FY 21/22

Service and Program Area Impact: Addendum to 2021-22 Annual Report

FISCAL YEAR 2022: APRIL 1, 2021 – MARCH 31, 2022

INTRODUCTION

CUPS Strategic Work

At CUPS, we have been working to ensure our mission, vision, and strategic actions align with what we have learned from research on brain development, adverse childhood experiences and the science of resilience. We have applied these learnings to help vulnerable individuals and families overcome adversity, end the cycle of poverty and trauma, and improve overall health and wellbeing.

For CUPS, building resilience is accomplished through applying an integrated approach across our Health, Education and Housing programs. This work involves collaborative, coordinated, trauma-informed, holistic services, and supports based on individuals' needs and strengths.

To better support our integrated approach to care planning, as well as to support and measure client progress towards long-term, holistic goals, CUPS Integrated Care Tool (formerly the RMx) was developed and is currently being refined. The three domains of the tool are: 1) Housing, Economic Supports and Basic Needs, 2) Health and Wellness, 3) Community Engagement and Capacity Building. Over the next several months, we will be examining how the Integrated Care Tool can illustrate client success and more accurately support the goals of CUPS. This will enable us to discuss impact beyond program-specific results and examine results across the organization.

While we anticipate being able to speak to organization-wide impact once the Integrated Care Tool is fully operational, it is also valuable to be able to examine success within program areas. This report highlights impact across Health, Housing, and Education, the issues faced by CUPS clients, how these programs have addressed these issues, how we have used data to track successes, and areas for improvement.

The Issues

CUPS offers a variety of programs that complement and supplement one another. Each program focuses on the holistic well-being of clients in multiple areas of their lives. Three key focuses of CUPS programs are Health, Housing, and Education; each area is interrelated in CUPS programming and in the lives of clients.

Health

According to the World Health Organization, "poverty is the single largest determinant of health."[i] Research has demonstrated that individuals with lower socio-economic status are twice as likely to experience serious illness or to pass away prematurely when compared to those of higher socio-economic status."[ii] For individuals experiencing homelessness, health concerns are exacerbated by their living conditions such as "extreme weather conditions, unhygienic living areas, and danger of assault."[iii] Rates of physical ailments and chronic illnesses are higher amongst those experiencing homelessness, as well as more frequent hospitalizations and emergency room visits than those not experiencing homelessness.[iv] On an average night in Calgary, Alberta in 2021, 1,935 individuals were experiencing homelessness.[v] Of these individuals 12% were staying in a health care[1] facility.[vi]

In order to reduce barriers, improve access to health care for marginalized populations, and meet the unique needs of all individuals accessing health care at CUPS, CUPS provides multi-disciplinary primary care supports that include women's health services

[1] This includes Alberta Health Services facilities, COVID-19 isolation sites, and treatment facilities.

(including prenatal and postnatal care), integrated addiction supports, preventative health screening and treatment, and access to mental health supports.

Further, the COVID-19 pandemic reinforced housing as a key social determinant of health. Individuals experiencing homelessness were put at higher risk of infection due to a lack of safe housing leading to difficulties adhering to physical distancing and isolation.[vii] CUPS worked to address the unique barriers posed by COVID-19 through offering virtual appointments, offering COVID-19 vaccines, and supporting the Assisted Self-Isolation Site, playing an integral role in the Vulnerable Populations COVID-19 Response Working Group.

Housing

In 2020, 9.2% of individuals were classified as living in low-income in Alberta.[viii] Similarly, the federal census identified that 11% of individuals in Calgary were living in low-income households in 2016.[ix] In the 2018 point-in-time homeless count, individuals experiencing homelessness in Calgary commonly identified that they had lost their housing because of job loss, the inability to pay for housing, and substance use.[x] Housing is a multi-faceted issue related to employment, health, and social supports.

Considering this, CUPS offers housing programs and economic supports to help individuals address financial crises and stressors and improve their housing stability (e.g. access to rental assistance, intensive case management housing supports). Housing stability contributes to improved health, employment opportunities, and educational success in children.[xi]

Education

According to Statistics Canada (2021), children (aged 0-14) make up 18% of Calgary's population, and 10.7% of those children live in low-income households.[xii] Further, 9% of Calgary's unhoused population is made up of children aged 0-12.[xiii] Research has shown that children's abilities to learn are significantly impacted by the stress associated with living in poverty.[xiv] Academic achievement has been linked to family income as, for example, "young children living in poverty often experience chronic stress which can lead to elevated cortisol levels, adversely impacting their executive function and ability to learn."[xv] By providing quality early childhood education and childcare to families, the additional stresses experienced by families living in poverty can be significantly reduced.[xvi] CUPS provides high-quality education, healthy meals, transportation, and additional wraparound supports (such as physiotherapists and speech therapists) to children and families, preparing them for success throughout their lives.

CUPS also provides group and one-on-one parenting courses, that focus on children's brain development, feelings, and positive ways of dealing with stress within families. Research has demonstrated that "one of the most important factors that can buffer against the adverse effects of poverty is positive parenting."[xvii]

Themes in This Report

I. **Telling Our Story Through Data.** This section provides an overview of the demand for CUPS Programs and Services using client counts.
II. **New Innovations.** This section demonstrates how we continually evolve to meet the needs of clients and staff.
III. **Services and Supports Snapshots.** This section highlights the impact of our programs and services through evidence-based practice using outputs and outcomes data.

I. TELLING OUR STORY THROUGH DATA

Active Clients

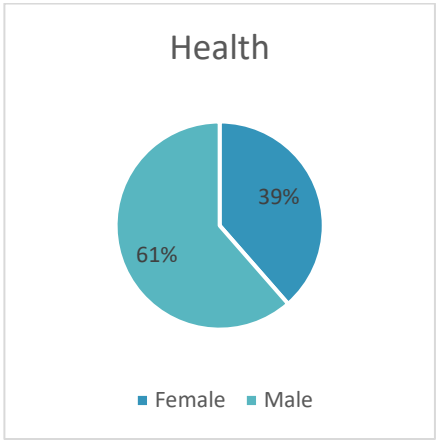
There were **8,262 active clients at CUPS** in the 2021-22 FY. Active clients are individuals who are actively engaged in one or more programs and/or services. Across CUPS programs, **68,201 points of service** were delivered.

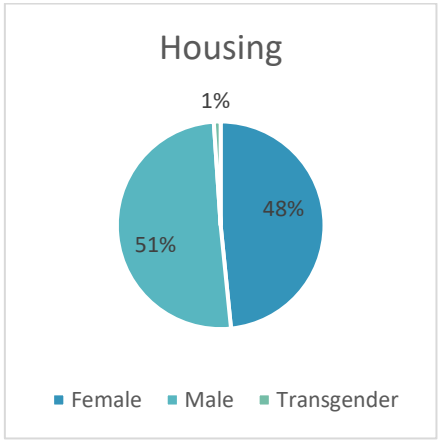
Insights: 2,364 people used our services for the first time last year.

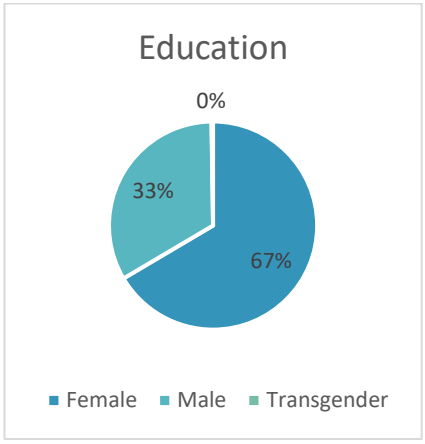
Client Demographics

The following demographics are broken down by domain to provide a better understanding of the characteristics of clients enrolled in programs in each of the three domains.

Gender





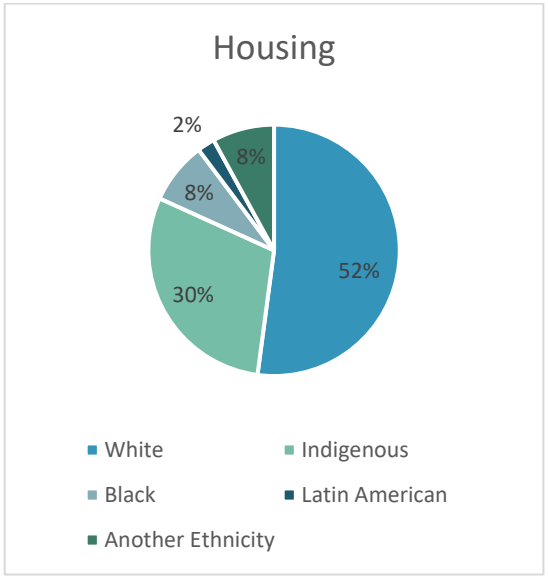


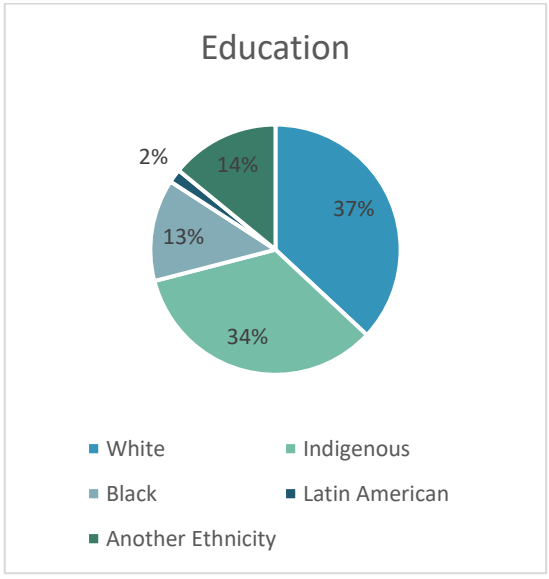
*CUPS Health Programs currently have no consistent way to document clients who identify as transgender in the health data system

*The number of clients in education programs that identified themselves as transgender was less than 1%.

Insights: CUPS Data and Evaluation Team can utilize this data to look for areas of improvement, such as implementing a system for tracking health clients who identify outside the gender binary and reviewing and expanding data collection processes and reporting across the organization. This is an important step forward in better understanding clients and their needs.

Ethnicity





*CUPS Health Programs do not have a consistent measure for tracking the ethnicity of clients at this time.

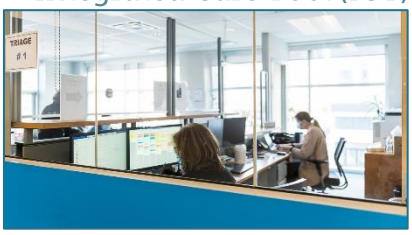
Insights: Looking at the breakdown of clients' ethnicities gives insight to CUPS Data and Evaluation Team on future areas of research and program improvement. For example, given the overrepresentation of Indigenous individuals in CUPS' client community in comparison to Calgary's total population (30-34% of CUPS clients vs. 3% of Calgary's population[xviii]), how can CUPS best serve our Indigenous clients? Strategies include working with our Indigenous Programming Coordinator and, once established, the client-led Client Advisory Committee to understand the unique needs of Indigenous clients.

I. NEW INNOVATIONS

At CUPS, we explore the linkages between research, policy, and practice to continually evolve to meet the needs of clients and staff. The following highlights some of the new initiatives that have occurred over the past year.

Integrated Care Tool (ICT)

Over the past year, CUPS has been piloting the **Integrated Care Tool (ICT),** an internal measurement tool developed out of a need to better capture the complexity of CUPS' clients and relevant outcomes. The developers used a brain science lens to think about what outcomes could be used to measure increases in client resilience over time. The ICT aligns with CUPS mission of integrated care, which describes collaborative, coordinated, trauma-informed services and supports to clients, based on individual needs and strengths. The ICT helps staff support the care planning and coordination process for clients, while relevant client, program, and agency-level data is tracked to address long-term goals, such as program improvement and demonstrating impact.



Indigenous Programming Coordinator

CUPS has been joined by an **Indigenous Programming Coordinator**, who regularly offers smudging supports, sharing circles, and is recruiting new Indigenous staff for programs that serve a high number of Indigenous clients. Our Indigenous Programming Coordinator is also leading all staff in Cultivating Compassion training. This training includes information on Indigenous peoples' history in Canada pre-colonization and post-colonization, and how this impacts Indigenous communities today. Cultivating Compassion also offers staff the opportunity to brainstorm together

on how we each play a role in decolonization in everyday life and in our work at CUPS. For more information on CUPS' Indigenous Programming Coordinator please visit: Indigenous Elders enrich learning at CUPS — CUPS Calgary.

CUPS Vaccine Team

The **CUPS Vaccine Team** administered 1,885 COVID-19 immunizations to 1,384 individuals. This provided low-barrier vaccination options at multiple locations throughout the city, as well as providing vaccine education, including addressing vaccine hesitancy. The CUPS Vaccine Team played an active and effective role in the community response to the COVID-19 pandemic, particularly for low-income Calgarians.

Rapid Care Counselling (RCC)

The Calgary Homeless Foundation identified that "on average, about three-quarters of those on [the] triage list awaiting housing have identified mental health concerns." In response to the ongoing need for mental health supports, particularly in light of the COVID-19 pandemic, **Rapid Care Counselling (RCC)** was developed in partnership with Kindred (formerly Catholic Family Services) to make counselling accessible for individuals living in and staff working with CUPS Housing Programs. RCC launched in 2021, offering rapid access to single session counselling, care coordination plans, and longer-model counselling with up to 12 sessions available. Appointments are available virtually and in person at HSSC supported housing. Through this program 243 individuals saw RCC counsellors across 1,148 sessions.

Social Justice Committee

CUPS' **Social Justice Committee** has been involved in many new projects throughout the year, including finalizing and sharing the CUPS land acknowledgement with the guidance of Elder Randy Bottle. Staff also had the opportunity to attend Creating a Culture of Respect for Gender and Sexual Diversity training offered by the Centre for Sexuality. An internal Diversity and Inclusion Audit is currently ongoing and a framework for a Client Advisory Committee is also being created. Each of these projects fits within CUPS' commitment to supporting social justice initiatives and will continue to help our organization grow and learn.

The Trauma-Informed Care (TIC) Collective

The **Trauma-Informed Care (TIC) Collective** is composed of approximately 30 Alberta-based non-profit and frontline service delivery agencies that are advocating for the adoption of trauma-informed care within the Government of Alberta. Engagement with Government Ministries and MLAs is ongoing. Over the past year, the Collective has been focused on a growth mindset and strengthening our foundations. We have also been able to provide input into and shape trauma-informed care training that staff within the GoA are creating. Moving forward, we have a renewed focus on advocating for Trauma-Informed Care training and will continue to collaborate with community members and the Government of Alberta to create positive change.

External Evaluation

Over the past year, an external **Developmental Evaluator** has been working with program teams to discuss their respective programs' purpose, strategies, and outcomes. Programs that have been focused on thus far have spanned the organization, including the Family and Child Development Centres, Graduate Rent Subsidy Program (GRSP) (focusing on assessing the impact of the program), and mental health (regarding the shift to a 12-session model). These discussions have been focused on future program direction (predominantly 2022 to 2025) and developing a new Strategic Agenda for CUPS. Continued examination with program teams will continue moving forward with remaining program areas. The Developmental Evaluator has also been brought in to support the creation of cases for support and the review of program data.

II. SERVICES AND SUPPORTS SNAPSHOT

Overview of Programs

The following programs are categorized within three higher level program areas:

Health	Housing	Education
CUPS Health Clinic	**Care Coordination**	**Child Development Centre**
Calgary Allied Mobile Palliative Program (CAMPP)	**Community Development**	**Family Development Centre:** including Nurturing Parenting, Super Dads Super Kids, One-on-one Coaching
Connect 2 Care (C2C)	**Graduate Housing Program**	**Never Too Late Expansion Program**
CUPS Vaccine Team	**Graduate Rent Subsidy**	
Liver Clinic	**Key Case Management**	
Mental Health: Shared Care Mental Health, Family Development Counselling, Rapid Care Counselling		
Opioid Agonist Treatment		
Women's Health Clinic		

Outputs, Outcomes, and Impact

It is important that as an agency we are able to show not just our activities, outputs, and outcomes, but also our broader impact. For example, when we say how many individuals were housed, this number is an output that does not give a holistic picture of the impact of our housing programs. When we identify the percentage of individuals who maintained housing, we are using an outcome to understand the success of the housing program. Reporting both outputs and outcomes demonstrates how CUPS programs and services have an impact on the lives of individuals and families living with the effects of poverty and trauma.

This data was collected through our primary client tracking systems. Health data is collected in our Electronic Medical Records (EMR) system, while housing and education data is collected in Efforts to Outcomes (ETO) and Homelessness Management Information System (HMIS). The data is compiled at the end of the fiscal year and when necessary data from multiple portals is combined for a holistic outlook on client outputs and outcomes.

Comparative data for outputs and outcomes across three years can be found in Appendix A.

HEALTH

Program:	Output:	Impact:
CUPS Health Clinic	CUPS Health Clinic served 5,054 individuals, generating 50,371 points of service[2] within this fiscal year, which includes both appointments and case management.	Connecting patients to an interdisciplinary primary care team has been demonstrated to ensure better health outcomes and health equity.
Program: Women's Health Clinic (WHC)	Output: There were 2,306 WHC visits, and 131 OBGYN visits this fiscal year. Outcome: 44% of WHC visits were done remotely, to manage COVID-19 risks and client safety (n=2,306).	Impact: Offering women gender-specific care connects them to comprehensive, nuanced health care from an individualized perspective. Providing remote visits ensures clients' safety and comfort during the COVID-19 pandemic.
Program: Connect 2 Care (C2C)	Output: C2C & CAMPP worked with 219 individuals throughout the year. Outcome: 64% of clients were successfully housed after engaging with C2C, 23% were connected to primary care, 25% to medication coverage, and 4% to homecare services (n=219). As not all clients require access to all services, the types of services provided are dependent on clients' needs in a given year.	Impact: C2C clients have an improved connection to community resources, such as housing and primary care, and have seen significant reduction in inappropriate acute care use. For many individuals, securing housing is the first step towards being able to work towards their own personal goals, such as accessing other services and supports.
Program: Connect 2 Care (C2C)	Output: 90 clients filed tax returns with the assistance of the C2C team.	Impact: When clients have up to date taxes filed, they have the ability to access income-specific programs, such as AISH and Alberta Works.
Program: CUPS Shared Care Mental Health (SCMH)	Output: The CUPS SCMH team served 646 individuals via a hybrid model of on-site and remote appointment options.	Impact: Access to mental health support helps individuals living with the negative effects of trauma begin to understand and mitigate the impact as they build resilience.
Program: CUPS Opioid Agonist Treatment (OAT)	Output: The OAT team worked with 379 unique individuals. Outcome: 49% of clients were new enrolments, and the average wait time between referral and enrolment was two days, despite COVID-19 related challenges.	Impact: As a part of the community response to the Opioid Crisis, CUPS has increased access to low barrier OAT with the aim of reducing drug related harms and strengthening connections to primary care services.
Program: CUPS Vaccine Team	Output: The CUPS Vaccine Team administered 1,885 COVID-19 immunizations to 1,382 individuals.	Impact: The CUPS Vaccine Team delivered low-barrier vaccination options, supported vaccine education, and played an active and effective role in the community response to the COVID-19 pandemic.

[2] Points of Service is defined as a combined total of health clinic direct (face-to-face or virtual) and indirect visits (times a health worker works on a patients' case when the patient is not present, such as a case management, reporting, and planning).

Program:	Output:	Impact:
Rapid Care Counselling (RCC)	243 clients accessed mental health support through RCC, a new pilot program developed with Kindred (formerly Catholic Family Services).	RCC connects clients to both timely and long-term mental health supports, which improves relief from the impacts of trauma and stress, contributing to improved mental health and well-being.

HOUSING

Program:	Outcome:	Impact:
Community Development	99% of individuals successfully maintained housing stability for more than one year (n=102).	This program helps to establish community connection and reduced social isolation which CUPS recognizes as key factors in improving housing stability.
Graduate Rent Subsidy	99% of individuals in GRS successfully maintained housing stability for more than one year (n=244).	GRS helps individuals who may struggle to maintain permanent housing by providing them with a subsidy, which in turn decreases the likelihood of accessing emergency services or entering homelessness.
Key Case Management (KCM)	82% of clients exiting from KCM successfully graduated from the program, which includes program completion and direct transfer to other housing programs (n=28).	KCM helps those who were previously unhoused to achieve housing stability. Graduations from KCM demonstrate the ability for clients to achieve independence. Greater self-sufficiency contributes to long-term housing stability and improved well-being.

Program:	Output:	Impact:
Care Coordination	277 clients were assisted in getting their Photo ID, Birth Certificate, or Health Card at CUPS Identification Services.	Reducing barriers to obtaining ID enables individuals to access crucial services, such as the health care system, banks, government programs, and educational services.
Care Coordination: Basic Needs Fund (BNF)	760 individuals were issued gift cards from the BNF, allowing them to access basic necessities such as groceries, cell phones, medications, furniture, and clothing. **Outcome:** The total amount of gift cards issued to clients was $156,708.24.	Funds for basic necessities allows clients to move beyond survival to focus on their overall well-being.
Care Coordination: Basic Needs Fund (BNF)	222 clients, along with 71 cohabitators and 118 children received financial assistance through the BNF. **Outcome:** Of these households, 17% avoided eviction and cuts to their utilities. 88% were helped with their first month's rent or damage deposit to help them gain housing stability (n=222).	These funds intervene at a critical moment to prevent an individual or family from losing their housing. This allows individuals and families to remain stably housed, alleviates stress, and supports resilience.

Program:	Output:	Impact:
Care Coordination: Basic Needs Fund (BNF)	69 clients received personal computers to help them access Mental Health services, one-on-one virtual CUPS services and group sessions, and to communicate with friends, family, and personal supports.	By receiving personal computers, individuals have increased access to professional and social support, leading to less social isolation.

EDUCATION

Program:	Output:	Impact:
Parenting Programs (including NP, SDSK, one on one coaching, and drop-in sessions)	This year, 102 caregivers were present in parenting programs.	Increasing parenting skills has a positive impact on the parent-child relationships and aids in overall child development.
Nurturing Parenting (NP)	32 clients enrolled in Nurturing Parenting to learn about understanding feelings, ways to enhance positive brain development in children and teens, and positive ways to deal with stress and anger. **Outcome:** 41% of participants successfully completed the program (n=32).[3]	NP classes cover topics that are both applicable and brain science-based, helping clients increase their parenting knowledge and ability to apply practical skills.
Super Dads Super Kids (SDSK)	17 fathers attended programming with the intention of increasing or improving their parenting skills through Super Dads Super Kids classes.[4]	SDSK provides an opportunity for male-identifying parents and guardians to learn about providing positive experiences that can tip the child to more positive life outcomes.
Family Development Centre (FDC) One-on-One Coaching	11 clients who participated in one-on-one coaching through the FDC had a combined total of 87 sessions where they learned about the philosophy of nurturing parenting.	By covering many diverse topics, one-on-one coaching provides client-centered supports that are driven by the individual's needs and circumstances. This ensures that the parenting supports help each individual achieve their own unique parenting goals.
Child Development Centre (CDC)	58 children aged 3-6 years were enrolled in the CDC in the 2021-22 school year.	Attending the CDC promotes school readiness for children when they enter Kindergarten, this helps children from low-income families achieve success later in life.
Child Development Centre (CDC)	**Outcome:** 100% of students who completed the school year (n=58) graduated to the following year of schooling. This includes 18 Kindergarten students graduating to Grade One and 40 preschool students who will continue in the program next year.	Our students receive supports that allow them to succeed throughout the school year and move forward.

[3] According to program facilitators, attending 10 out of 16 is considered successful completion of the Nurturing Parenting Program.
[4] This was measured using attendance records.

Program:		Outcome:		Impact:
Never Too Late Expansion	⇨	Of the 37 clients active during FY 21-22, 14 were connected/referred to care coordination services (38%).[5] These supports included referrals to basic needs supports (such as food bank, crisis intervention supports) and housing-related supports such as access to subsidies and Coordinated Access and Assessment).	⇨	Integrated service delivery leads to improved access and engagement for clients.

Learnings

CUPS values the opportunity to review client data in order to inform program changes and identify areas for improvement.

Informed Program Changes

C2C: Though the C2C program was designed to support the complex health and social needs of high acute care users, housing has become the primary referral reason to the program. Housing is essential in order for their complex health needs to be met and addressed in community. As a result, the program's key focus has become supporting housing connections as the first step in addressing clients' health. We are working to address the need for appropriate housing for these patients so that we can continue to focus efforts on supporting complex health needs of Calgarians.

Graduate Rent Subsidy Program: Informed by the recently completed 12-week developmental evaluation conducted by an external evaluator, the criteria for program entry were adjusted to better suit the intended outcomes of the program. This ensures that clients are suitable for and likely to experience success in the program. Program eligibility criteria has been adjusted to focus on clients who will graduate from Homeless-Serving System of Care. Along with this, the program delivery model and structure of the team have been modified to better support graduations. This included the addition of a Housing Liaison and a Graduation Specialist. CUPS is starting to incorporate the Graduation Specialist role in several programs as it has been very successful and supports both housing stability and outflows from the Homeless Serving System of Care.

Mental Health: This year, a Twelve-Session Counselling Model is being piloted in Mental Health programs at CUPS. This was informed by research and feedback, including the high average duration clients were in the program, as well as the long waitlist to access supports. This program change is intended to increase the effectiveness of mental health supports for clients, as well as increase accessibility. To further address gaps in service delivery, a number of new initiatives have been introduced to provide additional supports to clients, including a men's trauma group and, soon to follow, a grief and loss group. These changes will ensure that clients have adequate mental health support moving forward.

Rapid Care Counselling: Following the launch of Rapid Care Counselling, the program worked with an external Developmental Evaluator for the first year of the program. Informed by the evaluation, there has been a shift away from virtual visits and more of a focus on in-person sessions. Further, there has been an increased focus on partnerships with agencies that are supportive of and invested in RCC. As this program continues to operate, further changes will be made to reflect learnings from the data and feedback being collected.

[5] This is a collaborative program with Kindred (formerly Catholic Family Services), these numbers may not represent the entire scope of the Never Too Late program due to inconsistent data between organizations.

Successes and Areas for Improvement

Compiling outputs and outcomes into a report allows CUPS to celebrate the successes of the past year. One of the areas we saw significant success was in the number of clients housed through Connect 2 Care (C2C) (64%). Additionally, the amount of money distributed by the Basic Needs Fund increased by over $20,000, all of which went directly to clients and their basic necessities. Another success for CUPS is the percentage of clients maintaining housing stability in the Community Development and Graduated Rent Subsidy programs. Housing stability decreases the use of emergency services and the likelihood of entering or re-entering homelessness.

This report also highlights areas for improvement that need to be addressed. For example, the attendance numbers for parenting education programs has dropped significantly from the previous fiscal year (see Appendix A). This points to the need to address accessibility and program improvement, such as recruitment and attendance, in parenting programs, including Nurturing Parenting, Super Dads Super Kids, and one-on-one coaching.

Another area for improvement highlighted by this report is how we track client demographics, such as Health Clinic clients who identify outside of the gender binary. By not capturing this information we are not fully capturing the diversity of the clients we are serving. While there were some changes made to the demographics tracked in ETO (based on conversations with the CUPS Social Justice Committee), we are more limited to how demographics are tracked in the health EMR.

APPENDIX A: Comparative FY Data

Program	Impact	Outputs/Outcomes		
		2019/20	2020/21	2021/22
HEALTH				
Health Clinic	Connecting patients to an interdisciplinary primary care team has been demonstrated to ensure better health outcomes and health equity.	CUPS Health served 5,660 individuals, generating 53,071 points of service.	CUPS Health served 5,009 individuals, generating 47,724 points of service.	CUPS Health served 5,054 individuals, generating 50,371 points of service.[6]
Women's Health Clinic (WHC)	Offering women gender-specific care connects them to comprehensive, nuanced health care from an individualized perspective. Providing remote visits ensures clients' safety and comfort during the COVID-19 pandemic.	There were 2,254 WHC visits and 273 OBGYN visits this year.	There were 1,856 WHC visits and 205 OBGYN visits this year. 46% of WHC visits were done remotely.	There were 2,306 WHC visits and 131 OBGYN visits this year. 44% of WHC visits were done remotely.
Connect 2 Care (C2C)	C2C clients have an improved connection to community resources, such as housing and primary care, and have seen significant reduction in inappropriate acute care use. For many individuals, securing housing is the first step towards being able to work towards their own personal goals, such as accessing other services and supports.	Not currently available.	C2C and CAMPP worked with 379 individuals throughout the year.	C2C and Calgary Allied Mobile Palliative Program (CAMPP) worked with 219 individuals throughout the year.
		38% of clients were successfully housed after engaging with C2C, 52% were connected to primary care and obtained medication coverage (n=157).	42% of clients were successfully housed after engaging with C2C, 25% were connected to primary care and obtained medication coverage (n=259).	64% of clients were successfully housed after engaging with C2C, 23% were connected to primary care, 25% to medication coverage, and 4% to homecare services (n=219).
	When clients have up to date taxes filed, they have the ability to access income-specific programs, such as AISH and Alberta Works.	Not a program offering in 2019/20.	Not a program offering in 2020/21.	90 C2C clients filed tax returns.
Shared Care Mental Health (SCMH)	Access to mental health support helps individuals living with the negative effects of trauma begin to understand and mitigate the impact as they build resilience.	917 individuals were supported by a SCMH counsellor.	561 individuals were supported by a SCMH counsellor.	646 individuals were supported by a SCMH counsellor.
CUPS Opioid Agonist Treatment (OAT)	As a part of the community response to the Opioid Crisis, CUPS has increased access to low barrier OAT with the aim of reducing drug related harms and strengthening connections to primary care services.	The OAT Team facilitated 342 OAT initiations, with 210 actively engaged individuals in the program.	The OAT Team facilitated 297 referrals, representing 288 enrolments, with an average wait time of 1 day between referral and enrolment.	The OAT team worked with 379 unique individuals, 188 of which were new enrolments, average wait time of 2 days, despite COVID-19 related challenges.
		74% of clients were new enrolments.	76% of clients were new enrolments.	49% of clients were new enrolments.
CUPS Vaccine Team	The CUPS Vaccine Team delivered low-barrier vaccination options, supported vaccine education, and played an active and effective role in the community response to the COVID-19 pandemic.	Program began in 2021.	Program began in 2021.	1,382 individuals received 1,885 COVID-19 immunizations.
Rapid Care Counselling (RCC)	RCC connects clients to both timely and long-term mental health supports, which improves	Program began in 2021.	Program began in 2021.	243 clients accessed mental health support through RCC.

[6] Points of Service is defined as a combined total of health clinic direct (face-to-face or virtual) and indirect visits (times a health worker works on a patients' case when the patient is not present, such as a case management, reporting, and planning).

	relief from the impacts of trauma and stress, contributing to improved mental health and well-being.			
HOUSING				
Community Development	This program helps to establish community connection and reduced social isolation which CUPS recognizes as key factors in improving housing stability.	70% of individuals maintained housing for more than 1 year (n=138).	75% of individuals maintained housing stability for more than 1 year (n=154).	99% of clients maintained housing stability for more than 1 year (n=102).
Graduate Rent Subsidy (GRS)	GRS helps individuals who may struggle to maintain permanent housing by providing them with a subsidy, which in turn decreases the likelihood of accessing emergency services or entering homelessness.	92% of clients in GRS maintained housing stability for more than 1 year (n=280).	88% of clients in GRS maintained housing stability for more than 1 year (n=312).	99% of clients in GRS maintained housing stability for more than 1 year (n=244).
Key Case Management	KCM helps those who were previously unhoused to achieve housing stability. Graduations from KCM demonstrate the ability for clients to achieve independence. Greater self-sufficiency contributes to long-term housing stability and improved well-being.	90% of clients exiting from KCM successfully graduated from the program (n=26).	81% of clients exiting from KCM successfully graduated from the program (n=36).	82% of clients exiting from KCM successfully graduated from the program (n=28).
Care Coordination: Identification Supports	Reducing barriers to obtaining ID enables individuals to access crucial services, such as the health care system, banks, government programs, and educational services.	479 clients were assisted in getting their Photo ID or Birth Certificate.	226 clients were assisted in getting their Photo ID or Birth Certificate.	277 clients were assisted in getting their Photo ID or Birth Certificate.
Care Coordination: Basic Needs Fund	Funds for basic necessities allows clients to move beyond survival to focus on their overall well-being.	51% of clients who received financial assistance avoided eviction and cuts to utilities and 49% were helped with first month's rent or damage deposits (n=206).	50% of clients who received financial assistance avoided eviction and cuts to utilities and 58% were helped with first month's rent or damage deposit (n=245).	17% of clients who received financial assistance avoided eviction and cuts to utilities and 88% were helped with first month's rent or damage deposit (n=222).
	These funds intervene at a critical moment to prevent an individual or family from losing their housing. This allows individuals and families to remain stably housed, alleviates stress, and supports resilience.	659 individuals were issued gift cards, accessing basic necessities, totaling $72,162.60.	794 individuals were issued gift cards, accessing basic necessities, totaling $133,154.59.	760 individuals were issued gift cards, accessing basic necessities, totaling $156,708.24.
	By receiving personal computers, individuals have increased access to professional and social support, leading to less social isolation.	Not a program offering in 2019/20.	Not a program offering in 2020/21.	69 clients received personal computers to access professional and social support.

EDUCATION				
Parenting Programs (including NP, SDSK, one-on-one, and drop-in)	Increasing parenting skills has a positive impact on the parent-child relationships and aids in overall child development.	153 caregivers improved their parenting skills through classes or one-on-one supports	209 caregivers improved their parenting skills through classes or one-on-one supports	102 caregivers improved their parenting skills through classes or one-on-one supports
Nurturing Parenting (NP)	NP classes cover topics that are both applicable and brain science-based, helping clients increase their parenting knowledge and ability to apply practical skills.	49 clients enrolled in Nurturing Parenting to learn about understanding feelings, ways to enhance positive brain development in children and teens, and positive ways to deal with stress and anger.	37 clients enrolled in Nurturing Parenting to learn about understanding feelings, ways to enhance positive brain development in children and teens, and positive ways to deal with stress and anger.	32 clients enrolled in Nurturing Parenting to learn about understanding feelings, ways to enhance positive brain development in children and teens, and positive ways to deal with stress and anger.
		45% of participants successfully completed the program (n=22)	46% of participants successfully completed the program (n=17)	41% of participants successfully completed the program (n=32).[7]
Super Dads Super Kids (SDSK)	SDSK provides an opportunity for mal parents and guardians to learn about providing positive experiences that can tip the child to more positive life outcomes.	19 fathers improved their parenting skills through SDSK.	9 fathers improved their parenting skills through SDSK.	17 fathers improved their parenting skills through SDSK.[8]
FDC One-on-One Coaching	By covering many diverse topics, one-on-one coaching provides client-centered supports that are driven by the individual's needs and circumstances. This ensures that the parenting supports help each individual achieve their own unique parenting goals.	35 clients participated in one-on-one coaching.	21 clients participated in one-on-one coaching.	11 clients participated in one-on-one coaching for a combined total of 87 sessions.
Child Development Centre	Attending the CDC promotes school readiness for children when they enter Kindergarten, this helps children from low-income families achieve success later in life.	171 children accessed childcare service and 64 children were enrolled in CDC.	58 children were enrolled in the CDC, 17 of whom graduated to Grade One.	58 children were enrolled in the CDC, 18 of whom graduated to Grade One.
Child Development Centre	Our students receive supports that allow them to succeed throughout the school year and moving forward.	89% of our kindergarten students graduated and moved on to elementary school (n=64).	100% of our kindergarten students graduated and moved on to elementary school (n=17).	100% of our kindergarten students graduated and moved on to elementary school (n=18).
Never Too Late Expansion	Integrated service delivery leads to improved access and engagement for clients.	Of the 32 active clients, 9 were connected to care coordination services (28%). These included referrals to basic needs supports and housing-related supports.	Of the 36 active clients, 8 were connected to care coordination services (22%). These included referrals to basic needs supports and housing-related supports.	Of the 37 active clients, 14 were connected to care coordination services (38%). These included referrals to basic needs supports and housing-related supports.[9]

[7] According to program facilitators, attending 10 out of 16 is considered successful completion of the Nurturing Parenting Program.
[8] This was measured using attendance records.
[9] This is a collaborative program with Kindred (formerly Catholic Family Services), these numbers may not represent the entire scope of the Never Too Late program due to inconsistent data between organizations.

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