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# Using Data to Improve Programs for Chronic Shelter Users

**Housing Advocacy Tool, A customized information tool for housing and shelter**

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**Emily Gunn (she/her), Project Coordinator**

# Land Acknowledgement

Calgary Drop-In Centre acknowledges that we are on Treaty 7 territory. Reconciliation is the responsibility for all. We respect the oral practices and cultures of the people of The Blackfoot Confederacy of Siksika, Piikani, and Kainai First Nations, the Îyâxe Nakoda of Chiniki, Bearspaw, and Goodstoney First Nations, the TsuuT'ina Nation and the people of Métis Nation Region 3, all of whom have been and continue to be strong stewards of these lands and efforts to enrich our communities.

We commit to being a learning organization in efforts of reconciliation and decolonization.

# The Calgary Drop-In Centre (The DI)

**The DI is more than just an emergency shelter**—it's an organization that strives to provide supports along the continuum of care for adults in Calgary.

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# Our Mission Today

1. Share our process and motivations for developing an agency-specific tool to learn and understand more about the people at the Centre, and build programs around them

2. Use the experience of building the Housing Advocacy Tool to highlight information about "chronic" homelessness within our programs.

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We use a customizable data system called **Guestbook**

... includes program check-ins, sleep/bed use and assignments, interaction logs, as well as outcome and assessment tracking.

# of unique individuals who accessed shelter
3,417 2020-21   4,416 2021-22   **6,839 2022-23**

# of people sleeping in shelter per day
423 2020-21   446 2021-22   **505 2022-23**

# of meals served
592,384 2020-21   512,236 2021-22   **552,600 2022-23**

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# Coming from a time of immense change and need

- No matter how hard we tried, **long-term chronic shelter use was and is still happening.**

- Need to synthesize Guestbook information quickly and effectively

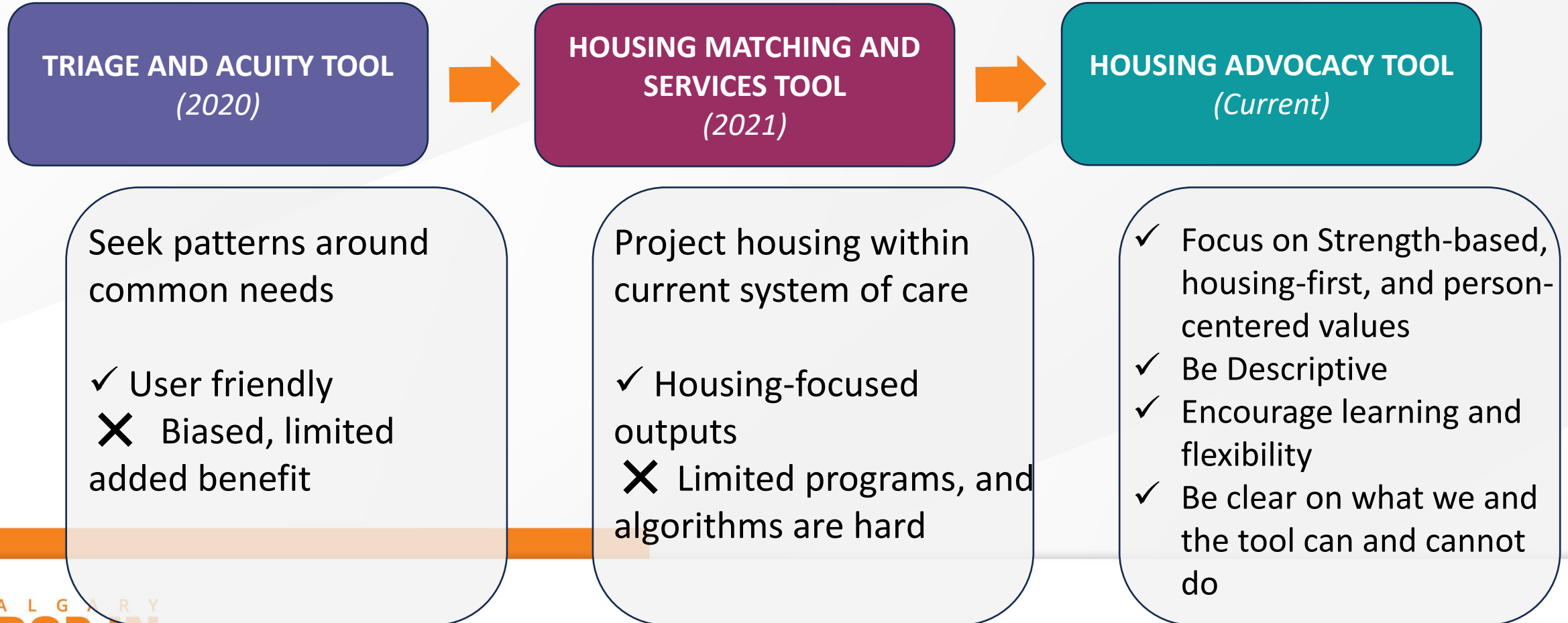- The combination of complex emergencies challenged everything we thought we knew about programming and people's needs

# The process and evolution

Before we get to the current version, lets quickly account for how we got there

**TRIAGE AND ACUITY TOOL**
*(2020)* → **HOUSING MATCHING AND SERVICES TOOL** *(2021)* → **HOUSING ADVOCACY TOOL** *(Current)*

Seek patterns around common needs

✓ User friendly
✗ Biased, limited added benefit

Project housing within current system of care

✓ Housing-focused outputs
✗ Limited programs, and algorithms are hard

✓ Focus on Strength-based, housing-first, and person-centered values
✓ Be Descriptive
✓ Encourage learning and flexibility
✓ Be clear on what we and the tool can and cannot do

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# Mental Wellness

…**includes multiple different aspects of how someone is presenting mentally, emotionally and psychologically.** Includes things that are **seen** and **observed** and **what they share** as captured in the logs and documentation.

| | | |
|---|---|---|
| **3** | **Supported and protected wellness** | Stable in supporting their ongoing mental wellness and engaging in preventative supports; Resources and supports in place to negate and/or minimize risk or harm associated with mental illness |
| **2** | **Developing a strategy for mental wellness** | A new or developing plan is in place to improve their mental wellness independently or through resources; Plan can be preventative and/or harm reductive; working towards establishing some stability |
| **1** | **Shifting out of crisis** | Engagement and exploration to identify a plan for supporting mental wellness and stability; Survival-based needs and crisis solutions may still be in place in combination with larger strategies |
| **0** | **Survival as priority in mental wellness** | Current supports and strategies are focused on survival and mitigation of harm in their current experience; Managing crises as main goal |

# Behavioral Stability

**…look at how they are functioning in shelter, including with clients, programs, staff, and themselves.** Taking into account the shelter environment and need to protect themselves in the space

| 3 | **Preventing and managing** | Regularly engages in behavior or conversations to avoid conflict; <3 low-impact (1) bars & no med-impact bars (2-4) in 90 days |
|---|---|---|
| 2 | **Shifting from management to prevention** | Engages during crisis to reduce impact of harm to self and others; can read situations and connect with support as needed;- Sometimes engages in behavior or conversations to avoid conflict; Max 3 med impact bars (2) in last 90 days |
| 1 | **Shifting from crisis response to management** | Ongoing crisis and lack of predictability in their response and roles in crisis including harm to others and to self; Max 2 high- impact (3) bars in last 6 months and/or +3 med-impact (2) |
| 0 | **Survival as priority over managing crisis** | Documented recent incidents of severe violence; extreme unpredictability in situations resulting is significant harm to self or others<br>CAT 4 bar in the last year and/or +2 CAT 3 in last 6 months, BLOC, LTS |

# "Almost" Chronic in Shelter Programs

We pulled a list of people who were high-risk of future chronic shelter use (75% nights in last 365 days)

- Who
- Observations in categories
- Observations in scores
- Challenges and extra factors
- Lessons learned from this pilot

# Next Steps and New Directions

- Continue piloting, consulting, and testing

- Exploring the scope and level of nuance

- Examine different avenues and sources of the tool process

- How to visualize and identify meaning from the tool

- Continue headstrong in our goal to find ways to address and advocate for better supports for people dealing with housing emergencies.

**Want to take a moment to quickly identify some phenomenal team members who are not here presenting with us:**

- Jarmaine Franciso (IT Analyst- Information Technology)
- Dr. Geoff Messier (DI Data Scientist- Chronicity Wizard)
- Fatima Macavinta (Nursing Coordinator)
- Tyler Foulkes (Sr. Coordinator- Shelter)

... and many more!

# Thank you!

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