

GRANDE PRAIRIE

Integrated Coordinated Access Model

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Canada 



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LAND ACKNOWLEDGEMENT

We acknowledge the homeland of the many diverse First Nations and Métis people whose ancestors have walked this land since time immemorial. We are grateful to work, live and learn on the traditional territory of Treaty 8.

INTRODUCTION

Letter from City of Grande Prairie Community Social Development Manager

Community wellbeing involves effectively addressing social, safety, and health issues with innovative, coordinated, and established evidence led solutions. These issues are interconnected and complex, yet our siloed and uncoordinated approaches have not been efficient in solving them. Simply, the status quo of doing business is not sustainable.

Integrated Coordinated Access is a process where services providers work together to ensure whoever is in need will find the right help at the right time using a “no-wrong door approach”. Many of the issues faced by individuals and families in our community are not simple problems, but complex challenges with converging factors. Challenges like homelessness, poverty, mental health issues, addictions, and substance use, all intersect and solutions to these challenges require the involvement of multiple agencies, institutions, funders, and those with lived experience working together to achieve common goals and outcomes. The City of Grande Prairie is committed to working with community stakeholders to identify ways in which collaboration can transform existing systems to address emergent community issues

On behalf of the City of Grande Prairie, I am excited to be a part of this collaborative systems change effort that will ultimately lead to a more efficient use of resources, increased access to services for our residents, and measurable outcomes that are collaborative and community driven.



Angela Sutherland

ADDITIONAL ACKNOWLEDGEMENTS

The development of the Grande Prairie Integrated Coordinated Access Model was led by the City of Grande Prairie with extensive input from many local organizations and community members. Financial support for this project is provided by Employment and Social Development Canada.

Community Participation

Passionate involvement from Indigenous community members and organizations, as well as people with lived and living experience of poverty, mental health and homelessness provided key learnings and informed the proposed Integrated Coordinated Access model. The City of Grande Prairie is grateful to continue to learn what needs to change in order to improve wellbeing for our community members.

The participation and engagement of community leaders, thinkers and innovators was essential to the development and implementation to date of the Integrated Coordinated Access model for Grande Prairie. The City of Grande Prairie would like to thank the following organizations and representatives for their role as early adopters of Integrated Coordinated Access:

MEMBERS OF THE INTEGRATED COORDINATED ACCESS ADVISORY COMMITTEE

City of Grande Prairie Community Social Development ----- *Angela Sutherland*

Family Education Society ----- *Brandy Pilon*

City of Grande Prairie, Councillor ----- *Councillor Kevin O'Toole*

Alberta Health Services ----- *Donna Matier*

United Way Alberta Northwest ----- *Jamie Craig*

GAPS In the Peace ----- *Jerry Napier*

City of Grande Prairie Homeless Initiative ----- *Katherine Schmidt*

County of Grande Prairie ----- *Kathleen Turner*

Rotary House Emergency Shelter ----- *Kathy Lambert*

**Community Advisory Board on Housing and Homelessness;
Grande Prairie Friendship Centre Board** ----- *Len Auger*

Native Counseling Services Association ----- *Marge Mueller*

Grande Prairie Friendship Centre ----- *Maureen Laboucan*

Grande Prairie Friendship Centre ----- *Miranda Laroche*

Alberta Health Services ----- *Patricia Nordstrom*

Salvation Army ----- *Peter Kim*

Grande Spirit Foundation ----- *Steve Madden*

Community Foundation ----- *Laura LaValley*

Grande Prairie Rotary Club ----- *Tyla Savard*

Alberta Health Services ----- *Valerie Daoust*

Grande Prairie Regional College ----- *TBD*

- Community organizations that have already adopted and implemented a community-based Level 3 Navigator network:
 - Canadian Mental Health Association
 - Centerpoint Facilitation Inc.
 - Grande Prairie Friendship Centre
 - Northreach Society
 - Odyssey House Domestic Violence Shelter
 - Rotary House Emergency Shelter
 - Sunrise House Youth Emergency Shelter

- United Way Alberta Northwest: core partner in the implementation and rollout of this model including the use of HelpSeeker navigation applications in Grande Prairie.

For further information on this initiative please contact csd@cityofgp.com



Grande Prairie has made remarkable progress in prevention and intervention strategies for poverty and homelessness since the development and implementation of numerous plans from 2009 onward.¹ Many of these plans call for increased collaboration and integration of community agencies to work together to improve delivery of social services. The purpose of Integrated Coordinated Access (ICA) is to develop a standardized process that individuals in need and service providers can follow to improve service delivery and coordination of resources for social supports. The Grande Prairie Integrated Coordinated Access Model prioritizes the development of a community-wide strategy to improve access to social services with both immediate and long-term recommendations.

To this end, community engagement activities were undertaken by the City of Grande Prairie with the technical assistance of The Systems Planning Collective and Turner Strategies/HelpSeeker to develop an integrated approach to Coordinated Access for social services; specifically considered are those programs funded through the City of Grande Prairie. Community engagement included a series of design labs, stakeholder interviews, and a city-wide online survey. The City of Grande Prairie also convened a new Integrated Coordinated Access Advisory Table of various stakeholders to ensure the project goals, direction and outcomes are community-grounded and customized to Grande Prairie (please see Appendix A for Integrated Coordinated Access Advisory Table membership).

The resulting Integrated Coordinated Access Model provides the community with direction on the following elements:

- A validated model of System Navigation for Grande Prairie social services
- A common digital approach utilizing system navigation apps and platform
- A foundation of consistent training and resource education for any service providers, caretakers, or individuals in need in Grande Prairie to find the help they require
- Refinement and expansion of the current Centralized Intake and Assessment process for Housing First programs
- Recommendations for development of integrated service delivery case planning for individuals in need requiring targeted, intensive supports
- Recommendations for implementation and future system planning and integration activities

¹ Reports, strategic plans, and evaluations commissioned by the City of Grande Prairie include, but are not limited to, Grande Prairie's Multi-year Plan to End Homelessness, Grande Prairie's 5 Year Plan to End Homelessness and Social Sustainability Framework 2018.



BACKGROUND

Coordinated Access processes and best practices have evolved and become more sophisticated over the last decade with many sectors and initiatives utilizing an integrated service delivery approach. Healthcare systems, youth sector collaborations, and justice and corrections initiatives use coordinated access principles to varying degrees for both universal and targeted interventions.² Promising practice among these projects and initiatives is showing that incorporation of multiple disciplines and sectors working together on an individual's behalf is the most beneficial method of service delivery for all involved: leveraging existing resources and community strengths to provide person-centred care.³

The City of Grande Prairie began efforts towards Coordinated Access for Housing First programs (Centralized Intake and Assessment) in approximately 2012-2013. Coordination of access for prevention programs funded through Family and Community Support Services (FCSS)⁴ has not been formally attempted in Grande Prairie to date; however, with current community alignment of service providers in one location, through the Community Village space and Seniors Outreach locations, the next step is to move towards intentional coordination of these services. Community Village is a multi-building complex offering rental space to non-profit organizations and has had some success in convening support for children, youth, and families through tenants but does not formally coordinate or integrate the services delivered between the various tenants. Seniors Outreach is considered to be a “one stop shop” for information related to seniors’ benefits, referral coordination, and general information for individuals 65 years and older. Providing services to over 2600 unique clients per year, Seniors Outreach is an efficient example of ease-of-access and is well-known in the community.

These pockets of sector-specific coordination attempts may be successful and, in many cases, are for those individuals served. With a growing understanding of the importance of holistic and integrated service delivery on outcomes for homelessness, health, justice, and children’s services, the City of Grande Prairie has chosen to view coordination of access to services with a systems integration and user-centred lens benefitting all residents with any need.

² Examples of resources accessed with coordinated access elements <http://coordinatedaccess.ca/>, <https://www.frayme.ca/>, <https://www.saskatchewan.ca/residents/family-and-social-support/hub-tables>

³ Turner, A., & Krecsy, D. (2019). Bringing it All Together: Integrating Services to Address Homelessness. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2019/01/Homelessness-Turner-Krecsy-final.pdf>, Gold, J., & Dragicevic, N. (2013). The Integration Imperative: Reshaping the Delivery of Human and Social Services. Retrieved from <https://assets.kpmg/content/dam/kpmg/nz/pdf/October/integration-imperative-kpmg-nz.pdf>

⁴ For a list of programs funded through Family and Community Services in Grande Prairie <https://www.cityofgp.com/culture-community/social-programs-and-initiatives/family-and-community-support-services>

COMMUNITY ENGAGEMENT

With a scope to examine broad concepts of access to services and with consideration of the full spectrum of Grande Prairie's social safety net, community engagement activities for the project needed to offer an opportunity for all residents of Grande Prairie to provide feedback.

- A **public Kick-off/Open House** was hosted on December 4th, 2019 by Community Social Development to provide an opportunity for residents to learn about ICA concepts as well as other current social issues affecting residents. Several local organizations and local Public Health staff were instrumental in the Open House by facilitating fruitful community conversations. A social determinants of health theme was used to illustrate the value of integration and a holistic view.
- The **Grande Prairie Social Issues and Wellbeing Survey** was posted online for approximately three weeks and provided an opportunity for public feedback on elements of wellbeing and issues facing respondents both personally and as a community (Survey Questions can be accessed in Appendix B).
- Community Social Development curated an **Advisory Table** of leaders and representatives from the social services sector to move the project forward and provide a level of governance and accountability (see Appendix A).
- A need to solicit direct feedback from additional service providers and key stakeholders in Grande Prairie was met through a **series of design labs**; similar to focus groups, design labs are convened to solicit specific feedback on issues and solutions pertaining to clearly defined community goals. Approximately 88 Design Lab participants were in attendance and included those with Lived Experience, local funders, frontline service providers, management-level service providers, and Indigenous-specific service providers and community leaders (further detail on Design Labs held in Grande Prairie outlined in Appendix C). Many of the solutions recorded during the Design Labs process informed and shaped the ICA model and ultimate implementation approach.
- Further **targeted phone interviews** for specific feedback regarding populations such as seniors, youth, and families were conducted as well as research and fact-finding phone calls. These helped determine where and how existing community resources and initiatives could be further leveraged, such as the Complex Needs table (a collaborative group meeting to address high needs individuals).
- A **second round of design labs** was held to present the proposed model for ICA to the community and collect additional feedback to assist with validation. The proposed model was validated with over 100 members of the social services sector and community.

WHAT WE HEARD

Survey Results

The Grande Prairie Social Issues and Wellbeing Survey posted online from January 8th, 2020 - January 31st, 2020 received 599 responses. The survey responses also include several completed in-person at the Grande Prairie Friendship Centre community kitchen (during a free lunch meal time) and in-person with newcomers via the Centre for Newcomers.

Respondents were not reflective of the general population in Grande Prairie as the majority of respondents were female (79%) and skewed younger than the general population (57% of respondents were within the 25-44 age range). A recommendation moving forward for continued online engagement of the general population in regards to community wellbeing is to explore further targeted survey campaigns for underrepresented groups.

Examining the survey questions which are most relevant for ICA planning, the following findings are:

- 1) Respondents were asked, "Please rate how you feel about YOUR current" income, employment, etc. on a likert scale. The wellbeing factors respondents felt were going the best in their lives at the time of survey completion were Information & Technology, Transportation, and Food. The wellbeing factors respondents felt were going the worst in their lives at the time of survey completion were Health & Wellness, Legal Situation, and Mental Health & Addictions.
- 2) Respondents were asked, "Where do you go for help when you're struggling and need support?"
 - 88% of respondents indicated Friends/Family, followed by Internet Search (49%), and Family doctor (48%) (respondents were allowed to check all fields that applied).
- 3) Only a small number of respondents provided open-text responses to ICA specific questions; presumably, this is due to the necessity to have a fairly adequate understanding of what integrated coordinated access is or could look like. Despite the low response rate for these questions, respondents were thoughtful and engaged when providing feedback which is summarized in the following key words and phrases:
 - What do you think the greatest benefit of ICA is?
 - Information about support, easier access, quicker, info faster
 - What do you think is the biggest challenge to ICA?
 - Funding/resources, red tape, inaction, integration/barriers
 - What would successful ICA look like:
 - Simple, easy, one-place, connected, information, quick

Design Labs

Design Labs are solution-focused and allow participants to work quickly through an issue or problem. Participants at the Design Labs were led through a session which asked participants to address and define goals, acknowledge any roadblocks, and then brainstorm rapid-fire solutions to meet collective goals. The Grande Prairie Design Lab sessions⁵ were focused on the following goal:

“How do we coordinate and integrate access to help services to maximize impact?”

Lab participants indicated the healthcare sector, and specifically a family doctor or hospital, as one of the main access points to services in the community, and indicated more than 15 service providers as additional frequent points of access for social services. The Design Lab group made up of individuals with experience of homelessness and/or poverty, often called Lived Experience, and the Service Provider groups indicated Rotary House, NorthReach, and Friendship Centre most frequently as access points for support. As with the online survey findings above, the Design Lab feedback on where to access support is indicative of a variety of locations and methods which cross sectors and disciplines from family doctors, schools, the library, and Google.

Barriers to accessing services indicated through Design Lab participants, can be summarized in the following themes:

1) Physical Access:

- Transportation issues -- unreliable public transit, cannot afford personal vehicles
- Walkability of Grande Prairie -- safety, weather, sidewalks
- Where services are located -- distance between key services

2) Coordination and Communication between Agencies:

- Out-dated information leading to incorrect referrals
- Understanding the necessity for waitlists and how an individual is added
- Getting bounced between agencies -- having to go to multiple agencies, telling your story over and over
- Inconsistent information/access
- Client communication issues (phones)

3) Organizational Capacity (consistency and equity):

- Staff turnover

⁵ For further information on the specific sessions held and population groups targeting to attend, please see Appendix C.

- Accountability for issues such as discrimination, inconsistent answers
- boundary/funding issues
- databases/information sharing and referral (multiple databases which are not integrated)

Solutions offered by Design Lab participants were thoughtful and indicative of an engaged and motivated community ready to embark on actionable steps and make immediate progress. Solutions were developed around three key themes:

- Knowledge/Awareness/Communication
- Navigation/Integration
- Program Capacity/Resourcing

Phone Interviews

As Integrated Coordinated Access is an initiative to coordinate service delivery across both prevention and homelessness-serving agencies in Grande Prairie, targeted engagement was required from representatives who are already involved with integrated service delivery for their specific demographic. Phone interviews consisted of a core set of questions to elicit responses based on the current and future state of coordinated service delivery in Grande Prairie. Agency or program representatives spoke candidly regarding successful and challenging aspects of service coordination within Grande Prairie and echoed the sentiment of the Design Lab participants in that communication and system navigation can be improved.

Representatives spoke at length regarding the time and resources currently being used for community navigation. For some organizations, this was: formalized staff roles of Youth Navigator or Health Navigator, and staff who are trained to provide coordination and referral information for client needs. An agency indicated their central phone receives calls “all day long” for general inquiries as they believe word of mouth and general internet searches return their agency information. The need of a staff member to accompany individuals was brought up in regards to youth, individuals experiencing homelessness, and those in need of more intensive health services as a way to ensure the referral coordination will be successful.

Communication between agencies and service providers was noted as requiring improvement as clients are receiving incorrect information and experiencing frustrations being “bounced” between well-meaning frontline staff. Increased awareness of the specifics of service delivery between agencies was noted by multiple respondents as an easy immediate solution for system navigation; specific examples of eligibility confusion and unrealistic expectations of immediate access to a caseworker when referring clients highlight the need for consistent information and training.

RESEARCH AND CASE STUDIES

To support the feedback and solutions put forward through community engagement, consultants researched best and promising practices of integrated service delivery and Coordinated Access models already implemented in Canada. This research and scan of existing practice produced three main approaches of current coordinated service delivery:

Physical community “hubs” or hub-and-spoke concepts: a community hub acts as a central access point for cultural, recreational, health, and social resources. Physical hubs are anchor points, usually situated in communities with increased need or in locations with high levels of pedestrian and vehicular traffic. A hub-and-spoke model includes not only the physical community hub location run by one agency or collective group, but also individual programs and services coordinating efforts from other local agencies. Spoke services are offered at the hub location or may be held elsewhere; hubs are inviting spaces designed with users in mind and usually provide coordination and referral support for a variety of community services. The Integrated Hubs Project through PolicyWise⁶ is an example of current application of hub models in Alberta. The forthcoming Ministry of Children’s Services Family Resource Networks will also be an example of hub-and-spoke models as they will be implemented province-wide in the coming months.⁷

Hub concepts were researched due to their increasing popularity in Canada as a service delivery model and as a possible consideration for implementation in Grande Prairie. Hub and hub-and-spoke service delivery models are popular approaches with decision makers and funders due to the possible shared administrative expenses and efficiencies hub models may provide through design activities such as utilizing existing public space and shared staff. Community hubs are also seen as mechanisms for community-building -- bringing together local residents for gatherings and events. Community hubs are also an attempt to integrate large institutions such as schools or hospitals and small non-profit or charity programs. There is not currently a vast collection of research on the efficacy of community hub models generally as community hub models vary greatly in design and implementation. However, early research has

⁶ Salt, V., Parker, N., Ramage, K., & Scott, C. 2017. Community-based mental health services hubs for youth environmental scan. Edmonton, Alberta, Canada: PolicyWise for Children & Families. Retrieved from <https://policywise.com/wp-content/uploads/2018/02/2018-01JAN-04-Integrated-Hubs-EScan.pdf>

⁷ Government of Alberta. Ministry of Children’s Services. 2019. Family Resource Network Expression of Interest. Retrieved from <https://open.alberta.ca/publications/family-resource-network-expression-of-interest>

found benefits from those involved in community hub approaches.⁸ A review of community hubs in Ontario⁹ found the following benefits are demonstrated:

- Improved health, social, and economic outcomes for individuals;
- At the community level, demonstrated collective impact;
- For individuals, demonstrated integrated service delivery;
- Improved social investment and protection of public assets;
- Stronger communities across Ontario;
- The health sector specifically found improved patient and client experience; and
- Improved outcomes for students and families in the education sector.

A physical hub model of service delivery was not proposed for Grande Prairie's ICA approach. Adding yet *another* location for individuals in need to access services is not suggested due to: community engagement feedback regarding access issues of weather and transportation; the confirmation of two forthcoming community hub concepts for the city (the aforementioned Integrated Youth Hub and Family Resource Network); and the number of organizations which currently operate as informal hubs for some demographic groups such as Seniors Outreach and the Friendship Centre.

Targeted integrated service delivery tables (situation table, complex needs table, case management tables, etc.) are collaborative case management groups where multiple stakeholders convene to develop a coordinated case plan and intervene with a specific population. In the justice sector, situation tables convene to develop rapid response plans for high-risk individuals or families. Within the health sector, multidisciplinary teams convene for case-management on a particularly complex client. The Heavy System User Group in Edmonton¹⁰ is an example of a group or table convened to provide support for those individuals interacting with police, AHS, and community supports frequently and inappropriately due to unmet complex needs of addiction and mental health. Another example of targeted integrated service delivery

⁸ Romeril, B. 2014. Multi-agency Community Services Hubs Selecting A Model To Meet Expectations. Retrieved from <http://romeril.org/docs/SelectingAModel.pdf>; Community Hubs Ontario. 2017. Process Review: Community Hub Model. Retrieved from <http://www.ryde.nsw.gov.au/files/assets/public/community/community-hubs/community-hubs-model-the-sevenstages-of-creating-community-hubs.pdf>; Foundry BC. 2018. Foundry Early Learnings Proof of Concept Evaluation Report. Retrieved from https://foundrybc.ca/app/uploads/2019/04/Foundry_POCRReport.pdf

⁹ Government of Ontario. Premier's Community Hubs Framework Advisory Group. 2015. Building the evidence base: the foundation for a strong community hub. Retrieved from <https://www.ontario.ca/page/building-evidence-base-foundation-strong-community-hub>

¹⁰ Edmonton Police Service. Retrieved from https://policywise.com/video_library/comparative-showcase-city-case-management-group-calgary-and-heavy-system-user-group-edmonton/

tables in operation across Canada is the Community Mobilization Prince Albert “Hub” model¹¹ with a focus on crime and safety. The Children and Youth At-Risk Table (CHART)¹² in Surrey, BC provides collaborative intervention services to families at risk of criminal activity or gang involvement.

Integrated Service Delivery tables and the various terms used to describe these mechanisms have been evaluated on a case-by-case basis with benefits of reduced crime rates for many justice tables,¹³ decreases in system use for high system users in Calgary,¹⁴ and early intervention outcomes for tables convening regarding health.¹⁵ A report summarizing the findings thus far of Hub tables (rapid risk mitigation tables, generally justice-focused) finds there are quicker access to services, improved cross sectoral communication and working relationships, and self-reports by workers and clients of more effective, supportive services.¹⁶

Utilizing technology for coordination: whether through information management systems or secure client file sharing mechanisms, best practice for integrated service delivery models or coordinated access programs include utilizing technology to improve communication and data collection.¹⁷ The merit and evidence of using web-based, electronic data collection applications and tools is well-known with the majority of government funders mandating database usage.¹⁸ Web-based applications for prevention and early intervention are particularly popular in practice for youth-serving agencies and include online assessments and mobile apps.¹⁹ Preliminary research for the proposed ICA model found that agencies in Grande Prairie are at different stages of electronic data collection and management, with some agencies accessing paper files while others have purchased specific software.

¹¹ Results for All. 2017. Saskatchewan, Canada: The Hub Model for Community Safety. Retrieved from http://results4america.org/wp-content/uploads/2017/07/LandscapeCS_Canada_4.pdf

¹² City of Surrey. Children and Youth At-Risk Table (CHART). Retrieved from <https://www.surrey.ca/community/29121.aspx>

¹³ Corley, C., & Teare, G. 2019. The Hub model: It's time for an independent summative evaluation. Journal of Community Safety and Well-Being. Retrieved from <https://journalcswb.ca/index.php/cswb/article/view/93>

¹⁴ Turner, A., & Krecesy, D. 2019. Bringing it All Together: Integrating Services to Address Homelessness. Retrieved from <https://www.policyschool.ca/wp-content/uploads/2019/01/Homelessness-Turner-Krecesy-final.pdf>

¹⁵ Ottawa Children's Coordinated Access & Referral to Services. The Value of the IPC Process. Retrieved from <http://coordinatedaccess.ca/community-projects-and-involvement/integrated-plan-of-care-project-2/the-value-of-the-ipc-process/>

¹⁶ Corley, C., & Teare, G. 2019. The Hub model: It's time for an independent summative evaluation. Journal of Community Safety and Well-Being. Retrieved from <https://journalcswb.ca/index.php/cswb/article/view/93>

¹⁷ U.S Department of Housing & Urban Development. Coordinated Entry Management and Data Guide. Retrieved from <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>

¹⁸ Government of Canada. Employment and Social Development Canada. Reaching Home: Canada's Homelessness Strategy Directives. Retrieved from <https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html>

¹⁹ Example of online self-assessment/application <https://foundrybc.ca/foundry-pathfinder/>

PROPOSED *INTEGRATED COORDINATED ACCESS MODEL*

A tailored approach to Integrated Coordinated Access, one which would leverage existing strengths of the community and resources, is recommended for Grande Prairie. Recognizing that Integrated Coordinated Access is one piece of the overall Systems Planning and Integration work the City of Grande Prairie is currently embarking upon, it is imperative to recommend a flexible model which can be used as a tool to tie overall systems together long-term. It is also evident from the leadership of the Advisory Table and design lab participant feedback that any proposed solution must have immediate actionable steps to keep community momentum.

The proposed model for Grande Prairie is based on examination of existing Coordinated Access and integrated service delivery models; however, it also leans on the entrepreneurial and pioneering spirit of the community to try methods considered promising or emerging practice. Using common terms found in Coordinated Access models, the proposed ICA model is a “decentralized multi-door approach” with the long-term recommendation to develop a “no-wrong-door approach” wherein a basic understanding and consistent model of access for all social services in the city exists, i.e. there is truly no wrong location to appear at or phone number to call that would not lead you to accurate and helpful information. Grande Prairie’s proposed ICA model will provide equitable and consistent access to social services through a three-pronged approach coordinated through System Navigator roles:

1. **Digital Access:** *a method for anyone, anywhere to access accurate information on available services.*
2. **Physical Access:** *leveraging existing community hot spots, consistent and scheduled locations to receive one-on-one support to access services.*
3. **Targeted Access:** *convening multiple service providers to develop integrated service delivery plans for individuals with elevated need.*

Consistent throughout the three categories of access are proposed System Navigators, individual frontline staff already in positions of navigation or wayfinding in the community who are consistently trained, monitored, and recognizable to individuals in need.

SYSTEM NAVIGATORS

One of the main recommendations in the proposed ICA model for Grande Prairie is the development of formalized community-wide System Navigators as a mechanism to integrate all service providers regardless of sector or target population. System Navigators are easily-identifiable and accessible individuals providing information, referral, and coordination support to individuals in need. Feedback provided from the Lived Experience and Service Provider design lab groups indicated that service delivery was inconsistent, and quality of

service or information received at an agency or program was often determined by which individual was able to assist you at that time.

There are formalized navigators in various roles within agencies currently; these roles are responsible for supporting navigation of multiple sectors in the city such as health navigation, youth sector navigation, senior benefits navigation, or supporting families to access services. Leveraging the expertise of these navigator roles and frontline staff, the proposed System Navigator method would involve the development of consistent training and service delivery based on three tiers of System Navigation which have been identified for individuals in need in Grande Prairie.

1. **System Navigator Level 1:** Responsible for assisting individuals through an online resource directory (eg. 211, HelpSeeker, City-provided directory) and wellbeing screener to locate appropriate services and programs. Is familiar with support for commonly identified needs and many service providers in the community. Has an understanding of the System Navigation ecosystem in Grande Prairie and its function, and will adhere to System Navigator Level 1 protocols including prevention and early intervention focus.
 - a. **Example:** System Navigator Level 1 is a regular member of staff or volunteer located at a school, faith-based association, primary care network, daycare, or pharmacy.
2. **System Navigator Level 2:** Responsible for supporting individuals to identify their presenting needs and assisting individuals through the online resource directory and wellbeing screener to locate appropriate services and programs. Is very knowledgeable regarding service providers in the community including detailed information relating to niche services and programs such as Indigenous or newcomer supports. A System Navigator Level 2 is trained in trauma-informed support, crisis management, mental health and addictions, as well as harm reduction, and will adhere to System Navigator Level 2 protocols including prevention and early intervention focus.
 - a. **Example:** System Navigator Level 2 is a regular staff member, volunteer, or rotating staff member from another agency located at the library, newcomer services, the food bank, and any service provider willing to participate in the process.
3. **System Navigator Level 3:** As above, responsible for supporting individuals to identify their presenting needs. A Level 3 navigator's training and skill set includes an emphasis on supporting individuals with complex needs such as mental health and multiple presenting issues. Is considered an expert on system navigation in Grande Prairie with knowledge of diverse sector services for diverse population groups. A System Navigator Level 3 is trained in trauma-informed support, crisis management, mental health and addictions, as well as harm reduction and will adhere to System Navigator Level 3 protocols including prevention and early intervention focus. A Level 3 System Navigator

is also formally trained in a variety of specific assessments for programs requiring additional screening criteria such as: the common assessment for Housing First placements; a social isolation assessment for seniors; or screening tool for depression.

- a. **Example:** A System Navigator Level 3 is located at the Friendship Centre, Rotary House, Northreach, Family Resource Network Hub plus mobile locations as determined by need.

Training for System Navigators uses a community of learning approach wherein community experts, i.e. those individuals already completing System Navigator Level 3 responsibilities informally, will convene a temporary working group to develop training methods and content. There are successful examples in Calgary²⁰ and Ontario²¹ of communities of learning (often called Communities of Practice) where the local experts in a specific topic, for example harm reduction or early childhood development, share lessons learned from an initiative or professional training opportunity with the community of learning. This training model uses existing resources and curates the curriculum for Grande Prairie's local context in a manner which no external trainer could. Proposed System Navigator training will also examine the role of individuals with Lived Experience in determining curriculum topics and incorporating involvement through either a peer navigation model or as community of learning trainers.

Proposed rollout for training System Navigators would first focus on Level 1 System Navigators and utilization of the online resource directory and wellbeing screener (available Fall 2020) through web-based, how-to videos customized for Grande Prairie. System Navigators will receive a certificate of completion and be recognized as formally fulfilling these responsibilities through both a physical indicator (such as wearing a specific lapel pin) and community acknowledgement of this work, such as through an online listing. Proposed rollout for Level 2 and Level 3 System Navigators includes a phased approach to pilot a small group of individuals at priority access locations and continuously refine training and protocols over a six-month period. Expansion of System Navigator training across all three levels will proceed over the following six months pending capacity and willingness to participate.

DIGITAL ACCESS

In the proposed ICA model, all social service providers in Grande Prairie will collectively create a real-time, web-based resource listing for individuals in need through configuration of an existing software (eg. HelpSeeker, 211) or development of a new process (eg. Google Forms). As a result of the collaboration with United Way Alberta Northwest to rollout HelpSeeker in Grande Prairie, HelpSeeker will support local staff, agencies, and programs to verify the details

²⁰ The Calgary Homeless Foundation uses a community of practice model for sharing learnings gleaned from Housing First programs with exceptional Key Performance Indicators. For more information: <http://calgaryhomeless.com/agencies/key-performance-indicators/>

²¹ Ontario-based Communities of Practice can be found within healthcare (<https://www.hpco.ca/what-is-a-community-of-practice-cop/>), addictions and mental health (<https://amho.ca/conference/cop/>) and the Canadian Alliance to End Homelessness Community of Practice webinars (<https://training.caeh.ca/monthly-webinars/>).

of services they provide including location, hours, contact information, and population served. This verified information will be made available on the common online resource directory for any person seeking services in Grande Prairie and System Navigators.

A digital or online component to ICA is recommended not only as survey respondents indicated looking online as the second-most common method to find help (after friends/family), but a digital system navigation app can easily be used in *any* agency or program location including schools, doctor's offices, food banks, or rural centres to name but a few examples. Furthermore, due to high staff turnover rates created by the boom-and-bust cycle of the local economy, online system navigation applications assist frontline staff with staying knowledgeable about all services, and up-to-date on service changes. System Navigators will use an online resource directory to ensure the information they are providing is accurate as well as for tracking of needs and services required by the community.

It is suggested that an online resource directory is chosen with consideration for both city-wide and long-term social services data strategies. A directory with the capacity to collect anonymous information on needs, services, population groups and locations, and aggregate this data in a user-friendly format will allow for System Planning and Integration activities. Aggregated data from a directory could be provided to the department of Community Social Development to identify trends and gaps, and support community planning initiatives. A recommendation moving forward would be incorporating the use of aggregate needs and services data from an online resource directory into future service delivery contracts through the department of Community Social Development.

Elevating the usage of online tools, the proposed ICA model will explore the use of a web-based wellbeing screening tool. Digital screening tools provide another method for individuals to prioritize their needs, determine eligibility for local services, and streamline referrals to appropriate resources. As an interactive resource listing or in-person conversation may be too overwhelming for some individuals, especially if new to the community and unsure where to start, a wellbeing screener can support an individual in need to begin the process of finding help. Using questions from the Grande Prairie Social Issues and Wellbeing Survey as a prototype, the proposed wellbeing screener will guide an individual through a series of questions on basic needs, health, safety, and sense of belonging. Screening for categories associated with wellbeing can support early intervention and prevention of mental health issues such as depression, financial assistance in an emergency, or self-directed support for issues individuals may not even be fully aware of. The goal of implementing a wellbeing screener within ICA is to leverage all community resources and ensure the prevention continuum is meeting the needs of the community.

Recommendations for evolving the ICA model in the future includes examining if there is community need or appetite for an online portal or website to collect and present the many pieces of the ICA system for further ease of access. Some questions from the community focus on how will System Navigators communicate with each other, share events and updates,

access the most recent forms or information regarding their role, etc. As Grande Prairie and the City of Grande Prairie in particular have already launched various iterations of stand-alone websites for specific issues or initiatives, the recommendation for an online ICA presence will be examined in future planning and strategy.

PHYSICAL ACCESS

The proposed ICA model for Grande Prairie recognizes the amount of feedback and frustration related to physically navigating services in the city and proposes clearly-identified and consistent locations for accessing a System Navigator. ICA Access locations must support individuals from all population groups and be welcoming environments to everyone from the mom seeking support with her first baby, to the guardian searching for information regarding AISH eligibility. Examining locations mentioned throughout the community engagement process, and with consideration of locations which are acting as informal community hotspots or hubs, proposed rollout of access sites will begin with those locations that can guarantee at least one System Navigator Level 3 at all times. Through examination of the existing Centralized Intake & Assessment process in Grande Prairie, which triages individuals for supportive housing, community feedback indicated that increasing location access is necessary in a community such as Grande Prairie due to weather, safety, and transportation issues. Possible locations for consistent System Navigators Level 3 include:

- *Hospital or Public Health location*
- *Rotary House*
- *Northreach*
- *Future Family Resource Network Hub*
- *Future Youth Hub (through Sunrise House)*
- *Grande Prairie Friendship Centre*
- *Grande Prairie Public Library*

Providing System Navigation on an as-needed or “pop-up” basis is a proposed method of increasing community access through the ICA model also. Providing System Navigation support at agencies and locations where individuals either cannot leave or do not feel safe to leave, such as in-patient treatment programs or a domestic violence shelter, will ensure equitable and consistent access to services for all individuals in need. Utilizing data from the online resource directory, a mobile System Navigation schedule will be created based on identified areas of need. A recommendation (once System Navigator training has been confirmed and tested) would be to explore System Navigation pop-up supports outside of Grande Prairie city limits.

The proposed Physical Access approach of the ICA model will require monitoring the System Navigators training and certification process, and staying informed of developments and changes to capital assets such as buildings or location changes of agencies as well as the data on needs and services through HelpSeeker to ensure that System Navigators are meeting the needs of the community. Also to be considered is the opportunity for those interested agencies or locations to train a staff member as a Level 2 or 3 and monitor need over time; balancing

training requirements with community enthusiasm will be necessary. The proposed ICA model, and specifically the System Navigation component, is flexible to meet the needs of a changing and growing population with seasonal needs and issues over time.

TARGETED ACCESS

The Community Engagement process revealed multiple efforts being made to work collaboratively on behalf of individuals with high levels of needs; the community term used in Grande Prairie is complex needs, referring to the level of acuity and complex service delivery individuals involved with multiple systems require. Currently meeting regularly for this work are the complex needs table, chaired by membership from Alberta Health Services and the Outreach Workers Meeting chaired by the City. Both groups meet to discuss specific individuals in the community, collaborate through group discussion, and brainstorm possible solutions. Memberships of both groups find value in the current operation but are in agreement in moving towards a more formalized approach to discussing clients and developing case plans.

The proposed ICA model will integrate the existing Complex Needs and Outreach committees to convene an integrated service delivery table with clearly-defined roles and goals to develop immediately actionable case plans for individuals prioritized as complex. Based on the current membership of these groups and understanding of some of the identified issues within the Grande Prairie social services sector, the proposed prioritization criteria for collaborative case management by this table of service providers will be high system users. High system users are those individuals with high utilization rates of EMS, ER, Grande Prairie RCMP (PACT), homelessness emergency supports, social services, etc.

Specific definitions for what constitutes an individual, household, or family who is a high system user will be clarified and documented in the service delivery table's Terms of Reference. A recommendation to adhere to objective prioritization criteria will serve to keep the table focused. Group membership will reflect those agencies working with the priority population. Table policies and procedures will clearly articulate meeting agendas, presentation of individuals, consent, and information sharing processes, as well as case plan accountability and follow-up actions. Records management of meeting activities and case plans as well as the consent process will be clearly outlined in table documentation. The Table may wish to function with anonymous client information until the details of the policies and procedures of the table are developed.

ASSESSMENTS AND PRIORITIZATION

The success of the proposed ICA model will be determined not only by the degree of community buy-in and engagement in the new system, but also in clear goals and understanding of priority populations or criteria for service delivery. Social services in Grande Prairie predominantly have funder-driven criteria for target populations and service delivery at this time; due to the patterns, both extreme weather and the boom-and-bust economy can create issues for individuals in need, and priority populations can also be driven by political factors such as a necessity to prioritize people who are sleeping rough for supportive housing programs. As Grande Prairie

embarks on comprehensive systems planning and integration efforts, the long-term prioritization strategy for social services will emerge and be validated by the community at large. A recommendation of the proposed ICA model is to examine community-wide prioritization criteria as part of the overall community wellbeing strategy. Possible guiding criteria to explore include:

- **Indigenous status:**
 - It is imperative to recognize the relatively large Indigenous population in Grande Prairie: 10% of residents identify as Indigenous compared to only 6.5% of residents in all of Alberta. Indigenous populations are also younger than the general population, and therefore require more support for early childhood development. According to wellbeing survey analysis, respondents identifying as Indigenous have a lower wellbeing index score than non-Indigenous respondents.
- **Consideration of demographics such as age or pregnancy:**
 - Particularly relevant for targeted prevention and early intervention programs, transition-aged youth may be a target population requiring additional supports due to service issues which can occur when bordering both the children and adult systems.
- **Vulnerability such as significant physical health, mental health, and/or addictions issues:**
 - With wellbeing survey respondents indicating Mental Health & Addictions and Health & Wellness in the bottom three categories of personal wellbeing, prioritizing vulnerability as it pertains to these issues is an example of the necessity of integrated coordination and service planning.
- **Large families:**
 - Service navigation increases in complexity with large families and non-nuclear family configuration. Improving service navigation and outcomes for head of households of large families increases positive outcomes for the entire family.

An immediate or interim recommendation for prioritization and operationalization of the ICA model is to develop a structure of Community Service Tiers. Community Service Tiers are a method of grouping social services and programs into tiers in order to more efficiently streamline referrals for individuals in need. Generally, programs can usually be grouped along a continuum of intervention in the following categories:

- **Universal programs:** available to all children, youth, families, and individuals within a community.
- **Targeted programs:** are designed to meet the needs of a specific group due to vulnerability such as children aged 0-3, seniors aged 65+, or women experiencing interpersonal violence.
- **Intensive programs:** address multiple needs or factors which may be exacerbating issues for individuals; service delivery is usually one-on-one.

Using the above continuum concept for the proposed ICA approach, Community Service Tiers for Grande Prairie will reflect the level of intervention the program provides. The method of access of the service or program will be dictated by the Tier to which the service belongs. For

example, a program which provides recreation services, regardless of any further eligibility criteria, is considered a Tier A program. A Tier A program has no further prioritization criteria or requirements and is offered on a first-come, first-serve basis. A program which offers benefits assistance for seniors is considered a Tier B program as the eligibility criteria includes being at least 65 years old. Generally, Tier B programs require confirmation of eligibility criteria and no further assessment for access. Case management for individuals experiencing homelessness is considered a Tier C program, as this is an intensive intervention requiring increased length and one-on-one support. Tier C programs have additional assessments required for access in order to determine further prioritization and eligibility.

Developing Community Service Tiers is not creating a new barrier which individuals in need will have to jump through; instead, Tiers create a common language and understanding which assists system navigation. For example, a frontline staff member may not know all the nuances of program eligibility for a Tier C service; however, upon looking up the service through the online resource directory, the frontline staff member is informed that the service is considered a Tier C and can inform an individual in need there will be further assessment required, therefore managing expectations in advance.

The ICA model will pilot Community Service Tiers with City-funded FCSS and Homeless Initiative programs to refine the process of access as well as incorporate Community Service Tiers into System Navigation training and protocols. System Navigators will be well-trained in the requirements for accessing a Tier A, B, or C level program and will be able to direct individuals in need accordingly. The proposed ICA model will not replace existing program-specific eligibility assessment tools; ICA will instead create awareness and understanding of the steps involved for accessing a service in Grande Prairie, including additional assessments. Exploration of the necessity and possibility of duplication of program-specific assessments is recommended once a baseline understanding of community needs and ICA processes are prevalent in the community.

| ICA Options | Level of Need | Community Service Tier | System Navigator Level required | Ease of Access |
|---|---------------|------------------------|---------------------------------|---|
| Option 1 Online Resource Directory (eg. HelpSeeker, 211) | Any | Any | Any/Optional | Anyone can access directory online navigation platform and apps |
| Option 2 Wellbeing screener | Any | Tier A and B | Any/Optional | Anyone can access Wellbeing screener online |
| Option 3 | Mid - High | Tier C | System | System |

| | | | | |
|---|--|--------|---|--|
| Program-Specific Assessment | | | Navigator Level 3 for assessment | Navigator Level 3 available at multiple sites |
| Option 4 Referral to Integrated Service Delivery Table | High Specific Criteria as determined by Table | Tier C | System Navigator Level 3 for assessment | Criteria prioritizes specific individuals and therefore is not open to all, however once an individual brought to Group/Table, multiple agencies working on their behalf (decreased barriers, increased simultaneous access) |

REFINEMENT OF CENTRALIZED INTAKE & ASSESSMENT PROCESS

Any programs and initiatives that require specific client or patient assessments will need to work effectively together within the proposed ICA ecosystem. Policies and procedures need to be developed to ensure coherence in an overall ICA model. Any current or future community initiatives and programs, will be able to leverage the existence of System Navigators, the online resource directory, and physical and targeted access components in program service delivery.

Specifically for Housing First programs in Grande Prairie, a hybrid Centralized Intake and Assessment process already existed at the outset of this initiative. The process was a useful illustration of how a high-functioning system of access might work in a broader community sense. The Housing First hybrid process has evolved since 2012. The current form, new as of May 2020, is based heavily on community recommendations provided through the Integrated Coordinated Access initiative design labs in late 2019 and early 2020 and evaluation of the previous version of the process.

Through the proposed ICA model, System Navigators will be able to provide information and referral for assessment to City-funded Housing First services. Some of the feedback received

regarding the Centralized Intake program thus far from multiple partners indicated that individuals in need do not know of the program, where it is, or how to access it. During the Design Lab process, there was very little-to-no mention of the existing Centralized Intake process as a means to access support. System Navigators of all levels will be trained to educate individuals presenting with housing needs on all applicable supports and services for housing, including the details and process for accessing supportive housing funded by the City. With a deep understanding of all available social supports in Grande Prairie -- through both training and the resource directory -- System Navigators will be able to leverage all community services for individuals in need while utilizing supportive housing placement as needed.

The rollout of Level 3 System Navigators and locations for Level 3 System Navigators will be piloted with improving access to supportive housing in mind, meaning locations have been proposed which see many individuals in need of housing or experiencing homelessness. This placement of Level 3 System Navigators will not only test the service delivery of Level 3 System Navigation, but also respond to feedback from the community that the current Centralized Intake service delivery requires expansion and more mobile options.

ICA GOVERNANCE AND QUALITY ASSURANCE

Integrated Coordinated Access will be overseen by the City of Grande Prairie Community Social Development with support from the ICA Advisory Table. Trainer System Navigators, Certified System Navigators, and the Integrated Service Delivery Group will select representatives to communicate directly with the ICA Advisory Table on a regular basis.

It is recommended that upon validation and finalization of the ICA model and other community wellbeing initiatives currently underway by the City that system-level goals, indicators and outcomes are developed and piloted. Specific suggestions for immediate quality assurance include:

- Memorandums of Understanding or Participating Agency Agreements between the City and ICA agencies who have committed to providing Level 3 System Navigation;
- Quarterly public reporting feature on progress of ICA system including output data and highlighting participant stories;
- Continuous data analysis of online resource directory aggregated data and raw data to highlight trends and gaps;
- Regular analysis of client outcomes for Housing First triage process;
- Development of clear service delivery steps and outputs for Integrated Service Delivery Group; and
- Development of client feedback mechanism at each access point or stage of ICA:
 - Digital access client feedback such as pop-up feedback on online resource directory or screener
 - Anonymous feedback from end-users who have used physical access sites
 - 3rd-party interview feedback opportunities for Integrated Service Delivery participants

- Online survey of frontline staff and team leads of ICA participating agencies in Grande Prairie yearly

WORKPLAN

ICA is a collaborative effort and will be successful through the participation of community stakeholders. The proposed six months post-validation include the following activities. Specific timelines provided are a guide and are subject to change:

| | Activities | Staff | Mar | April | May | June | July | Aug | Sept | Oct |
|---|---|----------|-----|-------|-----|------|------|-----|------|-----|
| Integrated Coordinated Access Model - Report Finalization | Validation with CAB | CSD | | | | | | | | |
| | Internal City of Grande Prairie Validation | CSD | | | | | | | | |
| | ICA Public Launch | HS & CSD | | | | | | | | |
| HelpSeeker Roll-out (online resource directory) | Communication campaign | HS | | | | | | | | |
| | Local service providers begin to own and manage Helpseeker accounts | HS | | | | | | | | |
| | Cross Referencing and Data Quality Control | HS | | | | | | | | |
| Well-being Screener | Beta testing of reduced questionnaire | HS & CSD | | | | | | | | |
| | Pilot of screener with small cohort | HS & CSD | | | | | | | | |
| | Well-being screener development and refinement | HS | | | | | | | | |
| | Well-being screener launch for System Navigator usage | HS & CSD | | | | | | | | |
| System Navigators | Creation of System Navigator Working Group and training work plan | CSD | | | | | | | | |
| | Level 1 System Navigators Cohort #1 Identified | CSD | | | | | | | | |
| | Level 1 web-based how-to videos & certification developed | HS | | | | | | | | |
| | Level 2 System Navigators Cohort #1 Identified and trained | CSD | | | | | | | | |
| | System Navigator Level 3 pilot locations confirmed | CSD | | | | | | | | |
| | System Navigators Level 3 Cohort #1 Trained | CSD | | | | | | | | |
| | System Navigators Training Curriculum developed | CSD | | | | | | | | |
| | System Navigators ALL Levels Training Curriculum launched | CSD | | | | | | | | |
| | Monitoring, QA and Feedback System Navigators | CSD | | | | | | | | |

| | | | | | | | | | | |
|---|---|----------|--|--|--|--|--|--|--|--|
| Target Access: Integrated Service Delivery Group | Terms of Reference, Policies and Procedures complete and validated | HS & CSD | | | | | | | | |
| | Membership recruited and confirmed | CSD | | | | | | | | |
| | Agree upon initial cohort | CSD | | | | | | | | |
| | Development of consistent steps and process, analysis of case studies | HS & CSD | | | | | | | | |
| | Data and Records management developed and implemented | HS & CSD | | | | | | | | |

Further Recommendations

Community engagement conducted produced feedback which is out of scope of the immediate task of the Integrated Coordinated Access proposal. As the City of Grande Prairie values the time and energy residents of Grande Prairie put into completing the survey, attending design labs, and completing interviews, this feedback will be further incorporated into the forthcoming Integrated Needs Assessment. Themes to note from this round of community engagement which pertain to larger Systems Planning activities are as follows:

- **Geographic Scope**
 - Although it is acknowledged within the community of Grande Prairie that many individuals come into the city centre for services, an examination of how best to serve outlying communities and, therefore, prioritize and create access methods outside of city limits has been attempted within the proposed ICA model. Clarifying who the “community” is and aligning responsibilities and goals of service delivery to the community is recommended to be explored further in Systems Integration and Planning.
- **Public transit and transportation**
 - Lack of reliable and affordable public transit is creating a barrier to accessing services. Transportation challenges were voiced consistently throughout all methods of community engagement and are similar to those voiced in the Grande Prairie Transit Master Plan. Currently the Transit Access Program is available for subsidized passes.
- **Inclusiveness and Belonging**
 - Grande Prairie has experienced significant population growth in the last ten years with projections of continued population growth into 2040; steadily growing populations identifying as Indigenous or visible minority will continue to require culturally-specific support and services. Further exploration to align the Grande Prairie Local Immigration Partnership initiative and localized Indigenous partnerships and service delivery within the ICA model is recommended.

APPENDICES

Appendix A: Integrated Coordinated Access Advisory Table

| Organization | Name |
|--|--------------------------|
| City of Grande Prairie Community Social Development | Angela Sutherland |
| Family Education Society | Brandy Pilon |
| City GP Council | Councillor Kevin O'Toole |
| Alberta Health Services | Donna Matier |
| United Way Alberta Northwest | Jamie Craig |
| GAPS In the Peace | Jerry Napier |
| Supervisor City GP Homeless Initiative | Katherine Schmidt |
| County of Grande Prairie | Kathleen Turner |
| Rotary House Emergency Shelter | Kathy Lambert |
| Community Advisory Board on Housing and Homelessness; Chair GP Friendship Centre Board | Len Auger |
| Native Counseling Services Association | Marge Mueller |
| GP Friendship Centre | Maureen Laboucan |
| GP Friendship Centre | Miranda Laroche |
| Alberta Health Services | Patricia Nordstrom |

| | |
|---------------------------|----------------|
| Salvation Army | Peter Kim |
| Grande Spirit Foundation | Steve Madden |
| Community Foundation | Laura LaValley |
| VP Rotary Club | Tyla Savard |
| AHS Child and Youth North | Valerie Daoust |
| GPRC | TBD |

Appendix B: Grande Prairie Social Issues and Wellbeing Survey

Questions: Community Well-being & You

What is wellbeing?

While there is no sole way of defining it, research suggests wellbeing is dependent on good health, positive social relationships, the availability and access to basic needs (housing, food, income, etc.), and the extent to which you feel a sense of belonging and social inclusion. Community wellbeing applies these elements to a community, rather than at an individual level. Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential.

1. Please rate how you feel about **YOUR** current:

Scale: Poor, Fair, Good, Very Good, Excellent

- Income
For example: how easy it is for you to pay for rent, groceries, daycare, transportation?
- Employment
For example: work conditions, job security, current work situation
- Education & Learning
For example: schooling, developing skills, work experience, continuing education, learning opportunities
- Information & Technology
For example: how easy it is for you to access the Internet or access to the information you need?
- Transportation
For example: access to transit, a car, share-rides, etc.
- Food
For example: access to healthy meals, how consistently you can access to good/affordable food
- Housing
For example: affordable rent or mortgage, accessible and appropriate place to live
- Personal safety
For example: abuse, violence, involvement with gangs
- Legal situation
For example: involvement with crime, legal status, interactions with justice system, police

- Health & wellness
For example: illnesses, health conditions, healthy eating/living
- Mental health & addictions
For example: drug use, anxiety, depression, stress, outlook on life
- Family & community
For example: family, friends, community, being understood & respected, accepted, feeling like you belong
- Spirituality & culture
For example: connection to your cultural identity, faith community, sense of purpose
- Relationship to nature & the environment
For example: access to parks and greenspaces, pollution, etc.
- Happiness & creativity
For example: life purpose, pursuit of creative outlets & self-expression -- art, music, writing, design

2. Would you be interested in a service that could inform you about local **supports that may help you improve on areas that rated lower on the above questions?**

- Yes
- No
- Maybe

**3. Where do you go for help when you're struggling and need support?
(Check all that apply.)**

- Friends/Family
- Family Doctor
- School/Teacher
- Employer/Co-worker
- Internet Search
- Support Organization
- Faith community (church, mosque, synagogue, etc.)
- Phone service (hotline, phonebook, 211, etc.)
- HelpSeeker apps or website
- Other (please specify)

4. Are you aware of the HelpSeeker.org website or app that helps connect Grande Prairie citizens to hundreds of support services that enhance wellbeing?

- Yes
- No

5. Have you used the HelpSeeker.org website or app?

- Yes
- No

6. Where do you go to find out about community initiatives (check all that apply)?

- Social Media
 - Facebook
 - Instagram
 - Twitter
 - Other
- Friends/Family
- Colleagues/work
- Newspaper
 - List names
- Online
 - Google
 - City of Grande Prairie Website
- Other (please specify)

SOCIAL ISSUES

7. Please identify the extent to which you see the following issues affecting the community overall

Scale:

- Not at all
- To a small extent
- To a moderate extent
- To a great extent
- To a very great extent
- Unsure

Basic Needs/Services

- Poverty/Basic needs not met (e.g. food, income, clothing.)
- Lack of employment opportunities
- Lack of Education/Training options
- Housing affordability
- Housing accessibility
- Homelessness
- Lack of housing support services

- Access to affordable childcare
- Access to parenting support
- Other (please specify)

8. Please identify the extent to which you see the following issues affecting the community overall.

Scale:

- Not at all
- To a small extent
- To a moderate extent
- To a great extent
- To a very great extent
- Unsure

Health/Addictions/Safety

- Lack of Substance abuse/Addictions services
- Lack of Disabilities supports
- Lack of Mental health support (information, advice, counseling)
- Lack of Physical health support (primary care physician, specialist support, etc)
- Violence
- Crime
- Feeling unsafe
- Other (please specify)

9. Please identify the extent to which you see the following issues affecting the community overall.

Scale:

- Not at all
- To a small extent
- To a moderate extent
- To a great extent
- To a very great extent
- Unsure

Sense of Belonging

- Disconnection/isolation
- Family conflict/breakdowns
- Barriers to public engagement to address social issues
- Lack of information about support services
- Discrimination/racism

- Barriers to access opportunities for social and/or civic connection (community events, public engagement, parks/rec centres/libraries, etc)
- Other (please specify)

10. If you could only address three of these issues in Grande Prairie, which would you prioritize? (Drop-down list options)

- First Priority
- Second Priority
- Third Priority
- Other

11. Which population groups do you think require additional support for the three areas that you've identified as priorities? (Check all that apply.)

- People living with low income or in poverty
- Newcomers (immigrant/refugee)
- Indigenous people (First Nations, Métis, Inuit)
- Children & Youth
- Single-parent families
- Two-parent families
- Single adults
- Seniors
- People struggling with mental health
- People struggling with addictions
- People experiencing homelessness
- People experiencing domestic violence
- Other (please specify)

INTEGRATED COORDINATED ACCESS

Integrated Coordinated Access: a process by which those looking for support with social, health, or other needs are triaged to appropriate resources. The vision of Integrated Coordinated Access (ICA) is to develop a standardized process for individuals in need and service providers in a community or region can follow to improve service delivery and coordination of resources for social supports.

12. Have you heard of Integrated Coordinated Access before?

- Yes
- No
- Not Sure
 - If yes, what do you know?

13. What do you think will be the greatest benefits of this initiative:

- to individuals in need?
- to you?

14. What would a successful Integrated Coordinated Access implementation look like:

- for you?
- for those in need of help?

15. What do you foresee as the largest challenge to the proposed Integrated Coordinated Access project?

16. How would you like to be involved?

TELL US ABOUT YOURSELF

17. Do you identify as:

- Female
- Male
- Prefer not to say
- Neither, I identify as...

18. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-64
- 65+
- Decline to answer

19. Do you identify as being an Indigenous Person, including First Nations, Métis, and/or Inuit?

- Yes
- No
- Don't know
- Decline to answer
- Other (please specify)

20. Do you identify as being a Visible Minority?

- Yes
- No
- Don't know
- Decline to answer

21. Please check which best describes your situation:

- Born in Canada
- Immigrant to Canada -- Less than 5 Years
- Immigrant to Canada -- More than 5 Years
- Don't know
- Decline to answer

22. What is your family situation?

- Single
- Single parent with child/children
- Couple with child/children
- Couple without children
- Don't know
- Decline to answer
- Other (please specify)

23. Please check which best describes your situation:

- I live in City of Grande Prairie
- I live in the County of Grande Prairie
- I am in Grande Prairie or area temporarily for work
- I am in Grande Prairie or area temporarily for services
- Don't know
- Decline to answer
- Other (please specify)

24. Do any of the following apply to you? Please check all that apply.

- Elected Official (City Council, MLA, MP)
- Health care professional (doctor, nurse, LPN, therapist, etc.)
- First responder/emergency service provider (RCMP/EMS)
- Business Owner/Manager
- Social services provider
- Student
- Neighbourhood group member
- Nonprofit sector member
- Government employee
- Faith community member
- Volunteer

- Work in Oil and Gas
- Work in Forestry Sector
- Work in Retail/Food Services
- Work in Agriculture
- Decline to answer
- Other (please specify)

25. Is there anything else you would like to share with us regarding wellbeing in Grande Prairie?

Appendix C: Grande Prairie Integrated Coordinated Access Design Labs

Design Lab Schedule and Attendees

| Design Lab | Target Group | Date/Location/Time | Number of participants in attendance |
|------------------------|---|---|--------------------------------------|
| End User Lab 1 | Attendees are those who have tried to get help and navigate services for themselves or someone close to them in Grande Prairie. Those individuals with Lived Experience or complex needs. | January 8th, 2020 Northreach Society 9613 98 St 1:00 p.m. - 3:00 p.m. | 12 |
| End User Lab 2 | Attendees of this lab have tried to get help and navigate services for themselves or someone close to them in Grande Prairie. They might be a student, parent, friend, or grandparent who experiences or sees others they care about experiencing a low or moderate level of service needs. | January 8th, 2020 Teresa Sargent Hall, 9839 103 Ave 6:00 p.m. - 8:00 p.m. | 6 |
| Service Provider Lab 3 | Attendees of this lab are in social work, teaching, nursing/medicine, policing/enforcement, ministry, service volunteering, etc., and work with people with complex needs. | January 8th, 2020 Muskoseepi Park Pavilion 102 St &, 102 Ave 1:00 p.m. - 3:00 p.m. | 30 |

| | | | |
|--|--|---|-----------|
| <p>Service Provider Lab 4</p> | <p>Attendees of this lab are in social work, teaching, nursing/medicine, policing/enforcement, ministry, service volunteering, etc., and they work with people who need a relatively low to moderate amount of help.</p> | <p>January 8th, 2020 HearthStone Manor 9206 99 St 6:00 p.m. - 8:00 p.m.</p> | <p>7</p> |
| <p>Indigenous Supports & User Lab 5</p> | <p>Attendees this lab identify as an Indigenous persons, Elders, healer, support provider, etc., and experience or provide any level of support needs.</p> | <p>January 9th, 2020 Muskoseepi Park Pavillion 102 St & 102 Ave 2:00 p.m. - 4:00 p.m.</p> | <p>15</p> |
| <p>Decision Maker Lab</p> | <p>Lab is via targeted email by invite-only for decision makers and funders.</p> | <p>January 9th, 2020 Muskoseepi Park Pavillion 102 St & 102 Ave 10:00 a.m. - 12:00 p.m.</p> | <p>18</p> |

Appendix D: References & Resources Accessed

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U.S Department of Housing & Urban Development. Coordinated Entry Management and Data Guide. Retrieved from <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>

Additional Open Source Resources Accessed

Calgary Homeless Foundation

- CAA Info Guide - Agency and System Partners: http://calgaryhomeless.com/content/uploads/CAA_Info_Package_05_03_2018.pdf
- Adult Placement Committee Terms of Reference: <http://calgaryhomeless.com/content/uploads/Adult-Placement-Committee-APC-Terms-of-Reference.pdf>

Canadian Alliance to End Homelessness

- Training Resources - BNL/CA Webinars: <https://training.caeh.ca/monthly-webinars/webinar-archive/>
- Built for Zero Resources - Coordinated Access: <https://bfzcanada.ca/coordinated-access/>

End Homelessness St. John's

- St. John's Homeless-serving System Coordination Framework, 2016: <https://wecanendit.com/s/SJS-Home-Serving-System.pdf>

Frayme

- Projects: <https://www.frayme.ca/projects>

Government of Canada, Correctional Service Canada

- Success in Reintegration: The Potential Application of Situation Tables to Community Corrections: <https://www.csc-scc.gc.ca/research/rr-17-02-eng.shtml>

Government of Saskatchewan

- Hub Tables: <https://www.saskatchewan.ca/residents/family-and-social-support/hub-tables>

Ontario Ministry of the Solicitor General

- Provincial Approach to Community Safety and Well-being: <https://www.mcscs.jus.gov.on.ca/english/Publications/PSDGuidanceInformationSharingMultisectoralRiskInterventionModels.html>

Ottawa Children's Coordinated Access & Referral to Services

- Referral Process: <http://coordinatedaccess.ca/referral-process/>

- Integrated Plan of Care:
<http://coordinatedaccess.ca/community-projects-and-involvement/integrated-plan-of-care-project-2/#top>

Strathcona County

- Community Hub Study:
<https://www.strathcona.ca/files/files/fcs-strathcona-county-community-hub-study-final-report.pdf>