

---

# **COORDINATED ACCESS PROCESS (CAP) LIVING GUIDELINES**

---

**EFFECTIVE JULY 2016**

---

**Updated September 2020**

---



---

# TABLE OF CONTENTS

---

<b>TERMS OF REFERENCE</b> .....	3
PURPOSE OF THE COMMITTEE .....	3
GUIDING PRINCIPLES .....	3
COMMITTEE MEMBERSHIP .....	3
ROLES AND RESPONSIBILITIES .....	4
GOALS OF THE COMMITTEE .....	5
CONSENSUS MODEL .....	5
MEETINGS .....	6
PRIORITIZATION PROCESS .....	6
MEET & GREET .....	8
PROGRAM MATCHING PROCESS .....	8
CASE CONFERENCING .....	9
PREVENTION PROGRAMS .....	9
GRIEVANCE AND APPEALS .....	9
TERM .....	10
<b>OPERATING PROCEDURES</b> .....	11
DIVERSION .....	11
CLIENT ASSESSMENT AT COORDINATED ENTRY .....	12
CAP COMMITTEE MEETING .....	13
AFTER THE CAP COMMITTEE MEETING .....	15
PROGRAM TRANSFERS .....	15
RE-HOUSING CLIENTS ENROLLED IN “GRADUATE” .....	16
<b>PROGRAM MATCH MEETING GUIDELINES</b> .....	18
POSSIBLE PROGRAM MATCH MEETING PROCESS .....	18
FORMAT OF THE POSSIBLE PROGRAM MATCH MEETING .....	18
AFTER THE POSSIBLE PROGRAM MATCH MEETING .....	19
<b>KEY MESSAGES</b> .....	20

# TERMS OF REFERENCE

## PURPOSE OF THE COMMITTEE

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

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

## GUIDING PRINCIPLES

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

## COMMITTEE MEMBERSHIP

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

Organization	Program	CAP Participant
Bredin Centre for Learning	PATH Prevention Program	Program Coordinator
Outreach Centre	Red Deer Housing Team - Rapid Rehousing Level 1&2	Director of Outreach Services and/or Team Lead
Safe Harbour Society	Coordinated Entry	Program Supervisor Coordinated Entry Workers
Canadian Mental Health Association	Amethyst House Pathways to Housing	Program Supervisor Program Supervisor
McMan Central	Arcadia Program (Youth) Youth Coordinated Entry	Housing Coordinator Coordinated Entry Worker
Red Deer Native Friendship Society	pimâcihowin Aboriginal ICM & Rapid Rehousing Level 1&2 Reaching Home Prevention Indigenous Coordinated Entry	Director of Programs Case Manager Coordinated Entry Workers Team Lead
YMCA of Northern Alberta	Homeward Bound – ICM	Team Lead
City of Red Deer	Safe & Healthy Communities	Program Coordinator – Housing

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

## **ROLES AND RESPONSIBILITIES**

### **Chair Responsibilities:**

- Oversee the referral process in a manner that is in accordance with the CAP Terms of Reference, Operating Procedures and established prioritization guidelines.
- Create and manage the prioritization list and ensure referrals are made to the appropriate housing programs.
- Ensure the structure of the meeting is followed and time is respected.
- Guide the group through difficult decisions and ensure the consensus decision making model is respected.
- ETO data entry to ensure program referrals are completed in an accurate and timely manner.

### **Coordinated Entry Responsibilities:**

- Make a commitment to attend all CAP meetings or send an alternate in their place.
- Ensure that an up-to-date SPDAT is done for each client and that data is input into ETO prior to CAP meetings.
- Present and discuss relevant client information at the CAP meeting including SPDAT score, history of homelessness, client needs and housing preference.

### **Housing Program Responsibilities:**

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

### **The City of Red Deer (Safe & Healthy Communities) Responsibilities:**

- Send a member from the Safe & Healthy Communities department to participate in CAP Committee meetings.
- Document potential program gaps, identify needs of the committee and advocate to ensure clients are not left out of the process. This information will be used for informed decision making, advocacy work and future planning.
- Ensure the Terms of Reference are up to date and reflect the purpose and vision of the group.
- Provide technical assistance with the Efforts to Outcomes (ETO) database and managing the prioritization list.

### **Executive Committee:**

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

Organization	Program	CAP Executive Participant
Bredin Centre for Learning	PATH Program (Prevention)	Regional Manager
Canadian Mental Health Association	Amethyst House Pathways to Housing	Program Supervisor Program Supervisor
Outreach Centre	Red Deer Housing Team - Rapid Rehousing Level 1&2	Director of Outreach Services and/or Team Lead
McMan Central	Arcadia Program (Youth) Youth Coordinated Entry	Housing Coordinator Team Lead
Safe Harbour Society	Coordinated Entry	Coordinated Entry Workers
Red Deer Native Friendship Society	pimâcihowin Aboriginal ICM Prevention Indigenous Coordinated Entry	Director of Programs Team Lead
YMCA of Northern Alberta	Homeward Bound – ICM	Manager
City of Red Deer	Safe & Healthy Communities Department	Housing & Homelessness Supports Supervisor and/or Program Coordinator - Housing

## GOALS OF THE COMMITTEE

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

## CONSENSUS MODEL

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

### Guiding Principles:

- Agreement Seeking – A consensus decision making process helps participants reach as much agreement as possible.
- Collaborative – Participants contribute to a shared discussion and shape it into a decision, meeting the concerns of all group members as much as possible.
- Cooperative – Participants in an effective consensus process will strive to reach the best possible decision for the client, rather than competing for personal preferences.
- Egalitarian – All members will be afforded, as much as possible, equal input into the process. All members have the opportunity to present and provide input into the process.

- Exhaustive – Reaching consensus does not assume that everyone must be in complete agreement, but rather that all opportunity for discussion and deliberation has been exhausted and that all members have received acceptable responses to their comments, questions and concerns.
- Inclusive – All members will be involved in the consensus decision making process.
- Participatory – The consensus process will actively solicit the input and participation of all decision-makers.

## MEETINGS

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

### Meeting Agenda:

1. Review available program spaces.
2. Review pending referrals from previous CAP meeting.
  - *Leave on Prioritization List* – The program is still trying to connect with the client to arrange a Possible Program Match meeting. The client remains on the pending referral list.
  - *Successful Program Match* – The program has met with the client, explained the program and both parties agree the program is a good match, and a Possible Program Match meeting is complete. The program accepts the referral in ETO so the client can be removed from the prioritization list.
  - *Return to Prioritization List* – The client’s needs could not be met by the program, or the client does not meet program eligibility. The program does not accept the referral in ETO so the client can return to the prioritization list.
  - *Remove from Prioritization List* – Multiple and varied attempts to find the client have been unsuccessful. Client is removed from prioritization list until they re-engage in the intake process.
3. Program Transfers – Clients who are currently with a Housing First program and need to transfer to a different program that better meets their needs are considered first.
4. New Program Matches – Clients on the prioritization list are reviewed and matched to available programs.

## PRIORITIZATION PROCESS

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

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

### Location of Clients Served:

Generally intake/assessment will only be done for individuals who are within Red Deer city limits. However, this may be expanded to individuals who are within a 45 minute drive of Red Deer (e.g., Lacombe, Blackfalds, Springbrook, Penhold, Innisfail, Sylvan Lake, Rimbey), if a form of transportation is available.

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

**Prioritization Guidelines:**

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

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

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

**Exception:** There is an exception to the above. Individuals with very unique and special circumstances (e.g., regular engagement with Coordinated Entry, a very long period of time on the priority list, and/or for pregnancy, danger, and or medical purposes) may be prioritized higher on the list. Each Coordinated Entry Team will have the opportunity to submit one exception (per team) to the CAP Chair by Tuesday at 1 p.m. If more than one exception is brought forward amongst the collective teams, a meeting will be held Tuesday prior to the CAP meeting.

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

Individual SPDAT	Family SPDAT	Eligible Programs
45-60	66-80	- Permanent Supportive Housing (Individual SPDAT) - Pathways to Housing (Individual SPDAT at least 50) - Intensive Case Management
35-44	54-65	- Permanent Supportive Housing - Intensive Case Management - Rapid Rehousing Level 2
20-34	27-53	- Rapid Rehousing Level 1

A CAP report from the Efforts to Outcomes (ETO) database will be brought to each meeting that prioritizes clients based on where they are currently staying, acuity, history of homelessness, and pregnancy. This prioritization list will be updated by the Safe & Healthy Communities Department.

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

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

## **MEET & GREET**

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

## **PROGRAM MATCHING PROCESS**

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

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

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

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

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

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

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

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



match had been made at CAP. Dependent on the matched program’s preference Coordinated Entry will attend the Possible Program Match meeting.

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

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

All program matches, referrals and notes will be recorded on a spreadsheet and data entered into ETO by Central Alberta Women’s Outreach Society.

**CASE CONFERENCING**

It is recognized that not all clients will be matched to a program through the CAP Committee because there may not be a suitable program to meet their needs. Currently evaluating how the community will address case conferencing moving forward.

**PREVENTION PROGRAMS**

The Coordinated Access Process is for clients experiencing chronic or episodic homelessness. Prevention programs do their own intake and are not required to go through the Coordinated Access Process. Clients who are at risk of homelessness or newly homeless for the first time should be referred to a Reaching Home prevention program or other program in the community that can meet their needs.

When determining if a client is a fit for a prevention program, their history of homelessness should be considered. If the client’s last episode of homelessness was between 3 to 5 years ago, then the client can be eligible for a prevention program. This includes 3 years for clients who were episodically homeless in the past and 5 years for clients who were chronically homeless in the past. The length of time the client requires support should also be considered. For example, if the client needs more than 3-6 months support they should be referred to CAP to access Rapid Rehousing.

Housing First or Prevention program may require a program with longer case management supports to better meet their needs. In these cases, the client will be referred to Coordinated Entry to update the SPDAT and complete the CAP intake interview. The client will be then be referred to the CAP.

**GRIEVANCE AND APPEALS**

Type of Grievance	Example	Process to Follow
Coordinated Access Process	<ul style="list-style-type: none"> <li>• Client is frustrated they have not been matched to a program yet.</li> <li>• Client thinks that the terms of reference were not followed when a program match was made.</li> </ul>	<ol style="list-style-type: none"> <li>1. Client presents their grievance to the program that they are working with.</li> <li>2. The grievance is discussed at the CAP Committee meeting and a response is determined.</li> </ol>

	<ul style="list-style-type: none"><li>• Client thinks their confidentiality has been breached at the CAP Committee.</li></ul>	3. The Chair of the committee provides a written response to the client's grievance.
--	---	--

**TERM**

The term of the Coordinated Access Process (CAP) Guidelines will be from April 1, 2020 – March 31, 2021. The Terms of Reference, as a living document, will be reviewed and updated as necessary during this time to ensure the committee is effective.

# OPERATING PROCEDURES

## DIVERSION

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

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

Dialogue with client:

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

Diversion Exploratory Questions:

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

Examples of Diversion Resources:

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

## CLIENT ASSESSMENT AT COORDINATED ENTRY

1. All other policies/procedures in this Guidelines document apply to Coordinated Entry (e.g., location of client's housing).
2. Explain confidentiality and review the Consent to the Disclosure of Personal Information form with the client.
  - The client may choose to exclude certain agencies from the list and their information will not be shared with that organization. Please make note of this in ETO.
3. Complete the SPDAT assessment with the client.
  - The Service Prioritization Tool (SPDAT) is an assessment tool for agencies that work with individuals/families experiencing homelessness to prioritize which of those individuals/families should receive assistance first.
  - Completing the SPDAT will ensure the client is entered into triage/prioritization list for consideration. It does not guarantee a match to a housing program.
  - It is very important to record notes for each SPDAT element in ETO. This information is critical to help determine an appropriate program match for the client. Notes should contain enough information to make an informed decision at the CAP Committee meeting.
  - Only Coordinated Entry workers trained on how to complete the SPDAT should conduct assessments.
  - It is important not to rush through a SPDAT and some situations will require a second appointment or the collection of information from professionals, if applicable.
  - When completing a family SPDAT, clearly document where the children are currently staying.
  - SPDATs will be reviewed every 90 days and updated if a significant change is identified for clients on the prioritization list in CAP or sooner if the client's situation changes (e.g., hospitalization; frequent emergency room visits; incarceration; involvement with police/justice; medical conditions; income change; living arrangements (shelter, couch surfing, sleeping rough)).
  - The Chair will flag overdue assessments and discuss with Coordinated Entry staff.
4. Provide a brief explanation of each Housing First program so the client understands the options and the expectation of case management.
5. Discuss housing preferences with the client.
  - Explore what type of housing situation the client is interested in – scattered site, independent living, roommate, shared living, permanent supportive housing, etc. Ask what their second choice is, should their first program choice not be available.
  - Ask whether or not the client wants sobriety. This information has direct implications on which programs clients can be matched with.
6. Discuss all possibilities of how the client can be reached in the future.
  - This includes phone, email, messages, other professionals in the community, etc.
  - If a program match is made, the Coordinated Entry worker will have to locate the client to inform them. In order to be effective and efficient, multiple access point should be identified.
  - Clients should be encouraged to check-in regularly and keep in contact with their Coordinated Entry worker.
  - Clients who have been on the prioritization list for over 90 days and who have not kept in contact with their Coordinated Entry worker will be removed from the prioritization list until they re-engage in the CAP process.

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

## **CAP COMMITTEE MEETING**

1. Program spaces will be sent in to Chair by Tuesday at 1 p.m.
2. Client demographics and SPDATs must be entered into the Coordinated Entry site in ETO & exceptions to be submitted to chair by Tuesday at 1:00 pm in order to be considered at the CAP meeting.
3. If there are multiple exceptions submitted, Coordinated Entry Teams will meet together to discuss the client who should be prioritized as an exception for the following day's meeting.
4. The CAP Committee will meet every Wednesday at 9:00 a.m., either in person at an established location, or online through video/audio conferencing. City of Red Deer chairs the committee and provides administrative support.
5. City of Red Deer will print the prioritization list and pending referrals from ETO.
6. Safe & Healthy Communities will check on program history in ETO for each client on the prioritization list.
7. The CAP Committee meetings will use the following process:
  - a. Coordinated Entry workers provide updates on the pending referrals (clients matched to a program at the previous meeting).
  - b. Review available spaces.
  - c. Program Transfers are considered first by reviewing clients who are currently in a Housing First program and need to transfer to a different program that better meets their needs. These clients are matched to programs immediately and do not need to be placed back on the CAP list. Rationale for the program transfer will be provided during the CAP meeting.

- d. All clients on the prioritization list are sorted by where they are staying, SPDAT score, and history of homelessness. Clients with the highest SPDAT score and longest time homeless are matched to a program first. Priority will be on the rough sleepers and shelter stayers. When clients have the same SPDAT score and history of homelessness, the following SPDAT elements will be considered when matching clients to a program:
  - Physical health & wellness
  - Mental health & wellness and cognitive functioning
  - Involvement in high risk activities and/or exploitive situations
- e. Coordinated Entry workers will present clients to the CAP committee and make program referral suggestions based on client need. The presentation will include a brief description of the client’s situation and a recommendation for a program match based on their housing preference.
- f. The client’s SPDAT will be brought up in ETO during the meeting for the Committee to review the comments as necessary.
- g. Clients are matched to a program, taking into consideration client choice, history of homelessness, acuity, best program fit, and available program spaces.
- h. The following acuity scale will be used to guide the matching process:

Individual SPDAT	Family SPDAT	Eligible Programs
45-60	66-80	- Permanent Supportive Housing - Pathways to Housing (Individual SPDAT score of at least 50) - Intensive Case Management
35-44	54-65	- Permanent Supportive Housing - Intensive Case Management - Rapid Rehousing Level 2
20-34	27-53	- Rapid Rehousing Level 1

- i. Those clients with the longest time homeless and the highest acuity will be prioritized for program matching.
  - Youth will be matched to programs with spots for youth between the ages of 16-24. Youth over the age of 18 may also be matched to other programs that meet their acuity.
  - Clients with a Family SPDAT will be matched to programs with spots for families.
  - Clients with a single SPDAT will be matched to a program that meets their acuity.
- j. If a client’s choice for a program match is not available, they may be matched to the next best option (based on previous discussion with the client) or wait on the prioritization list until their program preference becomes available.
- k. Housing programs accepting clients should ensure they have the required information to make an informed decision at the meeting and do their due diligence in following through on that referral. Programs are not obligated to accept a client if their program is not a good fit for that client.
- l. Coordinated Entry workers will update the client’s SPDAT assessment with a client if they have had a significant change in their situation or if they have been on the prioritization list for more than 90 days.
- m. Clients who have been on the prioritization list for over 90 days and who have not kept in contact with their Coordinated Entry worker will be removed from the prioritization list until they re-

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

## **AFTER THE CAP COMMITTEE MEETING**

1. Immediately after the meeting, the Chair will make the referral in ETO to the program the client has been matched to.
2. The Team Lead for the housing program will review the SPDAT in ETO and contact the Coordinated Entry worker if there are concerns/questions within one day. If there are no concerns they will advise Coordinated Entry to proceed with the Possible Program Match meeting.
3. The Coordinated Entry worker will notify the client of a Possible Program Match meeting. This will involve an in-person meeting with the Housing First Program, Coordinated Entry may be required as per the housing program's preference.
4. At the following CAP Committee meeting the Coordinated Entry worker will report back on all pending referrals.
5. If the Possible Program Match meeting is completed and the housing program and client agree to the match, the program will accept the referral in ETO.
6. If the client declines the program match or if the housing program is not a good fit, the program does not accept the referral in ETO. The client will go back on the CAP prioritization list to be discussed at the next meeting.
7. If the client no longer needs the housing program (found housing on their own, moved, etc.) the program does not accept the client in ETO. This information is shared at the CAP meeting and the Chair will dismiss the client from the CAP site. The client can be re-enrolled in the CAP site at any time should they re-engage in services.
8. If the client cannot be found within six weeks of being matched to a housing program (time frame is flexible depending on the client's situation), the program does not accept the referral in ETO, informs Coordinated Entry and the Chair, the Chair will dismiss the client from the CAP site. When the client re-engages with Coordinated Entry an updated SPDAT would be completed for the client and they would go back on the prioritization list.

## **PROGRAM TRANSFERS**

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

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

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

- At the beginning of each CAP meeting the list of program transfer clients will be discussed and these clients will be matched to a program that meets their needs. These clients do not need to wait on the prioritization list. Rationale for the program transfer will be provided at the CAP meeting. The case manager from the program the client is transferring will present the client. The case manager may however, request Coordinated Entry to present the client.
- Examples of situations where program transfers may apply:
  - Client is about to be evicted from a place-based housing first program (Buffalo, Arcadia Transitional Housing for Youth, Supported Housing) or has recently been evicted from a housing program.
  - Client needs to move to another program that better meets their needs. For example, client moves out of Buffalo and into Supported Housing, or client in Rapid Rehousing program needs more support through an Intensive Case Management program.
- The following people will be present during the possible program match meeting for clients transferring from one Housing First to another – Case Manager from current program, Case Manager from new program. Coordinated Entry staff will attend if requested.
- The following documents will be shared with the new program
  - Consent to File Transfer form
  - Updated SPDAT
  - Lease agreement
  - Walk through checklist and pictures of unit
  - Third party payment agreements
  - Applications for income (e.g., AISH, Income Support)
  - Any other forms required for case management (budget, crisis plan, risk assessment, referrals to cultural supports and other community supports)

### **Transfers from Housing First Program in Other Communities**

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

- Client will be referred to Coordinated Entry to complete a SPDAT and CAP Intake Interview. The client will then be referred to the Coordinated Access Process (CAP) site in ETO.
- The client will be included on the CAP Prioritization List to be matched to a program that meets their needs in accordance with the regular prioritization guidelines.

### **RE-HOUSING CLIENTS ENROLLED IN “GRADUATE”**

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



- They will be referred to the Coordinated Entry service provider for an updated SPDAT assessment and be added to the CAP prioritization list.

# PROGRAM MATCH MEETING GUIDELINES

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

## POSSIBLE PROGRAM MATCH MEETING PROCESS

1. The Team Lead for the housing program will review the SPDAT in ETO and contact the Coordinated Entry worker if there are concerns/questions. If there are no concerns they will advise Coordinated Entry to proceed with the Possible Program Match meeting.
2. The Team Lead for the housing program will provide the case worker with a copy of the SPDAT prior to the Possible Program Match meeting.
3. The Coordinated Entry worker will make contact with the client to tell them they have been matched to a program and make an appointment time for the Possible Program Match meeting.
4. All efforts to connect with the client must be documented in ETO through case notes.
5. If the Coordinated Entry worker is successful in contacting the client, a Possible Program Match meeting should be arranged as soon as possible.
6. If the Coordinated Entry worker is unable to contact the client within the required time frame, they must continue to actively contact the client through various means (e.g. phone, email, text, in-person, searching community, etc.) The program referral will be not accepted in ETO after 14 days of unsuccessful contact with the client. This decision will be made in consultation with the team lead, Coordinated Entry worker and case manager.

## FORMAT OF THE POSSIBLE PROGRAM MATCH MEETING

1. The Possible Program Match meeting will take approximately one hour and may occur at the agency's office or any other location where the client is most comfortable (e.g. library, McDonalds, other community agency, etc.). Consideration must be given to the safety of staff, privacy and confidentiality of client information when deciding upon a suitable location.
2. The Coordinated Entry worker will provide the following documents to the Housing Program for the meeting:
  - Copy of most recent SPDAT
  - CAP Intake Interview
  - Copy of case notes entered into the CAP site in ETO, if applicable.
  - Any additional information to help with the meeting.
3. The case worker will bring the Consent to File Transfer form to the Possible Program Match meeting.

4. The Possible Program Match meeting will be led by the case manager from the Housing First program. They will explain the housing program that the client has been matched to; ensuring the clients has a good understanding of the program including the expectations of the client and case worker.
5. If the Coordinated Entry worker is present, they will share information about the client including key components of the SPDAT and any other relevant information (income, community supports, etc.) that will assist in the case management support. Note: The Possible Program Match meeting is not for reassessment of the client's SPDAT.
6. Provide an opportunity for the client, case manager and the Coordinated Entry worker (if present) to ask questions or provide additional information. In situations where the client provides new information that may change their eligibility for the housing program (e.g. SPDAT score no longer in program range), this will be reviewed by Coordinated Entry and the client at a separate meeting.
7. The case manager and client agree on their next meeting date which will be within two business days of the Possible Program Match meeting.
8. Although best efforts are made through the Coordinated Access Process to make suitable program matches, there may be instances where the client or housing program decides not to continue with the Possible Program Match meeting. For example – the client refuses the program after hearing more information about the program and feels it is not a good fit, or the program may decline the client if their circumstances have changed beyond the scope of the program. In the instance where the program is declining the client, the Team Lead/Case Manager for the program will have this discussion with the client.

## **AFTER THE POSSIBLE PROGRAM MATCH MEETING**

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

Due to the connection Coordinated Entry has with clients who are in shelters or sleeping rough, they will continue to play an important role in helping to find clients who have disengaged in the Housing First programs. There are also times when a letter of support from the Coordinated Entry worker may be appropriate for income, housing, etc.

# KEY MESSAGES

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

## WHAT IS CAP?

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

## WHAT IS SPDAT?

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

## WHAT IS THE CAP COMMITTEE?

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

## HOW ARE CLIENTS NOTIFIED OF A PROGRAM MATCH?

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

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