

Calgary Coordinated Access and Assessment: High-Acuity Placement Committee (HAPC)

Terms of Reference

Background

Throughout 2012 and 2013 the Calgary Homeless Foundation (CHF) engaged in a thorough community consultation plan regarding Coordinated Access and Assessment (CAA); the community was vocal about participating in the placement of clients in their housing programs. In order to respect agency autonomy over client program placements, the concept of Placement Committees was developed. The committees would allow for dialogue, discussion and placements to be made in a group rather than one agency making the decisions in silo.

Much of the policy, process and practices are outlined in the CAA Manual. These Terms of Reference help define the purpose, process, and structure of this committee.

Term

The term for this committee is from 2013 to 2018.

Defining High Acuity

For the purposes of this Terms of Reference and the committee, high acuity is defined as 48-60 on the Service Prioritization Decision Assistance Tool (SPDAT).

Acuity Scale	HMIS / SPDAT SCORE
High Acuity	48 - 60

While the primary focus of this committee will be within this scoring range, a variety of factors can be considered upon client placement which can exceed this range.

Committee Membership

Membership of the HAPC will be drawn from the staff of a wide range of homeless serving agencies that focus on high acuity clients (as defined above in section 2). The intent of the membership is for agencies to have representation to support the acquisition of clients into their program or to provide support to other agencies for this matter.

The Placement Committee will ask their management to attend if there are issues needing to be resolved that cannot be addressed with the current membership.

Current membership of the HAPC includes the following:

Agency
Calgary Homeless Foundation – System Planning
Distress Centre CAA
Accessible Housing Society – New Bridge, Bridge to Home
The Alex – Pathways to Housing, HomeBase, Abbeydale
Alpha House – Scattered site, PSH - Community, PSH - Madison, Sunalta, Francis Manor, Aurora

Calgary John Howard Society – AHRP, Stepping Stone Manor
The DI – Supportive Housing
Keys to Recovery
YWCA – Community Housing (Croyden), Providence
Alberta Health Services – Regional Housing; Bridgeland and Ophelia

Guests are welcome to attend Placement Committee so long as they understand the purpose and goals of the committee and are respectful of the process. The committee can decide to prohibit guests from attending if the common goals are not respected, understood or followed. If a member would like to invite a guest, please notify the Chair or Co-Chair by email prior to the meeting. The guest will be introduced and the goals of the committee will be reviewed with the guest. They will be asked to sign a confidentiality form.

Regular Guests:

Agency	Program	Representative	Title	Committee Role	Email
CPS	Vulnerable Persons Unit*	Devon Oullette	Constable	Observer	DOuellette@calgarypolice.ca
The City of Calgary	Community Standards (Bilaw)	Jody St. Pierre Melanie Thomas	Community Peace Officer	Observer	jody.st.pierre@calgary.ca Melanie.Thomas@calgary.ca
AHS	FAOS	Reanna Teske	Outreach Nurse	Observer	Reanna.Teske@albertahealthservices.ca
AHS	CTT	Jessica Thompson	Clinical Supervisor	Observer	Jessica.Thompson@albertahealthservices.ca

*The VPU offers collaboration at HAPC to assist with client placement, location, and housing retention strategies. VPU may provide recommendations in consideration of client safety, program staff safety, and community safety when placing high acuity clients in to scattered site housing.

Recommendations from VPU around safety concerns could include:

- Housing Location (i.e. not housing near a school)
- Suggested gender of Caseworker
- Home visits that may require two workers

If a significant safety risk is identified by staff or anyone at placement committee the advice of VPU may be requested, no personal information will be shared.

Membership Roles & Responsibilities

Role	Responsibilities
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<p>HAPC Chair</p>	<p>The Chairperson is responsible for making sure that each meeting is planned effectively, conducted according to the Terms of Reference and that matters are dealt with in an orderly, efficient manner.</p> <p>In addition, the chair will follow these general guidelines:</p> <ul style="list-style-type: none"> • Operate/manage the excel document for members to follow during the meeting (CHF/Distress Centre can offer support as requested). • Ensure the structure of the meeting is followed and time is respected. • Guide the group through difficult decisions; if consensus cannot be achieved items will tabled for the next meeting or specific plans will be implemented to find resolution on contentious issues (i.e. agency leadership consulted, working groups established, time set aside at next meeting to tackle the issue). • Keep the committee light, celebrating successes, and client-centred with a strength-based lens for both clients and programs. • Ensure the Terms of Reference are up to date and reflect the purpose and vision of the group.
<p>HAPC Co-Chair</p>	<p>The Co-Chair is responsible for completing all the client notes during the meeting. It is important the notes make sense to people that are not in attendance at the meetings. The notes must be clear, concise and relevant. All referrals and exits will be documented and entered into HMIS.</p> <p>In accordance with the Data Quality Plan the Co-Chair will ensure; completeness, timeliness, accuracy and consistency of placement notes and data collection related to the placement process.</p>
<p>General Membership</p>	<p>Members will:</p> <ul style="list-style-type: none"> • Inform the group of how many placement spots they have available. • Accept referrals as per the triage model. • Report back to the group on the status of the referral. • Provide insight on client/program fit, respectfully challenging the table when required and appropriate. • Respect agency and program autonomy. • All case management activities within the housing programs are not in the scope of this committee. • The Placement Committee will provide feedback on policies, process and operations to be included in the updates of the CAA Manual.
<p>Calgary Homeless Foundation</p>	<p>The CHF will send a member from the System Planning Team to observe placement committee meetings and fill the role of Chair and Co-Chair.</p> <p>In addition to Chair and Co-Chair, their role at the meetings is to document program gaps, identify needs of the committee and identify questions around agency capacity. The CHF will use the information data and for informed decision making, advocacy work and future planning.</p> <p>In addition, the CHF will provide background support by providing administrative support, HMIS support, community communications, and coordination efforts of the CAA program.</p>

Goals of the Committee

- i. The Placement Committee will help ensure housing programs within the System of Care maintain a minimum of 95% occupancy as per CHF KPIs.
- ii. All members of the Placement Committee will follow the process for program placement (as stated in this Terms of Reference) ensuring timely and efficient service delivery as defined in the Standard Operating Procedures.
- iii. All members of the Placement Committee will participate in good faith, with respect, integrity and ethically towards the common goal of ending homelessness with a client centered approach.
- iv. The Placement Committee will document learnings from each meeting and ensure the Standard Operating Procedures reflects these learnings.
- v. The Placement Committee will work towards collecting and disseminating data regarding clients who do not fit into the System of Care. This information should be shared with partners from other systems and outside our system of care (health, justice, treatment centres) in the form of briefing notes provided by CHF.
- vi. Placement Committee operates under the principle that sharing of client information is necessary to ensure effective provision of services, continuity of care and efficient use of resources.

Meetings

This Committee will meet every Thursday from 9:00AM to 11:00AM at the Alex HomeBase Office. On the First Thursday of each month a meeting will be held at the CTT office in Forest Lawn from 9:00AM to 11:00AM. Communication for meetings will be via email. If a new staff would like to be added to the email distribution list they must email Candice at CHF: candiceq@calgaryhomeless.com

The placement process is a collaborative one and committee members are expected to attend meetings regardless of whether or not their program has spaces available. If an agency is unable to attend a meeting, they can request referrals via email in their absence and for transparency, update the committee on the next meeting of the results of the client referral. Expectation of participation

Meeting Agenda

Agenda Item	
i.	Introductions (if required)
ii.	Agency updates
iii.	Updates on program placements: <ol style="list-style-type: none"> a. "Leave on one week" – the agency is still trying to connect with the client or establish a plan for intake. They cannot be exited from CAA because the program placement has not been finalized for a variety of reasons. b. "Exit success" – the agency has met with the client, explained the program to the client and both parties agree the client is a good match and can be exited from CAA. For some programs this means the client has physically moved in. c. "Return to Triage List" – the client is not a match for the program due to client not wanting the services, client's needs could not be met by the program, or the client does not meet program eligibility. d. "MIA" – multiple and varied attempts to find the client have been unsuccessful.

e.	“Needs Contact Info” – lacks contact information, more information required
f.	“Needs Update” – information outdated, more information required
iv.	Celebrating Success – this is the time during the meeting program will report which clients have been housed!
v.	Transfers – when clients require a different program a SPDAT should be completed and entered into HMIS CAA. Please ensure the transfer question is answered. A new program placement can be examined during this time of the meeting.
vi.	SPDATs reviewed and through collaboration and available program spaces matches will be made by the group.
vii.	Other agenda items as required
viii.	Committee meeting end

**In the case that there are no client spaces in the system of care,; the committee can elect to have the option to meet and use this time to discuss housing options outside CHF funded programs or other discussions as necessary. The committee will meet to make recommendations to CHF on funding based on gap analysis.

Triaging & Program Matching

In ideal conditions, the focus of the committee will be to refer the most acute and vulnerable clients to programs with open spaces in the system of care that are best suited to meet their needs. The Committee will try not to refer clients whose needs exceed the program’s services. For example, the Committee will work to ensure clients requiring a placed-based model (harm reduction & guest management) are not referred to scattered-site programs.

While the most acute should remain the focus, on the SPDAT spreadsheet, the categories that the committee will filter through include the following:

Key factors to consider (not in order of importance, case-by-case assessment):

Category
Chronicity
Age
High System Users
Vulnerability
SPDAT Acuity Score

The SPDAT spreadsheet orders clients based on acuity first and vulnerability index second. The vulnerability index is comprised of five SPDAT components: physical health, mental health, high risk, emergency services, and history of homelessness. The score is out of 20 and those with the same SPDAT score will be triaged based on the vulnerability index as the next factor.

Clients that are highly engaged and checking-in with outreach staff or SORCe on a regular basis will be considered for placement above clients who have no level of engagement (so long as acuity and vulnerability are the same as comparative clients). Additionally, clients with professional wrap-around supports such as FAOS, CTT, or SOS will be considered for placement above clients without support (so long as acuity and vulnerability are the same as comparative clients).

Acuity Scale	HMIS / SPDAT SCORE
Mid Acuity	37 - 47
High Acuity	48 +

Placement Process

When a match is confirmed the staff person accepting the client will, **within two business days**, attempt to contact the client to notify them a placement has been made. Within seven days, a minimum of two attempts will be made to contact the client, each time using all of the means of contact provided by the client. All efforts made to notify the client will be documented in the HMIS client notes.

The following placement committee the staff member accepting the referral will report back to the committee on all efforts made to engage the client.

There are several examples of why clients are not accepted in programs; clients may refuse the program or programs may refuse the clients. Regardless of the reason, HMIS notes must clearly articulate why the referral was not accepted.

The client should be given the option to be placed back on the triage list. Client choice for program placement or preference should always be respected; it should be considered but it does not mean they will get into the program due to acuity and open spaces.

If a client is no longer in need of a match they will be removed from HMIS. If they re-connect their SPDAT should be updated in HMIS in order for their assessment to be reviewed at the next Placement Committee.

Clients are deemed MIA if staff members have attempted contact more than three times. This is done case by case; the client is given a minimum of three weeks to make contact before they are deemed MIA. Once a client makes contact, an HMIS note will be made and their CAA status will be changed and they will be put back on the triage list.

Grievances & Appeals

Grievances should be a standing item on the agenda, so we can work out particularly for practice details.

There are two types of grievances related to CAA. For simplicity's sake, the client has been directed to bring any grievances forward to the SORCe team. The SORCe team should direct the client as appropriate to their type of grievance per the descriptions below:

Type of	Example	Process to follow
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Grievance		
CAA Process	<ul style="list-style-type: none"> • Client thinks their confidentiality has been breached at placement committee • Client wants to withdraw from CAA but is informed that their electronic record will continue to exist (locked) • Client is frustrated they have not been placed yet • Client thinks a decision was made that did not comply with CAA Policies or Standard Operating Procedures 	<ol style="list-style-type: none"> 1. Client presents at SORCe with grievance 2. SORCe engages client in Distress Centre grievance protocols 3. If client still unsatisfied with grievance procedure, can pursue grievance with CHF per the grievance process for CHF clients with grievance against CHF funded agency that has not been resolved at the agency level
Housing Strategist	<ul style="list-style-type: none"> • Client feels they were not treated fairly by the Housing Strategist • Client feels they should have been given a full assessment but only received the pre-screen • Client feels their assessment is not reflective of their situation 	<ol style="list-style-type: none"> 1. Client presents at SORCe with grievance 2. SORCe team helps client identify the agency the Housing Strategist works for. SORCe CAA Team Lead assists the client to establish contact with the Housing Strategist and agency. 3. SORCe CAA Team Lead ensures that client is appropriately supported to pursue grievance process at Housing Strategist's home agency per the Case Management Standards. Support from CAA Team Lead may include offering SORCe as a place to meet to resolve the grievance, attending the meeting with the client, debriefing, and other types of support. 4. If client still unsatisfied with grievance procedure, can pursue grievance with CHF per the grievance process for CHF clients with grievance against CHF funded agency that has not been resolved at the agency level

Governance & Reporting

The Committee seeks consensus on all placement decisions and Terms of Reference policies.

For difficult issues requiring meaningful dialogue and decisions, working groups will be formed. Members can volunteer to participate in working groups. The working group will report back to the committee on identified solutions and the committee will implement the decisions. Working groups must document their findings to be included in the Terms of Reference Appendices.

The Committee Reports to:

- Each representative on the Committee will report to their own agency's leadership.

Appendix A

Working Group: Ramping up Caseloads

October 24, 2014

Question: How do we respect the triage model without overloading new Case Managers when ramping up caseloads?

- It was decided there should be two lists from which to draw clients when ramping up caseloads: one high-acuity (SPDAT score 45 - 43) and one mid-high acuity (40-42).
- This addresses two issues: it allows programs to reasonably ramp up a new CM's caseload and also allows individuals in the vortex (individuals who aren't reviewed at Mid- or High-acuity Placement Committee Meetings) to be reviewed and matched to a program.
- There is trust that agencies have the knowledge and expertise to assign clients.
- It was suggested programs only take one extremely high acuity client per month as a baseline. The program can choose to take more than one extremely high acuity client in a one month period if they feel their case manager and/or program has the capacity to do so.
- Score is not always the best/only indication of complexity of clients – behaviours and level of engagement play a role in how challenging the client will be to work with.

Appendix B

Working Group: Transfers

April 23, 2015

Question: What are the group's beliefs about transfers and what is the process?

- Clients require different levels of support at different times in their life; they may need more support or less support than their current program can offer. The purpose of CAA is to match clients to programs where they will experience the highest level of success.
- CAA should work to ensure clients do not return to homelessness.
- Once a client is given a program spot in the system of care we want to make sure they are supported in continued success.
- The group recognized CAA does not always make the best program matches the first time.
- All the programs are part of the system of care as a whole – we are all under one umbrella – one big system – not siloed programs. Every spot in every program should be considered one big system and fluidity between the programs should exist.
- The program currently serving the client should make every effort to support the clients where they are (not automatically request a transfer). This could include seeking additional training and support specific to the client's needs. Additionally, every effort should be made to seek wrap-around supports to ensure the client does not need a transfer.
- If a transfer is requested at placement committee – each case will be reviewed by the group.
- Recognition there must be a robust warm transfer process involved.
- The SPDAT score and vulnerability score will be considerations for placement but will not be used as a deciding factor. It is recognized that the score and acuity of clients who have been supported in a housing program may have a lower score, which may or may not be reflective of the amount of support they require.

Transfer Process:

1. Consent
2. SPDAT
3. HMIS
4. Placement Committee
5. Warm Transfer

From the CAA Manual:

Program Transfers

In some cases, clients that have been matched and accepted to a program may require a different program to better meet their needs. For example, a client may be housed with HomeBase but could require the ACT model offered by Pathways.

The following process should be followed:

- The client should complete a new consent form to share their information with CAA if they do not have one or theirs has expired.
- An updated assessment should be completed and entered into HMIS.
- Ensure the question “Is this a transfer?” at the top of the assessment in HMIS is complete.
- If the client is a Youth who is aging out of that sector, change the placement committee group from Youth to Adult at the top of the assessment in HMIS.
- During Placement Committee, the Chair will ask about any clients requiring a transfer and the staff member should be prepared to speak to the situation. All transfers require sound rationale as to why the client requires another program, e.g. the client requires or no longer requires niche programming, client choice, etc.
- If a new program match has been made a Warm Transfer should be arranged. The Warm Transfer process should take no longer than **one month** (i.e. clients should not be in more than one program for more than one month).
- The transferring program will not discharge the client until an intake is completed with the receiving agency.
- If the receiving agency has sound rationale proving they are unable to support the client in their program the Transferring program will work with the client to find an alternative housing solution.
- All padlocks will be opened to receiving agency and the referral will be made through HMIS.

Warm Transfer

A warm transfer is the **process in which a client is supported in their transitioning from one stage in the CAA continuum to another**. Clients may develop a relationship with their CAA worker and benefit from continued involvement until a natural transition point occurs. The client should be given the **option of warm transfers throughout the CAA continuum**. For example, they should be asked if they would like the person who completed the assessment attend the initial meeting with the agency they have been matched to for housing.

Appendix C

Working Group: Dual Programming

April 30, 2015

Issue

There are cases in which some clients have two program spots because of complex and unique needs. Typically these cases involve a PSH program and Pathways – there is a need for harm reduction PSH housing and psychiatric support to be combined.

- Recognition:
 - These clients take up two spots in the system of care – this is a very expensive type of programming and not an ideal long term plan;
 - the goal should be to graduate the client to only one program;
- Reasons for Dual Programming:
 - CAA works to match clients to programs where they can experience the greatest chance for success;
 - clients should never return to homelessness;
 - All programs are under one umbrella in the system of care.
- Service Delivery:
 - The group decided each client will have unique needs and will require an individualized plan specific to their housing and supports needs;
 - there is trust in the dual programs to create this client centred plan;
 - there is trust in the programs to communicate effectively;
 - There is trust in the programs to determine roles and responsibilities.

Process

1. Assess the client at CAA, with various agencies in the sector represented, to determine whether the client should be managed by two programs.
2. The process for deciding when a client can be adequately serviced by one program occurs at CAA, during step 1. Other agencies can offer insight into what services need to be in place, and what mainstream resources can be accessed, for the client to be case managed by one program.
3. If the CAA table has determined the appropriateness of a client to receive dual case supports, the agency/program which provides the housing will complete the Housing First assessments with the client. The other agency will record the client as accessing services (active in their program) yet unhoused. Both agencies will receive credit for occupancy but only the agency providing housing will receive credit for housing the client.
4. The program specialist will make note of which agencies have dual case managed clients and for those not providing housing, the benchmark for “percentage of clients housed” may be lowered.
5. The HAPC will review these clients as needed, determined by CHF.

Appendix D

Working Group: Program Closures

October 15, 2015

Issue

There could be cases where a program ends and thus their clients would require continued support through another agency / program affiliated with CAA.

- Example:
 - A program with the capacity of 45 people a plan could ramp down as follows:
 - 11 Graduates
 - 5 for GRSP
 - 34 transfers would then need to happen to programs.
 - 8 to Program 1
 - 1 to Program 2
 - 4 to Program 3
 - 5 to Program 4
 - 2 to Program 5
 - 3 to Program 6
 - 1 to Program 7
 - 1 to seniors assisted living

We MUST respect client choice for all program transfers

Process

1. Transition the clients that are not yet housed or connected to the program first back through the placement committee triage list.
2. Connect the closing program's housing locator with CAA programs to see what the current landlord relationship is to the new agency.
 - a. Some agencies may require people to relocate because of their program's master lease component
3. The next set of transfers would be those clients who are currently case managed but not housed
 - a. For those not housed, we would prioritize them for transfer until a program match is in at each meeting. (10 clients)
4. The final step will be transferring the housed clients to alternate programming.
 - a. Committee will analyze SPDAT score and collateral information for those who are currently housed.