

Appendix D

Lethbridge's Integrated Coordinated Access Guidelines

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Definitions

- **Integrated Coordinated Access (ICA):** A systematized triage process tying together Lethbridge's 1,400 programs into a coordinated system to enhance appropriate service matching and improve access.
- **Systems Map:** Comprehensive real-time inventory of community services with program-level occupancy/ capacity, service components, eligibility and prioritization criteria. This includes a means of capturing client demand and feedback in real-time, and may include financial analysis of diverse funding sources (known as a Social Impact Audit).
- **HelpSeeker:** online platform used for systems mapping, systems navigation and information access.
- **Wellbeing Screener:** A short questionnaire intended to support self-referral and/or identification of needs. This is integrated into HelpSeeker to generate best matches and into ICA Database to gauge client perception of needs.
- **Integrated Coordinated Access Database:** An online database tracking client-level information across ICA participating service providers.
- **Integrated Coordinated Access Module:** specific module in the ICA Database tracking assessments and referrals of clients.
- **ICA Door Agency:** designated service provider where clients can obtain assessments are completed to access Tier 2 services or ICA Table referrals.
- **ICA Acuity Assessor:** Service Providers staff member trained and designated to complete acuity assessments at ICA Door Agencies.
- **Integrated Coordinated Access Table:** Service planning and triage table for the highest needs individuals requiring intensive, cross-system interventions.
- **Integrated Service Planning:** approach used to coordinate services across organizations to best meet client needs.
- **Social Impact Audit.** Systematic approach to capture and analyze all funding sources at the service delivery level in a region, an assessment against Key Performance Indicators, and identification of overlap and gaps.

Overview

The Integrated Coordinated Access (ICA) Guidelines aim to provide clear guidelines to appropriately triage individuals and families seeking social or health supports to the right services, at the right time.

As a flagship initiative of the *Lethbridge Community Wellbeing & Safety Strategy (2019)*, ICA intends to facilitate the leveraging of over 1,400 programs delivered locally under unifying protocols reaching across sectors, focus areas, and levels of government.

As Lethbridge is the first community to attempt this level of integration, we fully expect to learn, make mistakes, and fine-tune processes as we shift our work in this new direction; as such, we consider these guidelines a living document that will be continuously updated through our collective learnings.

The vision of Integrated Coordinated Access is to develop a process that Lethbridge's diverse supports are encouraged to follow to streamline access to over 1,400 programs for those individuals in need across diverse service providers in government, nonprofit, voluntary, and private sectors.

This means that no matter where an individual looking for help goes, they are more likely to get the same answers or advice to get them to the right services and supports as quickly and easily as possible.

Each service provider (health, justice, welfare, homelessness, housing, etc.) will have an opportunity to pre-screen and if needed, full-screen using their specific in-house acuity assessment, and based on the results, ensure that individual is either referred to an appropriate program, or triaged to the ICA table.

Benefits

- Gives everyone looking for/providing help a level playing field of information about what's available and how to access it;
- Allows us to systematically tap into the full scope of resources available, rather than just what we happen to know about;
- Increases the capacity of residents to help one another or themselves where appropriate, rather than needing a professional to help them navigate supports;
- Gives us a much better sense of our local needs and strengths to ensure everyone's needs are being met effectively.

Values in Action

The ICA Guidelines are developed and implemented based on values we share as a community working to make Lethbridge a great city for everyone. As such, is important to articulate the values underpinning the ICA work: what they are, and what they are not.

1. *Person-centred over system- or program-centred.*

We will strive to build services, policies, and processes grounded in what individuals and families tell us they need, as opposed to what systems or programs perceive the needs and solutions to be.

2. *Strengths-based over deficit-based.*

We will build on what works with a lens on promoting the strengths and resilience of individuals, families, and communities rather than solely focusing on what is going wrong and what is broken.

3. *Sustainability over duplication.*

We will work to maximise value for taxpayers and develop financially-sustainable models, rather than assuming constant growth of expenditures will resolve social challenges.

4. *Agility over tradition.*

We will prioritise being flexible, adaptable, and quick-to-act rather than business-as-usual mentalities as this is essential to meeting the fast-pace of change in our community.

5. *Integrated over fragmented.*

We are committed to building seamless and accessible supports for those who need them, and will continue to challenge disparate efforts out of alignment with our community's priorities.

Shared Information Platform

The use of a shared measurement system in which multiple service providers use a common set of measures to triage an individual, refer them to a program, track their progress toward goals, and evaluate programs providing support is required.

The shared measurement system in the community of Lethbridge will be secured with community engagement and guided by strategic leadership of the Systems Integration Table.

Implementation Overview

As the entity charged with leading the implementation of the CWSS, the City of Lethbridge has dedicated staff support to offer training and assistance to all service providers looking to implement ICA.

Phased Rollout

A phased approach will be taken to roll out the ICA model with community partners. The ICA development process is a key opportunity to enhance buy-in into CWSS Implementation and generate action from service providers and public system partners, while enhancing the City's capacity as lead systems planning organization.

ICA development is not a one-time project, but rather a restructuring of the local social safety net ecosystem to further the common objectives, including reducing and preventing homelessness. The groundwork for systems planning is reaffirmed during ICA development.

The proposed approach hinges the role of local leaders to guide the work of the project team. The Community Wellbeing Integration Table will be engaged throughout the process, making strategic decisions - with working teams of implementing organizations managing operational details with City support. This in turn further builds local capacity and enhances the implementation. A close working relationship with key City staff will ensure alignment with ongoing activities and facilitated shared learning. We consider this endeavor as a truly collaborative one, relying on and leveraging local

leadership and expertise throughout.

Development Phase: 2019-2021

Startup (Oct. 2019 -Feb 2020)

ICA Guidelines Draft: To provide the City and service providers an overview of what ICA could look like, conceptual ICA Guidelines will be developed internally with consultant support. These will serve as a starting point to consider rollout and strategic decisions required in the development phase. These will also be used to generate service provider awareness and begin to gauge feedback.

Staff Resources. The ICA Guidelines provide an impetus to understand the internal resourcing needs required by the City to staff the development and implementation process for the ICA as well. A fulsome job description for the ICA Coordinator will be developed accordingly.

Project Governance: In the initial phase of the project, the City will finalize the proposed work plan in dialogue with service providers and the Community Wellbeing Integration Table. The City will identify key stakeholders and how they are to be engaged to assess key environmental trends, policy shifts, opportunities and threats for the ICA. Staff will conduct additional research as required, particularly regarding best practices to develop the revised strategies and goals of the model.

ICA Assessment Evaluation. City staff will review the current ICA approach against best practices, funder requirements and community needs. This includes interviews and site visits with current providers, clients, and system partners. Key documents and data on current ICA operations will be reviewed and analyzed as well.

Assessment Tool Review. Staff will examine available tools (VAT, SPDAT, YAP, etc.) in the context of Lethbridge's ICA needs and adapt these into ICA guidelines as appropriate.

Systems Mapping. A systems mapping inventory using HelpSeeker of the 1,400 services locally will be used to gauge the scope of the social safety net to fully leverage resources in the new model. This will be a value add to this project, and will enable us to have additional information going into development. HelpSeeker is an online platform developed to gather this information from all relevant programs, their eligibility/prioritization criteria, capacity and occupancy levels.

Engagement & Direction (Mar 2020 - May 2020)

A series of community engagement modalities are recommended to ensure the new model aligns with community needs.

Kick-Off Open House: In order to engage the stakeholders in the development process, it is recommended that an Open House be hosted to introduce the scope of the project, present preliminary findings of the research/evaluation and engage community, Indigenous, non-profit and government stakeholders in discussions of implications for work moving forward in light of a shifting environment.

Design Labs. A series of Design Labs will be scheduled to engage key stakeholders in testing the proposed tenets of the model. City staff will develop preparatory materials to outline the agenda and

consultation process as well as facilitate the Design Labs. To ground the participants in a common baseline of information, the City will present key findings from the background research on emerging trends and potential priority directions. For the sessions, a proposed method to undertaking this component is for the consultants to develop key strategic questions to be discussed in smaller groups during the design sessions.

Lived Experience Engagement. The City's team will also engage in focus groups with people with lived experience to complement input received. We will seek input here to inform the proposed model through a Lived Experience lens.

Indigenous Leaders & Healers Engagement. We have established community relationships that we will work through to seek Elder and healer input in the proposed model to ensure alignment with Indigenous principles of healing throughout. A special meeting with key Indigenous leaders and healers is proposed to this end.

ICA Guidelines. A draft guidelines document will be developed after the initial research and interviews/focus groups as the basis for drafting the key directions of the model. The proposed due date for this report will be April, 2020 to synthesize findings to date, and suggest key direction for the ICA moving forward into the onsite community engagement.

Validation Open House. In this session, we will provide overviews of the proposed new model with key stakeholders throughout the course of the day to gauge feedback and confirm direction. The target date for this session in May 2020.

Funded Service Provider Implementation (Jun 2020- Sep. 2021)

Finalise ICA Guidelines process. The guidelines will be finalized in May after the validation session. Based on acceptance of the guidelines by the Integration Table and ICA Working Groups, the City will work with service providers to commence implementation activities including:

- PIA for OIPC acceptance will be prepared
- MOUs
- Forms / data sharing agreements
- ICA Database / ICA Database configuration to support the new ICA process.

Communications. To refine the approach and ensure full scale buy-in into systems mapping using HelpSeeker, targeted communications will occur to ensure agencies update occupancy and eligibility for programs across homelessness and housing programs in real time.

Implementation Training. Depending on the level of change management, group trainings may be desired. Training sessions will be broken up by staff roles or by access. At the onset, the City will likely focus implementation on funded service providers. The requirement to participate in ICA has already been put in place starting with April 1, 2019 contracts through the current Integrated RFP procurement phase.

Service providers will be supported to roll out ICA by City staff dedicated to this process. Learnings from

rollout will be integrated in the ICA Guidelines, which become a living document. Approximately 20 organizations are expected to be supported in this initial phase.

Phase 2 Expansion & Refinement: Oct. 2021- Onwards

Change management activities, training and oversight of ICA governance and policy development will need to be ongoing activities as part of continuous improvement. We will also develop an expansion plan beyond funded services working with the Integration Table and other funders, including the Government of Alberta, during this phase.

Expansion Plan. As we expand rollout based on learnings from funded programs, we expect to incorporate the 1,400+ programs into ICA on a gradual basis. Pending community engagement we may target phases by population (youth, seniors, etc.), or service focus (counselling, housing, etc.). Or, we may find that certain funding bodies are more likely to support the process and thus we would work with their funded programs. All of these, or a combination thereof, will be explored as the expansion plan.

Year	2020-2021	2021-2022	2022-2024	2025-2028	2028-2030
Potential Focus	City funded programs (Reaching Home, provincially homelessness / prevention)	Children & Youth; Seniors programs United Way / Community Foundation funded Programs	Government of Alberta programs: social services, corrections, mental health, addictions, shelter	Alberta Health Services programs Disabilities Employment, education	Government of Canada programs Counselling programs
Number of Programs Incorporated	150	200	300	300	400

Ongoing training, communications and change management will be delivered throughout this phase. The policies and procedures will be refined on an ongoing basis leveraging implementation learnings.

We will ensure the developed system continues to be refined through implementation learnings. In addition, the systems mapping efforts will be ongoing and require support and communications.

Proposed ICA Scope

A Prevention Perspective

Building on evidence-based public health model for prevention, Lethbridge's human services systems have been classified along the prevention continuum.

In order to effectively prevent vulnerability and achieve wellbeing, all three forms of prevention must occur simultaneously. Prevention focuses on increasing social and coping skills, strengthening capacities, and enhancing the wellbeing of individuals in order to avoid or mitigate problems. It also facilitates citizen engagement and connection so that everyone has the opportunity to fully participate in community.

There are three main levels of prevention, which comprise all services and initiatives happening in our community, including over 1,400 programs delivered by nonprofit and government service providers. There are many other informal and private sector or voluntary efforts that play essential roles and are encouraged to participate in the ICA.

Service Tiers	Prevention Continuum
Tier 1 - Primary Prevention	<p>Primary prevention - Refers to structural-level initiatives that apply to everyone, in order to reduce risk and build protective factors and includes:</p> <p><i>Universal prevention</i> – policies and interventions that target the broad public. While these strategies do not always have homelessness prevention as their goal, they have the effect of reducing the risks of becoming homeless by creating greater equality, which is vital to homelessness prevention. Examples include having an adequate supply of affordable housing, and poverty reduction strategies, such as greater access to affordable child care.</p> <p><i>Selected prevention</i> – prevention efforts aimed at members of a particular group, such as school-based programs and anti-oppression strategies for individuals facing discrimination, such as racialized communities, or Indigenous Peoples.</p> <p><i>Indicated prevention</i> – applies to all those who are disadvantaged to ensure they do not become further marginalized. Examples of indicated prevention include support for those at risk of experiencing violence and mental health/ addictions challenges.</p>
Tier 2 - Secondary Prevention	<p>Secondary prevention - intervention strategies aimed at those who are at imminent risk as well as those who have recently become vulnerable, with the aim of avoiding further harm or moving out of the situation as quickly as possible. Examples include a range of options from emergency financial assistance, family mediation, and domestic violence victim support, to name a few.</p>
Tier 3 - Tertiary Prevention	<p>Tertiary prevention- initiatives that support individuals and families who have previously experienced vulnerability to ensure that it doesn't happen again. The Housing First model is a type of tertiary prevention by providing chronically homeless individuals with housing and supports to maintain housing stability.</p>

Your Place in Lethbridge's Systems Map

Consider where you fit in Lethbridge Systems Map; the clearer you are on your role, the easier it will be for those trying to find help/make referrals. This is about understanding what service providers offer and at what stage of an individual's journey on the prevention continuum these function at.

It's ok if you offer service elements at various stages, it's important to be clear though for whom. For instance, you might provide Basic Information & Referral for everyone, but Case Management for those in the Tertiary Prevention Tier; you may therefore want to classify each Service Element on its own to avoid confusion. Similarly, you might provide peer support to young moms with mental health challenges under Tier 2, but not to older mothers or fathers.

The clearer you are, the better the Systems Map is for everyone.

<https://docs.google.com/spreadsheets/d/1vrf3YZKI50-Dp1z5VZhWk3cXBbIFH-mucVT1Z6NZGTY/edit>

ICA Process Overview

Note that this will be refined during the consultation process and implementation and acts as a starting point for the development process.

ICA Steps	Level of Need	Service Tier	Service Access Requirement	ICA Lead	Description
Note that individuals of any level of needs can connect anywhere from Options 1-3; Option 4 requires referral from the ICA Table however.					
Option 1 - HelpSeeker.org	Any	Any	None - information access is free, anonymous	Anyone	Anyone can get access to all 1,400+ programs in social safety net (city funds about 100) online, in person, by phone using HelpSeeker.org platform.
Option 2 - Wellbeing Screener	Any	Tier 1	Tier 1 Services require Wellbeing Screener completion, program eligibility to provide services	Anyone	<p>Anyone can complete the Wellbeing Screener in HelpSeeker.</p> <p>The Wellbeing Screener is a 5-7 minute survey integrated as part of the prevention/diversion strategies of relevant service providers in Lethbridge. It is available in print or on the HelpSeeker platform. It can be done as a self-assessment or with support as needed.</p> <p>If completed alone, a low score in any of the 15 domains of the Wellbeing Screener will direct the individual to their closest provider.</p>
Option 3 - Acuity Assessment	Low Wellbeing Screener Score Moderate	Tier 2	Tier 2 services require low Wellbeing Screener scores + relevant Acuity Assessment of	Acuity Assessors at designated ICA door agencies	Once the individual and service provider meet, either prevention/diversion will kick-in or a referral to a 'selected' Acuity Assessor at a designated ICA door agencies.

	Acuity Assessment Score		moderate score + program eligibility to receive services		<p>The referral is conducted in ICA Database - see Form A.</p> <p>Service provider → ICA Agency with an Acuity Assessor.</p> <p>A full acuity assessment specific to the issue/ population will be administered to determine next steps. This might include receiving a number of assessments simultaneously (VI-SPDAT, LOCUS, Safety Risk, etc.) at designated Integrated Access sites to speed up referrals.</p> <p>These assessments will be focused by the issue presented (health, safety, housing, etc.) and will take individual factors as well (age, cultural background, mobility, etc.).</p>
Option 4 - Integrated Service Planning	High Acuity Assessment Score	Tier 3	Tier 3 services require recommendation from ICA Table to provide services, including high Acuity Assessment score	ICA Table	<p>Where acuity scores are determined, the person seeking help will be referred to one of 4 Integrated Service Planning Tables focused on youth, singles, families, and seniors. These tables are focused on building and delivering the service intervention among different providers in the best interests of the person needing help.</p> <p>Depending on population focus, they include representatives from health, housing, justice, social and other service providers. These Tables work with the individual to build an Integrated Service Plan and implement it to swiftly enhance wellbeing and reduce acuity.</p>

Information Flow

The ICA is intended to support rather than burden those seeking help and service providers. As such, the maximum control over personal information necessary for service delivery is given to the person needing help. This also means avoiding over-collection, inappropriate information sharing or storage and ensuring appropriate consents are in place.

Privacy law is considered from an enabling lens with the best interests of the service seeker at front and centre. Privacy should not be used to hinder/harm the end user's best interests, especially in cases where the end user expresses the need for information sharing themselves.

Steps	Collateral	Information Collected
Step 1 - HelpSeeker.org	HelpSeeker.org	No private information collected; HelpSeeker tracks interactions anonymously for trend analysis.
Step 2 - Wellbeing Screener	<p>Wellbeing Screener Online/ Print</p> <p>Flag low scores for Wellbeing Screener</p> <p>ICA Client Verbal Consent</p> <p>ICA Database ICA Module</p> <p>External Database Client file</p>	<p>When done electronically via HelpSeeker, the client will have the ability to share the results with anyone they wish as a PDF report or screenshots. A screen pops up on their phone upon completion of the Wellbeing Screener, with their results.</p> <p>All reports and data are anonymous in HelpSeeker and used for trend analysis.</p> <p>The Wellbeing Screener can be done with the client at their request. Or the client may share their Wellbeing Screener results with the service provider. The important aspect here is that the client connects with the service provider.</p> <p>Upon connecting with a service provider (either via self-referral in the Wellbeing Screener pop-up result screen, or during an appointment with a service provider), and where a low Wellbeing Screener score is flagged in any of the 15 domains, the client should be referred to an ICA Assessor for an Acuity Assessment at a designated ICA door agencies.</p> <p>At this point, the service provider should obtain verbal consent to share appropriate data with the Acuity Assessor to commence the process.</p> <p>Communication with Acuity Assessor should be made to complete the referral. If the referring service provider uses ICA Database, the referral may be made via ICA Database with a PDF attachment of the Wellbeing Screener results; otherwise, a secure email may be sent to the Acuity Assessor with the PDF attachment.</p> <p>When the Wellbeing Screener is used to make a formal referral, a client record will be created in ICA Database at that service provider. The screener and referral will be included in the new client record with client permission following service provider protocol to refer into the ICA Database Module.</p> <p>If the service provider is not using ICA Database, the Wellbeing Screener may be saved in the organization's data management system according to existing policies and procedures; and a paper ICA referral Form A is emailed to the ICA Agency with an Acuity Assessor.</p>
Step 3 - Acuity Assessment	<p>ICA Database - ICA Module contains: Referral, Assessment, Service Plan</p> <p>ICA Client Written Consent</p>	<p>The Acuity Assessors at designated ICA door agencies will complete various Acuity Assessments as needed by the client (Health - LOCUS, Safety - Safety Risk/DVSAT, Housing - SPDAT/VAT, etc.). Data collected at this point will be personally identifiable and entered in the ICA Database under the ICA Module. All ICA door agencies and Acuity Assessors must complete this module in ICA Database.</p> <p>Either they will build on the new record created by the original SP in ICA Database, or they will create their own client record in the ICA module. As such, written ICA Client Consent will be obtained to collect this information for the purposes of making appropriate referrals based on the acuity assessment results.</p>

	<p>Flag high Acuity Scores for ICA Tables</p> <p>ICA Consent to Share Information</p>	<p>If the Acuity Assessment is used as part of service delivery, it would be included in the ICA Database case file with client permission following service provider protocols. The Acuity Assessment may be uploaded as a pdf, or the final score added to the "Acuity Assessment Summary Score Form" in the ICA module.</p> <p>Where the Acuity score suggests the case should be referred to the Integrated Service Planning Table, the assessor should obtain ICA Consent to Share Information with the appropriate table service providers.</p>
Step 4 - ICA Table	<p>Integrated Service Plan</p> <p>ICA Database - ICA Module: Referral, Assessment, Service Plan</p>	<p>As part of the ICA module in ICA Database, each client record will have an Integrated Service Plan that outlines each provider's role/ accountabilities/ timelines along with the client's in addressing their needs and building on strengths.</p> <p>Data collected will be personally identifiable and entered in the ICA Database under the ICA Module.</p> <p>Each provider involved with the client will ensure appropriate information sharing/ consent forms to provide services against the ISP is in place and stored according to respective policies.</p> <p>Prioritization</p> <p>In the case of health, police, corrections, education, child intervention, service providers will enter the full acuity assessment information in respective external databases, and only limited information in ICA Database to facilitate trend analysis and service integration to meet client needs. Limited information consists of the pdf of the completed acuity assessment AND/OR the final scoring of that assessment as indicated on the Acuity Assessment Summary Score Form. This can be entered by the Acuity Assessor at the agency OR a dedicated ICA data entry person. This will allow for integrated service planning within the bounds of existing legislation.</p>