



Calgary Homeless
FOUNDATION

Family
System Planning
Framework

March 2017

CHF would like to acknowledge the contributions of our community partners in the development of this document:

Aspen Family and Community Network Society
Calgary Women's Emergency Shelter
Children's' Cottage Society
Closer to Home
CUPS
Discovery House
Distress Centre
Inn From the Cold
Human Services
McMan
Metis Calgary Family Services
YW

The latest version of the Family System Planning Framework was prepared by:

Sandra Clarkson, Dr. Sue McIntyre, Natalie Noble, Aaron Li, Steven Richardson and Joel Sinclair.

Calgary Homeless Foundation would like to recognise Meaghan Bell and Nicole Jackson for their contributions on the Updated System Planning Framework released in 2014 and Dr. Alina Turner for developing the original Calgary Homeless Foundation System Planning Framework in 2012.

Table of Contents

Vision	4
Defining “System of Care”	5
Defining the Population	5
Using a System of Care Approach to Serve Families	7
Housing First	7
Harm Reduction	7
Family Violence and Abuse	8
Child and Family Services System Integration	8
Calgary’s Family System of Care	9
Program Types	10
Prevention Services	10
Family Emergency Shelters	11
Transitional Housing	12
Coordinated Access and Assessment	12
Non-Market Housing & Rent Subsidy Programs	13
Adaptive Case Management	13
Supportive Housing	14
Permanent Supportive Housing	15
Calgary’s Family System of Care Client Pathways	16
Evaluating and Measuring Success	17
Performance Management.....	17
Performance Management Components	17
Homeless Management Information System.....	18
Logic Model	18
Logic Model Flow Chart	18
Housing Stability Indicators	19
Program Performance Indicators	19
Benchmarks	20
Evaluative Scorecard Process	20
Communities of Learning	21
Conclusion	21
Glossary of Terms	22
Appendix A: Calgary’s Family System of Care	26

Vision

The purpose of a System Planning Framework is to paint a picture of a strategic and inclusive system that meets the needs of anyone experiencing homelessness. In this picture, all people in the Homeless-Serving System of Care, including agency staff, government representatives, or mainstream partners, understand where they fit as part of something bigger. Calgary Homeless Foundation aims to inspire a vision of an interconnected response, driven by data, research and evidence, that will permanently end homelessness for those we serve.

An effective system planning tool includes the delivery of a System Planning Framework designed with our valued community partners. As such, CHF seeks opportunities to include community expertise by regularly updating the System Planning Framework in order to reflect system changes and enhance the understanding of local homelessness made evident through data and program experiences.

Since the inception of the original System Planning Framework in 2012 and the updated version in 2014, the community has also implemented Coordinated Access and Assessment (CAA) which has altered the landscape of the system of care. CAA has promoted greater coordination, communication, collaboration and integration among homeless serving agencies as well as mainstream community partners. Moreover, shelters have continued to work towards greater system integration resulting in shared data sets allowing for more robust research and analysis further enhancing the understanding of the system of care.

Together, we can end homelessness

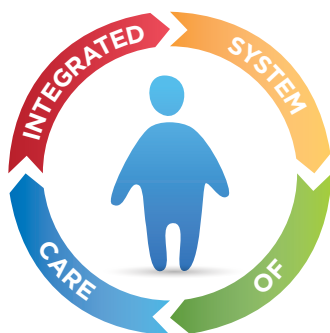
Defining “System of Care”

A system of care is a local or regional system for helping people who are homeless or at imminent risk of homelessness. As a method of organizing and delivering services, housing, and programs, it aims to coordinate resources to ensure community level results align with the Calgary Plan to End Homelessness and meet client needs effectively. An integrated system of care improves the capacity of homeless serving agencies through strengthening accessibility, continuity and coordination of care¹.

Calgary’s Family System of Care is composed of 8 program types. Within these program types there are program types that provide more tailored interventions to sub-populations within the homeless community. Each program type has a clear service delivery model, target population and prioritization criteria as well as performance indicators. Programs also collect client level information in the Homeless Management Information System (HMIS) relevant to their program type and sub-population served.

To implement the system of care approach, a framework is required. Key elements of a System Planning Framework include:

- Defining the key program types that are responsive to diverse client population and respective needs
- Ensuring programs have clear, consistent and transparent eligibility and prioritization processes to support right matching of services for clients
- Using a common assessment tool to determine acuity or need, direct client placement and track client progress
- Having clear and appropriate performance measurement indicators and quality assurance expectations at the program and system level to monitor and evaluate outcomes
- Utilizing data to direct strategies and assess program and system impact in real time, like a Homeless Management Information System



Defining the Population

Drawing from the expertise and learnings from our Indigenous partners, we have chosen to expand the definition of family. The family unit may be defined as one's primary social group and is often multi-generational. Biological families are a group of people affiliated either by lineage, affinity (by marriage or any other relationship like siblings families etc.), or co-residence or some combination of these. Informal social support relationships, where individuals identify as family members that form families within a community that is fluid. Members of the immediate family include spouses, parents, brothers, sisters, sons and/or daughters. Members of the extended family may include grandparents, aunts, uncles, cousins, nephews, nieces, and/or siblings-in-law. This is particularly important in the case of certain ethno-cultural groups. Women who are pregnant and expecting to parent or a parent whose children are in temporary care of either the province or a designated guardian qualify as a valid member of the family population. Families consist of members that are in a dependent relationship with the parent or primary caregiver.

¹ Greenberg, G., & Rosenheck, R. (2010). An Evaluation of an Initiative to Improve Coordination and Service Delivery of Homeless Services Networks. *The Journal of Behavioral Services and Research*, 37(2), 184:195.

Family homelessness disproportionately impacts some groups, including Indigenous Peoples, marginalized groups, newcomer families, parent(s) with a disability or single parents (mothers and fathers). Family homelessness is the occurrence of whole family units experiencing homelessness and not necessarily defined by lineage or traditional relationships.

Homelessness has also been categorized based on duration, or length of time in homelessness.

Chronicity refers to the individual's length of stay in homelessness, including stays at shelter, couching, staying in places not suitable for human habitation (i.e. vehicle, over-crowding), sleeping rough, or institutional stays (hospital, detox/treatment, remand/corrections). Homelessness in Alberta has typically been classified by the following three typologies to indicate length of time in homelessness:

- **Chronic Homelessness** - Continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living in vehicles or in temporary unsafe situations) and/or in an emergency homeless shelter or hotels (HS, 2011).

- **Episodic Homelessness** - Homeless for less than a year and has had fewer than four episodes of homelessness in the past three years (HS, 2011).
- **Transitional Homelessness** - Homeless for the first time (usually for less than three months) or has had less than two episodes in the past three years (CHF, 2011).

Homelessness is not only understood by duration or episodes; it is further understood by determining the acuity of individuals or families.

Acuity includes systemic issues such as poverty, risk factors, mental health, substance abuse, domestic/ interpersonal violence, medical concerns, age, life skills, employment history/potential, education and social supports.

The advantage of this model is that it provides a framework to more accurately and more appropriately discuss the variety in patterns of homelessness, as compared to traditional models that focused on length of time in homelessness alone. This allows the discussion of solutions related to housing models, and program types and to likewise account for the variability in client experience and client need, in a way that does not solely focus on the variables of acuity and chronicity in isolation from the other. Rather, it frames these as mutually influential and equally relevant variables.

"The Family System Planning Framework project provided an excellent opportunity to discuss the impact of family homelessness on not only children but also on adolescents. We know that young people who become homeless through family homelessness, are also working through the challenges of adolescent development, including physical, cognitive and social development. This includes efforts to develop friendships, engage in social activities and figure out exactly what they want to do with their lives. The service providers in the family sector recognized that youth experiencing homelessness within their family units also require attention and additional supports to achieve developmental milestones and reduce the risk of poor life-long outcomes."

- Tim Veitch, McMan Youth, Family & Community Services Association



Using a System of Care Approach to Serve Families

Families experiencing homelessness are not homogenous. There must be a spectrum of programs, services and housing, with varying levels of support matched to the specific needs of the family. This system approach strives for efficient and effective use of resources while honoring client centred practice.

An important step in aligning processes that guide client flow through our system of care is clarifying program intent, target population, eligibility criteria and program participation requirements to determine whether a family is a good fit for a specific program. Simply put, the target population of a program is the group of families for whom the program was intended and designed to serve.

Housing First

Underpinning the entire system of care are the principles of Housing First (HF). Housing First is a recovery-oriented approach to homelessness that focuses on quickly moving people from homelessness into housing and then providing supports and services as needed (Gaetz, 2013). Providing housing coupled with support services has been demonstrated as a best practice for ending homelessness.

The five core principles of Housing First include:

1. Immediate access to permanent housing with no housing readiness requirements (i.e. sobriety)
2. Consumer choice and self-determination
3. Recovery orientation
4. Individualized and client-driven supports
5. Social and community integration²

Housing First models of supportive housing incorporate strategies that minimize barriers to housing access or pre-conditions of housing readiness, sobriety, or engagement in treatment. They assist participants to move into permanent housing quickly and provide the supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition.

Tools For Success

Discovery House uses the Family Outcomes Star, Danger Assessment and Safety Planning to enhance their case management activities.



Harm Reduction

Harm reduction includes non-judgmental policies, programs and practices that aim to keep children and families safe and to reduce deaths, disease and injuries, including emotional trauma and harm, from high-risk behavior. Harm reduction recognizes that the high risk behavior may continue despite the risks. When child safety is a concern and adequate supports are not available, there is a legal and moral obligation to report this to child welfare authorities.

Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for children, families and communities to be safer and healthier. The strategies are often trauma-informed, realistic, pragmatic, open-minded and tolerant. They aim to keep families together safely and without prejudice. While the expectation is programs practice harm reduction strategies, the overall safety of the family is paramount. Agencies utilizing a harm reduction approach should have supporting policies, practice and training for staff.

Harm reduction programs are intended to avoid Adverse Childhood Experiences (ACE) as much as possible. Family preservation or striving for reunification should be a consistent priority. Lack of housing should never be a barrier to reunification.

Relationships between agency and child welfare representatives must be open and allow for creative solutions to complex issues, keeping the safety of the child paramount to the adult's needs and desires.

² For a detailed explanation of the core principles of Housing First please visit <http://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>

Family Violence and Abuse

Family violence is the abuse of power within relationships of family, trust or dependency that endangers the survival, security or well-being of another person. It can include spousal abuse (married or common-law), elder abuse and neglect, child abuse and neglect, child sexual abuse, parent abuse and exposure to abuse of others in the family (*Alberta Human Services, 2016*).

Family violence and family homelessness are interconnected issues, but not one and the same. It is important to note, the Homeless-Serving System of Care designed to address family homelessness is not the same system designed to address family violence. Only those families with a history of chronic or episodic homelessness will be prioritized for supportive housing programs within the Homeless-Serving System of Care.

The family violence system is well organized, separately funded and has been designed to specifically address the issue of family violence including safety and risk factors.

There is collaboration and understanding across the two systems and services provided will be client-centered and most appropriate to the needs of the families involved. Outcomes in the Homeless-Serving System of Care are focused on housing whereas outcomes in the Family Violence system are focused on safety.

Children's Cottage HomeLinks Program is designed to move high acuity homeless families who are chronic system users from homelessness to sustainable housing as rapidly as possible and promote their stability, both in their new housing and as a family. The Program's overarching objective is to work towards a reduction in family homelessness in Calgary and a reduction in public service cost as families become independent in their own housing and reduce their chronic systems usage.

- HomeLinks Program



Child and Family Services System Integration

The response to family homelessness must be coordinated with our system partners, particularly Child and Family Services. There are direct correlations between homelessness and a person's experience with the Child and Family Services system. According to a recent research study which interviewed 300 chronically homeless individuals in Calgary, 43% had involvement in the Child and Family Services system.³

The Homeless Serving System of Care intersects with Child and Family Services in two key areas:

- homeless youth
- families with children in care

Youth experiencing homelessness may be a result of youth "aging out" of the Child and Family Services system without supports or could be attributed to impact of adverse childhood trauma. Regardless, the correlation between the systems is profound. Any response to family homelessness should include considerations to youth, particularly with Child and Family Services involvement.

Child and Family Services will often intervene with families experiencing homelessness. Safe and stable housing is a fundamental component to the success of any Child and Family Services intervention. Subsequently, family serving programs are often hesitant to intake families where children are in care. Collateral information is often required to confirm the children will be returned once housing has been found. Ultimately, integration with Child and Family Services would include information sharing on the status of family reunification as well as joint program models to house and support families and youth experiencing homelessness.

³ *Perceived Need for Health Services for Persons Experiencing Chronic Homelessness: A Research Report for the Calgary Recovery Services Task Force.* Prepared by Nicole Williams, Hasham Kamran and Katrina Milaney. 2016

Calgary's Family System of Care

Calgary's Family System of Care is comprised of 8 program types. Within these program types there are program models that provide more tailored interventions to families within the homeless community. Each program type has a clear service delivery model, target and prioritization criteria as well as performance indicators. Programs also collect client level information in the Homeless Management Information System (HMIS) relevant to their program type and population served.

Calgary's Family System of Care is comprised of:

- Prevention Services
- Emergency Shelters
- Non-Market Housing & Rent Subsidy Programs
- Transitional Housing
- Coordinated Access and Assessment
- Adaptive Case Management
- Supportive Housing
- Permanent Supportive Housing

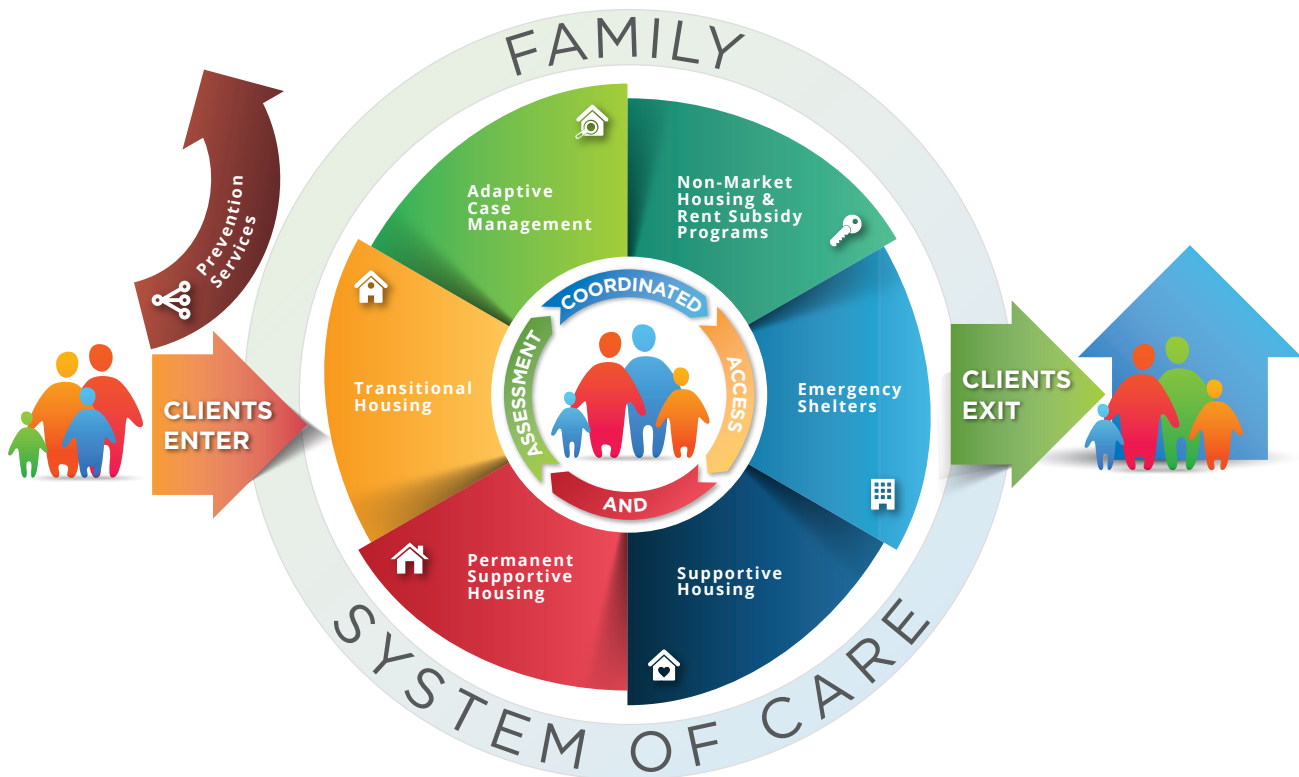
Within the program model of Supportive Housing and Permanent Supportive Housing there are several combinations of the following variables.

Supportive Housing can be:



All Supportive Housing includes support services, such as case managers, and prevention of recidivism.

The information below, and in Appendix A, provides an overview and summary of the range of program types and the agencies / programs that CHF currently funds through the lens of this Family System Planning Framework. Similarly, the diagram that follows. (fig. 2) demonstrates a simplified flow-through model for individuals who enter the Family System of Care, and the various program types available. The arrows flow forward and back as an illustration of the fluidity of families' experiences as well as the systems response to help meet the diverse needs of clients - with the overarching goal of housing stability.



Program Types



Prevention Services

Prevention Services offer short term financial assistance and limited case management to prevent housing loss due to a housing crisis.

Calgary's Family System of Care has intentionally increased Prevention Services in recent years. With growing research on the effectiveness of this program type for families, there is the opportunity to assess, predict and strategically intervene before a family experiences homelessness (*Pauly et al., 2012; Tutty et al., 2011*). An effective prevention and diversion program should reduce the incidence (number families who newly experience an episode of homelessness) and the prevalence (total number of families who experience homelessness) of homelessness.

Prevention Services should target families who can sustain housing long term after the intervention has occurred. Essential to the delivery of effective prevention program is clear and concise eligibility criteria that will predict the likelihood of the family achieving housing stability because of the intervention (i.e. housing loss is not inevitable). If significant risk factors are present, the intake worker may consider instead referring to a supportive housing program to assist with housing stabilization.

Program **eligibility** for primary Prevention Services may include a combination of the following:

- Notice of eviction⁴ – received written notice from landlord or has been served with a notice to vacate. This includes threatened or pending eviction
- Double-up/overcrowding
- Expense increase – e.g. utility costs
- Income loss – experienced sudden and significant loss of income that makes housing no longer affordable (e.g. rent is more than 50% of income) and the family needs immediate, short-term assistance to relocate or maintain housing
- Rental/utility arrears
- Inadequate conditions – housing is not fit for

human habitation, includes overcrowding that exceeds safety standards for the housing unit

- Discharge (e.g. treatment, hospital, jail or mental health) – client will be discharged within 2 weeks from institution

Families ineligible for Prevention Services would include those living in emergency shelter, those with unsalvageable housing, and/or high acuity families with complex needs (determined through a screening process). Additionally, if a person was homeless or staying at an emergency shelter prior to being admitted to a hospital, treatment centre or correctional facility, they would be considered ineligible.

Prevention Services **activities** include:

- Housing Preservation - plans are created with families where the issues linked to potential housing loss can be addressed, and where eviction may be avoided or a notice rescinded.
- Shelter Diversion - plans are created with families and may include strategies such as identifying safe, temporary non-shelter housing alternatives, landlord advocacy, referrals to community resources, and/or housing location.
- Community Education and Capacity Building – this includes education, communication, presentations, print material provided to family-serving agencies to build capacity and skills to better connect families to existing resources.
- Outreach - connect with and support housed families experiencing a housing crisis at an earlier point to catch families before their housing situation becomes unsalvageable.

It is important to note, measuring and evaluating Prevention Services is challenging. Two crucial questions must be addressed to understand the effectiveness of the program:

1. Are households served by prevention and diversion programs avoiding homelessness?

⁴ It is important to note that a notice of eviction is not a single factor determining risk of homelessness. Research conducted by Shinn et al. (1998) found the variable "facing eviction" only predicted homelessness 20% of the time. Similarly, a study in New York study found that in 2002 there were 26,000 notices of eviction, but of those only 6% went to emergency shelter from eviction (New York City Family Homelessness Special Master Panel, 2003).

- 2. Are fewer households in the community becoming homeless because of the prevention and diversion program?

Three primary elements found in evaluative studies on prevention and diversion programs include: targeting and eligibility, maximizing resources, sustainability and use of data.

The elements affecting a program's ability to target and collect data will include:

- Systems sharing information through a single unifying data system, such as HMIS, that allows for the tracking of clients across different systems
- A single system controlling the eligibility process which includes agreed upon criteria and common assessments through a coordinated intake

These are areas of growth and identify opportunities for our system to improve, enhance and ultimately share our knowledge as we obtain it.

2017 CHF Funded Programs:

Agency	Program
Aspen Family & Community Network	Home Stay



Family Emergency Shelters

A **Family Emergency Shelter** is any facility with the primary purpose of providing temporary accommodations and essential services for families experiencing homelessness. Shelters provide essential services to homeless clients and can play a key role in ending homelessness, as these services often focus efforts on engaging clients in the rehousing process. As in the case of domestic violence shelters and predicated upon the same rationale, Family Emergency Shelters offer a safe and supportive place for people to stay when they need housing support.

It is important to note that homelessness fundamentally disrupts every aspect of family life, harming the physical and emotional health of family members, children's education and development, and often resulting in the separation of family members. Integral to mitigating the damage resulting from the trauma of homelessness is the need to maximize impact during the time spent in Emergency Shelter in a purposeful manner to address the circumstances that led to the loss of housing. Services such as connection to case management, outreach, advocacy, children's programming and

community referrals are available in addition to overnight accommodation. With that said, it should be the primary goal of emergency shelter staff to work with families to develop a plan to find permanent housing as soon as possible.

Over time, and with the development of alternative housing solutions such as substantial increases to the stock of Affordable Housing, creation of new Permanent Supportive Housing spaces and Adaptive Case Management programs, the average length of stay in emergency shelters should decrease. Ideally, emergency shelter services should be available for those clients truly experiencing a temporary crisis.

Emergency shelters should be an entry point to the broader housing continuum available for families. Not all families that access emergency shelter will require housing with supports and through intake and assessment practices, families should be matched to programs designed to meet their needs.

2017 CHF Funded Programs:

Agency	Program
The Brenda Stratford Foundation	Brenda's House
Children's Cottage Society	Homebridge



Transitional Housing

Transitional housing refers to a supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support (for addictions and mental health, for instance), life skills, and in some cases, education and training.⁵

Transitional housing is conceptualized as an intermediate step between emergency crisis

shelter and permanent housing. It is more fixed-term, service-intensive and private than emergency shelters, yet remains time-limited to stays of three months to three years. It is meant to provide a safe, supportive environment where residents can overcome trauma, begin to address the issues that led to homelessness or kept them homeless, and begin to rebuild their support network.⁶

2017 CHF Funded Programs:

Agency	Program
The YW	Mary Dover House



Coordinated Access and Assessment

Coordinated Access and Assessment

is a process for individuals experiencing homelessness to access housing and support services. It is a system-wide program designed to meet the needs of the most chronic and vulnerable individuals first, (triaging by criteria), while ensuring all people who come into contact with the homeless system are assessed and provided with appropriate supports to exit homelessness. It creates a more efficient homeless serving system by:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and

- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Without CAA to determine client acuity, individual agencies will accept clients into their program on a case-by-case basis, potentially excluding groups of people unintentionally. Without coordination and integration, people are forced to navigate the system and tell their story repeatedly through various intake processes. This fragmented approach leads to multiple waitlists across programs and services.

When defining structure in the system of care, it is important to have a thorough understanding of the needs of the population and the programs required to meet those needs. False data related to program waitlists can skew funding decisions and lead to a system of care that is not representative of the population and client needs.

2017 CHF Funded Programs:

Agency	Program
Distress Centre of Calgary	Coordinated Access and Assessment

5 Homeless Hub. *Transitional Housing*. Retrieved from <http://homelesshub.ca/solutions/housing-accommodation-and-supports/transitional-housing>

6 Canadian Mortgage and Housing Corporation (2004, February). *Research Highlights*. Retrieved from <https://www.cmhc-schl.gc.ca/odpub/pdf/63445.pdf>



Non-Market Housing & Rent Subsidy Programs

Non-market housing is typically described as subsidized, social, or affordable housing units. Non-market housing varies in its operations, but commonly has rents below market value, may provide social services or supports, and is typically targeted to individuals and families with low-incomes. It is often operated by non-profit organizations. It may or may not receive operating subsidies from government, however; at some point, such as during construction, it received government funding.⁷

There are multiple rent structures used in Non-Market Housing programs, including 10-20% below market rent through to rent-g geared-to-income structures (e.g.: 30% of income is rent payment). Non-Market Housing is operated by both non-profit (Calgary Housing Company, Horizon Housing) and for profit companies (Boardwalk Rental Communities). There is

typically no time limit in Non-Market Housing programs, but eligibility is often re-evaluated based on annual income testing. Non-Market Housing is primarily income-based housing, with minimal to no supports.

Calgary's system of care also includes programs and services which offer rent subsidy to households in financial need to obtain and maintain affordable and suitable rental accommodation. Graduated Rent Subsidy (GRS) provides financial support to individuals and/or families who have successfully graduated from a Housing First program and no longer require case management support, but do require a rental subsidy to maintain stable housing within the community. GRS services individuals and/or families whose main barrier to achieving long term housing stability is low income.

2017 CHF Funded Programs:

Non-Market Housing

Agency	Program
Calgary Urban Project Society - CUPS	Community Development

Rent Subsidy

Agency	Program
Calgary Urban Project Society - CUPS	Grad Rent Subsidy Program



Adaptive Case Management

Adaptive Case Management offers client directed, flexible supports with financial assistance for those experiencing homelessness to secure and sustain housing. This program targets any acuity of individual or families with services adapted to the needs and wishes of the client at any given time in the program. (E.g.: the client may require more support during the first three months while they are securing and establishing their new home.) Over time, the amount of case management required may vary. The amount of case management they receive is directed by client choice but also negotiated with and by the service provider and the client. This program does not assume

all high acuity clients require extensive services, rather, all clients have the ability to choose their own level of service to secure and maintain their housing with an unbiased and flexible Case Manager to negotiate this relationship.

This program is designed to meet the needs of the client wherever they are at in the process of achieving housing stability. The intensity of the intervention will increase or decrease according to client need, client wishes and Case Manager capacity. Case Managers may carry a varied caseload dependent on their ability to deliver services. They may have a variety of clients with

⁷ The City of Calgary (2015-2016). Housing in Calgary: An Inventory of Housing Supply, 2015/2016.

mixed acuity in a mixed demographic. This allows for Case Managers to stabilize their caseload and exit or accept new clients based on their own judgment, time management or level of expertise.

While Adaptive Case Management programs are not accredited, they are still expected to adhere to the principles and intention of the Case Management Standards.

Another distinguishing factor for Adaptive Case Management is the potential to deliver services with a different funding model of fee-for-service. All financial supports as well as case management hours are tracked for the purpose of funding on a client by client basis and billed to the funder at regular intervals. This funding model offers flexibility in service delivery combined with flexibility in funding. This allows

the service providers to manage their caseloads in conjunction with their funding. Case Managers would have the flexibility to serve as many clients as they are able, so long as they remain stably housed. Overtime, a portion of their caseload may only be receiving rent subsidy without home visits, but will have the option to re-engage with their Case Manager if their needs were to increase. (E.g.: A Case manager may have three high acuity clients, seven mid acuity clients and six low acuity clients (only on rent subsidy and not receiving home visits). The Case Manager would track their home visit hours and be paid accordingly. Their home visit hours would fluctuate based on the needs of the clients on their case load.)

2017 CHF Funded Programs:

Agency	Program
Children's Cottage Society	Rapid Rehousing
Aspen Family & Community Network	Fee for Service*
Children's Cottage Society	Fee for Service*
Closer to Home Community Services	Fee for Service*
Calgary Urban Project Society - CUPS	Fee for Service*
Discovery House Family Violence Prevention Society	Fee for Service*



Supportive Housing

Supportive Housing (SH) provides case management and housing supports to families who are considered moderate to high acuity. In Supportive Housing programs, the goal for the family is that over time and with case management support, the family will be able to achieve housing stability and independence. While there is no maximum length of stay in Supportive Housing programs, the supports are intended to be non-permanent. The goal is for the family to be appropriately linked to mainstream services, (i.e.: government income supports, health services), and to obtain the skills to live independently and move to greater self-sufficiency, at which point they will transition out of the program, where they may be linked with less intensive community-based services or other supports. There is an expectation case management supports will end. While there is no time frame, a typical length of stay in a

supportive housing program is approximately 24 months.

The philosophical and programmatic transition from providing a continuum of care based on 'housing readiness' to a HF model is premised on the conviction that, "once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization occurs faster and [is] more enduring" (*Downtown Emergency Services Centre, 2007*).

Supportive Housing utilizes two types of housing and support services to families facing barriers to housing stability; Place-based or Scattered-site. The availability of a range of housing and support options is necessary to meet the needs of a diverse population and to successfully achieve the goals outlined in Calgary's Plan to End Homeless.

Supportive Housing programs generally utilize market housing, in multiple neighborhoods (scattered-site), to house clients in units throughout the city. These units can be market rentals (typically with a rent supplement) or affordable housing units (like Calgary Housing Company). In scattered site models, case management often requires significantly more transportation (case manager may visit a client in their home once a week, for example) or may involve off-site meetings, help attending appointments, etc.

The Placed-based model is where families are housed in a location with other families supported by a program and/or agency. The support services are linked to the housing itself, meaning case management will only be provided to families while living in the housing unit. It is considered a best practice for the landlord role and the support services role to be separate and distinct.

2017 CHF Funded Programs:

Scattered Site

Agency	Program
Aspen Family & Community Network	Sustainable Families
Children's Cottage Society	HomeLinks
Discovery House Family Violence Prevention Society	Community Housing
Inn From the Cold	Family Support Housing

Placed Based

Agency	Program
Inn From the Cold	Journey House



Permanent Supportive Housing

Permanent Supportive Housing (PSH) is a long-term supportive housing model, without a length of stay limit, for families experiencing homelessness with major barriers and complex needs. Alongside financial assistance for housing through rental subsidies, clients are offered access to a range of support services, although participation is not always required. Although no time limit is implemented, PSH programs still strive to improve clients' housing stability, recovery and self-sufficiency.

PSH programs are targeted for families who experience chronic homelessness and are highest acuity; they experience extreme difficulty exiting homelessness on their own due to multiple

barriers (e.g., substance use, mental illness, high rates of trauma, developmental disability, and cognitive impairment) in addition to housing cost and financial barriers.

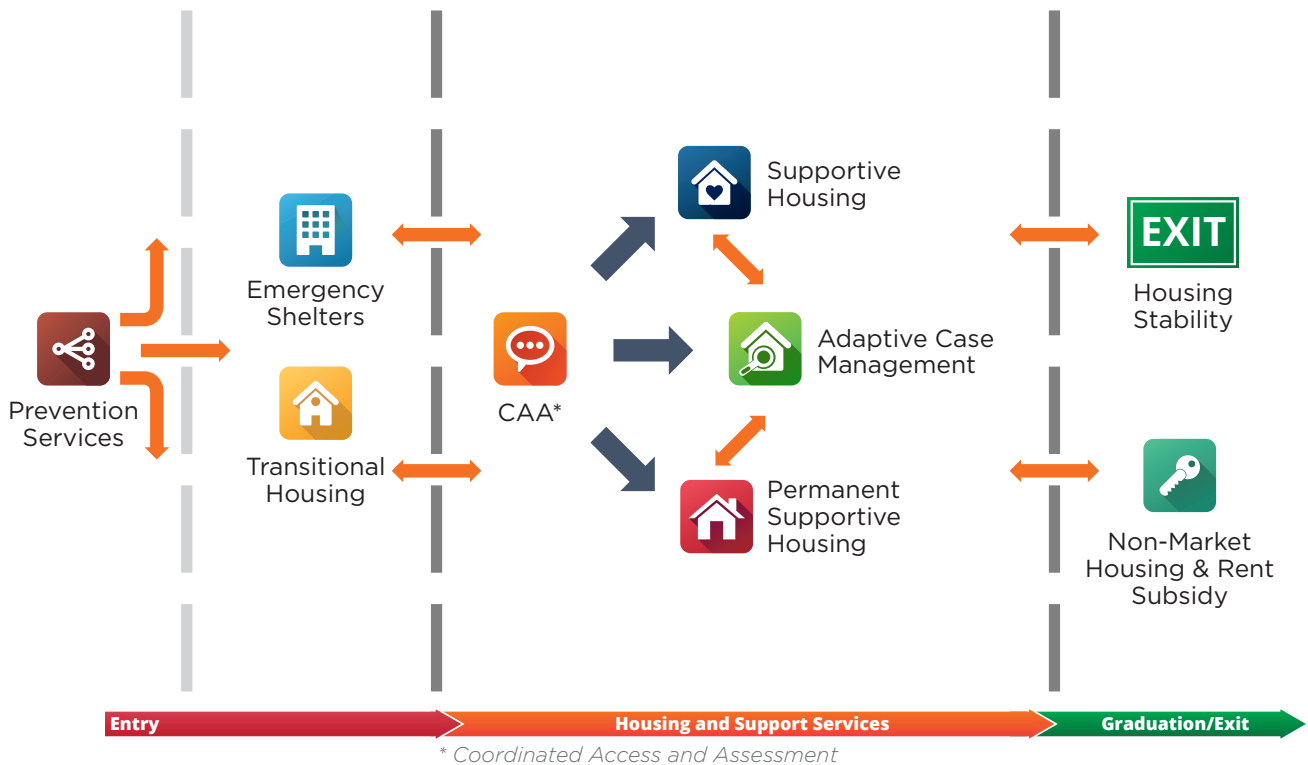
PSH for families includes placed-based housing. It is important to note that housing is not adequate on its own for these families; in-home supports are absolutely critical. Supports should be accessible and appropriate to match the severe acuity of these families.

2017 CHF Funded Programs:

Placed Based

Agency	Program
Métis Calgary Family Services	Rainbow Lodge

Figure 2: Calgary's Family System of Care Client Pathways



Please refer to Appendix A for the full Family System of Care reference (rainbow) chart

Theory of Change: Sustainable Families uses the Sustainable Livelihoods framework from a strength-based and solution-focused perspective. Supporting families in a holistic and client-centered way to increase their diverse assets increases the personal and practical resources they have available to address life's challenges. Within that process, the program supports families to develop service plans, provides in-home and wrap-around supports, and connects them to community resources in order to support the development of their assets and resilience. The increase in assets and access to resources in turn promotes their capacity to navigate challenges, retain housing long-term and move out of homelessness permanently.

- Aspen Sustainable Families



Evaluating and Measuring Success

The strength of our Homeless-Serving System of Care resides in the knowledge and expertise of the agency partners to deliver the highest quality care to those we serve. As system planner for Calgary's Homeless-Serving System of Care, Calgary Homeless Foundation is a high-integrity organization that is diligent and committed to evidence-informed decision making. CHF is transparent in how funding decisions are made, and is agency neutral. All programs are evaluated fairly and consistently according to agreed upon measurements that are designed to make the greatest impact in our community.

The following section outlines the tools used to measure and evaluate not only program performance, but system performance. These tools work to establish a common language that supports the system planning framework; measures progress along the common agenda of ending homelessness; enables greater alignment among the goals of different organizations; encourages more collaborative problem-solving; and becomes the platform for an ongoing learning community that gradually increases the effectiveness of all participants in the Homeless-Serving System of Care.

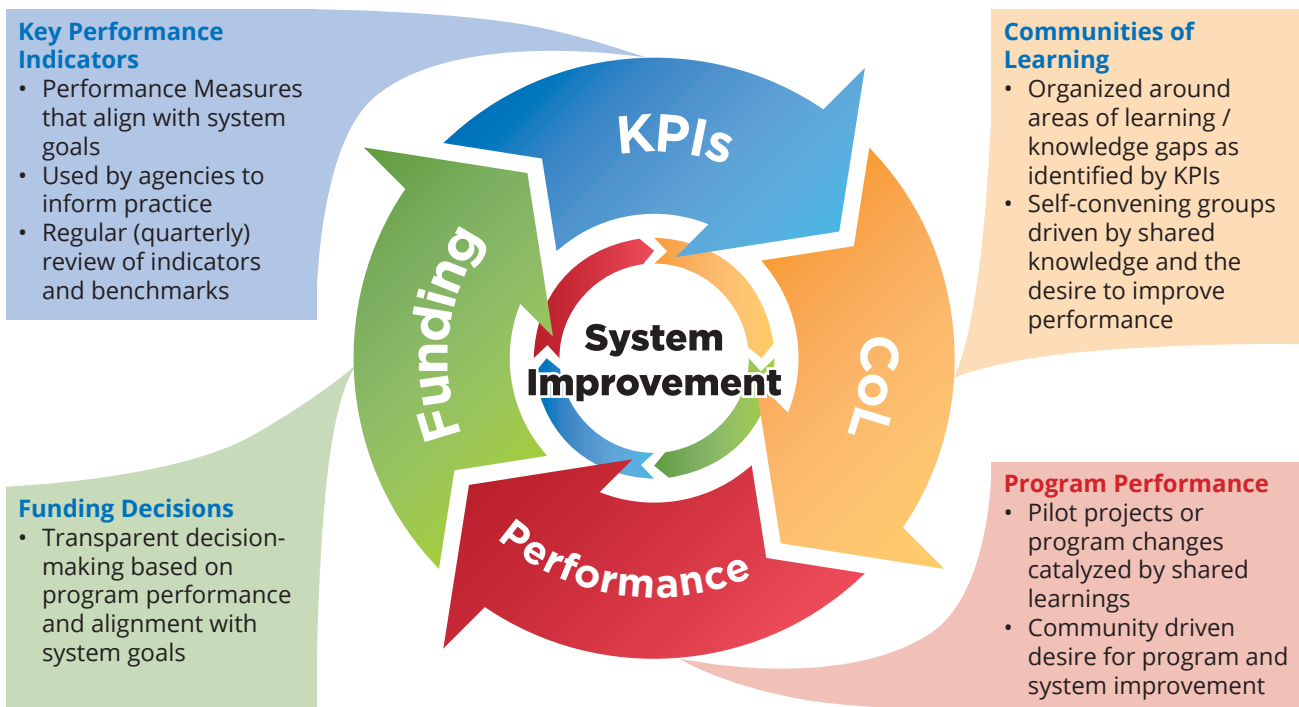
Performance Management

The vision for performance measurement is the overall effectiveness and efficiency of the Homeless-Serving System of Care. The desired objective, as system planner, is to make the biggest impact with funding investment directed towards our collective goal of ending homelessness in Calgary.

Our approach for performance measurement is based on the belief that the skills, knowledge and expertise for improving the Homeless-Serving System of Care is found in the community. Key Performance

Indicators (KPIs) align with system goals and are used by agencies to inform practice through regular review of data. Knowledge gaps are identified by KPIs and Communities of Learning are convened where agencies can share best practices and learnings on a particular sub-population or indicator. Pilot projects or program changes are driven by best practices. These would ultimately influence funding decisions, ensuring they are transparent and align with larger system goals and are based on programs that meet or exceed performance expectations.

Performance Management Components



Homeless Management Information System

The Homeless-Serving System of Care selected a web-based system (HMIS) for reporting performance, measuring outcomes, coordinating and integrating the efforts of the homeless serving agencies within the community.

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data, data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

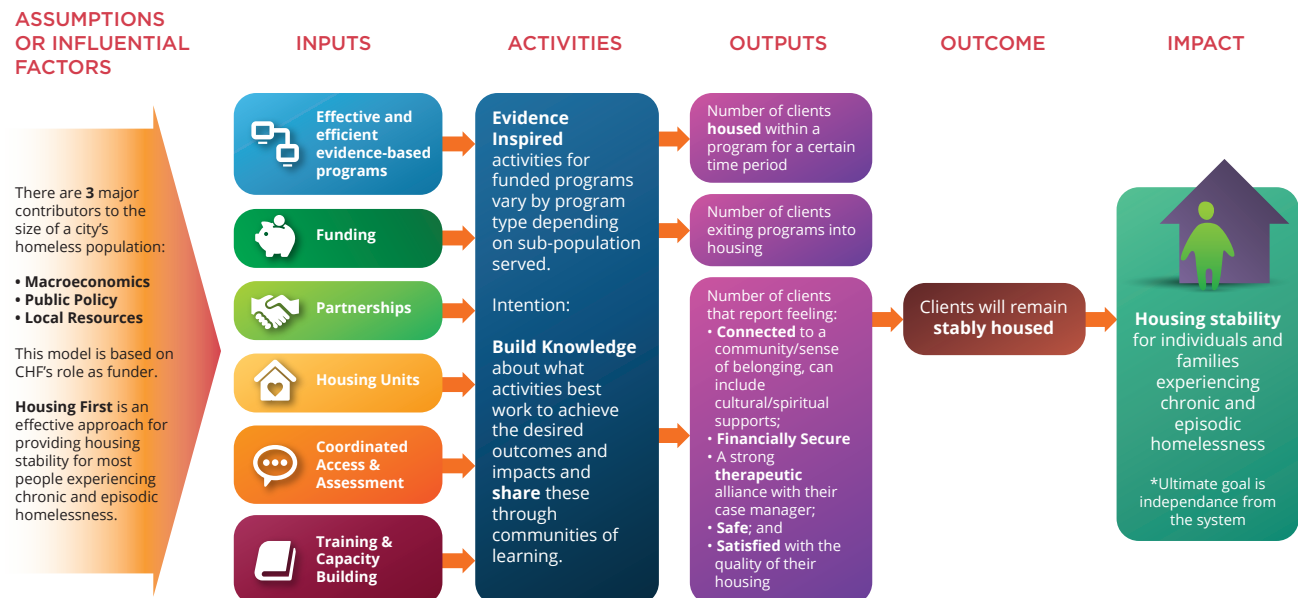
Logic Model

The logic model and building blocks of performance measurement within the system framework include:

- **Inputs**
- **Activities**
- **Outputs**
- **Outcomes**
- **Impact**

Logic Model Flow Chart

Goal: To build a **high-performing system** that **stably houses** chronic and episodic individuals and families experiencing homelessness and is reflective of and responsive to Calgary's unique context as well as **evidence inspired** best practices



This logic model was developed and updated by individuals with broad expertise through collaboration and consultation with a community focus group. The target population identified continues to be individuals and families experiencing chronic and episodic homelessness. The goal being a high-performing system that stably houses chronic and episodic individuals and families experiencing homelessness, (which is reflective of and responsive to Calgary's unique context), as well as evidence inspired best practices.

Assumptions underpinning the model are:

- There are three major contributors to the size of Calgary's homeless population: macro-economic factors, the social welfare system and system responses, some of which are beyond CHF's control;
- CHF's role as system planner and funder of outcomes/impacts;
- Housing first is an effective approach for providing housing stability for most people experiencing chronic and episodic homelessness.

As system planner, CHF invests funding in effective and efficient evidence-based programs; coordinates training to build capacity amongst the homeless-serving sector; fosters community service networks, collaborations and partnerships with agencies and related systems such as health and justice; and supports coordinated access.

These inputs fuel activities undertaken by funded agencies. The model does not prescribe specific activities as these will vary depending on the sub-population served. (E.g.: youth activities will be different from families, etc.) The intent is that agencies will innovate about what activities work best to achieve the desired outcome/impact and these will be shared through communities of learning. The greatest desired outcome is that clients will remain stably housed.

These are measured by:

- Number of clients housed within a program for a certain time period;
- Number of clients exiting programs into housing; and
- Number of clients that report feeling:
 - o connected to a community/sense of belonging, can include cultural/spiritual supports;
 - o financially secure
 - o a strong therapeutic alliance with their case manager;
 - o safe; and
 - o satisfied with the quality of their housing.

Housing Stability Indicators

Quantitative and qualitative indicators were developed to measure housing stability. For the quantitative set, historical HMIS data was used to analyze exit outcomes to determine the length of time an individual or family should be housed within a program to be considered “stably housed.” For the qualitative set, a literature scan was completed to develop a survey tool containing five domains with two questions each in order to measure housing stability. These included: financial stability, sense of belonging/community, relationship with worker and/or team, perception of safety and quality of housing.

“It’s exciting to see the cooperation and synergy evolving to a point that our urban aboriginal community benefits across all sectors of society. Calgary Homeless foundation, through its own efforts, has provided both stewardship and leadership linked to our indigenous communities healing paths. I see firsthand those authentic, traditional values influencing key relationships today which impact for the better, our aboriginal families ...this is one example of the fundamentals of reconciliation, unfolding in real time”

Mark Laycock - CEO Metis Calgary Family Services Society

Program Performance Indicators

General program performance is measured using indicators for program metrics and indicators for Coordinated Access and Assessment (CAA).

Program metrics indicators include:

- Occupancy: percentage of active clients in a program; and
- Housed: percentage of housed clients in a program.

CAA indicators include:

- Program referral: number of clients referred to program
- Accepted Referral: number of clients accepted into program
- Average SPDAT score of accepted referral to program
- Rejected Referral: number of clients not accepted into program



Benchmarks

Housing programs are grouped into similar categories based on sub-population for comparative purposes - singles, youth, and families. Each sub-population is further categorized, (when it applies), based on: case management type, harm reduction approach, housing model used, (place-based or scattered site), and acuity of individuals served. Benchmarks are determined by cohort and are set at a certain percentage above the average of the previous year's performance by analyzing historic HMIS program data.

Women make up a significant and growing percentage of the homeless populations and the reality is that women experience homelessness differently from men. Women are more vulnerable without a safe place to call home. In 2016 YW Calgary released its groundbreaking Practice Framework which articulates our stance on violence against women, poverty and homelessness with a set of principles guiding our team. The Practice Framework principles are: safety first; violence-informed and trauma sensitive approach; women-centered and feminist-based frameworks; intersectional and anti-oppressive approaches; inclusive, low-barrier services; harm reduction approach and support for women as mothers: linking the safety and well-being of women and their children. The Practice Framework informs our work and challenges us to understand and acknowledge the oppression, inequity and constrained choice that women experience. As defined in our Practice Framework, we believe women and their children have the right to safe, appropriate and affordable housing, education, childcare and economic security.

"Women are more vulnerable without a safe place to call home and have a unique experience with homelessness. The Family System Planning Framework captures the need for tailored responses to chronic homelessness that supports those most vulnerable."

- Heather Morley, VP Programs & Services
YW Calgary



Evaluative Scorecard Process

Through the quantitative and qualitative data that is gained through the KPI's within each program, (and at CAA), a scorecard has been developed to evaluate programs. Programs are grouped together in cohorts.

Cohorts are created with the following considerations: sub-population, acuity, and program type.

There are nine categories that are evaluated within the scorecard including:

- **Occupancy:** number of clients accepted into the housing program
- **Housed:** number of clients currently housed in the program
- **Positive Exit:** when a client leaves the program, it is for a positive reason (often referred to as a positive graduation)
- **Income at Positive Exit:** the client has a stable income when positively exiting a program
- **Cost per Client:** the amount of funding a program receives per client
- **Financial Variance:** variance within program as compared to sub-population
- **Contract Compliance:** all contractual obligations are met, including but limited to reporting
- **Participation in CAA:** attendance and participation at placement committees
- **Program Alignment with Calgary's Plan to End Homelessness:** priorities and objectives set out in the plan

For a more detailed description of the Scoreboard Process, refer to CHF's Performance Management website at: <http://calgaryhomeless.com/agencies/key-performance-indicators/>

Communities of Learning

A Community of Learning (COL) is a collaborative approach that encourages our partners to share and promote knowledge, education and development in the homeless serving sector. Promising practices are identified, tested or emerge organically at the front line of service delivery. Our system has chosen to mobilize the expertise and knowledge of front line staff and provide a platform to share the promising practices to all partners in our homeless-serving sector and beyond.

In the realm of the homeless-serving sector, COLs are essential to identifying, developing, sharing and integrating programming and best-practices to serve our community in a well-informed and effective way. The quantitative and qualitative key performance indicators, (previously described), help establish knowledge gaps to develop best practices within program types and sub-populations. The summation of all this work is an evolving system aimed to achieve quality improvement and success for those we serve.

Conclusion

By working together to improve system knowledge, coordination and integration, (with a strong emphasis on data, evaluation and evidence-based decision making), the picture painted by the System Planning Framework is bright. The framework positions our community to deliver sustainable interventions that are tailored to the specific needs of an increasingly diverse population; leverage resources; reduce redundancies; enhance services; demonstrate desired system, program and client outcomes; and more effectively respond to system gaps - making our goal of ending homelessness achievable.

We all have a role to play in ending homelessness

CUPS - Key Case Management - Program Logic Model Outcomes

Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
Survive	Recover	Thrive
Transition Phase	Try Out Phase	Transfer of Care
Individuals housed and basic needs assessed Increased monthly income Individuals learn skills and resources to help maintain housing stability Increased meaningful daily activity	Individuals are connected to community-based resources depending on need. Individuals are actively engaged in testing different networks to determine best fit. Individuals exhibit greater housing stability. Individuals begin to stabilize within housing (meet lease obligations). Decreased use of inappropriate public services (e.g., justice and health)	Individuals understand different roles of established community-based supports and access those resources independently. Individuals have adequate financial resources to meet financial obligations of lease. Individual are stable in housing. Individuals are healthier and more engaged in meaningful daily activities.

Glossary of Terms

Term	Definition
Absolute	Those living on the street with no physical shelter of their own, including those who spend their nights in emergency shelters.
Acuity	An assessment of the level of complexity of a person's experience. Acuity is used to determine the appropriate level, intensity, duration, and frequency of case managed supports to sustainably end a person's or family's homelessness.
At-Risk of Homelessness	A person or family that is experiencing difficulty maintaining their housing and has no alternatives for obtaining subsequent housing. Circumstances that often contribute to becoming at-risk of homeless include: eviction; loss of income; unaffordable increase in the cost of housing; discharge from an institution without subsequent housing in place; irreparable damage or deterioration to residences; and fleeing from family violence.
Available Spaces	The number of program spaces to be filled through Coordinated Access and Assessment at Placement Committee.
Chronically Homeless	Those who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter. People experiencing chronic homelessness face long term and ongoing homelessness related to complex and persistent barriers related to health, mental health, and addictions.
Coordinated Access and Assessment	A single place or process for people experiencing homelessness to access housing and support services. It is a system-wide program designed to meet the needs of the most vulnerable first and creates a more efficient homeless serving system by helping people move through the system faster, reducing new entries to homelessness, and improving data collection and quality to provide accurate information on client needs.
Disabling Condition	A diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.
Eligibility Requirement Program	This program has eligibility requirements, but does not dramatically impact the flow from Coordinated Access and Assessment, as these requirements could be changed in the next contract cycle.
Family Emergency Shelter	Any low-barrier street level facility with the primary purpose of providing temporary accommodations and both essential services and wrap-around services (as defined in this document).
Episode of Homelessness	An episode of homelessness consists of a minimum of one (1) night of homelessness. Thirty consecutive days of non-homelessness must lapse before a new experience of homelessness is considered to be the start of a new episode of homelessness. Any stays that are separated by less than thirty days are considered to be part of a single episode.
Episodically Homeless	A person who is homeless for less than a year and has fewer than four episodes of homelessness in the past three years. Typically, those classified as episodically homeless have reoccurring episodes of homelessness as a result of complex issues such as addictions or family violence.

Term	Definition
Family Unit	Family units experiencing homelessness are not necessarily defined by lineage or traditional relationships. The family unit may be defined as ones primary social group. Biological families are a group of people affiliated either by lineage, affinity (by marriage or any other relationship like siblings families etc.), or co-residence or some combination of these. Informal social support relationships, where individuals identify as family members that form families within a community that is fluid. Women who are pregnant and expecting to parent or a parent whose children are in temporary care by foster or kinship.
Flow	Refers to the number of clients that will naturally cycle throughout the program, allowing more spaces for new clients.
Funded Program Spaces	Refers to funded spaces in a Housing First Program. Includes spaces for physical housing as well as for case management, rent supplements, and client supports.
Harm Reduction	<p>Refers to policies, programs, and practices that seek to reduce the adverse health, social, and economic consequences of the use of legal and illegal substances and risky sexual activity and poor parenting skill. With regards to family homelessness programs such as positive parenting, positive discipline round out the harm reduction measures as this programming seeks to reduce the harm that occurs to familial relationships and child neglect/abuse by educating parents to the use of affirmative family relationship building and supporting children’s development.</p> <p>Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behavior, while recognizing that the behavior may continue despite the risks (BC Centre for Disease Control, 2011).</p>
Homeless Management Information System (HMIS)	An electronic database that collects and securely stores information about Calgary’s homeless population throughout Calgary’s System of Care.
Homeless	Those who do not have safe, stable, affordable, appropriate, permanent housing to which they can return whenever they choose, or the immediate prospect, means, and ability of acquiring it.
Housing First	Adopting a Housing First approach for families means that permanent housing is provided directly from homelessness, along with needed support services reflective of the needs of the children in the home. Support services may include intensive medical, psychiatric and case management services including life skills training, landlord liaison assistance and addictions counseling, childcare and support services in schools, parenting assistance and skill development. Addressing these needs through support services helps people maintain their housing over the long term.
Length of Housing Stability	In housing programs, calculated as the number of days between program entry date and program exit date.
Length of Stay (LoS)	The cumulative number of days a client or household is enrolled in a residential program per episode.
Length of Stay in Homelessness	The number of days in a homeless episode. The type of homelessness/shelter situation may vary significantly within the episode.
Low Barrier Program	These programs accept any clients from Coordinated Access and Assessment if space is available.
Occupancy	Represents the number of clients accepted into the housing program, based on Shelter Point. Occupancy does not refer to the number of people housed. For example, scattered-site programs accept clients and then begin the housing search. Thus, clients can be in a program and receiving case management while they remain in homelessness. For full programs, this population represents approximately 20-30% of their occupancy.

Term	Definition
Outreach	Outreach programs provide basic services and referrals to chronically homeless persons living on the streets and can work to engage this population in re-housing.
Permanent Supportive Housing	Long term housing for people experiencing homelessness with deep disabilities (including cognitive disabilities and unresolved exposure to trauma) without a length of stay time limit. Support programs are made available, but the program does not require participation in these services to remain housed.
Place-Based Housing	Refers to physical housing with program supports for individuals with high acuity.
Primary Prevention	The first level of prevention, focused on preventing new cases of homelessness or 'closing the front door' to the shelter.
Rapid Rehousing Programs	Provide targeted and time-limited financial assistance, system navigation, and support services to individuals and families experiencing homelessness in order to facilitate their quick exit from shelter and obtain housing.
Recidivism	The rate in which a client receives a positive housing outcome and returns to shelter or rough sleeping.
Relative	Those living in spaces that do not meet the basic health and safety standards including protection from the elements; access to safe water and sanitation; security of tenure and personal safety; affordability; access to employment, education and health care; and the provision of minimum space to avoid overcrowding.
Scattered Site Housing	Individual housing units located around Calgary and area that are owned by the Calgary Homeless Foundation and are used to provide housing for those experiencing homeless.
Service Prioritization Decision Assessment Tool (SPDAT)	An assessment tool to determine client placement based on the level of need. The SPDAT looks at the following: self-care and daily living skills; meaningful daily activity; social relationships and networks; mental health and wellness; physical health and wellness; substance use; medication; personal administration and money management; personal responsibility and motivation; risk of personal harm or harm to others; interaction with emergency services; involvement with high risk and/or exploitative situations; legal; history of homelessness and housing; and managing tenancy.
Sober Programs	These programs require sobriety of clients. Thus, they have multiple barriers and restrictions and often serve low acuity clients due to the eligibility parameters. For example, the client must: be sober for a certain amount of days prior to entry and have an income of \$1000 or a clean criminal record.
Successful Housing Outcomes	The positive destination for a client leaving a program. Positive destinations vary depending on the type of program the client is exiting. For instance, a client leaving a Housing & Intensive Supports program only has a positive outcome if they are going to own their own place, rent a place, or stay with family for a permanent tenure.
Supportive Housing	Supportive Housing provides case management and housing supports to individuals and families who are considered moderate to high acuity. In Supportive Housing programs, the goal for the client is that over time and with case management support, the client(s) will be able to achieve housing stability and independence. While there is no maximum length of stay in Supportive Housing programs, the housing and supports are intended to be non-permanent as the goal is for the client to obtain the skills to live independently, at which point the client will transition out of the program and into the community, where they may be linked with less intensive community-based services or other supports.

Term	Definition
System of Care	A local or regional system for helping people who are homeless or at imminent risk of homelessness. A system of care aims to coordinate resources to ensure community level results align with strategic goals and meet client needs effectively. Calgary's system of care is composed of eight program types: housing loss prevention, coordinated access & assessment, emergency shelter, rapid rehousing, supportive housing, permanent supportive housing, Graduated Rental Assistance Initiative, Affordable Housing.
System Planning	Creating a system of navigation for accessing services from many different agencies, resulting in a system of care.
Transitionally Homelessness	Homeless for the first time (usually for less than three months) or has had less than two episodes in the past three years. The transitionally homeless tend to enter into homelessness as a result of economic or housing challenges and require minimal and one time assistance.
Triaging	The process for determining the priority of clients based on the severity of their condition.
Wrap-Around Supports	Services that help address a homeless individual's underlying causes of homelessness. These support services include medical and psychiatric case management, life skills training, landlord liaison assistance, and addictions counseling.
Youth Homelessness	A homeless youth is an unaccompanied person age 24 and under lacking a permanent nighttime residence. They can be living on the street, in shelters, couch surfing, in unsafe and insecure housing, and living in abusive situations. They may also be about to be discharged without the security of a regular residence from a care, correction, health, or any other facility.

Appendix A: Calgary's Family System of Care



Prevention Services

Defined as:

Prevention Services provide short term financial assistance and limited case management in order to prevent housing loss due to a housing crisis.



Emergency Shelters

Defined as:

An Emergency Shelter is any facility with the primary purpose of providing temporary accommodations and essential services for homeless individuals.



Transitional Housing

Defined as:

Transitional housing is an intermediate step between emergency shelter and permanent housing. It is more long-term, service-intensive and private than emergency shelters, yet remains time-limited.



Coordinated Access and Assessment (CAA)

Defined as:

CAA is a process for people experiencing homelessness to access housing and support services. It is a system-wide program designed to meet the needs of the most vulnerable first (triaging).

2017 CHF Funded Programs

Agency	Program
Aspen Family & Community Network	Home Stay

Agency	Program
The Brenda Stratford Foundation	Brenda's House
Children's Cottage Society	Homebridge

Agency	Program
The YW	Mary Dover House

Agency	Program
Distress Centre of Calgary	Coordinated Access and Assessment



Non-Market Housing & Graduated Rent Subsidy

Non-Market Housing

Defined as:

Non-market housing is typically described as subsidized, social or affordable housing units.

Grad Rent Subsidy Defined as:

GRS is a rent supplement program that provides financial assistance for clients to obtain and maintain affordable housing after completion of a support program.



Adaptive Case Management

Defined as:

Adaptive Case Management programs offer client directed, flexible supports with time limited services and financial assistance to those experiencing homelessness, to secure and sustain housing.



Supportive Housing

Defined as:

Supportive Housing (SH) provides case management and housing supports to individuals and families who are considered mid to high acuity. In this program type, the goal for the client is that over time and with case management support, the client(s) will be able to achieve housing stability and independence.



Permanent Supportive Housing

Defined as:

Permanent Supportive Housing (PSH) provides long term housing and support with no time limit for high acuity individuals experiencing major barriers and exhibiting complex needs, and who will require ongoing support to maintain their housing.

2017 CHF Funded Programs

Non-Market Housing

Agency	Program
Calgary Urban Project Society - CUPS	Community Development

Rent Subsidy

Agency	Program
Calgary Urban Project Society - CUPS	Grad Rent Subsidy Program

Agency	Program
Children's Cottage Society	Rapid Rehousing
Aspen Family & Community Network	Fee for Service*
Children's Cottage Society	Fee for Service*
Closer to Home Community Services	Fee for Service*
Calgary Urban Project Society - CUPS	Fee for Service*
Discovery House Family Violence Prevention Society	Fee for Service*

Scattered Site

Agency	Program
Aspen Family & Community Network	Sustainable Families
Children's Cottage Society	HomeLinks
Discovery House Family Violence Prevention Society	Community Housing
Inn From the Cold	Family Support Housing


Placed Based

Agency	Program
Inn From the Cold	Journey House

Placed Based

Agency	Program
Métis Calgary Family Services	Rainbow Lodge

Main Office
O'Neil Towers
Suite 308, 925 7 Ave SW
Calgary, AB T2P 1A5

 403.237.6456

 info@calgaryhomeless.com

 calgaryhomeless.com



Calgary Homeless
FOUNDATION

