

# *Coordinated Access & Assessment*

Version 7  
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## What is the Coordinated Access & Assessment (CAA) Program?

Coordinated Access and Assessment is a single place or process for people experiencing homelessness to access housing plans and assessments. It is a system-wide program designed to meet the needs of the most vulnerable first (triaging). It creates a more efficient homeless serving system by:

- 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);
- Reducing new entries into homelessness (by consistently offering housing plans 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 consumers need.

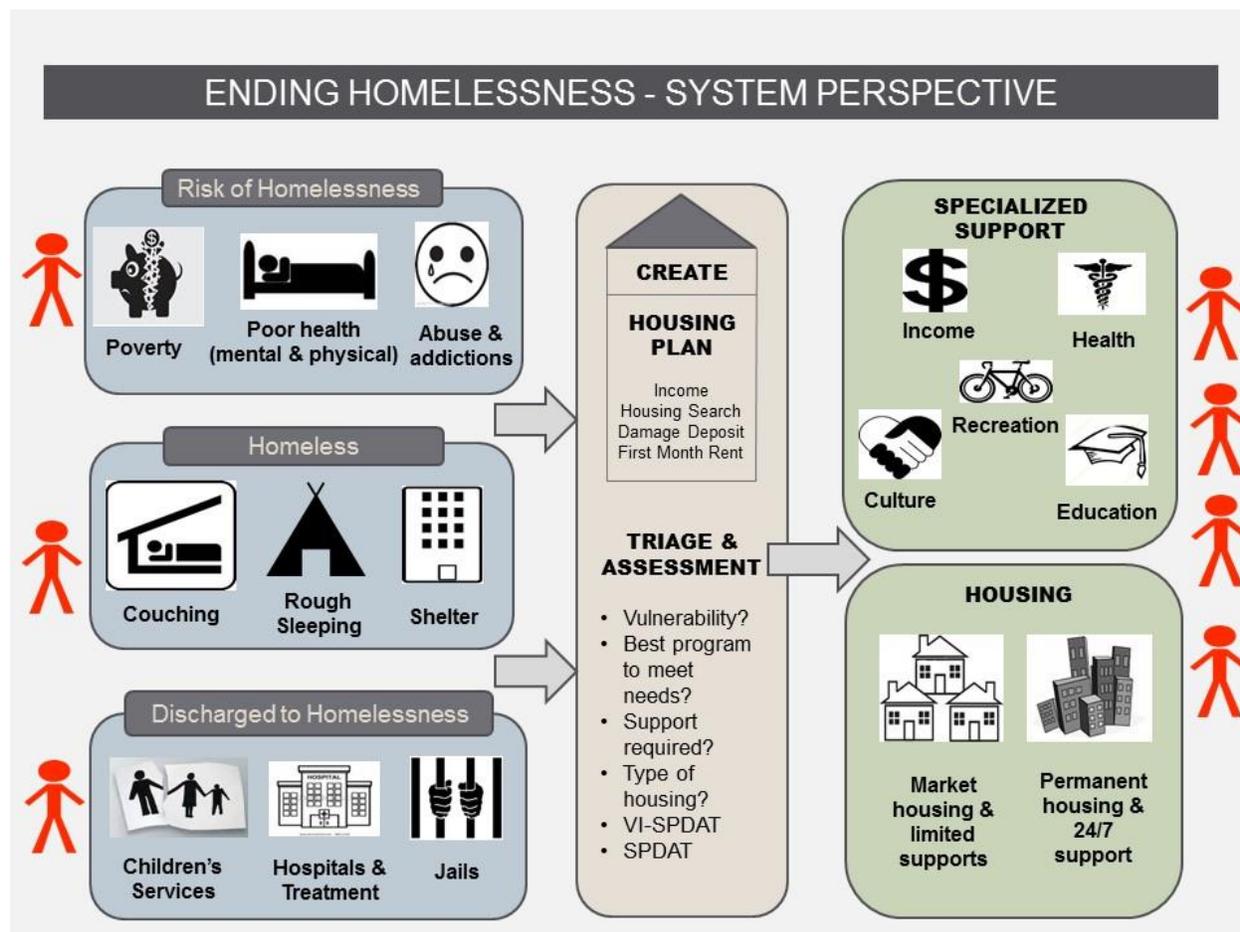
The Coordinated Access and Assessment (CAA) team is responsible for providing standardized service delivery for homeless individuals, youth or families seeking housing services. The CAA is primarily delivered in the fixed location of SORCe with limited capacity for a mobile outreach services and supported by strategically selected door agencies to accommodate niche clientele. The standardization of service contributes to the professional and quality service delivery that all Coordinated Access and Assessment team members are committed to providing. The following will identify key areas for consideration in the provision of the CAA service delivery.

## Who is involved in the CAA Program?

### Calgary Homeless Foundation (CHF)

Historically, in Calgary, those at risk of or experiencing homelessness were forced to navigate many homeless-serving organizations to access services.

As the System Planner, CHF has the resources, expertise and robust data base (HMIS) to develop an Integrated System of Care that meets the needs of those who are homeless, creating greater ease and access to services and supports. CHF uses the CAA program to determine housing and support needs in the community in order to direct resources effectively.



## Who is involved in the CAA Program?

### Distress Centre Calgary

Distress Centre ensures everyone has a place to turn in a time of crisis by providing 24-hour crisis support, counselling and referrals. The Distress Centre CAA team provide services from the fixed location of the SORCe (317 – 7<sup>th</sup> Ave. SW) during the hours of 8:30 am and 4:30 pm Monday through Friday. Clients can walk-in for appointments or schedule an appointment through a partnering service provider.

### Collaborative Service Delivery Group

The below listed agencies are part of a Collaborative Service Delivery Group participating in the CAA program. They work together and share information to ensure the clients receive the highest quality services towards housing plans and assessments.

Aboriginal Friendship Centre  
 Accessible Housing Society  
 Alpha House  
 Aspen  
 Boys & Girls Club of Calgary  
 Calgary John Howard Society  
 Children's Cottage Society  
 CUPS  
 CMHA

Discovery House  
 Dream Centre  
 Inn from the Cold  
 Keys to Recovery  
 McMan  
 Mustard Seed  
 The Alex  
 Wood's Homes  
 YWCA

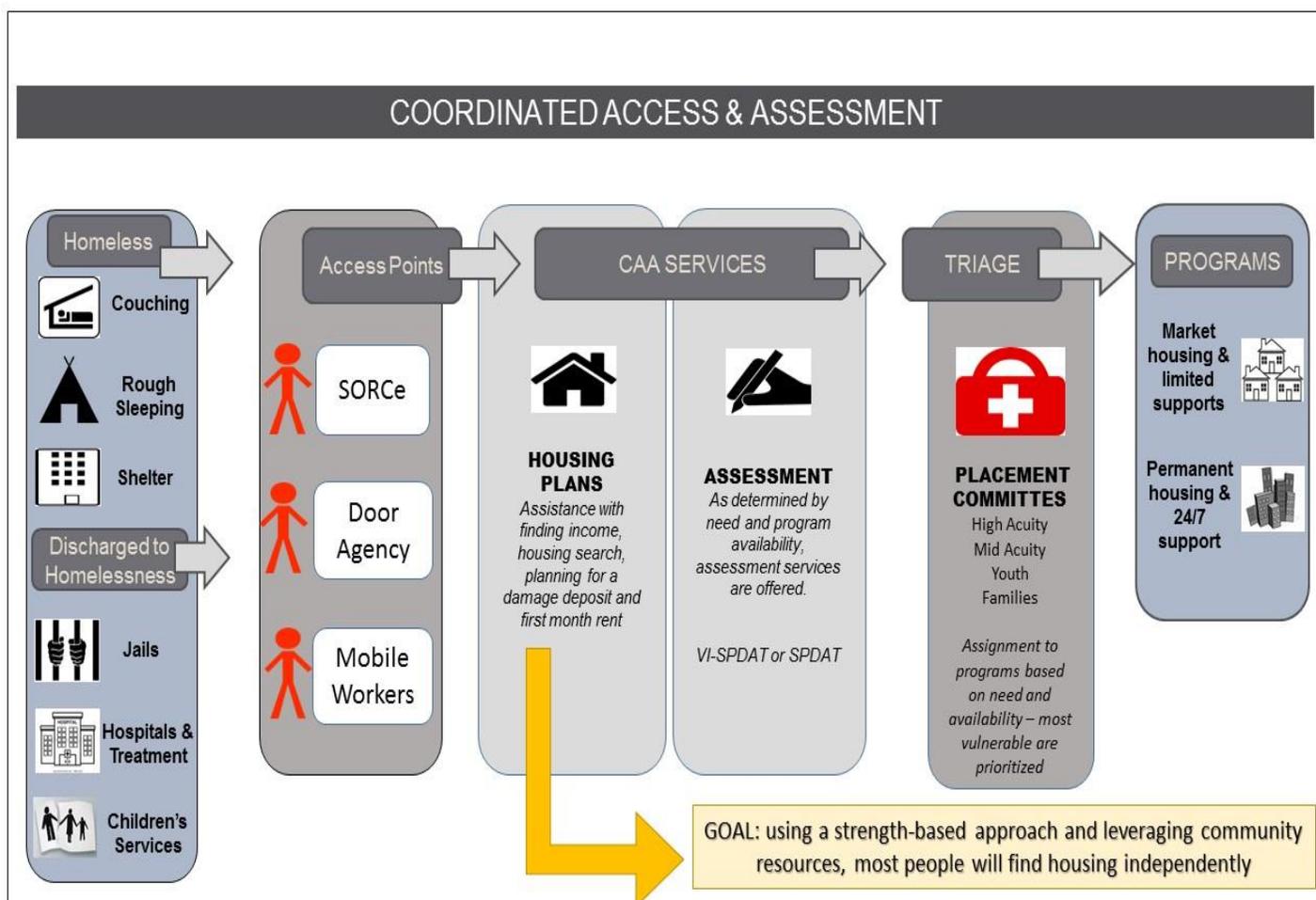
## What does CAA offer and who do we serve?

Housing Situation	Intervention Used	Tools (entered into HMIS)		Referrals & Support Provided (In All Interventions)
<p style="text-align: center;"><b>Imminent Risk of Homelessness</b> (precariously housed and not yet homeless)</p>	PREVENTION	Housing Plan		<p style="text-align: center;">Housing Search</p> <p style="text-align: center;">Income</p> <p style="text-align: center;">Emergency Financial Assistance</p>
<p style="text-align: center;"><b>Requesting Shelter</b> (seeking a place to stay or exiting a system/program)</p>	DIVERSION	Housing Plan		<p style="text-align: center;">Utility Assistance</p> <p style="text-align: center;">Resources</p> <p style="text-align: center;">Referrals</p> <p style="text-align: center;">Family Reunification</p>
<p style="text-align: center;"><b>In Shelter</b> (homeless or in the system)</p>	RAPID RE-HOUSING	Housing Plan	Pre-Screen	<p style="text-align: center;">Advocacy</p>
	INTENSIVE CASE MANAGEMENT	Housing Plan & pre-screen	If extreme vulnerabilities present full assessment	
	PERMANENT SUPPORTIVE HOUSING	Housing Plan & pre-screen	If extreme vulnerabilities present full assessment	

## What does CAA offer and who do we serve?

Anyone experiencing homelessness may access CAA through multiple access points including SORCe (317 – 7<sup>th</sup> Ave. SW) during the hours of 8:30 am and 4:30 pm Monday through Friday. CAA has limited ability to provide mobile services to public systems. To discuss mobile services offered email [CAAmobile@distresscentre.com](mailto:CAAmobile@distresscentre.com). Due to limited resources, mobile services are only available to pre-determined community partners such as hospitals, treatment centres, and correction centres.

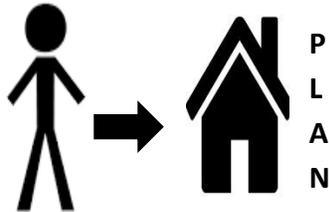
Services offered include Housing Plans and referrals in an effort to ensure every person works to find housing independent of the system.



## What services do CAA workers offer?

### Everyone gets a Housing Plan

The role of the CAA Worker is to **develop housing plans** with people experiencing homelessness. They will **actively refer the individual or family to community services** and assist them with accessing those services



At this stage CAA Workers will offer:

- Short-term team case management
- Support to access income
- Support to access emergency financial assistance
- Advocacy
- Connection to mainstream services
- On-line housing search assistance
- Family Reunification

Leveraging **Inform Alberta** and **Distress Centre** expertise, CAA Workers will assist in maintaining a current **centralized information and referral reference (sub-directory)** for the homeless sector.

The screenshot shows the Inform Alberta website interface. At the top, there's a navigation bar with 'DIRECTORIES' highlighted. Below it, a search bar and buttons for 'BACK TO RESULTS', 'START NEW SEARCH', and 'DIRECTORIES'. The main content area is titled 'DIRECTORIES' and includes a legend for 'e-mail' and 'print'. A list of directories is shown, with 'SOUTH' selected. The list includes various services like 'Adult Learning & Literacy Guide', 'Alzheimer and Dementia Services', 'Animal Adoption and Rescue', etc. On the right side of the list, there are icons for 'e-mail' and 'print' for each entry, which are labeled as 'RESOURCES'.

## How to use the Housing Plan

**Key Principle: In the absence of all else, we need to continue to move forward. Incremental steps onward may lead to long term success.**



As a guideline, clients are given 1 hour of face time with a worker and 20 minutes of time for documentation, ROI, pre-screen, phone calls and emails.

Explain to the client you have 40 minutes together. They are welcome to come back for another session the next day, however appointments are first come first serve. Some clients may require more or less time dependent on capacity.



Inform the client it is your job to help identify resources and opportunities. If they mention the ASSESSMENT– inform them all of the housing programs are full - we no longer proceed directly to full ASSESSMENTS.

If the client is in crisis call the Distress Centre Crisis Lines 403-266-HELP. If appropriate you may be able to access the SORCe mental health clinician or DOAP team. If an emergency, call 911.



Enter all clients into CAA HMIS. Use some of exploratory questions the first time you meet with the client to understand their situation. Start an HMIS file and identify at least one action item or solution for barriers identified by the client based on the exploratory questions.

You can proceed to the Housing Plan if there is time or ask them to come back another day after they have completed their action item.

Locate and negotiate potential resources. Spend time on warm transitions and referrals – make the calls with them.



Keep accurate and timely case notes in HMIS indicating action items to be follow-up on so other CAA workers can build on successes and actions.

Every time you meet with a client, identify a strength in their life.

Always leave the client with at least one step they can follow-through with independently.

## What services do CAA workers offer?

### Assessment



### Instructions for Singles Only



If a Housing Plan is not successful, the CAA Worker may proceed to an assessment following the guidelines provided to all registered Housing Strategists.

Singles:

Step #1 – Complete Pre-Screen

Step #2 – Complete Housing Plan

Step#3 – Enter both into HMIS with case notes

- The pre-screen is an important first step in understanding client need
- It also provides critical data to help direct resources
- It will also direct the conversation to action items for the Housing Plan

When do I move from a Pre-Screen to a full assessment?

- The client requires a niche program
- The client experiences insurmountable barriers with taking steps identified in the Housing Plan
- The full assessment can only be used by registered Housing Strategists
- It is used to triage people to appropriate and available programs
- They are reviewed at Placement Committee meetings

Proceed to the full assessment **only** if the person is **chronically homeless** and displaying extreme vulnerabilities (i.e. related to age, significant physical or mental health concerns, extreme high risk behaviour or exploitation)

You can immediately proceed to a full assessment if you suspect or have determined the client:

- has a thought disorder (such as schizophrenia, bi-polar)
- is in a treatment centre (candidate for K2R)
- is a candidate for Dream Centre
- has mobility issues
- has an oxygen tank

If a client is presenting with an extreme vulnerability you complete the full assessment.

## What services do CAA workers offer?

### Assessment



#### Instructions for Youth & Families



##### Families:

It is recommended that all families receive a Housing Plan on their first visit to encourage the family to seek housing independently while waiting on the triage list. The assessor can also proceed to a full assessment on the first visit.

Step #1 – Complete Housing Plan

Step #2 – Complete the full assessment

Step#3 – Enter both into HMIS with case notes

##### IMPORTANT NOTE:

It is critical any interactions with Children's Services are documented and the **living arrangements of the children are clearly articulated**. This is required for matching families to programs.

##### Youth:

When working with youth in CAA, there should always be a focus on how we can facilitate healthy transitions to adulthood and, where possible, reunify homeless youth with their families.

Whereas you can work on a Housing Plan with a youth it should focus on the above objective. Additionally, proceeding to a full assessment on the first visit is supported. Same steps as families (above).

##### IMPORTANT NOTE:

If you have a client who is pregnant and does not have any other children in their immediate care, use the **pregnancy calculator** to convert their assessment score.

## What do CAA workers tell clients?



“**Standard Communication Script**” meaning at each stage in the continuum, clients will receive standardized messaging. All Registered Housing-Strategists are responsible for understanding the standard communication scripts.

### Script - Pre-Screen

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The Pre-Screen is a tool to help identify the best type of support and housing intervention for an individual, youth or family.

**Anyone experiencing homelessness with a Housing Plan can receive a Pre-Screen.** Both must be completed and entered into HMIS. Homelessness is **defined as not having a fixed address**. This may include staying in shelters (including domestic violence shelters), jails, hospitals, treatment facilities, couch surfing, living in conditions not suitable for human habitation, or rough sleeping (including sleeping outdoors, encampments, abandoned buildings or in vehicles). If a person is staying in a public system they must have a history of homelessness prior to their stay in that institution. They will not be prioritized for services if their homelessness is a result of a hospitalization, treatment or incarceration. The client must be residing in Calgary or being released from an institution to Calgary. The **Pre-screen is not used for program placement**.



Everyone receives a Pre-screen and Housing Plan and they are always entered into HMIS.

**Key Message:** CAA uses a **triage model** - the **most vulnerable** people with the **longest time homeless** will be matched to programs first.

Review the Housing Plan and all efforts to remove barriers to housing. Ensure there are no more options at this time.

Introduce the Pre-Screen as a tool that helps collect more specific information about their housing concerns.

Reassure the client about confidentiality of their personal information. **Complete the ROI** with the client.

Explain the Pre-Screen does not lead to program placement. It does however determine vulnerability and potentially the need for a full assessment. A person cannot receive a full assessment without significant efforts made towards the completion of a Housing Plan.

## Full Assessment

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Only **Registered Housing Strategists** are approved to conduct the full assessment; please refer to the assessment training manual as a reference to completing the assessments. It is important not to rush through an assessment. Some situations will require a second appointment or the collection of **collateral information** from third parties (third parties must be designated on a ROI).

**BEST PRACTICE:** every full assessment should have collateral information.

The client may choose to **exclude certain agencies** from the list and their information will not be shared with them. The **signed copy will be scanned and entered into the HMIS**. This is a great opportunity for the CAA Worker to find out if the client had ever been housed or accepted in a Housing First program historically. This is very valuable information to include in HMIS for Placement Committee.

**BEST PRACTICE:** re-read the entire history of case notes, housing plans and the pre-screen before moving to the full assessment.

### **Baseline Assessment: For clients in systems (hospital, treatment, jail)**

Housing Strategists will provide a baseline assessment to **reflect how the client functioned in community prior to** controlled/false environment. All answers should be anchored to timeframes prior to **entry into the system**. For example, how many interactions did you have with emergency services prior to your incarceration? Or when was the last time you used substances prior to your hospitalizations, treatment entrance or incarceration? **All questions will reflect behavior and activities prior to the incarceration or hospitalization.**

## What do CAA workers tell clients?



“**Standard Communication Script**” meaning at each stage in the continuum, clients will receive standardized messaging. All Registered Housing-Strategists are responsible for understanding the standard communication scripts.

### Script - Full Assessment

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The assessment is a **triage tool** to determine need and key issues related to housing.

The purpose is to ensure **fairness** in placements with the **focus on serving those with the most acute needs first** and to accurately match the client to resources.

Completing the assessment will ensure the client is entered into **placement consideration**. It **does not guarantee housing or placement in a program**.

The client should be encouraged to be **honest/accurate** so that the score and information gathered in the assessment **accurately reflects their needs**.

The client should understand program match does not mean physical housing – they will have to **view apartments and secure the housing through a tenant application processes**.

Most programs have some element of **case management** – meaning they will be **assigned a worker that will visit them in their home on a weekly basis** to work on housing stability. They can choose to work with their case manager on other goals if they want to.

The client should regularly check in to ensure their assessment remains on the triage list. **After 3 months of no contact they will be removed from triage**.

The CAA Worker must discuss all possibilities of **how the client can be reached** in the future – **phone, email, messages, other professionals in the community**

**BEST PRACTICE:** assessments should not be entered into HMIS unless contact information has been identified.

## TRIAGE

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### Placement Committees

The purpose of each committee is to collaboratively review the completed assessments, determine the capacity of the agencies and collectively match clients to programs best suited to meet their needs. They are scheduled to meet once a week; any committee can choose to cancel the meeting if there are no program spaces available.

Mid-Acuity Placement Committee - Monday  
Family Placement Committee - Tuesday  
Youth Placement Committee - Wednesday  
High Acuity Placement Committee - Thursday

Please refer to the Terms of Reference for each committee for specific details.

### Notification of Program Match

When a match is confirmed through placement committee the **staff person from the accepting agency will, *within two days*, contact the client** to arrange the details and date of the first meeting. All efforts made to notify the client will be documented in the HMIS client notes.

**Clients are encouraged to regularly check-in at SORCe** (317 – 7<sup>th</sup> Avenue SE – on the City Hall LRT platform) to update their Housing Plan. This will act as an alternative for those clients who have barriers or limitations in being contacted.

The agency accepting the referral will contact the client to inform them of the name of the agency, program and a brief description of the program. The client will be **given the choice of proceeding independently** or include their **CAA worker in a warm transfer**. The exception is Youth who are always transitioned through a warm transfer.

**If a client cannot be found within two to three weeks** of being matched to a program they will be **designated MIA** at placement committee and in the HMIS system. This will remove their name from the triage list **until they re-engage** and ask to be re-entered into the system. If the client declines the program match, their name will be re-entered into the triage list.

### 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.

### 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.
- All padlocks will be opened to receiving agency and the referral will be made through HMIS.

## ACCOUNTABILITY

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### Documentation

**Client participation in CAA services and sharing of personal information is voluntary.** All processes and use of information is transparent and should be communicated with the client 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 CAA. Collecting, storing and sharing of client information will require **informed consent through the completion of the ROI**. The ROI will be uploaded into the clients HMIS file.

### All contact with clients requires documentation in HMIS

- Housing Plan
- Pre-Screen
- Assessment
- Case Notes

## CAA Standard Operating Procedures

### Client Access to Personal Information

Clients may access their personal file in accordance to FOIP standards. The client may request, verbally or in writing, access to their HMIS file. They will be permitted access in the presence of a CAA worker. The CAA worker will assist the client in understanding the information. They may request corrections to their file, preferably with documentation to support the change. If the client requests observable information, staff will notate the request and retain the original observation. Any changes that are made must be made both in the HMIS system and in any paper materials.

### Protection of Client Information

CAA operates with the philosophy to share of client information for the benefit of the client in accessing services as permitted by the ROI. A culture of information sharing for the client's benefit is upheld and respected.

### Confidentiality of Services

According to the Canadian Association of Social Worker Code of Ethics (2007), confidentiality forms the cornerstone of all professional social work relationships.

*Social workers demonstrate respect for the trust and confidence placed in them by clients, communities and other professionals by protecting the privacy of client information and respecting the client's rights to control when or whether this information will be shared with third parties. Social workers only disclose confidential information to other parties (including family members) with the informed consent of clients, clients' legally authorized representatives or when required by law or court order (p7)*

Client information will not be released to any person, agency, organization or institution except by a legal subpoena or by the **expressed consent of the client by way of a ROI**.

Confidentiality will be respected according to FOIP standards.

### Limits to Confidentiality of Client information

Confidentiality may be limited when concerns for the imminent safety of the client or a third party outweigh concerns for breaching the trust and confidence of the client's personal information. In such an event the CAA worker will disclose the least amount of confidential information necessary to ensure physical wellbeing.

Confidentiality is limited to compliance with legislation, such as in the case of suspected child abuse as according to the *Child, Youth and Family Enhancement Act* (2000). Anyone who has reason to believe or believes that a child has been or is at substantial risk that he or she will be abused or neglected by a parent or a guardian has a legal duty to promptly report the matter to the CFS Authority, who will be responsible for deciding whether to commence a child protection investigation.

## CAA Standard Operating Procedures

### **Protection of Client Information**

The protection of information is governed by FOIP. The CAA team will adhere to these principles and policies both in verbal sharing of information and the securing of hardcopy and electronic storage of information.

When paper materials or files are not in the direct control of the CAA worker they are to be locked up, such as in a filing cabinet.

Access to computer systems containing client information must be password protected. CAA staff are responsible to keep their passwords confidential and to secure the computers when not in the staff's direct use.

All computers and IT systems used in the CAA continuum will be protected by anti-virus software.

All information is backed up on an external system.

Any requests for access to HMIS data for research purposes must be submitted to the HMIS Manager from the Calgary Homeless Foundation.

Written information that is part of the client file such as paper copies of the assessments will be stored under lock when not in direct possession of CAA staff. Rough notes will be secured until no longer required and then be shredded. Information stored in the HMIS data base will be stored for seven years, ROIs for ten years and will be in the custody of the CHF who will manage the storage and termination of client information/HMIS files.

The complete content of a client file will be forwarded to the receiving agency upon warm transfer.

During mobile service delivery paper documents and lap top computers will remain in the direct supervision and control of the CAA staff. The materials and lap tops are not to be left unattended in vehicles. If they are stored overnight in the staff's home the materials must be managed such that client information remains confidential and out of view of others in the home.

As with any identified breach of confidentiality any lost or stolen paper or lap tops containing identifying client information will be immediately reported to the program supervisor or manager and in their absence a Director who will report the breach to the CHF. The CHF will make any further notifications necessary and if required will initiate an investigation.

### **Substance Use, Physical Barriers, and Communication Barriers**

In recognition that substance use and abuse is a chronic reality for many of the clients in this sector, it is unrealistic to expect complete abstinence. It would be preferred clients are sober when engaging with the CAA, however, the client need only to present as being able to engage in normal conversation, able to fully engage in the process and that they are coherent enough to provide informed consent. If a client presents as too impaired they will be encouraged to resume the session at another time when they are able to provide consent.

## CAA Standard Operating Procedures

Service delivery will occur in a location that is conducive to the clients' needs. SORCe is wheel chair accessible.

Communication barriers could include, English as a second language, literacy and hearing impairment. Each situation will be unique and effort must be made to minimize or remove the barrier so as to make CAA service delivery accessible to those in need. If specialized services are required consult with the CAA Coordinator for assistance.

For CAA clients with limited to no English language skills, please use the following steps to access a tele-interpreter:

- 1) Ensure you are in a private setting and have access to a phone with speaker mode
- 2) Dial 2-1-1
- 3) Identify yourself as a case worker with a CAA client who requires tele-interpreter service through LanguageLine – this service is accessible for CAA clients ONLY
- 4) The 211 Information and Referral Specialist will then connect you to the LanguageLine, disconnecting the call on their end to protect the client's confidentiality.

## Grievance Procedures

Type of Grievance	Example	Process to follow
<b>CAA Process</b>	<ul style="list-style-type: none"> <li>• Client thinks their confidentiality has been breached at placement committee</li> <li>• Client wants to withdraw from CAA but is informed that their electronic record will continue to exist (locked)</li> <li>• Client is frustrated they have not been placed yet</li> <li>• Client thinks a decision was made that did not comply with CAA Policies or Standard Operating Procedures</li> </ul>	<ol style="list-style-type: none"> <li>1. Client presents at SORCe with grievance</li> <li>2. SORCe engages client in Distress Centre grievance protocols</li> <li>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</li> </ol>
<b>SPDATer</b>	<ul style="list-style-type: none"> <li>• Client feels they were not treated fairly by the SPDAT assessor</li> <li>• Client feels they should have been given a full SPDAT but only received the pre-screen</li> <li>• Client feels their SPDAT is not reflective of their situation</li> </ul>	<ol style="list-style-type: none"> <li>1. Client presents at SORCe with grievance</li> <li>2. SORCe team helps client identify the agency the SPDATer works for. SORCe CAA Manager assists the client to establish contact with the SPDATer and agency.</li> <li>3. SORCe CAA Manager ensures that client is appropriately supported to pursue grievance process at SPDATers home agency per the Case Management</li> </ol>

## CAA Standard Operating Procedures

		<p>Standards. Support from CAA Manager 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.</p> <p>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</p>
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