

Collaborative Services Delivery Cluster Community Consultation Report

Community Consultation Took Place on December 10, 2019

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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.

History

Formed in 2015 as the **Calgary Recovery Services Task Force (CRSTF)**, 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

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

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

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

Consultation Process

Invites were sent out to over 40 different individuals representing 31 organizations and government services, of which 35 individuals attended (see [Appendix A](#) for list of organizations who contributed). Information was collected in two ways:

1. World Café. Individuals sat in groups of 5 and had a facilitator go through questions with the group in 15 minutes. The facilitators would record the group's responses to the questions on a large sheet of paper.
2. Questionnaire. Following the discussion with the facilitator, the individuals were given 5 minutes to respond to any other questions in their topic group that were not discussed but present in the questionnaire.

Following the 5 minutes, another facilitator would come to the group and the process would repeat for all four topics (see [Appendix B](#) for the questionnaire).

Responses

The responses from the world café and questionnaire can be summarized in six broad categories:

1. *Goals of Project*
2. *Training Requirements*
3. *Questions Regarding Logistics of Implementation*
4. *Client Considerations*
5. *Family and Youth Sector Engagements*

Goals of Project

- We use client information to empower the client towards their goals.
 - There is a concern regarding discriminating against clients based on health information or sexual identity that's shared through CSDC.
 - There is a concern that organizations will withhold services from clients based on information they learn through CSDC.
- We respect and uphold the privacy of the clients we serve.
- We make decisions with the legislation in mind as well as our collective ethics agreement.
- Client information will be used to develop more opportunities for better professional engagement with clients.
 - We desire more efficient wrap-around services.
 - We desire a client-centered approach.
- This information will improve and increase our values of integrated care and collaboration.

Training Requirements

The subject of training can be further broken down into two topics: Logistics and Topics.

Logistics

- Online training
- Training should have a test and a certificate upon completion
- Training is to be repeated annually to ensure appropriate knowledge is upheld
- Training should have scenarios to help people understand their roles and responsibilities as well as what they can and cannot do.
 - Scenarios should vary by sector: singles, family, youth
- Legislation training: FOIP and PIPA
- Organizational leadership should possess a level of expertise in privacy legislation (receive additional training than frontline staff)

Topics

- What information can be shared and/or collected?
- Why share or collect information?

- Ethical considerations:
 - Using information to ban clients from services
 - Avoiding clients based on behaviours at other organizations
- How to enter data
- What the auditing process looks like for HMIS (how will your organization know who you've looked up)
- How to inform and engage clients in CSDC
 - Responses to when a client resists or declines CSDC
 - Responses to client's feelings of paranoia
 - Responses to support clients who lack capacity to agree/sign CSDC
- Mitigating risks to clients
 - What information staff are permitted to look into and when it's appropriate to do so
 - What information staff can share with other organizations (or departments in same organization) and when it's appropriate to do so
- Who staff are accountable to
 - Legal accountability
 - Ethical accountability
- Understanding Privacy
 - Shifting from a "fear" based approach of information sharing to an "empowerment" approach to information sharing.
- Expanded HMIS training to ensure proper use
 - How to maintain data integrity
 - Entering data in HMIS with consistency across the sector

Questions Regarding Logistics of Implementation

- How are releases of information (ROI's) signed?
- How long is information stored?
- How can clients revoke consent?
 - What happens to data access at this point?
- Would an entire agency have to use HMIS?
- How will HMIS open padlocks once consent is given?
- How will duplicate client files be merged?
- How can organizations who focus on Health participate?
- What will auditing staff logins look like?
 - Frequency?
 - Who is responsible for this?
- Filing a grievance?
 - Who can clients file a grievance with?
 - Under what circumstances can clients file a grievance?
- Who is leading the coordination of care for the client?

- How can clients access their own data?
- What services can clients access should they refuse to sign CSDC?
- Is there another consent form for level 2 data?
- Which organizations are included in this?
 - What are the requirements for inclusion in CSDC?
- How do we protect the sensitive information of those fleeing family violence?
- What considerations need to be made for relief staff and staff work at multiple organizations?

Client Considerations

A prominent theme regarding clients were centered around client choice (right to refuse the consent form) and the process by which staff can be sure that clients understand what information they are sharing, with whom they are sharing it with, and why this information needs to be shared.

Family & Youth Sector Engagements

Bringing the Family and the Youth sectors into the scope of this project was a common theme in the responses. The ideas still focused on data for individuals 18 and up (they were clear that they did not think collecting data for individuals under the age of 18 was practical). Methods articulated for engaging these sectors were:

- Using the information of the head of household (HOH) in CSDC
- Working with youth over the age of 18 as if they were in the Single's sector

Moving Forward

- 1) The above feedback will be broken down and examined further in the coming 60 days by the project team and as required, incorporated into communications and project proposals.
- 2) Agencies that requested further follow-up from the consultation will be contacted by February.
- 3) Further engagement with the client action committee will be held by mid-February. Their feedback will be a critical support for the development of this project.
- 4) Follow up conversations with the Family and Youth sectors will be held by mid-February to determine possible ways to bring these demographics into the scope of the project.

Appendix A – List of Organizations Who Attended the Community Consultation

Alpha House
Aspen Family & Community Network Society
Aventa
Calgary Drop In Centre
Calgary Homeless Foundation
Calgary John Howard Society
Calgary Legal Guidance
Calgary Police Service
CASS
Children's Cottage
City of Calgary
CUPS
Distress Centre
Gov't of AB - Community & Social Services
HIV-CL
Inn from the Cold
Mustard Seed Shelter
PolicyWise for Children & Families
Salvation Army
SHARP Foundation
SORCe
The Aboriginal Friendship Centre of Calgary
The Alex Community Health Centre
YW Calgary

Appendix B – Questionnaire

These questions are designed to gain an understanding of the readiness of the consultation attendees. For the sake of time, some questions are in a questionnaire format which requires attendees to respond individually on paper and some are for discussion in a group setting. The discussion questions are noted by the title “DISCUSSION”.

Topic 1

- **DISCUSSION:** Based on what you heard today, to what degree do you think being a part of the CSDC would affect your current organizational practices on sharing information? Please explain.

- This would be a **radical** change from our current information sharing practices
- This would be a **moderate** change from our current information sharing practices
- This would **not** be a change from our current information sharing practices

DISCUSSION: What resources/support/training/etc. would be required in your organization to make this happen?

Which Privacy Legislation does all or a part of your organization’s services have to comply with?

- Health Information Act (HIA)
- Freedom of Information Act (FOIP)
- Personal Information Protection Act (PIPA)
- Not sure

- Would you be open to operating at a higher standard regarding your privacy standards in order to be part of a more open system?

- Yes
- No
- I’m not sure, I would like to know more information

- Is there someone at your organization, other than yourself, who is more familiar with the following (please provide their full name and email/phone number):

- Government funding contracts that may have provisions in the contracts which restrict the sharing of client information _____
- A designated "privacy officer" under FOIP _____
- Understanding of your existing policies and procedures for collecting, using and sharing client information _____
- Understanding of the database you use for storing client information _____

- How does this work align with your current organizational practises and strategic priorities moving forward?

- It doesn’t
-

Topic 2

- **DISCUSSION:** Are there any scenarios that come to mind from your experience of sharing information (or choosing not to share information) that you would like clarity on, as to how they would be handled differently under the CSDC model?

- **DISCUSSION:** What resources or information will front line staff need to make effective decisions once we go live?

- **DISCUSSION:** If training will be needed, what training strategies would you recommend or like to see?

- How important will it be for your organization to have access to historical level 1 data for your clients once they sign the CSDC Consent Form?
 - Extremely important (We cannot move forward without this information)
 - Somewhat Important (it'd be nice, but we can move forward without this information)
 - Not at all important (I don't think we should worry about this)
 - I'm not sure
- How important is it to have access to the client's benefits enrollment documents (i.e. whether or not they are on AISH, Alberta Works, etc.)?
 - Extremely important (We cannot move forward without this information)
 - Somewhat Important (it'd be nice, but we can move forward without this information)
 - Not at all important (I don't think we should worry about this)
 - I'm not sure

Topic 3

- **DISCUSSION:** What boundaries are we identifying around standards of practice? Are these boundaries determined by legislation or ethics?

- **DISCUSSION:** What would you like to see clearly articulated in the information sharing agreement between the member organizations?

- Does your organization currently use HMIS to collect level 1 client data?
 - No
 - Yes
 - How often, on average, would you say staff keep records updated?

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Annually

- Assuming we move forward with this project, how often do you expect organizations will need to refresh client information for it to be useful to other organizations?
 - Daily
 - Weekly
 - Bi-weekly
 - Monthly
 - Quarterly
 - Annually

- Do you believe your current security measures are sufficient for increased data sharing?
 - Yes
 - No (please explain why)
 - Not Sure

-
- What are some benefits to agency staff or clients that have not already been mentioned?
-

Topic 4

- **DISCUSSION:** What are some concerns you have with this project that you have not heard get mentioned or if mentioned, not sufficiently addressed so far?
-

- **DISCUSSION:** What's missing from what we have shared today?
-

- What are some of your burning questions?
-

- How would you like to be engaged in this project moving forward?
 - Please contact me for a 1 on 1 to discuss my concerns and our organization's future involvement
 - Please contact me to set up a time for someone from your team to come and present this material to my organisation
 - Let me know when there is an Information Sharing Agreement and Consent Form ready for our organization to sign and we will look at it then
 - We don't want to be a part of this moving forward