

COORDINATED INTAKE AND REFERRAL (CIR) EVALUATION REPORTING

Homelessness Action Advisory Committee, City of Abbotsford

April 19, 2018

CIR BACKGROUND

- Design/conceptualization was done over a period through stakeholder participation – research/design collaborative
- Community based collaborative process
- Beneficial promise of CIR was validated by community stakeholders
- Formation of Inter-agency Care Team (Fraser Health Service Enhancement Initiative)
- Signing of Memorandum of Understanding by 5 participating agencies
- Implementation of pilot – September 2017

SIGNATORIES TO MEMORANDUM OF UNDERSTANDING (MOU)

In Alphabetical Order:

- Abbotsford Community Services
- Lookout Housing and Health Society
- Positive Living Fraser Valley
- Ravens' Moon Resources Society
- Salvation Army, Abbotsford
- Cyrus Centre (non-signatory but participating)

PRINCIPLES AND VALUES UNDERGIRDING CIR

- Housing First
- Community collaboration
- Shared outcomes
- Client confidentiality
- Respecting mandate of participating agencies
- Client choice (voluntary participation)

EVALUATION COMPONENTS

- Follow-up homelessness survey in 2018 (Preliminary findings – separate presentation)
- Analysis of data records of CIR team
- Qualitative interviews with staff from MOU signatories
- Qualitative interviews with CIR participating clients

EVALUATION PROCESS TO DATE

- Completed the 2018 Abbotsford Point In Time (PiT) Homelessness Survey
- Completed interviews with 11 representatives of CIR participating agencies (5 MOU signatories and 1 additional referring organization)
- Interviewed one participating client

THEMES FROM INTERVIEWS

- Continued challenge/complexity of homeless persons who live with serious mental health and addictions issues in context of inadequate housing and care options
- Concurrent disorder clients have little to no options
- Lack of housing options – rent pressure
- Shifts in age - more younger persons and young people who are not healthy
- Seniors with complicated health needs who should be in permanent care
- CIR/Inter-agency care team great addition – very welcome resource re. mental health and health care in general

THEMES (CONT...)

- CIR/IACT made up of knowledgeable professionals who care and who are accessible and responsive
- Continued challenges around detox
- Continued discharge from hospital of patients that still need care beyond level of care that is available outside of hospital
- Older persons who are incontinent, confused and who need extended around the clock nursing care.

POSITIVES

- Accessibility of IACT
- Welcome presence - resource addition in community especially with regard to medical appointments and medical care – good hospital connection
- Responsive and follow through – quick response (same day)
- Capable professionals, cordial, good positive interaction
- Knowledgeable staff, flexible in their approach
- CIR/IACT definitely an improvement on what and how from before – read improved community capacity

POSITIVES (CONTI...)

- Monthly interagency team meeting is helpful
- IACT as an added resource contributes to improved collaboration
- IACT “picks up” or “cover cracks” that ACT Team does not respond to
- Added ability/resource in community to work with mental health clients
- Respectful of client-agency relationship
- IACT team includes agency staff in process. Do not “take over” clients
- Staff is gently and clear – brought hope and encouragement to agency staff. Agency front line workers are buoyed by IACT

POSITIVES (CONT...)

- Respecting organizational mandates
- Support from team is very valuable
- Repeat and follow-up - not only one time touch point
- Easy to contact
- Follow-up and follow-through
- Very good communication
- The team is wonderful (Average Score 8/10 or A-)

ROOM FOR IMPROVEMENT

- Clearer referral process
- Repeat meetings to refresh understanding of the mandate and operation of CIR/IACT
- Improve process to discuss clients and decide on best response
- Not enough clarity on assessment tool/criteria
- Be mindful not to drift away from housing first approach
- Expand the team especially in relation to mental health and addictions challenges
- Pull in the whole team more regularly
- Greater on-line presence regarding criteria and process

ROOM FOR IMPROVEMENT (CONTI...)

- Criteria and mandate for both ACT Team and IACT to be revisited as people still fall through the cracks.
- IACT not available on weekends
- Expand IACT
- Achieving housing outcomes have been relatively low however contributed to increased well-being of clients
- More IACT staff needed
- Still difficult to get into treatment - now easier to detox but treatment still a challenge
- Clients not following through

STILL TO BE DONE

- By July 19, 2018:
 - Report on review of 9 month data outcomes
 - Complete analysis of 2018 homelessness survey and release report
- By September 20, 2018:
 - Present final evaluation report for full 12-month CIR pilot on outcomes, shared learnings, and recommendations for improved collaboration and system linkages