



# Proposal for a Collaborative Services Delivery Cluster (CSDC)

**Today's Presenter: Quentin Sinclair**, Sr. Manager for  
the Collaborative for Health & Home (CHH)

## CSDC Project Planning Team

- Alpha House - Adam M.
- The Alex – Steve G.
- SORCe – Duane G.
- CHF/HMIS – Britany A.
- GoA Community & Social Services - John D.
- YW Calgary – Randy T.
- CUPS – Alex R.
- DI – Kyle O.
- CHH – Sara M.

## Agenda

1. Intro to CHH
2. Current State of Data Sharing in the Homeless Serving System of Care (HSSC)
3. Proposal
4. Timeline for Implementation
5. Small Group Discussions
6. Next Steps

# Who & What Is CHH?



...with over 20 more organizations represented on project teams and working groups

## History:

Formed in 2015 as the Calgary Recovery Services Task Force, the collaborative commissioned a research project around understanding the perceived health needs for this population by interviewing 300 chronically homeless adults. In late 2016, the task force released a report summarizing their findings along with 7 key recommendations for improving our community's coordinated efforts in supporting Calgarians experiencing chronic homelessness. The detailed report can be found at [www.calgarychh.ca](http://www.calgarychh.ca)

In 2017, with the support of **Calgary Homeless Foundation** as the fiscal agent, CHH received funding from the **Valuing Mental Health Branch of Alberta Health** in order to advance our mutual interests.



## Who CHH Is:

The Collaborative for Health and Home (CHH), is a collective of over 30 civil society organizations and public sector stakeholders committed to improving health outcomes and housing supports for Calgarians experiencing chronic homelessness with complex health concerns.

## Anticipated Impact:

By realigning or reallocating resources, and enhancing collaboration for programs and services, people experiencing chronic homelessness with complex health concerns, will receive the health services they need at the right time and place, and by the right provider on their journey to home

# What Needs to Change? Why Now?



## **CRSTF Final Report & Recommendations:**

*“Ensure open communication and access to information amongst organizations and agencies serving homeless Calgarians”*

- Clients surveyed in the CRSTF research identified that they were accessing services from a multitude of providers and that there was little to no continuity of service between these providers.
- Clients attributed this lack of continuity across service delivery as the primary reason why they must share their life story many times.
- Disconnected processes between service providers & public system has led to increased acuity of complex health conditions for people experiencing homelessness

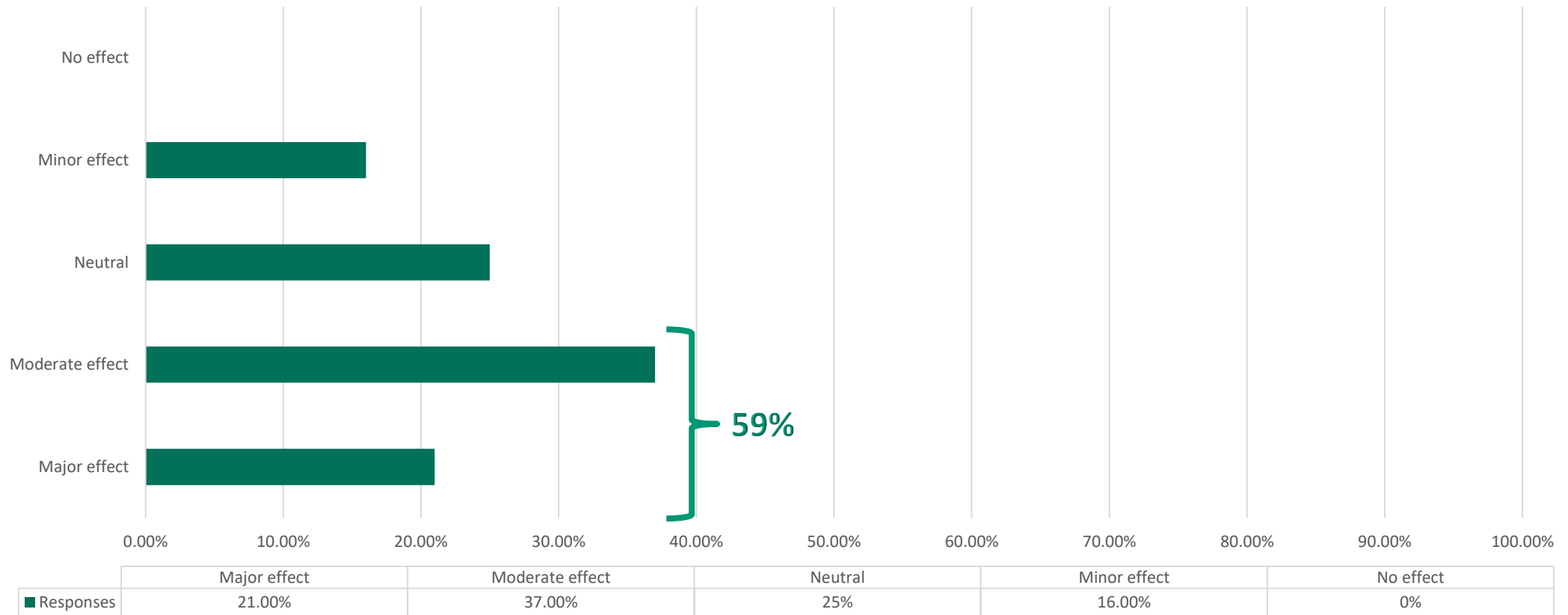
## **Why Now?**

- Momentum from CHH Open Communications Working Group since 2017
- Backbone support funding to August 2020
- Every collaborative table points to information sharing as a barrier to improved coordination of services
- This is an evidence-based approach which is currently working well across Canada

# Current State of Data Sharing in the HSSC

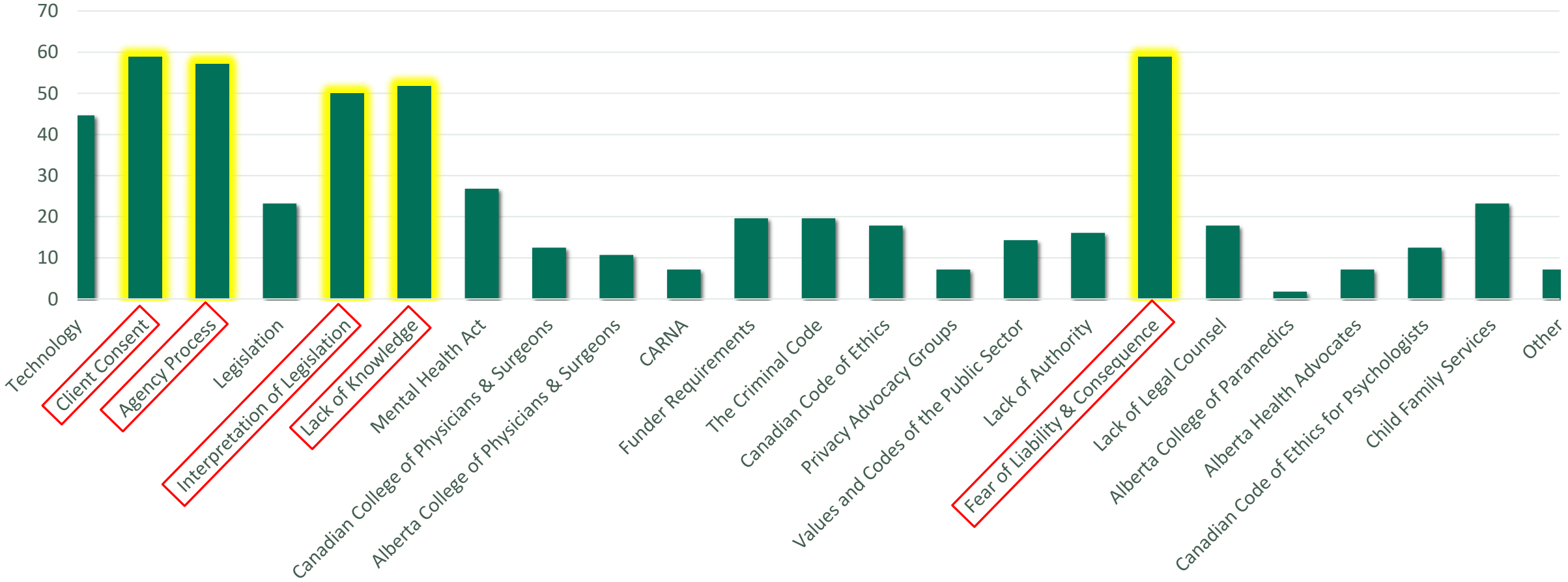
**Q8 Do you think that there is a negative effect to client outcomes due to current information sharing barriers?**

Answered: 56 Skipped: 2

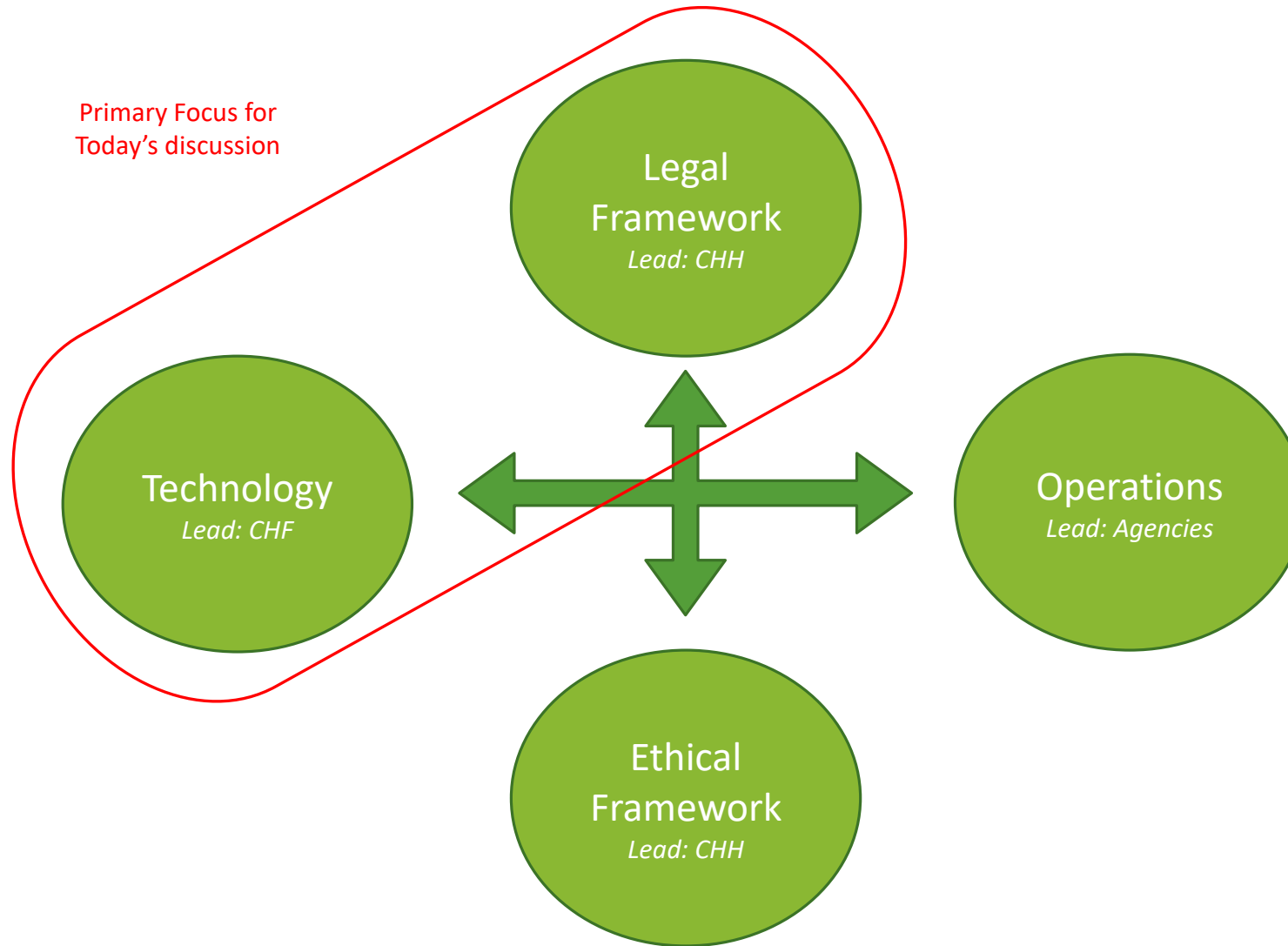


# Current State of Data Sharing in the HSSC

In the same survey, respondents identified “client consent” (58%), “agency process” (57%), “interpretation of legislation” (50%), “lack of knowledge” (52%) and “fear of liability & consequence” (59%) as barriers to sharing information.



# Components of Our Information Sharing Ecosystem



# What Information We Would Like To Share

**Level 1** - Available to all approved staff of CSDC member organizations and accessed/used under agreed conditions

**Level 2** - Available on a case by case basis to share with staff of other CSDC member organizations with verbal consent from client or as permitted by law

## LEVEL 1 DATA

- Demographic Information (Name, DOB, Ethnicity, Gender, Picture of Client, HMIS ID#)
- Affiliations with Agencies incl. Contact name & tel # for a case manager if assigned (active housing program, Check-ins at Shelters & Support Services such as SORCE)
- Housing Plan & CAA Referrals Created
- NSQ Assessment
- Benefits Enrollment Status – Yes/No/In Progress (AISH, PDD, AB Works, AAHB) <sup>i</sup>
- Government Documents Status – Yes/No/In Progress (ID, Most Recent Taxes) <sup>i</sup>

<sup>i</sup> TBD

## LEVEL 2 DATA<sup>ii</sup>

- Agency Case Notes
- Client Reported Assessments
- Referrals & Services Provided

<sup>ii</sup> Potentially Out of Scope, subject-to capacity and commitment of sector organizations to work through obstacles that would prevent the MOU for a CSDC moving forward



# How We Would Like To Share This Information


## Methods

- HMIS (electronic database) – *Level 1 Data only*
- Phone
- × Email
- Meeting
- × Texting
- Paper – *Level 1 Data only*
- × WhatsApp or other group chat tools

***Agencies/programs that do not currently collect and store Level 2 data in HMIS are not expected to share this information via HMIS as part of this proposed model***

# HMIS...A Tool To Support Information Sharing

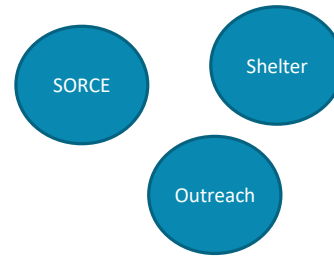
- Identified “Homeless Management Information System” aka HMIS aka Servicepoint was an appropriate tool to use as the starting place for information sharing
- Centralized database to track client interactions.
- Used by the majority of the homeless serving agencies.
- Some agencies use it solely to track CHF funding requirements, while others who may or may not receive CHF funding use it as their primary system.
- Information stored: Demographics, Case Notes, Release of Information (ROI), CAA written consent form, intake forms, agency and funder assessments.
- Supports the process of Coordinated Access & Assessment (CAA), getting client referred and connected to appropriate housing.
  - Clients sign a written consent form to participate
- ***Each agency’s record of a client is unique to that agency***



The screenshot shows the login interface for Servicepoint. At the top is the Servicepoint logo with the tagline "Connecting your community." Below this is the text "Calgary Homeless Foundation". The login form includes fields for "User Name" and "Password", followed by a "Login" button. Below the button, there is a link for "Forgot your username or password? Contact your agency administrator" and a notice that "System use requires your compliance with the terms and conditions". At the bottom, it states "©1999-2019 Bowman Systems L.L.C. All Rights Reserved".

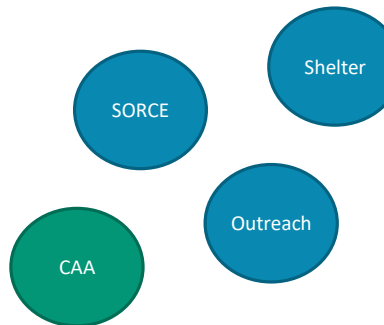
# John Smith's HMIS Records - Current State

Before John agrees to be on Coordinated Access & Assessment (CAA)



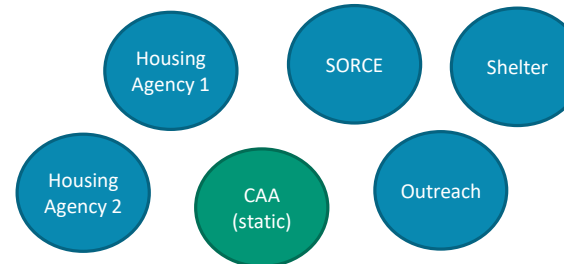
*John signs CAA Consent*

While John is on CAA



After John is housed & no longer on CAA

Transfers between Housing Agencies involves updating John's CAA data until re-housed, then CAA data becomes static again



● John's Shared Data in HMIS

● John's Locked Data in HMIS (or stored in Agency's separate Database)

# Common Components in Consent Forms

Legislation Requiring Component	Component	CAA	CCMG	GoA Template
HIA; FOIP	Purpose of Consent	X	X	X
HIA; FOIP	Which organizations included in consent form	X	X	X
HIA; FOIP	What client information can be disclosed	X	X	X
HIA; FOIP	Legislation this consent form is bound by	X	X	X
HIA	Consequences to client for signing or revoking consent form	X	X	X
HIA; FOIP	How to revoke consent form		X	X
HIA; FOIP	Date of signature	X	X	X
HIA	Date Consent Expires	X	X	X



**Desired Goal: The New CSDC Consent Form**

# John Smith's HMIS Records Current State vs. Future State

Before John agrees to be on Coordinated Access & Assessment (CAA)

While John is on CAA

After John is housed & no longer on CAA

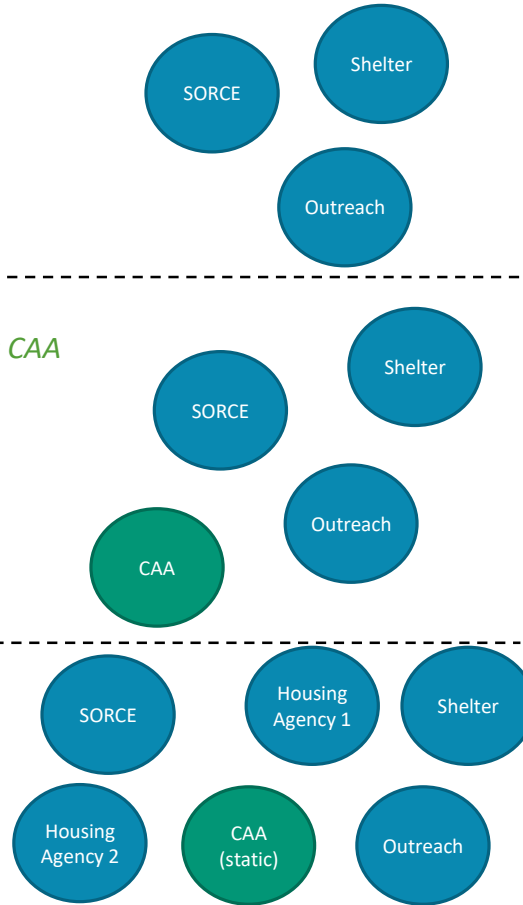
Transfers between Housing Agencies involves updating John's CAA data until re-housed, then CAA data becomes static again

## Current State

## Future State

John signs CAA Consent

John Signs CSDC Consent



Level 2

Level 1

● John's Shared Data in HMIS

● John's Locked Data in HMIS (or stored in Agency's separate Database)

**CAUTION:** If John does NOT sign CSDC consent form, CAA not available and John's Data in HMIS remains Locked

# Specific Program & Service Levels for Sharing Information in HMIS

“Door” Agencies	Supportive Programs (Outreach, SORCe)	Shelter Program	Health and/or Wellness Centre	Coordinated Access & Assessment	Housing Program
Level 1 Data by program type	<ul style="list-style-type: none"> <li>Entry/Exit to program</li> <li>Daily Check-ins (a bit different per program)</li> </ul>	<ul style="list-style-type: none"> <li>Shelter Name</li> <li>Shelter use (nightly stays)</li> </ul>	<ul style="list-style-type: none"> <li>Daily Check-ins (a bit different per program)</li> </ul>	<ul style="list-style-type: none"> <li>Entry/Exit to program</li> <li>NSQ/Housing Plan</li> <li>Referrals Created</li> </ul>	<ul style="list-style-type: none"> <li>Program Name</li> <li>Entry/Exit to program</li> </ul>
		Case Manager – Name & Tel#			
Method for Input to HMIS	No change to Current Practice (input manually)	<ul style="list-style-type: none"> <li>Shelters currently using HMIS will input manually</li> <li>Other Shelters will batch upload</li> </ul>	Batch Upload	No change to Current Practice (input manually)	No change to Current Practice (input manually)

*Agencies performing the Batch Upload method are only being asked to provide Level 1, not Level 2 data to HMIS. Frequency TBD*

# Benefits for Clients

## The Experience

- ✓ Increased capability to be reached by workers regardless of the shelter the client utilizes
- ✓ Increased support for managing various organization's contacts as case worker info is shared in HMIS
- ✓ Increased efficiency in services from providers across multiple sectors
- ✓ Increased clarity regarding how, why, and when their information is shared
- ✓ Decreased need to share personal story with service providers

## What They Might Say

- ✓ 'I have been approved for housing, and my case worker was able to find me more quickly to get me into my new home'
- ✓ 'The shelter case worker was able to re-connect me with the agency where I had already started my AB Works application'
- ✓ 'I gave permission for my case worker to come looking for me in an emergency. They tracked me down when I forgot my medication at their office last week'
- ✓ 'I don't have to share my whole story anymore to get what I need from multiple organizations'

# Benefits for Agencies and the System as a Whole

- ✓ Reduced duplication of information
- ✓ Reduced time spent from CAA referral to placement
- ✓ Improved efficiency leads to more time with clients to focus on unmet needs of client
- ✓ Better understanding of client journey's touchpoints with the system of care
- ✓ Platform for AHS to potentially access information for improved discharge planning
- ✓ Increased appropriate service delivery by understanding where clients currently access services
- ✓ Consistency in practices across the sector



# Principles of the CSDC Embedded into the Project:

## *Shared Values:*

- Effective & consistent training for all staff with access to HMIS on what they can and cannot do with the information they have access to will be critical
- Sharing of data is not to be used for denial of service. Acquiring consent should not interfere with the provision of essential emergency services.
- Decisions about when to share information or when to reach out to another provider to access information will always center around what is to the benefit of the client and verbal consent from the client to disclose information should be attained whenever possible.
- A great deal more conversation is needed at the project team level to understand what can and cannot (should and should not) be shared of Level 2 data by phone or in-person between two professionals (working for CSDC signatory organizations) within the circle of care for the client
- Organizational policies & procedures around data sharing will be even more important than before and may require adjustments to align to the framework in order for the agency to participate
- Greater focus is needed on the Ethical considerations around decision-making when choosing to share client information

# Principles of the CSDC Embedded Into the Project:

## *Project Deliverables:*

- HMIS allowing visibility of basic client level information (level 1)
- A signed agreement between sector partners on what client information can and will be shared between them and when information can be accessed & used
- One Consent Form / ROI to be executed by “door” agencies into the HSSC that will enable information sharing and coordinated health and housing services
- Proactive coordination of care for clients – shift in culture to engage clients earlier around coordination of services
- Frontline staff are leveraging the information available to help support clients more effectively and efficiently
- Front line staff are confident in actions to share information not only electronically but verbally and physically at every appropriate opportunity to coordinate services.

# Timeline for Implementation

Fiscal Year	Milestone	Target End Date
Q2 FY20	<ul style="list-style-type: none"> <li>Form Team &amp; Project Charter</li> </ul>	<ul style="list-style-type: none"> <li><i>Complete</i></li> </ul>
Q3 FY20	<ul style="list-style-type: none"> <li>Strawdog Key Changes</li> <li>Socialize Agencies &amp; Clients</li> </ul>	<ul style="list-style-type: none"> <li><i>Complete</i></li> <li>December 2019</li> </ul>
Q4 FY20	<ul style="list-style-type: none"> <li>Draft of CSDC Information Sharing Agreement (ISA) &amp; the “one consent form”</li> <li>Scope &amp; quote technical change requirements</li> </ul>	<ul style="list-style-type: none"> <li>March 2020</li> <li>March 2020</li> </ul>
Q1 FY21	<ul style="list-style-type: none"> <li>Approval <i>in Principle</i> of ISA &amp; its Implementation Plan</li> </ul>	<ul style="list-style-type: none"> <li>June 2020</li> </ul>
Q2 FY21	<ul style="list-style-type: none"> <li>Technical changes to HMIS</li> <li>Signed CSDC ISA</li> </ul>	<ul style="list-style-type: none"> <li>September 2020</li> </ul>
Q3 FY21	<ul style="list-style-type: none"> <li>Testing, training &amp; go-live</li> </ul>	<ul style="list-style-type: none"> <li>December 2020</li> </ul>

# Organizations We Are Engaging To Join The CSDC

CHF Funded Agencies

Agencies that use HMIS for client data

Adult Shelters

Community Health Centers (The Alex & CUPS)

AHS for **view-only**

Out-of-Scope

Youth <18

Families

Write-Access for AHS

Access for CPS

## **Additional Critical Stakeholders in CSDC development**

- Persons with Lived Experience
- Alberta First Nations Information Governance Centre
- GoA Community & Social Services
- GoA Information Sharing Strategy Office

# Small Group Discussions

1. World Café – 20 mins per topic
  1. Split up from co-workers
  2. 15 minutes for discussion
  3. 5 minutes to complete your questionnaire on the topic
2. Facilitators will rotate
3. Questionnaires due before leaving today



*Information*

Do you want to  
pass tests or  
solve problems?



*Understanding*

# Wrap-up & Next Steps

## *Open Floor - Key observations & questions from the table conversations*

### *What can you expect to see from us:*

In the next 30 days:

- A report of what we heard
- A follow-up email to your agency to explore further your level of interest in the project

In the next 90 days:

- Based on your level of interest in the project, you will receive early drafts of the Information Sharing Agreement and One Consent Form
- Based on your level of interest in the project, you may be included in opportunities to engage in discussions around the ethics of information sharing in the sector more generally