

# Agenda

- 1. Integrated Needs Assessment feedback
- 2. Ecosystem Design
- 3. Coordinated Access



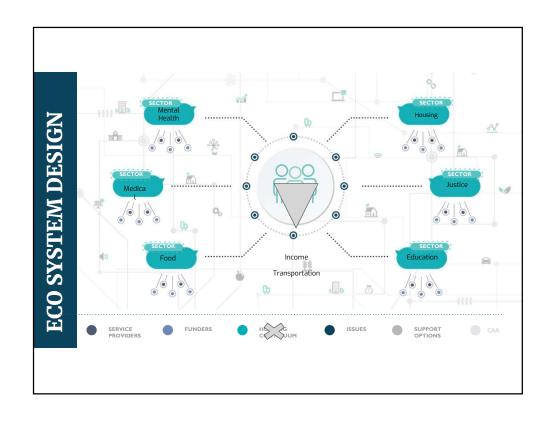
# Ecosystem Design: Essentials

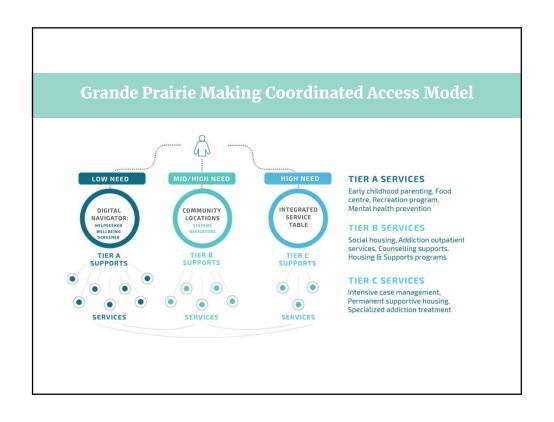
- 1. Systems planning, integration, innovation
- 2. Data collection, sharing & analysis
  - a. HIFIS rollout
  - b. Data bridge BCH, IH and UW
- **3. Service** planning, coordination & continuous improvement
  - **a.** CAA in homeless
  - b. ICA across ecosystem
- 4. Investment planning & coordination
  - **a.** Investment frwk to allocate funds towards common prioritie
  - b. Social innovation fund
- **5.** Communications, education & engagement

## Rethinking the Ecosystem Design

Continuing conversation on implementation, roles & governance







# **Clarifying By-Names-Lists**

List of people who need homeless supports who need to be matched w. Referral to housing programs

Feds focused on homeless pops, but exists in lots of sectors outside: health, children's services, immigration, safety, etc.

Can be leveraged for multi-system work -see example from Lethbridge, Edmonton, Abbotsford, etc.

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1	ICA Unique ID	ICA Consent Obtained	Date Screened	Submitted to ICA	Top User 1 month total	LPS 1 mo pre	SCS 1 mo pre	Intox 1 mo pre	Shelter 1 mo pre	DOT 1 mo pre	Jail 1 ma pre	EMS 1 mo pre	Comm Para	Hosp 1 mo pri
22	ED78	N	01/22/2020	ARCHES	212	0	212							
23	DC89	N	01/22/2020	ARCHES	210	0	210							
24	\$878	N	02/01/2020	ARCHES	203		203							
25	CD95	N	01/22/2020	ARCHES	200	0	200							
26	MB70	N	02/01/2020	ARCHES, DOT	200	0	195			5				
27	DG87	N	01/22/2020	ARCHES, LPS	199	3	196							
28	DD84	N	01/22/2020	ARCHES	195	0	195							
29	MES4	N	02/01/2020	ARCHES	194		194							
30	DE65	N (expired)	01/22/2020	ARCHES, DOT	188	0	182			6				
31	SM72	N	02/01/2020	ARCHES, LPS	181	1	180							
32	MG75	Y	02/01/2020	ARCHES	150	0	150							
33	CS91	Y (both)	01/22/2020	DOT, AH	96	5		85		6				
34	MG74	Y	02/01/2020	ARCHES	82	0	82							
35	ML95	Y	02/04/2020	AH, LPS	79	4		75						
36	JC92	Y	02/04/2020	AH, LPS	56	- 4		52						
37	JW87	Y	02/04/2020	AH, LPS	56	6		50						
38	D867	Y (CMHA)	01/22/2020	DOT, AH, LPS	53	4		42		7				
39	JA62	Υ	01/22/2020	DOT, AH, LPS	53	7		36		10				
40	8090	Y	01/14/2020	DOT, AH, LPS	47	6		36		5				

### **Integrated Coordinated Access Partnership**

### TARGET POPULATIONS

- Health Frequent, &/or escalating EMS and/or Emergency Departments use + Complex comorbidity: co-occurring health, mental health, addiction issues, and/or trauma
- Child intervention Frequent, &/or escalating involvement
- Education Frequent absenteeism, &/or escalating behaviour
- Justice Frequent, inappropriate, and/or escalating Police Service interaction and/or admissions to Court Services Section, Remand /Alberta Corrections facilities
- Housing/Homelessness Current or past history of chronic homelessness, long term housing instability

#### **PROCESS**

- 1. Screened for ISP at entry points (EMS, LPS, ER, SCS, Shelter, DOT)
- 1. Prioritized for Service (LOCUS, SPDAT, Safety Risk, Substance/ SCS Use; Public Systems Use)
- 1. Assigned Lead Support Worker
- Integrated Service Plan Delivery
   AHS: Clinical supports
   City programs: housing & wraparound

  - supports; navigation

    Police: outreach; safety backup

    Other services as appropriate (1,400+
    programs) in community for full integration/
    stabilization
- 1. Outcomes: Systems Use monitoring

### Coordinated Access User Journeys



Joe, 37-year old male, chronically homeless, history of trauma, Indigenous – new to community off-reserve, meth user (ODs unsure of #), 5 remand stays in last 3 years, 2 children apprehended, domestic violence history with partners, known to police due to aggressive behaviours downtown when intoxicated, stays primarily in emergency shelter, but sleeps rough during summer, has recently qualified for AISH and connected with local Housing First programs but not interested in support at this time, natural supports are in home community on-reserve and fellow users.



Sarah, 16-year old female, couch-surfing, LGBTQ, family conflict leading to long term housing instability, past abuse in home, child intervention — no apprehension, engages in survival sex, uses marijuana at times w/ fentanyl, alcohol and cocaine opportunistically, sporadic school attendance in outreach program, not connected to support system outside of occasional interactions with walk-in physician for prescriptions/testing. Attends school, but has been absent most of Sep., and already suspended for fighting classmate. Teachers know she needs support, but don't know where to start and don't know home life details.



Remi, 20-year old male newcomer, sub-Saharan Africa, PTSD, meth and fentanyl user, stays in shelter when not barred due to violence against staff/clients, gang-affiliated, increasingly involved in grooming/exploitation, breaking & entering near core, picked up often by police, no connection to family (shame), not trusting of providers, natural supports are gang affiliated. Has a 6-mo. baby with ex-partner, who is staying in women's shelter.



Joanne, 45-year old stay-at-home mother of 3, going through separation from father after 10 years of marriage; historically self-medicates anxiety/depression symptoms with alcohol and became addicted to prescription sleeping pills initially prescribed by family doctor; unable to obtain ongoing supply, started using darknet sites to obtain sleeping pills inlegally and now experimenting with opioids and antipsychotics to 'feel better' and 'slow down'. Children's school performance/attendance starting to slip, and husband threatening full custody. Primary supports are friends, aware she's struggling, but unsure of how to get support.

### Coordinated Access User Journeys



Joe, 37-year old male



Sarah, 16-year old female



Remi, 20-year old male newcomer



Joanne, 45-year old stay-at-home mother of 3

- 1. What are they likely to need based on what we know?
- 1. How do they find information about help?
- 1. How do they know what's available to them and how to access it?
- **1.** What acuity assessments should be happening?
- 1. How are cases prioritized?
- 1. How is matching to service occuring?
- 1. How are diverse service coordinated for each case?
- 1. What would a plan look like for each case?
- 1. Who should be involved in each case, why & how?