FAQ Sample

1. WHAT IS COORDINATED ACCESS?

Coordinated Access (CA) is a standardized, system-wide approach designed to meet the needs of diverse individuals and families experiencing or at imminent risk of homelessness. It must be noted that EHSJ recognizes the marginalization and intersectionality of homelessness and the diverse identities and causation of an individuals and/ or families homelessness. CA triages and matches individuals and families with housing and services based on their current situation, their vulnerability and needs, and the support they currently receive.

In St. John's, CA is led by End Homelessness St. John's (EHSJ), acting as a single data and entry point into EHSJ-funded programs and available housing resources within the entire community. CA was identified in the 2014 – 2019 Community Plan to End Homelessness and was launched in November 2017.

A list of definitions used in this document and any documents related to CA is included in the appendices.

1.1 Purpose and Rationale

CA is a key component in the homeless-serving system in St. John's, as outlined in the "[St. John's Homeless-Serving System Coordination Framework](#)" approved by EHSJ's Board in 2016.

CA enables a more efficient and effective homeless-serving system through:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Improving service provision via triaging and appropriate program matching;
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance people need.

1.2 Leadership

CA is an initiative of EHSJ in partnership with community, public and private agencies. The System Planner is responsible for overall strategy and implementation of CA, while the CA Support Worker oversees the logistics involved in the running of CA.

1.3 Membership

Membership in the CA process is composed of EHSJ, and CA Agencies that have signed the MOU and Schedule A. Note that no party is an agent of any other party.

As of September 2018, the community CA Agencies include, but are not limited to:

- AIDS Committee of Newfoundland and Labrador (ACNL)
- Choices for Youth
- End Homelessness St. John's (EHSJ)
- Iris Kirby House
- John Howard Society of Newfoundland and Labrador
- Navigators and Networks (NAVNET)
- Newfoundland and Labrador Housing Corporation (NL Housing)
- St. John's Native Friendship Centre
- St. John's Women's Centre

- Salvation Army – Newfoundland and Labrador
- Stella's Circle
- The Gathering Place
- Thrive – Community Youth Network St. John's

1.4 Guiding Principles

Guiding principles for the successful implementation of CA include:

- Adherence to the Housing First philosophy;
- Zero discharge into homelessness;
- Focus on the individual's needs and outcomes;
- Collaboration, cooperation and information sharing between member organizations;
- Commitment and participation of all member organizations, including attendance at all meetings when required; and
- Timely decisions and implementation.

1.5 Governance Structure and Reporting

CA is the keystone of EHSJ's St. John's Homeless-Serving System Coordination Framework, approved by EHSJ's Board in 2016. As such, the System Planner and CA Support Worker report to EHSJ to ensure that the CA process aligns with the EHSJ mandate and compliance with the Reaching Home: Canada's Homelessness Strategy Directives (2019).

2. CA CONTINUUM OF SERVICE

EHSJ aims to standardize each stage of the process, ensuring participants receive consistent service and messaging regardless of how they enter CA while enhancing transparency and information sharing. This is an ongoing process that is being constantly refined to reflect best practices, learnings from what has worked and what hasn't, the changing needs of the community, and response to gaps in service delivery.

Standardized and evidence-based tools and scripts are used to reinforce consistency and strengthen the objectivity of CA's assessment process. These tools, including the CA Pre-Screener (Appendix C) and the Vulnerability Assessment Tool (VAT) Reporting Document (Appendix E).

Ensuring the confidentiality of participants and compliance with ATIPPA, 2015 is of utmost importance throughout the CA continuum of service. All individuals who have completed CA Pre-Screener (Appendix C) must sign the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix E) with their pre-screener source. All agencies participating in CA must abide by the St. John's Coordinated Access Information Sharing Policies & Procedures (Appendix B).

Below the CA model is shown in Figure 1, with information on the various stages presented in Figure 2. The following sections will provide detailed information on each stage of the process.

Figure 1: EHSJ Coordinated Access Model

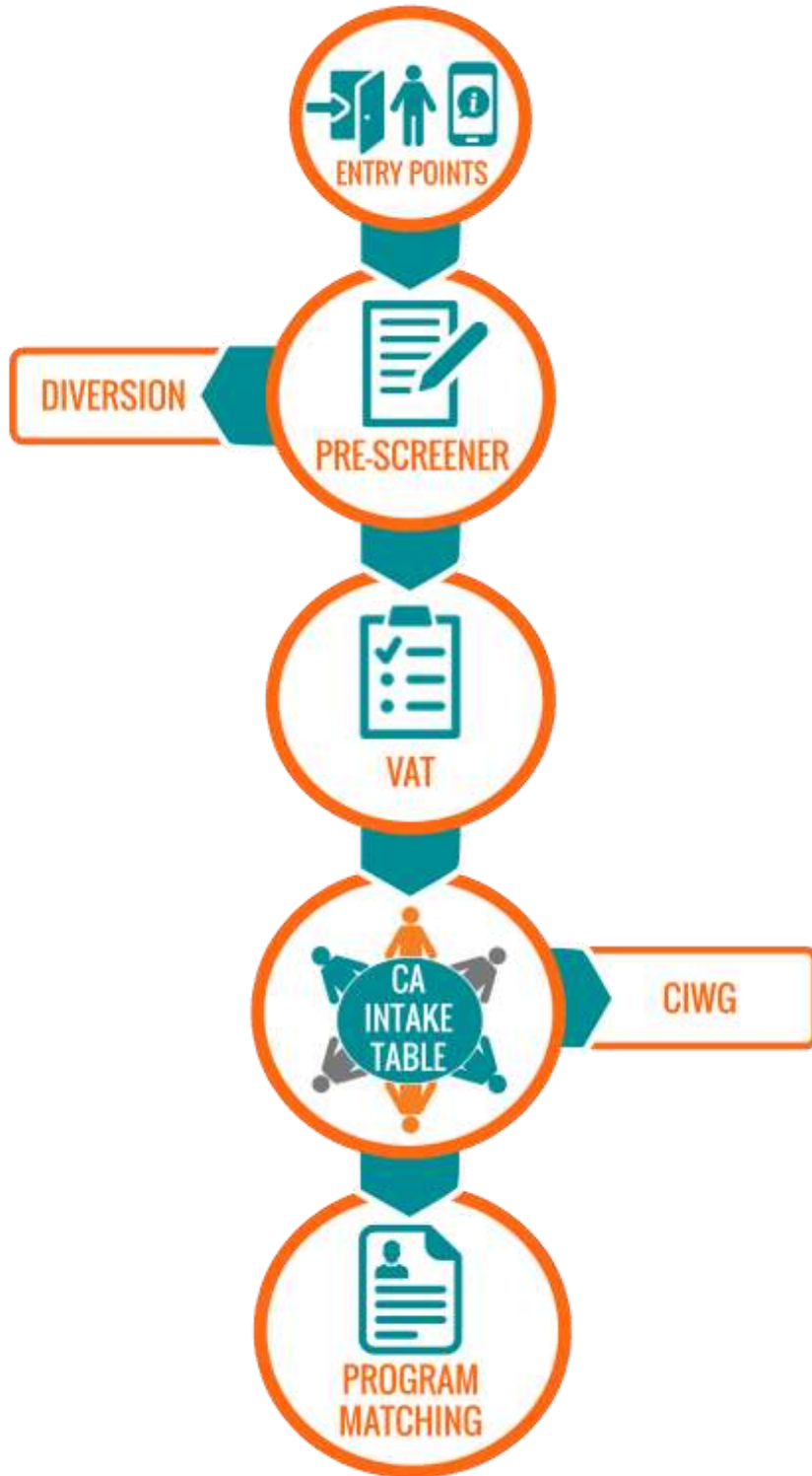


Figure 2: Stages in the CA Process

Stages	Description			
1. Entry Point	CA is designed to be accessible for all individuals and families experiencing or at imminent risk of homelessness, with several entry points – including streets, shelters, systems and the phone line (expected late 2019). Everyone is treated the same regardless of entry point. All community and public systems can conduct the CA Pre-Screener and CA Consent Form.			
2. Pre-Screening	Individuals complete the CA Pre-Screener with a community or public systems representative. The completed Pre-Screener is sent to the EHSJ CA Support Worker where it is either screened into CA or diverted.			
3. Assessment	All participants who screen into CA complete the VAT with a VAT Assessor. The VAT Assessor then completes a VAT Reporting Document, which is presented for review at the CA CA Intake Table (see 4 below).			
4. CA CA Intake Table	<table border="1"> <tr> <td>All VATs proceed to the CA CA Intake Table for review of the case. The decision on program matching is made collaboratively and with transparency.</td> <td>4a. Collective Impact Working Group (CIWG)</td> <td>Where necessary, and/or where the individual receives a VAT score of 25+, cases may proceed to the CIWG for matching to programs with additional supports as required, along with collective case management. Participants may also be referred to NAVNET or additional services if appropriate.</td> </tr> </table>	All VATs proceed to the CA CA Intake Table for review of the case. The decision on program matching is made collaboratively and with transparency.	4a. Collective Impact Working Group (CIWG)	Where necessary, and/or where the individual receives a VAT score of 25+, cases may proceed to the CIWG for matching to programs with additional supports as required, along with collective case management. Participants may also be referred to NAVNET or additional services if appropriate.
All VATs proceed to the CA CA Intake Table for review of the case. The decision on program matching is made collaboratively and with transparency.	4a. Collective Impact Working Group (CIWG)	Where necessary, and/or where the individual receives a VAT score of 25+, cases may proceed to the CIWG for matching to programs with additional supports as required, along with collective case management. Participants may also be referred to NAVNET or additional services if appropriate.		
5. Program Matching	Participants are matched to programs for follow-up by the appropriate program or placed on a waiting list if necessary.			

3. STAGES IN THE CA PROCESS

3.1 Entry Point

CA is designed with a variety of entry points to enhance its accessibility for any individual or family experiencing or at imminent risk of homelessness. Individuals can either be referred for a CA Pre-Screener or self-refer (note that self-referrals will be directed to an appropriate frontline community agency).

CA is not designed to meet the needs of all individuals. Most individuals who are experiencing or at imminent risk of homelessness can self-resolve their situation using existing supports (i.e. family, friends) or mainstream services, including those offered by community and public systems.

Entry points include the following:

Figure 3: CA Entry Points

Entry Point	Description
Streets	Outreach workers connect with individuals at the street level.
Shelters	Frontline workers at shelters (emergency, family violence, etc.) complete the CA Pre-Screener with individuals. Individuals may also present at shelters for referral into CA.
Systems	Community and public systems, such as housing, income support, social development, justice, health, etc., can complete the CA Pre-Screener with individuals. Individuals may also present at these systems for referral for a CA Pre-Screener.
Phone line	Individuals present by phone (811) for self-referral into CA (expected 2019).

3.2 Pre-screening

The CA Pre-Screener is completed by a community or public system representative with the individual. The completed documentation is sent directly to the CA Support Worker at ca-ehsj@stjohns.ca. Alternately, Pre-Screeners can be delivered to the CA Support Worker in person. EHSJ does not accept submissions by fax due to privacy concerns.

A Pre-Screener Information Sheet (Appendix D) is also available to community and public systems to guide representatives on how to use CA and the Pre-Screener tool. It includes information about what CA is, what the Pre-Screener is, how to discuss prevention/diversion, and how to conduct the Pre-Screener itself.

3.2.1 About the CA Pre-Screener

The CA Pre-Screener is used to determine an individual or family's eligibility to enter CA. CA is designed to serve the most acute and vulnerable individuals and families. It is not designed to be an entry point into all public and community resources. As the housing situations of some individuals and families can be resolved through natural supports or mainstream resources, not everyone will meet the criteria required to access CA.

3.2.2 Confidentiality

All individuals who have completed a CA Pre-Screener must sign the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information with their pre-screener source. All agencies participating in CA must abide by the St. John's Coordinated Access Information Sharing Policies & Procedures.

3.2.3 How to conduct a Pre-Screener

Pre-Screeners can be filled out either electronically or manually. The following steps are to be followed when completing a Pre-Screener:

1. **Please ensure that you're familiar with this CA Pre-Screener Information Sheet.**
2. Review the CA Pre-Screener, preferably with the referred individual or family present, to obtain current information on status of homelessness or housing.
3. Ensure that all appropriate prevention/diversion measures have been exhausted and indicate these on the CA Pre-Screener.
4. Ensure that the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix E) is correctly and thoroughly completed and signed.
5. Submit the completed CA Pre-Screener and St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information by email to ca-ehsj@stjohns.ca.

3.2.4 Current homelessness status

To be screened in for CA, an individual or family must be either experiencing homelessness or at imminent risk of homelessness. To this end, the Pre-Screener contains questions about the individual or family's current housing situation, whether they have a safe and stable housing situation to return to, and whether this situation is sustainable for at least two months.

If an individual is currently homeless, one of the following must be indicated on the Pre-Screener:

- **Chronic homelessness** – refers to individuals who are currently experiencing homelessness AND who meet at least one of the following criteria:
 - They have a total of at least 6 months (180 days) of homelessness over the past year;
 - They have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

Chronic homelessness includes time spent in the following contexts:

1. Staying in unsheltered locations, that is public or private spaces without consent or contract, or places not intended for permanent human habitation.
2. Staying in emergency shelters, including overnight shelters for people experiencing homelessness (including those for specific populations, such as youth, families, and newcomers), shelters for people impacted by family violence, and emergency shelters for people fleeing a natural disaster or destruction of accommodation.
3. Staying temporarily with others without guarantee of continued residency or the immediate prospects for accessing permanent housing, or short-term rental accommodations (for example, motels) without security of tenure.

It does not include situations where individuals have access to secure, permanent housing, whether subsidized or not. The definition also does not include time spent in transitional housing or in public institutions (for example, health and corrections), although individuals who are discharged into homelessness from transitional housing or public institutions can be considered chronically homeless if they were experiencing chronic homelessness upon entry to transitional housing or the public institution.

- **Transitional homelessness** – Homeless for the first time OR <2 episodes of homelessness in the past 3 years, generally due to economic or housing challenges, requiring minimal and one-time assistance

The above definitions are taken from Reaching Home: Canada's Homelessness Strategy Directives (2019) and Calgary Homeless Foundation (2017).

While priority is given to those currently experiencing homelessness, individuals and families may be housed at the time of entry into CA. In such cases, it must be determined that they are at **imminent risk of homelessness**, meaning they do not have safe and appropriate housing for at least two months and do not have the resources or support networks necessary to avoid homelessness.

An individual or family is at imminent risk of homelessness when the current housing situation ends in less than two months. A Pre-Screener is appropriate when any of the following conditions are met:

Eviction, foreclosure or utility termination	<ul style="list-style-type: none"> • Due to issues such as nonpayment, violation of peaceful enjoyment, damage, etc. • Sudden reduction in income has resulted in inability to make essential household payments. Support is needed to avoid an eviction or termination of utilities.
Family or relationship breakdown	<ul style="list-style-type: none"> • A breakdown in relationship between family members or romantic partners has resulted in an unsafe or inappropriate housing situation.
Violence or abuse	<ul style="list-style-type: none"> • Violence or abuse by family members, romantic partners, roommates, landlords, guests, etc. has led to an unsafe housing situation.
Unsafe or inappropriate living situation	<ul style="list-style-type: none"> • A housing situation that is unsafe or unfit for human habitation. • The following criteria must be met to ensure safe and appropriate housing (including bedsitters):

	<ul style="list-style-type: none"> • Essential services – Electricity, heat, water (including hot water), smoke detectors in working order, fridge and stove in working order. • Security – Locking doors, proper notice of entry into unit or bedroom. • Personal safety – No direct threats to personal safety or well-being in the form of harassment or violence from landlord, other residents and/or guests. • Rent payment – Ability to pay rent in cash. • Responsiveness of landlord – Timely response to issues such as property damage, water damage, mold, rodents, or issue that causes risk to physical health and safety.
Change in suitability	<ul style="list-style-type: none"> • Due to circumstances such as changes in family size (i.e. birth of a child), loss of mobility/need for accessible housing, requirement for proximity to services, etc. • Bedsitters can be an effective and appropriate form of housing for some individuals for individuals and couples. However, bedsitters can be considered inappropriate housing for families with children or pregnant women.

If an individual or family is housed and cannot demonstrate that the housing situation is not safe or stable for the next two months, the individual or family is not a suitable fit for CA.

3.2.5 How to discuss prevention/diversion

Prevention and diversion strategies must be reviewed with every individual seeking access to CA. Organizations are encouraged to attempt at least three things and to indicate the outcome prior to submitting the Pre-Screener for review. These attempts can include things like housing search support, landlord mediation, and financial mediation. The CA Support Worker will review all Pre-Screeners to ensure that prevention/diversion measures have been taken and may come back to the Pre-Screener source with additional suggestions.

Here are some exploratory questions to use when discussing prevention/diversion strategies:

1. What brought you here today?
2. Why are you seeking help with housing?
3. What have you tried already or in the past? How did that work for you?
4. What barriers are preventing you from addressing your housing situation?
5. Are you struggling with your mental health, or substance use issue?
6. Where did you stay last night?
7. Is your house safe to return to?
8. If you have somewhere safe to stay, can you stay there a few more days?
9. Can you stay with family or friends, for the short term, until you can explore other options?
10. What is making it difficult for you to be in stable housing at this time?
11. What do you think you can do to address/improve your housing situation?
12. Are you employed?
13. Do you receive financial assistance?
14. Are you using any other community resources?
15. Do you want me to give you the information for an emergency shelter?

Participants should not move beyond the Pre-Screener stage until all applicable prevention/diversion options have been exhausted.

3.2.6 Individuals outside St. John's

Occasionally, EHSJ will receive a Pre-Screener for an individual who is currently located outside St. John's but are relocating/ returning to St. John's These individuals are screened in the same way as other

individuals; i.e. it must be demonstrated that they have exhausted all resources and supports (including those in the jurisdiction from which they are relocating) to access resources available through EHSJ.

Figure 4: Steps in the CA Pre-Screening Stage

Step	Timeline	Responsibility
Completion of CA Pre-Screener & St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information	As required	Representative from community or public system (or self-referral)
CA Pre-Screener & St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information is sent to CA Support Worker	Same day or within one business day of meeting individual (or depending on how long it takes to exhaust prevention/diversion measures)	Representative from community or public system (or self-referral)
CA Support Worker reviews Pre-Screener & St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information and connects with referral source to confirm receipt of CA Pre-Screener	Same day or within one business day of receipt	CA Support Worker
CA Pre-Screener next step includes one or more of the following:		
Screened into CA	Same day or within one business day of receipt	CA Support Worker connects with VAT Assessor to schedule VAT and connects with CA Pre-Screener referral source to confirm details
Diverted	Same day or within one business day of receipt	CA Support Worker connects with CA Pre-Screener referral source with update and suggests additional/alternative housing resources and/or supports
Action required (in order to make decision on screen-in vs. diversion)	Same day or within one business day of receipt	CA Support Worker connects with CA Pre-Screener referral source to request additional information or to suggest further attempts at prevention/diversion. Once information is received, the Pre-Screener will be either screened into CA or diverted. The responsibility is on the referral source to follow up.

The target timeline for the entire Pre-Screening process is three days from meeting the individual to the final decision on screen-in/diversion. This timeline may be extended if additional time is required to gather more information and/or explore prevention/diversion attempts prior to making a decision.

3.3 Assessment

The Vulnerability Assessment Tool (VAT) was developed by the Downtown Emergency Service Center in Seattle, Washington. It is recommended by the Canadian Observatory on Homelessness (COH) as an evidence-based screening tool. Through community consultations, it was determined that the VAT would be the assessment tool used by the homeless-serving system in St. John's.

The VAT includes 10 domains:

1. Survival Skills
2. Basic Needs
3. Indicated Mortality Risks
4. Medical Risks
5. Organization/Orientation
6. Mental Health
7. Substance Use
8. Communication
9. Social Behaviors
10. Homelessness

Each VAT domain serves as one question for a total of 10 questions. Domains 1 to 9 are measured on a 1-5 scale, with a score of 1 indicating no evidence of vulnerability and a score of 5 indicating severe vulnerability. Items are summed to find total score. Individuals with highest scores are considered to be at highest risk and are prioritized for services. The tool also allows for interviewer to add comments and observations.

In St. John's, key individuals at various homeless-serving organizations have been trained to conduct the VAT. Training is a two-day process involving one day of classroom and one day of hands-on, practical training in the VAT. EHSJ maintains a roster of 10 to 15 VAT Assessors. VAT Training takes place once a year to maintain a full roster of VAT Assessors. If you are interested in becoming a VAT Assessor, please speak with your manager and/ or program coordinator.

3.3.1 VAT scheduling

Once an individual has been screened into CA, the CA Support Worker schedules a VAT with an appropriate VAT Assessor, working to mitigate any assessment bias or safety concerns identified by the Pre-Screener source. The CA Support Worker receives monthly availability schedules from VAT Assessors. The expectation is that VAT Assessors will provide 1.5 hours weekly (on average) to the CA process. Based on availability schedule, the CA Support Worker contacts VAT Assessors individually to schedule VATs in a timely manner.

Once a VAT is scheduled, the CA Support Worker also follows up with the CA Pre-Screener referral source to confirm the date, location and time of the VAT. It is the responsibility of the CA Pre-Screener referral source to connect with the referred individual to inform them of their scheduled VAT.

The CA Support Worker will work with VAT Assessors to identify and fill any gaps in service availability and will work with the System Planner and VAT Assessors to identify the need for new VAT Assessors as required.

3.3.2 Conducting VATs

Only VAT Assessors who have completed the training process are qualified to conduct the assessment. They adhere to the guidelines set out in the MOU between their home agency and EHSJ. VAT Assessors may conduct assessments in designated locations such as hospitals, jails, treatment facilities, shelters, etc. VAT Assessors must use all the standard messages and scripts.

3.3.3 Reporting on VATs

Upon completion of the VAT assessment, VAT Assessors complete the VAT Reporting Document (refer to appendices). This form ensures that important information is lifted out of the VAT assessment to make a recommendation. This includes:

- Contact information
- Demographic information
- VAT score, including each of the 10 domains
- Where the individual is currently staying
- Barriers to housing stability
- The individual's ability to live independently
- Current income source
- The individual's goals and what they want out of CA
- The individual's willingness to work with a case manager
- The VAT Assessor's recommendation
- Any other pertinent details (in the write-up)

VAT Assessors must ensure all materials required for the CA Intake Table, including the CA Consent Form and the VAT Reporting Document, are submitted to the CA Support Worker within one business day of completion. Documents may be filled out either manually or electronically. The CA Support Worker will review the cases received that week and schedule them for discussion at the CA Intake Table meeting.

Note that CA Intake Table meetings are held every Wednesday at 1pm. **VAT documentation must be received by Tuesday at 12 noon to be included in that week's CA Intake Table meeting.**

3.3.4 VAT Assessor support and feedback

The CA Support Worker ensures that VAT Assessors feel comfortable providing feedback at any point in time regarding the entirety of the CA process. The System Planner and CA Support Worker will bring VAT Assessors together on a quarterly basis to provide support, garner feedback, and highlight accomplishments. These sessions will be instrumental in refining the CA processes, ensuring that CA Agencies and VAT Assessors have the support they need to continue conducting VAT Assessments.

3.3.5 Storage of participant information

Once the CA Support Worker receives the CA Consent Form, the individual is added to the By Name List. The By Name List is stored electronically in a secured folder that is only accessible to EHSJ staff. The CA Support Worker also assigns a unique identifier to the participant's file. The unique identifier is composed

of four digits representing order of entry into CA, plus two letters representing the last two letters of the participant's last name, i.e. if John Doe were the 123rd entrant into CA, his unique identifier would be 0123OE.

A paper file is also started on the participant. This file is kept in the office of the System Planner and CA Support Worker. The filing cabinet and the office in which it is stored is kept locked. When a participant's file is started, a CA Participant File Checklist (refer to appendices) is included in the file. This checklist provides a list of all documents that are pertinent to the individual's participation in CA and when they are received.

The CA Support Worker stores two copies of the VAT documentation. One is kept on file, and the other is brought to the CA Intake Table to be provided once the individual is matched to a program.

3.3.6 Expired VAT

A VAT assessment is valid for 12 months from date of administration. After the 12-month period, the expired VAT is destroyed. If an individual requires additional and/ or alternative supports through CA, the individual will be required complete a new VAT.

Figure 5: Steps in the Assessment Stage

Step	Timeline	Responsibility
CA Support Worker schedules VAT for referred individual	Within one business day of receiving and reviewing the CA Pre-Screener	CA Support Worker
CA Support Worker informs CA Pre-Screener referral source of VAT scheduling details	Upon scheduling the VAT	CA Support Worker
VAT Assessor conducts VAT	On the day scheduled	VAT Assessor
VAT Assessor sends completed VAT and supporting documentation to CA Support Worker	Within one business day of VAT completion	VAT Assessor
CA Support Worker starts a file on the participant, including assignment of unique identifier	Upon receipt of CA Consent Form	CA Support Worker
Case assigned to CA Intake Table time slot	Up to Tuesday 12 noon for the CA Intake Table meeting at Wednesday 1pm	CA Support Worker
Designated length of time required to discuss case	Maximum 15 minutes per case	CA Support Worker

3.4 CA CA Intake Table

The CA CA Intake Table meets weekly on Wednesdays at 1pm. Meetings generally last 1.5 hours, depending on the number of VATs being presented.

Figure 7: Steps in the CA CA Intake Table Stage

Step	Timeline	Responsibility
Review each case <ul style="list-style-type: none"> • Discuss VAT • Discuss recommendation • Determine what a successful outcome looks like for each case (i.e. housing, family reunification, rehabilitation program) 	Maximum 15 minutes per case	System Planner, CA Support Worker, VAT Assessor, a delegate from each required organization
Determine individual's status <ol style="list-style-type: none"> 1. Matched – Individual is matched to a program with availability 2. Waitlisted – Individual is matched to a program with a waitlist 3. Need more information – Case is given to CA Liaison Worker to follow up on more information required to make appropriate match (also includes individuals referred to CIWG) 4. Diverted – Individual is diverted from CA to mainstream community resources 5. Inactive – Individual does not require program match at this time (i.e. incarceration, hospitalization) but may require program match in the near future; they are kept on the list until further update is available 	During allotted 15 minutes per case	CA CA Intake Table

3.4.1 Roles at the CA Intake Table

The CA CA Intake Table will be chaired and facilitated by the System Planner. The logistical discussion of VATs will be coordinated by the CA Support Worker, who will also take notes.

In the System Planner's absence, the Performance Management Planner will chair and facilitate the CA CA Intake Table.

3.4.2 Participation in CA CA Intake Table

CA Agencies are expected to send representatives (or substitutes) in accordance with the CA MOU (refer to appendices). EHSJ-funded programs are expected to be represented at each meeting and any CA Agency program with available capacity is expected to attend. VAT Assessors who are presenting VATs are expected to attend that meeting. If representatives are unable to attend, they may send a delegate.

When required, the CA Support Worker will arrange for collateral contacts to attend the CA CA Intake Table. In such cases, their presence must be deemed necessary and relevant for the collection of additional information to ensure an appropriate program match. The CA Support Worker must ensure that the representative is only in attendance at the CA CA Intake Table for this discussion, and that specific consent is obtained for the release/discussion of information prior to the CA CA Intake Table meeting.

Currently, work term students or interns are not permissible at the CA CA Intake Table meetings.

3.4.3 CA CA Intake Table conduct

Individuals at the CA CA Intake Table are expected to take part in the discussions with respect shown to the other individuals around the table as well as the process itself. Respectful debate is encouraged, with individuals demonstrating a solutions-based focus.

3.4.4 CA CA Intake Table Quorum

Meeting quorum refers the minimum number of representatives that must be present at a CA CA Intake Table to make appropriate program matches. To reach quorum, there must be minimum of 5 representatives, plus EHSJ staff. It is important to reach quorum at each CA CA Intake Table to ensure a collaborative, transparent and efficient process for everyone involved. If a minimum of 50% plus 1 individual (minimum 4 individuals) agrees on a specific program match, it will be accepted by the CA Intake Table.

If quorum is not reached, the System Planner will decide for the table.

3.4.5 CA CA Intake Table agenda and minutes

The CA Support Worker will email that week's CA Intake Table agenda by 4:30pm on Tuesday each week. The CA Intake Table Agenda Template is included in the appendices. Each meeting will start with a System Capacity Report from each EHSJ-funded program plus any other programs that have contributed capacity to CA. The CA Support Worker will contact each program coordinator prior to the CA Intake Table to gather information on available spaces. This item is expected to take 10 minutes.

The next item on the agenda is to review new VATs, meaning VATs that have been received since the date of the last CA Intake Table. VATs are presented in order of VAT score, high to low. VAT Assessors are called on to present the VAT, spending a maximum of 15 minutes on each case. The VAT Assessor will recommend a program match and the CA Intake Table will determine by consensus if it accepts that match or wishes to discuss alternatives. This item is expected to take 50 minutes.

Once new VATs are discussed, the CA Intake Table will discuss VATs that were previously brought to the CA Intake Table, i.e. they were initially presented at an earlier CA Intake Table meeting and have been brought back to the CA Intake Table (i.e. were deferred for more information, the participant's situation has changed). These VATs are also presented in order of VAT score, high to low. This item is expected to take 25 minutes.

The next agenda item is to review waitlisted participants (see next section), which is expected to take 10 minutes. The final agenda item is the conclusion, including a summary of CA Intake Table decisions, questions, and any other business. This last item is expected to take 5 minutes.

The events of the CA Intake Table are captured in the CA Intake Table minutes. The CA CA Intake Table Minutes Template is included in the appendices. The minutes will be emailed by 4:30pm on Thursday of each week.

3.4.6 Participant case notes

As each participant is being discussed, an EHSJ staff will be assigned to taking notes. The CA CA Intake Table Participant Notes Form (Appendix K) is designed to enable the notetaker to capture the important points during the discussion, including demographic information, consent, current housing, VAT Assessor recommendation, and status (i.e. program match or alternative). This Participant Notes Form will be included in the individual's file as a record of what was discussed during the meeting.

3.4.7 CA Waitlist Matrix

If a CA Agency program runs a waitlist, individuals will be prioritized on that waitlist according to the CA Waitlist Matrix (Figure 6). Waitlists are coordinated by the CA Support Worker in consultation with the System Planner and program coordinators. The CA Waitlist Matrix includes four criteria: VAT score, current housing situation, current level of supports (or equivalent family/friend support), and time on By Name List (BNL).

An individual's rank on the waitlist is determined by an individual's total score on all four criteria (higher score = higher position on the waitlist).

In the case of a tie or close scoring, extenuating factors can be used to determine which individual should be prioritized for the next available space. Note that some factors are already incorporated into the VAT score and should be considered accordingly. Extenuating factors include, but are not limited to, the following:

- Chronicity; i.e. how long the individual has been homeless
- Seasonality; i.e. sleeping rough in winter
- Children in care or pregnancy
- Imminent danger; i.e. violence, fire/water damage

The CA Waitlist Matrix is as follows:

Figure 6: CA Waitlist Matrix

Criteria	Score				
	1	2	3	4	5
1. VAT score	<=19	20-24	25-29	30-34	35+
2. Current housing situation	Housed	Housing at imminent risk	Emergency shelter or equivalent	Couch surfing	Sleeping rough
3. Current level of supports (or equivalent family/friends support)	Intensive case management	Case management	Community supports – i.e. shelter workers, outreach workers	Minimal connections – i.e. food bank, community meals, drop-in center	No support
4. Time on BNL	<=1 week	1-2 weeks	2-3 weeks	3-4 weeks	4+ weeks

3.4.8 Collateral information

The CA Consent Form has been revised to enable two-way sharing of information between the VAT Assessor and the partners of the CA CA Intake Table. The participant must indicate consent for all CA Agencies, opting out of consent for those which they do not want present for the discussion. Collateral information may be shared at the CA CA Intake Table if it relates to the individuals housing need.

3.4.9 Time limit and lack of consensus

The estimated maximum time limit for discussion of each case is 15 minutes. If a decision regarding program match has not been reached at the 15-minute mark, the chair will seek whether there is consensus around the CA Intake Table. If there is no consensus (i.e. a tie), the System Planner (or designated chair) will determine the outcome; i.e. match the individual to an appropriate program, request more information, and/or defer the case to the CIWG if appropriate (i.e. VAT score 25+).

3.5 Collective Impact Working Group (CIWG)

All participants are reviewed at the CA Intake Table. In some situations, an individual cannot be matched at the CA Intake Table and is referred to the Collective Impact Working Group (CIWG) for further discussion and a coordinated system of care response.

The criteria for CIWG generally include: a VAT score in the highest range (25+), cannot be matched at the CA Intake Table and at least one of the following:

- Tri-morbidity as determined by a combination of mental illness, substance use disorder and chronic medical condition, considered to result in complex health needs;
- Involvement with multiple systems of care;
- A long-term history of housing instability (at minimum meeting the definition of chronic and/or episodic homelessness); **and/or**
- A history of being unserved or underserved by service providers and public systems.

The CIWG meets bi-weekly (every second Wednesday, immediately following the CA Intake Table) and follows a three-step process:

1. Coordinate Action Plan for each participant;
2. Match participants to programs (based on individual needs and program availability); and
3. Monitor outcomes.

Note that if the participant's VAT score is over 30, the individual may be referred to NAVNET. The case will be transferred accordingly for further assessment and will follow the NAVNET referral process.

Figure 8: Steps in the CA CIWG

Task	Timeline	Responsibility
Coordinate an Action Plan for each case <ul style="list-style-type: none"> • Discuss VAT • Discuss recommendation • Determine what a successful outcome looks like for each case (i.e. stable housing, family reunification, rehabilitation program) • Identify all additional resources that may be necessary to successfully implement the Action Plan (i.e. specialized housing, admission into a specific program, homecare) • Identify and mitigate/remove any barriers that have prevented the individual from successfully accessing services or that could prevent successful implementation of the Action Plan 	During meeting	System Planner, VAT Assessor, a delegate from each required organization
Match individual to program <ul style="list-style-type: none"> • Review needs • Determine availability • Determine timeline for implementing the Action Plan • Determine point of contact for each case (i.e. CA Liaison Worker, case manager, social worker) to report back to CIWG 	During meeting	Same as above
Monitor outcomes <ul style="list-style-type: none"> • Monitor success of placement (i.e. placement recommendation accepted or not) • Report back to group at fixed intervals 	As soon as possible 3-month intervals 3-month intervals	System Planner Case Manager System Planner

<ul style="list-style-type: none"> • Monitor performance variables and outcomes as available (i.e. length of time in stable housing) • Identify and address any adjustments required in coordinated system of care response • Determine if individual has achieved desired outcomes and transition out of CIWG (i.e. to another program) 	<p>As required</p> <p>Upon conclusion of Action Plan</p>	<p>System Planner via placement agency</p> <p>System Planner</p>
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Note that the success of the CIWG is dependent upon the ability to secure options for participants from community and public systems. As CA grows in scope to include more programs, it will be better equipped to lead to the best outcome for participants. The implementation of the Systems Coordination Table, a partnership between EHSJ and various government agencies (healthcare, corrections, housing, etc.) will be instrumental in this process to ensure that there is a channel for feedback gathered at the CA Intake Table and CIWG.

3.6 Program Match

The aim at the CA Intake Table is to match everyone with a program that will lead to the best outcome for that individual. Once an individual is matched, the program may either accept the match or return the individual to the CA Intake Table for further discussion.

Upon program match, the CA Support Worker will provide a copy of the VAT Reporting Document and supporting documentation to the program coordinator. The CA Participant Match Form (Appendix M) will be filled out to provide signoff that the transfer of information has taken place, and the signed form will be stored in the individual's file.

If the individual is successfully matched, the following takes place:

Figure 9: Steps in CA Program Match

Step	Timeline	Responsibility
<p>Program accepting individual signs CA Participant Match Form to indicate that files have been received</p>	<p>At CA Intake Table or ASAP thereafter</p>	<p>CA Support Worker and program coordinator or representative</p>
<p>Notify individual of program match</p> <ul style="list-style-type: none"> • Contact individual to arrange details of first meeting • Use only contact information provided by the participant, or leave message where individual has given consent to contact • Give individual name of agency, program, and description • Individual is given choice to accept or decline program match 	<p>Within two business days of match</p>	<p>Matched CA agency</p>
<p>Notify CA Pre-Screener referral source of program match</p> <ul style="list-style-type: none"> • CA Pre-Screener referral source is given name of agency, program and description 	<p>Within two business days of match</p>	<p>CA Support Worker</p>

3.6.1 Unable to locate

If an individual cannot be found within 14 days of being matched to a program, upon discussion, they may be designated as “inactive” at the CA Intake Table or the CIWG. Their spot will be given to the next person on the program waitlist and their name will remain on the list until they re-engage with CA.

3.6.2 Program match declined by participant

If the individual declines the program match, their case will be re-presented at the CA Intake Table without any penalty or bias.

3.6.3 Program match declined by program

In some cases, the program match is declined by the program and the individual is returned to the CA Intake Table.

In these cases, the program must provide an adequate reason for doing so and must provide access to the assessment used to reach this decision. For example, upon further investigation and assessment, it may be determined that:

- The individual does not fit the program's mandate;
- The individual is deemed to require supports outside of the program's purview and/or the program current capabilities with no ability to coordinate said supports;
- The individual's needs have changed since the VAT took place.

Individuals declined by a program will be brought back to the CA Intake Table at the next scheduled meeting, where they will be either matched to another program, referred to the CIWG, or diverted from CA.

3.6.4 Program referral required

In some cases, participants that have been matched and accepted by a program may later require a different program to better meet their needs. For example, an individual may be housed with an Intensive Case Management (ICM) program but could require the Assertive Community Treatment (ACT) model offered by Eastern Health. The following process should be followed:

- The individual will complete a new consent form to share their information with CA and other parties as necessary;
- The program coordinator will indicate that there is a request for transfer;
- The CA Support Worker will schedule a time for discussion in the next CA Intake Table meeting;
- A transfer or new match will be made at the CA Intake Table (or CIWG if required);
- The program coordinator will arrange a warm transfer to the new program.

3.6.5 EHSJ-managed programs

EHSJ currently manages four programs in the St. John's community. These include:

1. **Intensive Case Management (ICM):** Longer-term, time limited case management and housing support to participants experiencing homelessness, along with high vulnerability, including factors such as addictions, mental health and domestic violence. The program's length of stay is generally between 12 and 24 months. Programs assist participants through scattered-site housing (market and non-market), plus wraparound services and the use of financial supports to subsidize rent and living costs and thereby increase self-sufficiency.
2. **Homelessness Prevention and Rapid Rehousing (HPRR):** Targeted, time-limited financial assistance and support services for those experiencing homelessness or at risk of becoming homeless to help them increase housing stability and/or prevent eviction. The program targets clients with lower vulnerability levels, using case management and financial supports to assist

with the cost of housing. Length of stay is usually 6 months to 1 year, as it targets those who can live independently after receiving subsidies and support services.

3. **Supported Referrals:** A customizable program designed for individuals and families who are experiencing or at imminent risk of homelessness. Participants can maintain existing relationships and community supports through a CA Agency, while also gaining access to the financial resources required to achieve ongoing housing stability.
4. **Permanent Support Housing (PSH):** Long-term housing and supports for individuals who are experiencing homelessness as well as complex mental health, substance use, and/or physical health barriers. PSH can be delivered in a place-based or scattered-site model to the highest vulnerability clients. While support services are offered and made readily available, the programs do not require participation to remain in housing. There is no limit to the length of stay in the program. (Note: St. John's has several PSH programs that are not listed in the figure below due to varying eligibility criteria.)

Other programs are also available through CA. The list of programs is subject to change based on revisions to the CA MOUs with CA Agencies.

The following table indicates the eligibility criteria for EHSJ-managed programs:

Figure 10: Eligibility Criteria for EHSJ-managed Programs

Program	Currently homeless	Needs not being met by existing system	Not able to self-resolve, i.e. insufficient resources or support networks	Type of homelessness				Vulnerability				Previous history of successfully maintaining housing	Estimated length of program intervention required for individuals to successfully maintain housing		
				Chronic ¹	Episodic ²	Transitional ³	At imminent risk ⁴	<15	15-25	25-35	35+		<12 months	12-24 months	>24 months or not at all
Intensive Case Management (ICM)	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓ or ✗	✗	✓	✗
Homelessness Prevention and Rapid Rehousing (HPRR)	✓ or ✗ ⁵	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗
Supported Referrals (SR)	✓ or ✗ ⁵	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗

Please note that EHSJ eligibility criteria are used as a guide and not intended to dismiss or obscure the diverse identities and/ or individual/ systemic causations of homelessness. It is important to note that EHSJ eligibility criteria is designed to be **flexible** to reflect client strengths, needs and goals to succeed in housing stability.

¹ **Chronic homelessness (Alberta definition):** Continually homeless for a year or more OR 4+ episodes of homelessness in the past 3 years, due to complex and persistent barriers related to health, mental health, and substance use.

² **Episodic homelessness (Alberta definition):** Homeless for less than a year AND <4 episodes of homelessness in the past 3 years, due to complex issues such as addictions or family violence.

³ **Transitional homelessness (Alberta definition):** Homeless for the first time OR <2 episodes of homelessness in the past 3 years, generally due to economic or housing challenges, requiring minimal and one-time assistance.

⁴ **At imminent risk of homelessness:** Housed, but do not have safe and appropriate housing for at least two months and do not have the resources or support networks necessary to avoid homelessness. Current housing ends in the near future (i.e. within 2 months); insufficient resources or support networks to avoid homelessness. Must meet one or both conditions: 1. Client receives an eviction, foreclosure, or utility termination; or 2. Client cannot make essential household payments due to sudden reduction in income; as a result, support needed to avoid an eviction or termination of utilities.

⁵ Currently homeless means sleeping rough, couch surfing, staying in a shelter, or a similar situation. Individuals who are not currently homeless must be at imminent risk of homelessness (see footnote 4).

5 ROLES AND RESPONSIBILITIES OF INDIVIDUALS AND ORGANIZATIONS

Participating CA Agencies must sign the St. John's Coordinated Access Memorandum of Understanding (Appendix N) and fill out CA MOU Schedule A (Appendix O)

CA is an initiative of End Homelessness St. John's (EHSJ) in partnership with the entire community of homeless-serving organizations. The following individuals and groups play a role in CA:

1. Frontline organizations
2. CA Agencies
3. VAT Assessors
4. Performance Management Planner
5. System Planner
6. CA Support Worker
7. CA Liaison Worker
8. CA Intake Table
9. Collective Impact Working Group (CIWG)
10. NAVNET
11. CA Implementation Committee
12. Systems Coordination Table

Figure 10: Roles and Responsibilities of Individuals and Groups

Individual or Group	Roles and Responsibilities
1. Frontline organizations	<ul style="list-style-type: none"> • Conduct CA Pre-Screener with participants • Where appropriate, attempt to divert participants from CA to mainstream community resources or existing supports • Send completed CA Pre-Screeners to CA Support Worker at: ca-ehsj@stjohns.ca
2. CA Agencies	<ul style="list-style-type: none"> • Provide program capacity as determined in the MOU • Host VAT Assessors as determined in the MOU • Provide representatives as required at CA Intake Table and CIWG • Review cases/recommendations to determine best match to available resources • Develop Action Plans (CIWG only)
3. VAT Assessors	<ul style="list-style-type: none"> • Conduct VAT with referred individuals • Send completed VAT documentation to CA Support Worker at: ca-ehsj@stjohns.ca
4. Performance Management Planner	<ul style="list-style-type: none"> • Ensures contracts and MOUs are up to date • Ensures that CA is compatible with ongoing EHSJ initiatives, such as HIFIS 4.0 implementation • Monitor outcomes of EHSJ-funded programs and other CA programs • Provide quality assurance, evaluation and continuous improvement of CA
5. System Planner	<ul style="list-style-type: none"> • Facilitates engagement of homeless-serving system partners • Develops protocols, processes, policies and procedures for CA • Ensures effective and efficient operations of CA • Maintains System Map and referral guide • Provides/facilitates training on VAT and other CA processes • Supports CA Agencies in transition • Develops monthly reports on CA process outcomes, outputs and learnings • Documents system barriers and represents these at Systems Coordination Table and NAVNET Steering Committee • Provides quality assurance, evaluation and continuous improvement of CA in conjunction with Performance Management Planner

<p>6. Coordinated Access (CA) Support Worker</p>	<ul style="list-style-type: none"> • Shares up-to-date information in a weekly System Capacity Report • Coordinates By Name List (BNL) • Reviews CA Pre-Screeners • Coordinates VAT scheduling • Receives documentation from VAT Assessors and reviews for quality and completion • Assigns cases to a meeting time slot (including length of time for each) • Identifies and ensures consent for member organizations present at each meeting • Provides supporting information for each case to members as required • Co-chairs CA Intake Table and CIWG meetings • Assists CIWG members with coordination of Action Plans • Follows up with Pre-Screener referral source on outcomes from decisions made at the CA Intake Table and CIWG • Works with VAT Assessors and liaises with Pre-Screener source
<p>7. Coordinated Access (CA) Liaison Worker</p>	<ul style="list-style-type: none"> • Attends CA Intake Table and CIWG meetings • Seeks additional information and documentation where required through CA Intake Table and CIWG • Shares information as required • Assists CIWG members with coordination of Action Plans • Follows up on outcomes from recommendations made at the CIWG table
<p>8. CA Intake Table (System Planner, VAT Assessors, CA Agencies as required)</p>	<ul style="list-style-type: none"> • Meets weekly • Review cases/referrals to determine best match to available resources
<p>9. CIWG (System Planner, VAT Assessors, CA Agencies as required)</p>	<ul style="list-style-type: none"> • Meets every two weeks • Reviews cases/referrals (VAT score 25+, plus at least one of the following: trimorbidity, involvement with multiple systems of care, long-term history of housing instability, and history of being unserved or underserved by service providers and public systems) to determine best match to available resources • Develops Action Plans (a coordinated system of care response amount community service providers and public systems based on a Housing First philosophy) • Documents participant's homelessness history and housing barriers • In cases where participants must take part in two programs due to complex and unique needs – creates a long-term, participant-centered Action Plan where ideally the individual can transition to only one program • Monitors outcomes every 3 months
<p>10. NAVNET</p>	<p>NAVNET provides two options:</p> <ol style="list-style-type: none"> 1. Brief intervention <ul style="list-style-type: none"> • For participants with a VAT score of 25+ from CIWG • Assesses what is required for participants with complex needs to have positive outcomes, i.e. rental assistance, support hours, etc.) • Works with EHSJ to bring issues to decision makers for a response 2. NAVNET'S Coordinated Systems Response Program <ul style="list-style-type: none"> • Requires a referral from a primary worker who is familiar with the individual and who can get individual response • Brings together various government departments, programs within Eastern Health, and some community organizations to commence a longer-term systems response for the participant • Participants need to have a Case Manager/ Social Worker who will continue to work with the person and join the participant's Multi-System Team
<p>11. CA Implementation Committee</p>	<ul style="list-style-type: none"> • Provides support and guidance to the CA process • Reviews and makes recommendations on CA materials and policies
<p>12. Systems Coordination Table</p>	<ul style="list-style-type: none"> • Engages public systems in CA process, including adding program capacity to CA • Identifies barriers and gaps in system that prevent successful housing outcomes through data obtained from CA • Proposes steps toward solutions to eradicate barriers and gaps

5.1 New CA Agencies

The CA process is strengthened through community partnerships. Enhanced participation from community and public agencies means that there will be more options and resources available for participants, resulting in better participant outcomes.

To ensure that the integrity of the CA process is maintained, any agency less than five years old will be required to complete the Application Form for New CA Agencies. This application process ensures that adequate information is collected on the agency's organizational structure, activities, and case management standards of service. Documents such as by-laws, letters of good standing, funding agreements, insurance, etc. are also requested. This process provides the ability to assess that the agency.

6. CONFIDENTIALITY, PRIVACY AND ACCOUNTABILITY IN CA

Ensuring the confidentiality of participants and compliance with ATIPPA, 2015 are of utmost importance throughout the CA continuum of service. All individuals who have completed a CA Pre-Screener (Appendix C) CA must also sign the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix E) with a VAT Assessor. All agencies participating in CA must abide by the St. John's Coordinated Access Information Sharing Policies & Procedures (Appendix B).

6.1 Documentation

Individuals participation in CA services and sharing of personal information is voluntary. All processes and use of information is transparent and should be communicated with the individual at various stages in the continuum. They should be informed how their information is collected, how it is stored, and all the agencies involved with CA. Collecting, storing and sharing of individual information will require informed consent through the completion of the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix E).

All contact with participants requires documentation in CA individual files. Please note that no documentation is stored on an individual until CA consent form has been signed. The location of documentation will be dependent upon the stage of engagement:

- Prevention/diversion work is not documented in CA individual files unless the St. John's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix E) has been signed and submitted to the CA Support Worker.
- VAT and supporting documentation are documented and stored in CA individual files.

6.2 Individual Access to Personal Information

The service delivery of CA is to occur in a transparent manner. If requested, participants will be given a copy of their completed VAT and the final score.

Participants may access their personal CA file in accordance with ATIPPA, 2015 standards. The individual may submit a request to EHSJ, verbally or in writing, for access to CA individual files. They will be permitted access in the presence of the VAT Assessor with whom they completed the VAT. The VAT Assessor will assist the individual in understanding the information. They may request corrections to their file, preferably with documentation to support the change. If the individual requests observable information, EHSJ will notate the request and retain the original observation. Any changes that are made must be made in CA files with printed paperwork.

6.3 Substance Use, Physical Barriers, and Communication Barriers

VAT assessments will occur in a location that is conducive to the participant's needs, i.e. the participant has mobility issues. The CA Support Worker will support the CA Pre-Screener referral source to identify a suitable location if necessary.

Recognizing that substance use and abuse is a chronic reality for many of the participants in the homeless-serving sector, it is unrealistic to expect complete abstinence. It is preferable that participants are sober when engaging with the CA; however, the individual need only to present as being able to engage in normal conversation, able to fully engage in the process and coherent enough to provide informed consent. If individual presents as too impaired, they will be encouraged to resume the session at another time when they are able to provide consent. These decisions will be at the discretion of the VAT Assessor. The CA Support Worker advise Pre-Screener source regarding the rescheduling of the VAT.

Communication barriers could include English as a foreign language, illiteracy, and hearing impairment. Each situation will be unique, and effort must be made to minimize or remove the barrier to make CA service delivery accessible to those in need. If specialized services are required (such as interpretation services), contact the CA Support Worker.

7. INDIVIDUAL AND STAFF SAFETY IN CA

The policies and procedures pertaining to the CA team (VAT Assessors) are **in addition** to the policies and procedures of the VAT Assessor's home agency.

7.1 Urgent Situations – Participants

Intakes that have the following risk features or concerns are considered urgent:

- Domestic/family violence;
- Suicide or self-harm risk concerns; and
- Homicide risk concerns.

If at any time in the CA continuum an individual indicates one of these urgent situations, the staff or VAT Assessor must consult with their program supervisor or manager of their agency, or a predetermined designate. The basis of consultation must be related to the immediate safety of participants, identified third parties or staff. In such a situation, the VAT Assessor will also inform the staff at the location where the VAT is taking place in the case of safety risks.

The VAT Assessor will document the situation in alignment with their agency's policies and procedures.

If authorities are involved or if there is any physical harm to participants, staff, others or property, the VAT Assessor will complete a written incident report within 24 hours, for submittal to both their home agency and EHSJ.

All significant incidents are to be reported to EHSJ and in adherence to all legislation, funder and professional requirements.

7.1.1 Domestic/Family Violence

In the case of domestic/family violence, the staff or VAT Assessor will take the following steps:

1. Explore the support system of the participant, including existing contacts with domestic violence service agencies, police or other services and the existence of any court orders or other legal involvement.
2. Assist the individual in developing a safety agreement to mitigate any identified risks for personal safety, whether the individual is planning to leave or stay in the abusive relationship. Determine if children are involved.
3. Advocate for the individual if they want an emergency placement in a domestic violence shelter and/or if they want to involve the police.
4. If calling an individual currently experiencing domestic violence to inform them of a housing match, speak only to the participant:
 - a) Do not leave messages unless the individual has instructed it is safe to.
 - b) If questioned by a third party who may answer, do not give any information or identify where you are calling from.
 - c) Ask the individual if it is safe to talk.
 - d) If the perpetrator is present when you call and the individual indicates they need police assistance, staff should act accordingly, then notify their program supervisor or manager. Complete an incident report that will be submitted to the System Planner.
 - e) Avoid email contact with an individual due to inherent risks to privacy. Email contact should only be considered when the individual has given express permission and when no other means of communication exist for the safe and timely notification of a housing match being obtained.

In cases where children are witnessing or experiencing violence, it is required to report. The Newfoundland and Labrador Child and Youth Care and Protection Act (2010) requires that any person who suspects that a child is in need of protective intervention shall immediately report the information to a manager, social worker or a peace officer (<http://assembly.nl.ca/Legislation/sr/statutes/c12-2.htm#11>).

As well, any individual situations that involve concerns for the welfare of children (under 16 years of age) and youth (16 to 18 years of age) must be explored. Under the Newfoundland and Labrador Child and Youth Care and Protection Act (2010):

Definition of child in need of protective intervention

10. (1) *A child is in need of protective intervention where the child:*

(c) is being, or is at risk of being, emotionally harmed by the parent's conduct and there are reasonable grounds to believe that the emotional harm suffered by the child, or that may be suffered by the child, results from the actions, failure to act or pattern of neglect on the part of the child's parent;

(3) For the purposes of paragraph (1)(c), parental conduct or living situations that may lead to emotional harm or risk of emotional harm to the child may include:

(h) living in a situation where there is violence.

Duty to report

11. (1) *Where a person has information that a child is or may be in need of protective intervention, the person shall immediately report the information to a manager, social worker or a peace officer.*

According to the Newfoundland and Labrador Child and Youth Care and Protection Act (2010) if there is a concern for the safety of a child/adolescent because of any of the following a report will need to be made (<http://www.assembly.nl.ca/Legislation/sr/statutes/c12-2.htm>):

- Physical abuse
- Sexual abuse
- Emotional abuse
- Verbal abuse
- Neglect
- Abandonment
- Lack of basic needs
- Parent or guardian death with no other known guardian
- Verbal abuse
- Witness to domestic violence
- Caused injury to another person or other living thing

The following are a few examples of situations in which there is evidence of concern for a child or youth:

- If an individual identifies concern about a child's safety, whether it is their child or someone else's;
- If an individual mentions feelings of being overwhelmed and unable to cope, and there are children involved; and
- If an individual identifies concerns with depression and/or suicidal ideation, and there are children involved.

In the case of concern for a child or youth, the staff or VAT Assessor will take the following steps:

1. Review the situation with the program supervisor or manager to clarify if any other or additional steps must be taken.
2. Invite the individual to report the matter to the Department of Children, Seniors and Social Development (CSSD) at (709) 729-4612 (St. John's metro area).
3. Should the individual not be willing to self-report, the staff or VAT Assessor will advise the individual that this matter must be reported to CSSD. The staff or VAT Assessor will need to consult with the program supervisor or manager and review the details of the concerns. When reporting to the CSSD indicate if the individual has secured a safe alternate arrangement such as a domestic violence shelter.

It is recognized that homelessness is not a child protection matter. If a youth discloses that they are not living with their family of origin due to protection issues, then a report will be made.

If a minor provides contact information for a parent or guardian, the staff or VAT Assessor will use this to inform them that the youth has had contact with them through CA. Where there was not disclosure of protection issues, the staff or VAT Assessor will explore the parent's willingness to work on reunification with the youth. If the parents/guardians and the youth are willing, then arrangements will be made with appropriate services such as the Choices for Youth Family Reconnect Program.

7.1.2 Suicide or Self-Harm Risk Concerns

Staff involved in CA must be cognizant of the complex life circumstances and vulnerabilities of many participants' situations. When the individual exhibits indicators or expresses suicidal ideation, the staff or VAT Assessor must assess the risk of suicide.

As informed by the Canadian Association of Social Work Code of Ethics, the VAT Assessor will take all reasonable steps to "...prevent serious, foreseeable and imminent harm to a client or others" (https://casw-acts.ca/sites/casw-acts.ca/files/documents/casw_code_of_ethics.pdf, p. 7).

All CA Agencies will be required to have a worker on site who has been trained in Applied Suicide Intervention Skills Training (ASIST), and who has maintained current certification.

In the case of suicide or self-harm risk concerns, the staff or VAT Assessor will take the following steps:

1. Conduct a suicide assessment according to ASIST training.
2. Based on the assessment, take appropriate action. This could include safety planning and provision of relevant resources, contacting the Mobile Response Team (MRT) or emergency services such as the Royal Newfoundland Constabulary or 911 to have the individual transported to the hospital.
3. Consult with the program supervisor or manager if any individual presents with suicidal ideation and act accordingly, making staff at the location aware if necessary.

7.1.3 Homicide Risk Concerns

Participants may present with significant distress involving conflict with various people in their lives. It is critical that the staff or VAT Assessor assess the risk of harm to others. All homicide risk concerns must involve consultation with the System Planner, who will consult with the Executive Director (or equivalent) of the relevant organization. The staff or VAT Assessor will also consult with the program supervisor or manager.

Factors that must be considered include:

1. **Clarity:** The threat has been made against an identifiable person or group of persons.
2. **Seriousness:** The threat conveys a sense of serious harm or death.
3. **Imminence:** The threat made is foreseeable and probable, conveying a sense of urgency.

If, after consultation, there is reasonable concern, then the System Planner/ CA Support Worker or program supervisor or manager will assist the staff or VAT Assessor in contacting the Royal Newfoundland Constabulary.

7.1.4 Victims of Crime

The staff or VAT Assessor recognizes that, due to their situation, many of the participants are at a higher likelihood of being victims of crime. If an individual discloses that they have been a victim of crime, the staff or VAT Assessor will support them by assisting them to contact the appropriate supports as required. This may include contacting the Royal Newfoundland Constabulary and/or connecting the individual with provincial Victim Services (<http://www.victimserviceshelp.ca/children.html>).

7.2 VAT Assessor Safety

It needs to be recognized that participants facing extraordinary difficulties and challenges may present with heightened agitation or in an unpredictable manner. This may impact the VAT Assessor's mental, physical and emotional wellbeing. Ensuring the safety of staff is important in CA service delivery, both onsite and when providing mobile community services.

7.2.1 Mobile Services

Mobile services have the potential for increased risk factors due to isolation from the controlled and supported environment of an agency and colleagues. The VAT Assessor should be aware of the same

safety concerns as when at their agency and know that they are not expected to remain in any situation where they feel physically or emotionally unsafe.

Foreseeable risk factors identified will be mitigated through advance safety planning by the CA Support Worker. VAT Assessors should carry identification with them at all times while providing mobile CA services. All VATs must take place in a controlled environment, such as a community agency, hospital or prison.

If there is any foreseeable risk identified by a Pre-Screener source, the VAT must be conducted in pairs (i.e. with another staff person from the VAT Assessor's home agency or the CA Support Worker).

7.2.2 Use of Personal Vehicles

VAT Assessors will maintain their vehicles in a safe operating condition, carry insurance, and drive in a safe and responsible manner. Staff will not transport participants in their own vehicles.

VAT Assessors are encouraged to be mindful of safety factors such as lighting, minimizing isolation, and distance from their vehicle to the meeting location.

7.2.3 Communication

When providing mobile services, the VAT Assessors must carry a charged cellular phone with them at all times, recognizing that in settings such as hospitals they may need to be shut off. The VAT Assessor will be provided with a safety contact person in accordance with their organizational safety procedures. If the individual meeting is after hours, the VAT Assessor will check in and out with a safety person as designated by their organization.

The VAT Assessor is required to check in with the safety contact by phone when they arrive at the institution or facility where the mobile service is being provided. A safe meeting space will have been prearranged by the requesting party, facilitated by the CA Support Worker. If the VAT Assessor feels that the meeting space is not safe or does not meet privacy requirements, they are to resolve this with the contact person prior to commencing the session or leave and suggest that the VAT occur at another time. VAT Assessors are to make the CA Support Worker aware of all safety and/or privacy concerns. The CA Support Worker will work with the Pre-Screener source to identify a safe and private location for the VAT to occur. The VAT Assessor must also check in and out with the contact person upon completing the mobile visit.

If the staff has not checked in within thirty minutes of the scheduled start or end time of the session, the safety contact will attempt to contact the staff on their cellular phone. If unable to reach the VAT Assessor, the safety contact will contact the location of the session. If the VAT Assessor has been reported to have left the location of the session, a second attempt will occur to contact the VAT Assessor using their cellular phone. If it is after hours the staff's home number will also be attempted. If this fails, the agency's Executive Director (or equivalent) will be contacted.

7.3 General Responsibilities for Safety

Safety of staff is a concern in CA service delivery. All levels of staff (EHSJ and CA Agencies) are responsible in ensuring and promoting a safe work environment.

The following guidelines will be adhered to:

1. Staff will adhere to the safety policies and guidelines outlined by both CA and their home agencies.

2. Staff will maintain a clean, organized and safe workspace. This includes practicing universal precautions such as washing your hands. It is encouraged that staff use a hand sanitizer when providing mobile services, before and after each session.
3. The System Planner will review with CA Agency management any environmental safety concerns, including ensuring that workspaces continue to meet workplace safety standards.
4. Staff will report incidents and both situational and environmental safety concerns to their direct supervisor and the System Planner in a timely manner. Attention and corrective action will occur as needed and in a timely manner.
5. The System Planner will review all incident reports. At minimum, there will be a semi-annual safety review that will include a review of all incident reports and any other safety concerns that have been noted by the EHSJ team. Safety policies or environmental changes will occur as needed as a result of these reviews.
6. Staff will maintain an emotionally and physically safe environment by abstaining from any actions that would be perceived as emotionally, physically or sexually intimidating or degrading of other staff. If staff are experiencing such treatment, they are encouraged to address it directly with the other staff member. If this is not effective in resolving the situation or the staff does not feel safe to do so, then they will report to their direct supervisor. If the concern involves the supervisor, the staff may report to that person's direct supervisor. Consultation and mediation will occur to reach a resolution to maintain an emotionally and physically safe work environment.
7. If the alleged actions appear to be of a criminal nature, the matter will be referred to the Royal Newfoundland Constabulary for further investigation.
8. If the alleged person is a registered social worker (RSW) and the misconduct appears to conflict with the Canadian Association of Social Workers Code of Ethics, the misconduct will be reported for investigation into professional misconduct.
9. Any necessary disciplinary or corrective actions will occur in consultation with the VAT Assessor's home agency, according to established policies and procedures.

7.3.1 Whistleblower Protection and Responsibility

The following guidelines apply to situations in which the staff must act as whistleblower:

- Staff are encouraged to report possible fraudulent, unethical or dishonest conduct.
- Anyone making allegations with malicious intent or reckless disregard for the truth may be subject to disciplinary actions.
- The person making the allegation will not provide premature notice to the suspect of misconduct and/or disclosure of suspected misconduct to others not involved in the investigation. To do so may result in disciplinary actions.
- The identification of the person making the report will be protected unless the person making the report gives permission, it is required for legal investigation, or if the person being accused is entitled to the information as a matter of legal right.
- The person making the report will be protected from any retaliation or discrimination as a result of making the report.
- Staff that are the subject of an incident will debrief with their direct supervisor and be offered ongoing support including accessing professional counselling services.

8. UPDATES

The current version of the Coordinated Access Manual for St. John's is indicated on the front page. This document will be updated approximately every quarter to include new learnings and to provide opportunity for revisions. It is the responsibility of the agency to work from the most current version and discard the outdated version.

Updates will be recorded here in point form:

- October 2017
- April 2019