



CALGARY DROP-IN & REHAB CENTRE

STRATEGIC PLAN

2017



Introduction

Calgary Drop-In & Rehab Centre Society (CDIRCS) is a not-for-profit organization that exists to alleviate poverty. The predominant focus of this agency is on those currently experiencing homelessness, or who are at risk of becoming homeless. To best serve clients and to provide meaningful and measurable outcomes, CDIRCS establishes and operates programmes which are designed to enhance homeless and at-risk men and women's capacity for independent living. Additionally, the organization actively partners with other service organizations and provides client referrals to other non-profit and government organizations to provide a full range of services.

CDIRCS believes that an individual's capacity for independent living is a function of the social capital available to him. When social capital is diminished or exhausted a person's capacity to live independently is also diminished and the individual can become homeless.

Programs at CDIRCS are aimed at restoring and establishing elements of social capital which are required for independent living. These elements include such things as: mental and physical health, support networks, skills, credentials and earning capacity among others. The organization believes this approach can often be successful in the short term based on past experience, where over 80 % of those entering shelter return to community within 30 days and do not reappear at CDIRCS owned shelter facilities. The organization also recognises the need for more extensive and longer term supports for other individuals.

The likelihood of entering Homelessness increases as an individual's social capital is exhausted...

$$\lim_{SC \rightarrow 0} IL_{cap} = 0$$

$$SC = \sum_{k=1}^n SC_k$$

Where:

IL_{cap} is an individual's capacity for independent living

SC is an individual's social capital

SC_k is a component of social capital, e.g. family support, employment skills, reserves of cash/credit, friend support, self esteem, mental and physical health, ...

Strategic Priorities

As Calgary Drop-In & Rehab Centre Society continues to operate the many services associated with emergency shelter – including housing and referrals, employment services, job and life skills training, and others – it is currently focusing on four strategic priorities, critical for improving an individual’s capacity for independent living within Calgary’s overall continuum of care. For some of these priorities the agency is prepared to work independently, or to lead a collaborative effort with other agencies. In other cases CDIRCS is prepared to participate and support the lead taken by others. Whatever the approach, our agency believes these endeavours are key to furthering its pursuit of ‘alleviating poverty’.

Priorities:

1. Establish a common entry point for service
2. Initiate and operate integrated case management processes
3. Improved access to medical services
4. Define and provide a broad spectrum of supported housing

1. COMMON ENTRY POINT

Note that many people require shelter and/or assistance outside of conventional business hours.

A common point of entry can remove barriers that prevent or inhibit an individual from accessing needed services. A common entry procedure will form a solid base for subsequent interactions across the spectrum of care.

CDIRCS will pilot and develop programming that establishes the agency as an entry point

which will accept clients into the homeless services system as and when they request assistance. The agency will use assessment tools common with other points of entry (e.g. SORCe).

The target is ‘instant referral’ to services most needed by the client in a given instance, irrespective of provider, and to establish a base for case management. In many instances capacity for independent living can be restored quickly if appropriate services are available.

2. INTEGRATED CASE MANAGEMENT

CDIRCS will provide guided access to services and follow-up as required to individuals within the care system. This will require adopting and implementing a case management model that can be extended across a broad range of needs. It will also require developing information sharing protocols and other collaborative processes and standards.

CDIRCS is willing to pilot processes within the agency and with as many partners beyond the CDIRCS as we can reach. CDIRCS recognises that procedures developed for a population of single adults will require modification and extension to meet the needs of families, youth and certain cultural environments. We will reach out to colleagues and partners in care to establish a case management framework that removes barriers to services, however provided, to expedite the development/restoration of those elements of social capital necessary for an individual to live independently.

It is anticipated that information systems will be developed with capacity for interoperability with standard systems used across the system of care.

3. ACCESS TO BROADER MEDICAL SERVICES

Many individuals in our care are living with significant physical and/or mental health limitations. It is our priority to facilitate successful treatment necessary for improved physical and mental health, moving toward independent living.

This priority cannot be fully addressed without the collaboration of many. Several initiatives (e.g. Calgary Recovery Services Task Force) are underway that offer tremendous potential in this area. CDIRCS is, and will continue to be, a strong supporter of actions that will remove barriers and ensure access.

CDIRC will provide material support, such as space and facilities to assist. The agency strongly believes that co-location of medical services with shelter and housing will provide real and timely benefits and do much to both stabilise and re-invigorate those who are in need of medical attention and on-going treatment. This is an area in which CDIRCS may not lead, but will be an active and vigorous supporter.

4. SUPPORTED HOUSING

CDIRC will work with others to achieve an appropriate inventory of supported housing comprised of clearly identified, need-responsive models that accept individuals with known needs with minimal delay and a high probability of successful independent living. That is, a variety of housing will be keyed to requirements of individuals who have challenges, be those temporary or permanent. Not all individuals will achieve independent living in all aspects. Nevertheless, it is our intent to facilitate the greatest degree of independent living within the potential of each individual. This multi-party initiative will include the optimisation of current facilities as well as the development of new locations and operational models.

Resources

Resources will be focused toward addressing our priorities. Pilot projects and joint ventures are anticipated. CDIRCS operations will facilitate cross-agency work and accomplishments (e.g. process and system design, data standards, IT system interoperability, etc.).

References

Calgary Recovery Services Task Force

Recommendations: <http://www.recoveryyyc.ca/>

The Very Poor and the Affordability of Housing, Ron Kneebone and Margarita Gres Wilkins, September 2016

Shrinking the Need for Homeless Shelter Spaces, Ron Kneebone and Margarita Gres Wilkins, May 2016

Assessing Physical and Mental Health Concerns and Support Needs for People with Complex Issues in Emergency Shelters, Katrina Milaney, PhD and Hasham Kamran, November 2015

CDIRCS Strategic Implementations Plans

CDIRCS IT Modernisation Project