Update on Coordinated Access and the STARS Common Assessment Tool

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TAEH-SSHA Forum
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What is Coordinated Access?

- A homelessness system management approach
- A consistent method to assess, prioritize, and connect people experiencing homelessness to housing and supports
- A requirement of federal Reaching Home funding delivery by March 2022



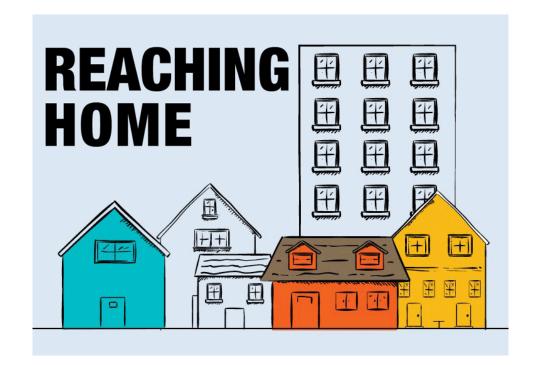
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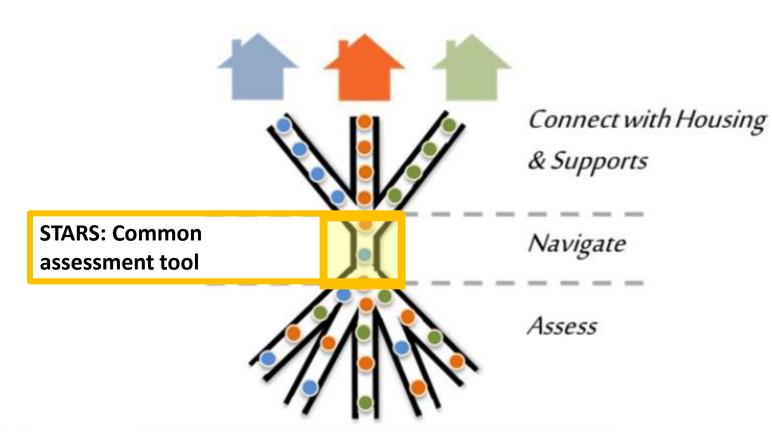


Coordinated Access Goals

- Chronic homelessness in the community is reduced
- Homelessness in the community is reduced overall and for priority populations (e.g. individuals who identify as Indigenous).
- New inflows into homelessness are reduced.
- Returns to homelessness are reduced.



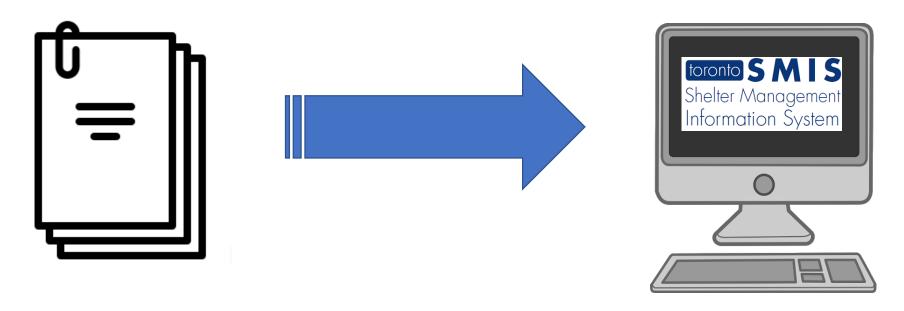




Without Coordinated Access With Coordinated Access

STARS Common Assessment Tool

- Service Triage, Assessment and Referral for Supports (STARS)
 Tool
 - Initially called the "HSAT" (Housing Support Assessment Tool)
 - Evaluation by St. Michael's Centre for Urban Health Solutions
 - Piloted by a range of bedded and service programs (15 shelters from various sectors, Eviction Prevention in the Community (EPIC) program, Streets to Homes).
 - A narrative-based version called the Housing Support Screening Tool is currently in use among all shelters referring clients to follow-up supports or housing with supports through Coordinated Access.
 - Development guided by the Toronto Indigenous Community Advisory Board (TICAB) subcommittee on Coordinated Access and the Toronto Alliance to End Homelessness (TAEH) subcommittee on CA



Hard copy, PDF, Word, or CheckMarket

 Need to have all info in one place – name, DOB, demographics, all housing info, all support info, all historical risk factors info, all info required for prioritization, etc.

SMIS

- Can break up data entry in various ways to support workflows at the client level
- Can collect data at the back-end into BNL data extracts

STARS Common Assessment Tool in SMIS

Planned: May/June



1. Intake and Triage

- Name, date of birth, gender, etc.
- Demographics "Client Details" section
- Support Needs & triage
- Housing Essentials

Target: July



2. Housing Module

 Income, ID, housing applications, supporting documentation checklist, housing preferences, housing history

Target: November



3. Comprehensive Needs Assessment

 Tool will cover the 12 components of the STARSS-B & HSST: Communication, Housing and Homelessness History, Activities of Daily Living, Physical Health and Wellness, Mental Health and Wellness, Substance Use, Organization and Comprehension, Emergency Service Use, Social Behaviours and Networks, Safety, Legal, Financial. Lots going on. Clients in crisis, tired, hungry. Staff need to do intake, shelter tour, orient to program & space, rules, etc.

Build trust over time. Housing First approach. Toronto Shelter Standards: minimum service plan includes housing & financial plan.

SHELTER PROCESSES

INTAKE

CASEWORK / SERVICE PLANNING

CA PROCESSES

1. INTAKE

& TRIAGE

2. HOUSING MODULE

3. COMPREHENSIVE ASSESSMENT

- Uses information collected as part of the shelter intake.
- Gathers basic info for BNL, but is not a full assessment.
- Supports on-site staff to get a basic understanding of support needs

Progressive engagement (Reaching Home CA Guide): "start with the "lightest" level of service possible and increase it if a client is unable to find or retain housing without a more intensive intervention."

Triage

Getting to know your needs

1 Please see the Supports Assessment Guide on how to ask these questions. If you are not able to complete this section with a client at the point of intake, please complete it within 36 hours of intake.

Support Needs

I'm going to ask about support needs you may have. If you do not feel comfortable answering a question, you can just say "pass" or ask to skip the question.

This information will help us to support you while you are using our services. It will also help us assist you to find housing that meets your needs. I am going to go through a quick checklist now, and when you meet with the caseworker / counsellor / housing worker later on, they will ask you some follow-up questions and help you access services.

Health & Wellness	Accessibility	Other Supports
Allergies or dietary restrictions	Limited mobility (e.g. stairs ok?)	Accompanied by a pet
Harm reduction / substance use supports	Wheelchair or other mobility aid	Legal or immigration
Medication support	Vision	Religious / cultural supports
Pregnancy support	Hearing	Safety concerns (at risk of violence or self- harm)
Mental health support	Speech	VAW supports
Physical health support	English translator	Supports for survivors of human trafficking
Support for daily activities (e.g. bathing, eating)	Reading / completing paperwork	Other urgent support needs
Other health support	Other accessibility supports	

Triage: Recommended level of supports

Client has few support needs and does not require much assistance to find or maintain housing. Low Client able self-manage any mental health, physical health, or substance use issues The client has likely been homeless for less than 6 months. The client is 25 years old or older The client needs some assistance from staff to find housing and connect with supports. Medium The client may have challenges with mental health, physical health, substance use, or other challenges that may impact their ability to access services and find and maintain housing on their own. The client may require some staff assistance with reading, doing paperwork, communicating, or translation. The client may have been homeless for longer than 6 months. The client needs intensive assistance from staff to find and maintain housing and connect with supports. High "Mental health" and/or "substance use" is checked off, with one or more additional items checked off that seem likely to impact the client's ability to access services, and find housing and maintain housing on their own. The client may need assistance with daily activities.

- Once housed, the client will likely need a higher level of case management follow-up supports, or they may require ongoing on-site supports.
- The client may have been homeless for longer than 1 year.



Next Steps for Common Assessment

- Staggered roll out of new intake and triage form
 - Dependent on Covid situation and ensuring sites have capacity to adopt the change effectively
- Complete user research for housing module (April) and build into SMIS (July)
- Translate previous paper-based comprehensive assessment into electronic version in SMIS (November)
 - Work with Access Point to further align approaches and relive work load for homeless service staff, housing providers, and clients
- Improve information sharing capacity in SMIS to reduce duplication across the system



Questions?



