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LHA CART Program

PROGRAM MANUAL VERSION 1.0

TINA YOUNG

LHA Coordinated Access Round Table Manual

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COORDINATED ACCESS ROUND TABLE (CART)

WHAT IS THE COORDINATED ACCESS ROUND TABLE?

The Lethbridge Housing Authority (LHA), in pursuit of its mission to combat homelessness, administers a recovery-focused Coordinated Access Round Table (CART) in partnership with various community and funded agency partners. The primary aim of CART is to minimize obstacles that individuals face in accessing the appropriate support when needed, achieved through an improvement of the three C's- Communication, Coordination and Cooperation among service providers. The fundamental functions of CART encompass access, evaluation, prioritization, and placement. Intake workers are responsible for providing access and evaluation services, while a placement committee manages prioritization and placement functions.

The key objective of this manual is to further enhance the experiences of individuals seeking housing assistance. A well-defined process is imperative for funded programs as it not only guides program implementation but also delineates the roles and responsibilities of all stakeholders, fostering efficient and effective utilization of resources towards achieving desired outcomes. Furthermore, a clearly defined manual establishes a framework for program monitoring and evaluation, facilitating ongoing improvement and adaptation to evolving circumstances.

To ensure that the coordinated system is effectively meeting its goals, LHA will embrace a developmental evaluation approach in conjunction with continuous monitoring measures. This will involve incorporating key elements of developmental evaluation into the process.

GOALS OF THE COORDINATED ACCESS TABLE:

Reduce new entries into homelessness by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily;

Allow anyone who needs assistance during a housing crisis to know where to access assistance and to be progressively assessed in a standard and consistent way;

Ensure that households who are experiencing homelessness gain access as efficiently and effectively as possible to available community interventions;

Prioritize households for limited housing resources based on need and vulnerability;

Provide clarity, transparency, consistency, and accountability throughout the assessment and prioritization process for households experiencing homelessness, community partners, and homeless and housing service providers; and

Facilitate exits from homelessness to stable housing in the most rapid manner possible.

UNDERTAKINGS OF THE COORDINATED ACCESS TABLE:

Offering connections to Prevention/Diversion/Rapid Rehousing/Adaptive Case Management and Intensive Case Management and mainstream resources as a first step in progressive engagement to solve the housing crisis.

A standard and progressive assessment process to be used for all households who are seeking assistance, and procedures for determining the appropriate next level of assistance.

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Access to guidelines among homeless housing programs (transitional housing, rapid rehousing, and supportive housing) regarding eligibility for services, screening criteria, prioritized populations and expected outcomes.

Establishment of management structures that include facilitating or participating in committees and reviews including but limited to the Coordinated Access Case Round table and reviews of the procedures of the table.

Establishment of collaborative relationships with Reaching Home, CWSS, provincial and municipal grant service providers.

On an ongoing basis, opportunities for improvement and new design implementation will present themselves, and adjustments to processes described in this document will reflect those changes. Viewing the Coordinated Access Round Table as a system in which improvement is supported by regular evaluation of data by stakeholders will provide ongoing opportunities for feedback and shifts, supporting continued improvement of our network and of those we serve.

PURPOSE AND RATIONALE

CART is a key component in the homeless-serving system in Lethbridge, as outlined in the Lethbridge Housing Authority's Housing and Supports Handbook.

CART enables a more efficient and effective 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);
- Improving service provision via triaging and appropriate program matching; and
- Improving data collection and quality and providing accurate information on what kind of assistance people need.

LEADERSHIP

CART is an initiative of LHA in partnership with community, public and private agencies. Lethbridge Housing Authority is responsible for overall strategy and implementation of CART, while the CART facilitator oversees the logistics involved in the running of CART.

MEMBERSHIP

Membership in the CART process is composed of LHA, and LHA funded agencies that have signed the Data Sharing Oath (Appendix A). Note that no party is an agent of any other party.

As of August 1st, 2023, the community CART Agencies include, but are not limited to:

- Canadian Mental Health Association/ Adaptive Case Management
- Family Ties/ River House
- Lethbridge and Region Community Housing Corporation
- Southern Alberta Self-Help Association/ Versa
- Streets Alive Mission/ Intensive Case Management Team
- YWCA Lethbridge/ Hestia House

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GUIDING PRINCIPLES

Guiding principles for the successful implementation of CART include:

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

CART CONTINUUM OF SERVICE

STAGES AND ENTRY INTO CART

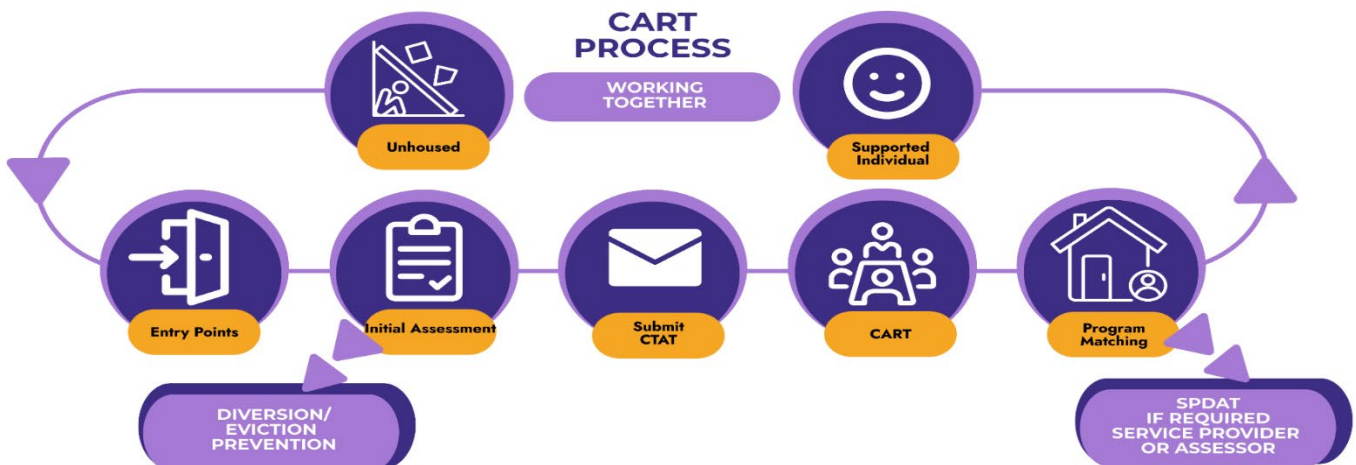
LHA aims to standardize each stage of the Intake, Triage and Assessment process, ensuring participants receive consistent service and messaging regardless of how they enter CART while enhancing transparency and information sharing. This is an ongoing process that is being constantly refined to reflect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

Standardized and evidence-based tools and scripts are used to reinforce consistency and strengthen the objectivity of CART's assessment process. These tools, including the CART Intake and Assessment Package (Appendix C) and the Service Prioritization Decision Assessment Tool (SPDAT) Reporting Document (Appendix E).

Ensuring the confidentiality of participants and compliance with FOIP is of utmost importance throughout the CART continuum of service. All individuals who have completed CART Intake and Assessment Package (Appendix C) must sign the Lethbridge's Coordinated Access Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix D) with their Intake and Assessment Package source. All non-LHA funded agencies participating in CART must sign and abide by Coordinated Access Round Table (CART) Confidentiality Statement (Appendix B).

Below the CART model is shown in Figure 1, with information on the various stages presented in Figure 2

Figure 1: LHA Coordinated Access Model



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THE STAGES OF THE CART PROCESS

Figure 2: Stages in the CART Process

Stages	Description
1. Entry Point	CART is designed to be accessible for all individuals and families experiencing or at imminent risk of homelessness, with several entry points – including streets, shelters, systems and Community Links. Everyone is treated the same regardless of entry point. All community and public systems can conduct the CART Initial Assessment, and CART Consent to Share Form.
2. Pre-Screening	Individuals complete the CART Initial Assessment and Consent to Share with a community or public systems representative. If Homeless Prevention is not successful, the representative will complete the Common Triage & Assessment Tool (CTAT) with the individual and the completed CTAT and Consent to Share Form is sent to CART via email at CasePlacement@gmail.com .
3. CART Meeting	All complete and submitted Common Triage and Assessment Tools (CTAT) proceed to the CART meeting for review of the case. The decision on program matching is made collaboratively and with transparency.
4. Program Matching	Participants are matched to programs for follow-up by the appropriate program or placed on a waiting list if necessary.
5. Assessment	Participants who screen into CART and are placed in programs which require additional information will be booked with CMHA to complete the SPDAT with a SPDAT Assessor. The SPDAT Assessor then completes a SPDAT Reporting Document, which is presented to the referred agency for review and the application can be reassessed for additional supports or placement if required.

CART SUITABILITY

To be accepted into CART, an individual or family must be either experiencing homelessness or at imminent risk of homelessness, and looking for housing supports in Lethbridge. To this end, the Common Triage & Assessment Tool (CTAT) begins with questions about the individual or family's current housing situation, whether they have a safe and stable housing situation to return to, and whether this situation is sustainable for at least two months.

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

An individual or family is at imminent risk of homelessness when the current housing situation ends in less than two months. A Common Triage & Assessment Tool (CTAT) is appropriate when any of the following conditions are met:

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Figure 3: Imminent Risk of Homelessness Chart

Eviction, foreclosure or utility termination	<p>Due to issues such as nonpayment, violation of peaceful enjoyment, damage, etc.</p> <p>A sudden reduction in income has resulted in an inability to make essential household payments. Support is needed to avoid an eviction or termination of utilities.</p>
Family or relationship breakdown	A breakdown in relationship between family members or romantic partners has resulted in an unsafe or inappropriate housing situation.
Violence or abuse	Violence or abuse by family members, romantic partners, roommates, landlords, guests, etc. has led to an unsafe housing situation.
Unsafe or inappropriate living situation	<p>A housing situation that is unsafe or unfit for human habitation.</p> <p>The following criteria must be met to ensure safe and appropriate housing: Essential services – Electricity, heat, water (including hot water), smoke detectors in working order, fridge and stove in working order.</p> <p>Security – locking doors, proper notice of entry into unit or bedroom.</p> <p>Personal safety – Direct threats to personal safety or well-being in the form of harassment or violence from landlord, other residents and/or guests.</p> <p>Rent payment – Ability to pay rent in cash.</p> <p>Responsiveness of landlord – Timely response to issues such as property damage, water damage, mold, rodents, or issue that causes risk to physical health and safety.</p>
Change in suitability	Due to circumstances such as changes in family size (i.e., birth of a child), loss of mobility/need for accessible housing, requirement for proximity to services, etc.

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

THE COMMON TRIAGE & ASSESSMENT TOOL (CTAT)

The CART Initial Assessment and Common Triage & Assessment Tool (CTAT) is used to determine an individual or family's eligibility to enter CART. CART is designed to serve the most acute and vulnerable individuals and families. It is not designed to be an entry point into all public and community resources. As the housing situations of some individuals and families can be resolved through natural supports or mainstream resources, not everyone will meet the criteria required to access CART.

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HOW TO COMPLETE A COMMON TRIAGE & ASSESSMENT TOOL (CTAT)

The Common Triage and Assessment Tool (CTAT) can be filled out either electronically or manually. The following steps are to be followed when completing a Common Triage & Assessment Tool (CTAT):

- Ensure that you're familiar with the Common Triage & Assessment Tool (CTAT) Information Sheet.
- Review the Common Triage & Assessment Tool (CTAT), preferably with the referred individual or family present, to obtain current information on the status of homelessness or housing.
- Ensure that all appropriate prevention/Homeless Prevention measures have been exhausted and indicate these on the Common Triage & Assessment Tool (CTAT).
- Ensure that the CART Participant Form: Consent to Collection and Disclosure of Personal Information (Appendix D) is correctly and thoroughly completed and signed.
- Submit the completed Common Triage & Assessment Tool (CTAT) and CART Participant Form: Consent to Collection and Disclosure of Personal Information by email to CasePlacement@gmail.com.

HOMELESS PREVENTION

HOW TO DISCUSS DIVERSION AND PREVENTION

Throughout the continuum of services, participants are empowered to independently resolve their housing issues. Homeless Prevention strategies will be explored with individuals by System Navigators completing the Intake, Triage and Assessment Package and those seeking access to a housing program. Participants are encouraged to attempt to utilize natural or existing resources rather than engaging in housing services. System Navigators will assist by engaging in an exploratory discussion and providing referrals to other resources.

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

Dialogue with participant:

- 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 Lethbridge 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

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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 participant 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 Homeless Prevention 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.
- Rent subsidies and Homeless Prevention funding from Lethbridge Housing.

INITIAL ASSESSMENT AND HOMELESSNESS PREVENTION TIMELINES

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

SECONDARY ASSESSMENT

THE SERVICE PRIORITY DECISION ASSISTANCE TOOL (SPDAT)

The SPDAT is designed to:

- Prioritize the sequence of participants receiving extended services such as Supportive Housing
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match participant needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to participants over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a participant's acuity.

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Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues.

SPDAT SCHEDULING

Once an individual has been screened into CART, the referred agency will determine if a SPDAT is required. If it is determined that a SPDAT would benefit the agency and the participant, the referred agency will schedule a SPDAT with an appropriate SPDAT Assessor.

CONDUCTING SPDATS

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

REPORTING ON SPDATS

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

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

SPDAT Assessors must ensure all materials required for the CART meeting, including the CART Consent Form and the SPDAT Reporting Document, are submitted to the CART facilitator within three business days of completion. Documents may be filled out either manually or electronically.

SPDAT ASSESSOR SUPPORT AND FEEDBACK

The Facilitator will bring SPDAT Assessors together on a quarterly basis to provide support, garner feedback, and highlight accomplishments. These sessions will be instrumental in refining the CART processes, ensuring that CART Agencies and SPDAT Assessors have the support they need to continue conducting SPDAT Assessments.

BY NAMES LIST PARTICIPANT INFORMATION

Once the CART Facilitator receives the CART Consent Form, the individual is added to the By Name List. The By Name List is stored in a secured folder that is only accessible to LHA staff. A unique identifier number is added to the participant's file. The unique identifier is composed of eight digits-first two letters of - Last Name, First Name, followed by Date of Birth -two-digit month, two-digit year. I.e. John Doe born August 15th, 1947 would be DOJO0847.

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COORDINATED ACCESS ROUND TABLE MEETING

CART MEETING

The Coordinated Access Round Table meets weekly on Wednesdays at 2pm. Meetings generally last 1.5 hours, depending on the number of cases being presented.

ROLES OF THE COORDINATED ACCESS ROUND TABLE

The CART meeting will be chaired and facilitated by the System Planner and their designated Facilitator. The logistical discussion of cases will be coordinated by the Facilitator, who will also take notes or designate a Minute Taker.

PARTICIPATION IN CART MEETING

CART Agencies are expected to send representatives (or substitutes) in accordance with the CART Terms of Reference (refer to appendices). LHA-funded programs are expected to be represented at each meeting and any CART Agency program with available capacity is expected to attend. SPDAT Assessors who are presenting SPDATs are expected to attend that meeting. If representatives are unable to attend, they may send a delegate.

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

Currently, work term students or interns are not permissible at the CART meetings.

CART MEETING CONDUCT

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

CART MEETING AGENDA AND MINUTES

The CART Facilitator will email that week's CART meeting agenda by 4:30pm on Tuesday each week. The CART meeting Agenda Template (Appendix F) is included in the appendices. Each meeting will start with a System Capacity Report from each LHA funded program plus any other programs that have contributed capacity to CART.

The next item on the agenda is to review new CTATs, meaning CTATs that have been received since the date of the last CART meeting. CTATs are presented in order of CTAT score, high to low.

Once new CTATs are discussed, the CART meeting will discuss referrals that were previously brought to the CART meeting, i.e. they were initially presented at an earlier CART meeting and have been brought back to the CART meeting (i.e. were deferred for more information, the participant's situation has changed).

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

The events of the CART meeting are captured in the CART meeting minutes. The CART Meeting Minutes Template (Appendix G) is included in the appendices. The minutes will be emailed by 4:30pm on Thursday of each week.

PARTICIPANT CASE NOTES

All submitted referrals will be entered into the CART Spreadsheet prior to the Wednesday CART meeting by the CART Facilitator. These summarized case notes, CTAT scores and contact information will be maintained by the CART Facilitator.

CART MEETING TIMELINES

Figure 4: Steps in the CART Meeting Stage

Step	Timeline	Responsibility
Review each case Discuss recommendation Determine what a successful outcome looks like for each case (i.e. housing, family reunification, rehabilitation program)	Maximum 15 minutes per case	CART Facilitator, SPDAT Assessor, CART
Determine individual's status Matched – Individual is matched to a program with availability Waitlisted – Individual is matched to a program with a waitlist Need more information – Case is given to CART Facilitator to follow up on more information required to make appropriate referral Diverted – Individual is diverted from CART to mainstream community resources Inactive – Individual does not require program match at this time (i.e. incarceration, hospitalization) but may require program match in the near future; they are kept on the list until further update is available	During allotted 15 minutes per case	CART

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CART WAITLIST

WAITLIST ASSESSMENT

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

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

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

Chronicity; i.e. how long the individual has been homeless

Seasonality; i.e. sleeping rough in winter

Children in care or pregnancy

Imminent danger; i.e. violence, fire/water damage

The CART Waitlist Matrix is as follows:

CART WAITLIST MATRIX

Figure 6: CART Waitlist Matrix

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

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PROGRAM MATCH

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

UNABLE TO LOCATE

If an individual cannot be found within 7 days of being matched to a program, upon discussion, they may be designated as "inactive" at the next CART meeting. Their spot will be given to the next person on the program waitlist and their name will remain on the list under the Participant Declined heading until they re-engage with CART as Inactive. There are to be 3 meaningful attempts to contact the participant by the referring agency, with the attempts and dates recorded on the CART Spreadsheet.

PROGRAM MATCH- DECLINED BY PARTICIPANT

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

PROGRAM MATCH- DECLINED BY PROGRAM

In some cases, the program match is declined by the program and the individual is returned to the CART meeting.

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

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

Individuals declined by a program will be brought back to the CART meeting at the next scheduled meeting, where they will be either matched to another program, or diverted from CART to additional supports.

PROGRAM REFERRAL REQUIRED

In some cases, participants that have been matched and accepted by a program may later require a different program to better meet their needs. For example, an individual may be unhoused with supports from an Adaptive Case Management (ACM) program but could require the Supportive Housing model. The following process should be followed:

- The program coordinator will indicate that there is a request for transfer;
- The CART Facilitator will schedule a time for discussion in the next CART meeting;
- A transfer or new match will be made at the CART meeting;
- The program coordinator will arrange a warm transfer to the new program.

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PROGRAM MATCH- MEETING GUIDELINES

A Possible Program Match meeting is the process in which a participant is supported in their transition from the intake stage of the CART to an accepted program. It involves an in-person meeting with the case manager and participant. The Team Lead/Program Manager and/or Transition Worker may also attend the meeting at program's discretion. The participant may also invite another support person(s) to attend the Possible Program Match meeting (e.g. family member, Public Guardian, Participant Advocate). The participant 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 referred agency staff as well as the Case Manager involved in the meeting.

PROGRAM MATCH- MEETING PROCESS

The Team Lead for the housing program will review the Common Triage and Assessment Tool (CTAT) and contact the referring agency if there are concerns/questions. If there are no concerns, they will advise Team Lead for the housing program to proceed with the Possible Program Match meeting, and scheduling of a SPDAT if required.

The Team Lead for the housing program will provide the case worker with a copy of the CTAT prior to the Possible Program Match meeting.

The referring case manager will contact the participant to tell them they have been matched to a program and make an appointment time for the Possible Program Match meeting.

All efforts to connect with the participant must be documented through case notes and the CART Spreadsheet.

If the case manager is successful in contacting the participant, a Possible Program Match meeting should be arranged as soon as possible.

If the referring case manager is unable to contact the participant within the required time frame, they must continue to actively contact the participant through various means (e.g., phone, email, text, in-person, search community, etc.) The program referral will not be accepted after 14 days of unsuccessful contact with the participant. This decision will be made in consultation with the team lead and case manager to request the participant be designated Inactive at the next CART meeting.

FORMAT OF THE POSSIBLE PROGRAM MATCH MEETING

The Possible Program Match meeting will take approximately one hour and may occur at the agency's office or any other location where the participant is most comfortable (e.g., library, McDonalds, other community agency, etc.). Consideration must be given to the safety of staff, privacy and confidentiality of participant information when deciding upon a suitable location.

The referring case manager will provide the following documents to the referred program for the meeting:

- Copy of most recent SPDAT (if available)
- Consent to File Transfer and any Guardian/Trustee Acknowledgements
- CART Intake, Triage & Assessment Package
- Copy of case notes, if applicable.
- Any additional information to help with the meeting.

The case worker will bring the Consent to File Transfer form (Appendix H) to the Possible Program Match meeting. The Possible Program Match meeting will be led by the case manager from the referred program. They will explain the housing program that the

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participant has been matched to; ensuring the participant has a good understanding of the program including the expectations of the participant and case worker.

If the case manager is present, they will share information about the participant including key components of the CTAT/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 participant's SPDAT.

This will provide an opportunity for the participant and/or case manager to ask questions or provide additional information. In situations where the participant provides new information that may change their eligibility for the housing program (e.g. current level of addiction or SPDAT score no longer in program range), the case manager will advise the referring case worker as well as the CART Facilitator within 24 hours. The referring case worker will be responsible for advising the participant of the change in circumstances. The case may then be represented at the next CART meeting.

Although best efforts are made through CART to make suitable program matches, there may be instances where the participant or housing program decides not to continue with the Possible Program Match meeting. For example – the participant refuses the program after hearing more information about the program and feels it is not a good fit, or the program may decline the participant if their circumstances have changed beyond the scope of the program. In the instance where the program is declining the participant, the Team Lead/Case Manager for the program will have this discussion with the participant.

WARM TRANSFER

PURPOSE

The Warm Transfer is to ensure a fair and non-discriminatory process when a participant has been referred to another program or service agency. It establishes the agency and case worker's responsibility to support well-organized, safe, and timely discharge for all participants. It aims to fully involve participants, their natural supports (when appropriate) and their professional support team in the discharge process and ensure that participants receive appropriate planning and information about their discharge and after care.

The Warm Transfer process is a clearly delineated transfer of supports from one agency to another. The Warm Transfer Form (Appendix J) will outline the case management of the participant up to the Warm Transfer date by the referring agency and accompany the case files. The transfer should be explained to the participant and the expectations. The referring agency will encourage the participant to contact the referred agency Case Manager/Team Lead if there are any concerns or issues with the new case worker and removing themselves as a "go-to", reducing the chances of triangulation.

If the referring agency has not finalized the case management or external tasks with the participant prior to Warm Transfer, a case consultation is required. This will be booked by the referring agency with the referred agency, at the convenience of the referred agency. The referring agency will detail any expected contact with the participant and what tasks are still outstanding and expected completion dates clearly noted. Copies of submitted applications are also to be provided to the referred agency, ie Alberta Works, Assured Income for the Severely Handicapped, LHA Applications etc.

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PROCEDURE

PARTICIPANT ACCEPTS WARM TRANSFER

The referring agency case worker will connect with the participant to inform them a warm transfer/program match meeting will be scheduled. The referring agency case worker will, to the best of their ability, coordinate the warm transfer/program match to occur within 5 business days of the referral date.

The referring agency case worker will ensure all consents are accurate and current prior to the warm transfer meeting occurring. The referring agency case worker will meet, in person at a pre-arranged location, (agency specific) with the Participant and/or Authorized Person, and representatives from the referred program.

In accordance with FOIP and PIP the warm transfer will occur with the intent to provide information on the participant's needs, based on current assessments.

The referring agency case worker will ensure the participant is given appropriate contact information for the referred program during the warm transfer.

The referring agency case worker will advise the participant that their case file will be closed, and the referring agency case worker will have no further involvement in their case, unless a case consult is organized with and approved by, the referred agency.

FOR LHA FUNDED PROGRAMS

Referring agency case manager will enter the case notes into ETO/CART Spreadsheet, indicating that the warm transfer was completed, and the participant will be moved to the appropriate section in the spreadsheet.

The referring agency's Team Lead/Case Manager will complete the ETO discharge within 5 business days or end of month (whichever is earliest).

PARTICIPANT DENIES WARM TRANSFER

The referring agency case worker will connect with the participant to inform them that a warm transfer/program match meeting will be scheduled. If the participant declines the warm transfer the referring agency case worker will notify the Team Lead and notes will be entered into CART Spreadsheet.

The referred agency case worker will inform the participant that their file will be closed, and the referred agency case worker will have no further involvement in their case.

The referring agency case worker will provide the participant with alternative resources if appropriate and note referral on CART Spreadsheet.

The referring agency case worker (Team Lead) will enter the case notes into ETO and CART Spreadsheet, indicating that a warm transfer did not occur as the participant choose not to do so and the participant will be Waitlisted for a period of 6 months.

NO SHOW OR RESCHEDULING

The referring agency case worker will assist in the rescheduling of the warm transfer when notice is given.

If notice is not given, the referring agency case worker will make every attempt to contact the participant and/or authorized person and the referred agency case worker to reschedule and note attempts on CART Spreadsheet.

If rescheduling, with or without notice occurs more than twice, the referring agency case worker will notify the CART meeting and note in CART Spreadsheet.

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The CART Facilitator will notify the appropriate contact within the referring agency of the outcome of the consultation at the CART meeting via email within 48 hours.

NON- LHA FUNDED CART AGENCIES

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

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

All non-LHA funded agencies attending CART meetings to present cases will be required to sign and abide by Coordinated Access Round Table (CART) Confidentiality Statement (Appendix B). These agencies may present cases in person at the weekly meeting if they feel there is information regarding referrals not captured in the CTAT referral package. Notification of an in-person presentation must be received prior to Tuesday at 12:00pm, the week of the meeting requested. The referral package must also be submitted prior to Tuesday at 12:00pm, the week of the meeting requested.

Consents-: Collection and Disclosure of Personal Information (Appendix D) must be signed and submitted with referral package to caseplacement@gmail.com.

For minors with guardians, consents must be signed and provided when the referral is submitted to caseplacement@gmail.com.

CONFIDENTIALITY, PRIVACY AND ACCOUNTABILITY

Ensuring the confidentiality of participants and compliance with FOIP are of utmost importance throughout the CART continuum of service. All individuals who have completed a CART Intake and Assessment Package (Appendix C) CART must also sign the Form: Consent to Collection and Disclosure of Personal Information (Appendix D) with a SPDAT Assessor. All LHA funded agencies participating in CART must abide by the CART Data Sharing Oath (Appendix A) and their own agency's privacy policies. All non-LHA funded agencies must sign and abide by Coordinated Access Round Table (CART) Confidentiality Statement (Appendix B).

DOCUMENTATION

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