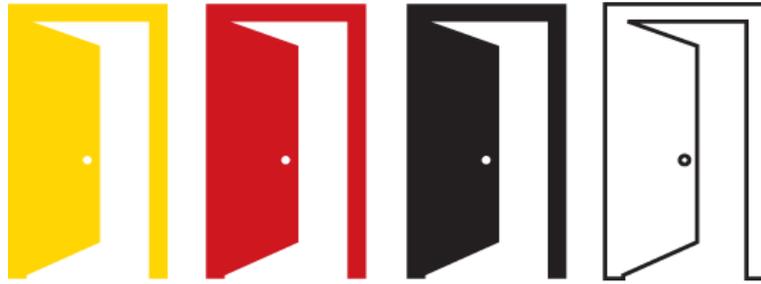


Privacy Impact Assessment



DOORWAYS

Community Collaboration

Banding Together
to End Homelessness

Prepared by

AMR Associates

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Part 1: Summary of program or activity

Program Information

Name of project: Doorways

Program area: Coordinated intake and referral services for people who are experiencing or at risk of homelessness

Project representatives:

- Paula Hendrickson, Director of Programs, Aboriginal Health & Wellness Centre of Winnipeg, Inc.
- Kim Sanford, Program Coordinator, Doorways, Aboriginal Health & Wellness Centre
- Doorways Steering Committee, with members representing the “door agencies” (that is, agencies that partner in the provision of coordinated services through Doorways):
 - Aboriginal Health and Wellness Centre of Winnipeg
 - Canadian Mental Health Association, Manitoba and Winnipeg
 - Eagle Urban Transition Centre
 - Ma Mawi Wi Chi Itata Centre
 - Macdonald Youth Services
 - Mount Carmel Clinic
 - Resource Assistance for Youth (RaY)
 - Siloam Mission
 - St. Boniface Street Links
 - West Central Women’s Resource Centre

Other external entities involved:

- Homelessness Partnership Strategy, Employment and Social Development Canada
- End Homelessness Winnipeg

Summary of the new program, service, software, or change

Doorways is a community collaboration designed to meet the needs of individuals, families and youth in Winnipeg who are experiencing chronic (homeless for 6 months or more) or episodic (homeless 3 or more times in the last year) homelessness. Doorways also provides intake and referral services for youth who are close to aging out of CFS care and have no place to live.

Doorways will continually evolve to provide a continuum of supports that meet the needs of people experiencing homelessness in Winnipeg.

The Doorways program provides individuals experiencing or at risk of homelessness with access to centralized intake and referral to decentralized supports and services, including Winnipeg's Housing First programs. The core components of the Doorways model are access, assessment, assignment and assistance.

- **Access:** Any person can access Doorways through the participating shelters and agencies (the "door" agencies) or the Doorways Hub (a walk-in centre).
- **Assess:** Information about a person's housing and other needs is gathered through a two-tiered screening and assessment process that begins with an intake survey, the VI-SPDAT. If their score in the VI-SPDAT meets the criteria for housing with supports programs (which includes Housing First), they are invited to participate in a more in-depth assessment, the SPDAT.
- **Assign:** A person whose screening or assessment results indicate lower acuity is redirected or referred to early intervention and support services that address their distinct needs. A person whose SPDAT results indicate higher acuity will be placed in a housing with supports program, like Housing First, or referred to other housing programs and services that better suit their needs. This process helps ensure that the right individuals are connected with the right resources.
- **Assist:** Any person can access the Doorways Hub for information or help navigating the system, for an intake survey, and for a referral to the right programs and services.

Purpose, goals and objectives

The purpose of Doorways' intake, assessment and referral model is to ensure that the most vulnerable people, who often fall through the cracks, have access to the levels of service they need to find and keep a home.

Doorways' goals are to:

- Make it easier for people who are experiencing homelessness to connect with services, supports and resources that will help them address their housing-related needs,
- Enhance overall coordination and reduce fragmentation within the system serving people who are experiencing homelessness,

- Provide accessible, culturally safe and culturally competent supports and services, including Housing First, and
- Be a critical component of *The Plan to End Homelessness in Winnipeg*

To achieve these goals, Doorways has established the following objectives:

- To encourage and support collaboration and partnership between organizations as a way to increase access to services for people who are experiencing chronic or episodic homelessness,
- To provide a central intake placement process for all Housing First programs in Winnipeg,
- To gather ongoing data about the homeless population in Winnipeg, and
- To provide ongoing Housing First training and leadership in Winnipeg.

Overview of the collection, use and disclosure of personal (health) information

The personal information and/or personal health information of an individual who seeks, is referred to or accesses services through Doorways is collected, used and/or disclosed by personnel within Doorways and the door agencies only for purposes related to the provision of services to that individual, in accordance with the principal of providing no more information than necessary to as few people as possible.

In the process of referring or redirecting a person to housing or other services and/or supports, Doorways staff may disclose some of the collected personal or personal health information. This may be done in paper or electronic form, or as verbal communication. For example, when an individual's assessment indicates that a Housing First program may be the best fit to their needs, Doorways staff prepares an anonymized profile of that person that is circulated as a electronic document to the Doorways Placement Committee, whose membership consists of representatives of Housing First programs in Winnipeg. In the profile, Doorway's file number replaces the individual's name, and the profile includes only information that the Housing First program staff might need to determine whether their program will fit the individual's needs.

Currently, Doorways records and stores the personal and personal health information it has collected from participants as either paper documents (stored in locked file cabinets) or electronic documents (using Excel on password protected computers) on the premises of its office.

Over the next few years, Doorways plans to shift storage of participants' personal and personal health information to the Homeless Individuals and Families Information System (HIFIS 4.0).

HIFIS was developed and is owned by the federal Ministry of Employment and Social Development (ESDC), which, under the Homelessness Partnering Strategy, provides funding to support Doorways' activities. Any service provider using a licensed full version of HIFIS must sign a Data Partnership Agreement with ESDC. Under this agreement, the service provider obtains the software license in return for "non-identifiable personal information related to the Service Provider and its clientele". The Agreement authorizes ESDC to use this information for the purpose of "improving services to the homeless population and enhancing the Government of Canada's ability to respond to homelessness in Canada. It may also be used for policy analysis, research or evaluation purposes of policies and programs respecting homelessness in Canada. It may also be used for policy analysis, research or evaluation purposes of policies and programs respecting homelessness in Canada."¹

In preparation for the move to electronic storage of personal and personal health information on HIFIS, all Doorways staff members currently have access to a version of the HIFIS software. This was provided to them so that they will be able to familiarize themselves and become comfortable with it. Additionally, Doorways' Network Systems Coordinator has access to two additional versions of the same software: a production version (reserved for use when HIFIS goes live) and a development version (reserved for the purpose of testing any updates to or customization of the software before they are applied to the Production version).

Over the long term, the expectation is that all the Housing First agencies with which Doorways formally partners (currently ten agencies) will also move storage of their participants' personal and personal health information to the HIFIS system used by Doorways. A timeframe for the implementation of HIFIS has not been finalized. At the time that information was collected for this PIA, Doorways and its partnering agencies had not yet completed critical steps that must be completed before HIFIS can go live at Doorways or evolve into a system shared by all the organizations partnering with Doorways.

Part 2: Scope

¹ Government of Canada. (2016, January 27). *Data Partnership Agreement*. Retrieved November 9, 2016, from National Homelessness Information System: www.canada.ca/en/employment-social-development/programs/communities/homelessness/nhis/dpa.html.

Flow of personal (health) information

The diagram below (Figure 1) and description that follows provides an overview of the flow of participants' personal information and personal health information (hereafter personal (health) information) in Doorways, focused on key points where it may be collected and used within Doorways, and disclosed (shared) outside the organization. A more detailed discussion of information flow that looks closely at three distinct phases of participant-focused activities (initial contact and pre-screening; assessment; and placement) is attached as an appendix to this document.

Figure 1. Overview of the flow of participants' personal health information in Doorways. The discussion accompanying this diagram is linked to the numeric markers (1 to 5) in the diagram.



1 An individual may first engage with Doorways either through referral by one of the door agencies (participating Housing First, housing support and shelter agencies) or through self-referral, for example, connecting directly by phone or walking in to the Doorways Hub to meet with staff. The process of collecting participant information begins as early as a person's initial conversation about the services and supports they might access through Doorways.

If the initial conversation reveals that the participant might benefit from and is interested in access services or supports available through Doorways, they will complete the prescreening process, which uses the Vulnerability Index-Service Prioritization Tool (VI-SPDAT) (see step 2). The VI-SPDAT may be completed by either trained staff at the referring agency (an option currently rarely taken up) or by a Doorways Community Access Navigator (CAN). The CAN worker is based out of the Doorways Hub but will also, on request, complete the VI-SPDAT on site at a referring agency.

Before a VI-SPDAT is administered, a participant must indicate consent to participate in the assessment. They also complete a process that establishes their consent for Doorways to receive and release their confidential information (marked on the diagram by a red asterisk). For participants who do not complete the VI-SPDAT (which may be because they have declined consent or because the initial conversation revealed that the services or supports they might access through Doorways will not meet their needs), the CAN worker will still offer to work with the person to redirect them to resources that will meet their unique needs. If the CAN worker refers the person to another agency, they may, with the person's consent, share (as needed and permitted under the signed release of information form) limited personal information with that agency.

Once the HIFIS system goes live, Doorways will be required (as per the terms of the Data Partnership Agreement that any agency using HIFIS must sign with ESDC) to record information in the system about any individual who approaches them for services. Individuals who do not proceed to the SPDAT will be classified in the HIFIS system under the category of a "turnaway". Information recorded in HIFIS for people who are categorized as "turnaway" will include only:

- Mandatory fields (i.e., fields that must be filled out in order to save a record in HIFIS): reason for turnaway, date, gender, and age; and
- Additional information, if available: Aboriginal identity (assumed), Disability (observed).

2 After completing the consent process with a participant, the CAN worker will administer the VI-SPDAT, a prescreening tool that assesses whether a participant meets existing criteria for Housing First programs (high vulnerability and acuity individuals who are experiencing chronic or episodic homelessness). The following information is gathered in the VI-SPDAT:

- Basic information (name, DoB, age, SIN, language of preference)
- History of housing or homelessness

- Risk (emergency service use, risk of harm, legal issues, risk of exploitation)
- Socialization and daily functioning (money management, daily meaningful activity, self-care, social relationships)
- Wellness (physical health, substance use, mental health, medications, abuse and trauma)

Currently, participant information gathered in this phase (including an individual's 'score' or result from the VI-SPDAT but, importantly, not their responses to individual questions asked in the VI-SPDAT) is recorded on an Excel sheet that is stored in a shared drive located in the Doorways Hub. Additionally, Doorways maintains a Log Sheet (in both paper and electronic form) that records participants' names and the date they became involved with Doorways (information that Doorways uses to determine when the three-year period over which client files are stored has elapsed). Paper files are stored in a locked file cabinet in the Doorways Coordinator's office. The office is locked when it is not occupied by the Coordinator during working hours and locked in off hours.

Once HIFIS goes live, completed consent forms and results of the participant's VI-SPDAT will be recorded in the system. Notes and observations made by door agency staff and CAN workers may also be added to participants' files.

If the VI-SPDAT results determine that an individual's acuity does not meet the criteria for Doorways, they may be "redirected" to services and supports that are better suited to their current situation.

3 If the VI-SPDAT results indicate that Housing First might be appropriate for an individual, they then may choose to complete a second longer assessment using the Service Prioritization Decision Assistance Tool (SPDAT). As with the VI-SPDAT, a participant must first complete a consent process before the SPDAT is administered.

If an individual does not want to complete the SPDAT consent process, they may be "redirected" to services and supports that are better suited to their current situation. Once HIFIS goes live, their basic "turnaway" information will be recorded in that system.

The SPDAT is a triage assessment tool. It is used by Doorways to determine a person's acuity and to identify issues related to their ability to secure and maintain housing. The following information is gathered when an individual is assessed using the SPDAT tool:

- Mental Health & Wellness & Cognitive Functioning, Physical Health & Wellness, Medication
- Substance Use, Experience of Abuse & Trauma, Risk of Harm to Self or Others, Involvement in Higher Risk and/or Exploitive Situations, Interaction with Emergency Services, Legal
- Managing Tenancy, Personal Administration & Money Management
- Social Relationships & Networks, Self Care & Daily Living Skills, Meaningful Daily Activity
- History of Homelessness & Housing

Throughout the assessment process, CAN workers' notes and observations may also be added to their paper and electronic files.

If the SPDAT results indicate that the participant does not meet the criteria for Doorways, the CAN worker will try to connect the individual with the right resources through redirection or referral.

4 If the SPDAT results indicate that Housing First might be appropriate for them, the individual's information is then shared with the Placement Committee, comprised of representatives of the partnering door agencies. The information shared with Placement Committee at this point is anonymized, and provided in the form of a case summary in which the participants' name is replaced with a Doorways identification number. The information included in the summary is restricted to only information that will help Placement Committee members determine which programs or services will best fit the participant's unique needs.

Using the anonymized information provide in the summary, the Placement Committee will match the individual to the Housing First program that suits them best. Following placement, Placement Committee members (representatives of the Housing First agencies) are instructed to delete any electronic and/or shred paper copies containing the summary information. Once HIFIS goes live, the individual's Housing First placement will be recorded in that system.

Following the Placement Committee's decision, a participant's personal (health) information may flow either to a Housing First Program or to an alternative services provider. If a participant has exceptional or complex needs that do not meet the criteria or exceed the abilities of Housing First programs, an inter-sectoral committee is arranged to discuss specialized alternative placements. This committee will be provided with the same case summary as the Placement Committee receives.

For participants who are matched with a Housing First program, their CAN worker will contact the participant to inform them of the match, and provide a referral and warm transfer to the matched Housing First agency, as needed. The flow of information to and from Doorways ends once the participant completes intake with the receiving agency has been completed. Following intake into a Housing First program, Doorways stores an individual's file for three years.

Management, access and use of the system

Doorways' electronic files are kept on a shared drive, which is currently accessible to individuals holding the following staff positions:

- Aboriginal Health & Wellness Centre Executive Director
- Aboriginal Health & Wellness Centre Director of Services, who oversees the Doorways program;
- Doorways Program Coordinator, who oversees day-to-day management of Doorways and supervises and supports Community Access Navigators;
- Doorways Community Access Navigators (currently 3 positions), who provide direct services and supports to program participants through intake, assessment, referral and placement processes;
- Doorways Administrative Assistant, who (in addition to duties typically associated with this position) typically has first interaction with clients.
- Doorways Network Systems Coordinator, who manages Doorways' information systems (including the development and implementation of HIFIS) and domain.

Linkages to other systems

As detailed in the previous section describing the flow of personal (health) information in Doorways, the program currently collects and shares information with other programs and services at various points in the participant intake, assessment and placement process.

Collection

While the majority of participants' personal (health) information collected in Doorways activities comes directly from individual program participants, additional information may come from other programs and systems, including:

- Referring agencies (e.g., partnering organizations or local shelters) may provide basic information about the individual they are referring;
- Organizations (community based organizations, EIA, Manitoba Housing, Justice, etc.) and/or individuals (e.g., former landlords, medical

- practitioners, etc.) that a participant has identified in their signed *Consent to Receive Confidential Information* form as one that Doorways may receive information regarding their record/file; and
- In instances when a participant is accompanied to their intake appointment by a probation officer and only after the participant has provided verbal or written consent, the probation officer may disclose the conditions of the participant's parole to Doorways.

Disclosure

Participants' personal (health) information is currently shared with other programs and systems, including:

- Agencies or organizations that a client may be redirected or referred to by Doorways staff; and
- Agencies, organizations (for example, partnering agencies represented in the Placement Committee or agencies providing specialized alternative placements) and/or individuals that a Doorways participant has identified in their signed *Consent to Receive Confidential Information* form as one that is permitted to receive information regarding their record/file from Doorways.

Potential future enhancements to the system

Doorways plans to move from its current paper and electronic file based information system to the web-based Homeless Individuals and Family Information System (HIFIS) 4.0. HIFIS is designed to: 1) help service providers in the homelessness sector to manage day-to-day operations and planning activities, and 2) collect data to develop a national portrait of homelessness. HIFIS is a software-based electronic records management system developed and owned by the Government of Canada's Employment and Social Development (ESDC). The introduction of HIFIS will enable stronger administrative, technical and physical safeguards to ensure the confidentiality, security, accuracy and integrity of information maintained in the system.

HIFIS is available free of charge but to gain access to a licensed full version of the software, a service provider must sign a Data Partnership Agreement with ESDC. Under this agreement, ESDC will be authorized to collect and use the personal information of Doorways participants for administration of the Homelessness Partnering Strategy. At the time information was gathered for this report, Doorways was in the early stages of its shift to the HIFIS system and a firm date for when the system will go live had not yet been established. A trial version of HIFIS was made available to Doorways' staff so that they could

familiarize themselves with the system. The Doorways' Network System Coordinator had begun the process of customizing and configuring the system to fit Doorways' needs.

Over the long term, Doorways' HIFIS system is expected to become the electronic records management system (operating on a shared server) used by all partnering agencies to record participant data. This will require the development of a data sharing agreement and protocol between Doorways and the partnering agencies. A similar HIFIS-based system for shelter operators (the Homelessness Information Partnership Winnipeg, HIPW) was rolled out in 2016. Drawing from that example, the data sharing agreement and protocol will need to address: 1) Partnership conditions, and the obligations and responsibilities of all users; 2) policy and procedure relating to the system; 3) the nature and format of data that will be collected and shared on the system; 4) parameters relating to how, when and by whom participants' personal (health) information is collected; 5) data ownership; 6) the purposes for which data input into the system can be used; and 7) steps to ensure that participants' privacy is protected.

Additionally, it is expected that, at some later point, both HIFIS and HIPW will be on a single server. This, in turn, will require development of further agreements and protocols.

Potential future uses of information

Three potential future uses of information have been identified:

1. As noted immediately above, once HIFIS goes live at Doorways, the Data Partnership Agreement with ESDC will authorize ESDC to collect and use participants' personal (health) information. Doorways is obligated under the agreement to export to ESDC any information that is entered in specific fields of the HIFIS software. Included in these are mandatory fields, that is, fields that must be completed in order to save a record in HIFIS. Mandatory fields that relate to participants' personal (health) information include: Unique client identifier, gender, year and month of birth, family role, family head ID, citizenship/immigration status, Aboriginal indicator, and veteran status. Under the terms of the Data Partnership Agreement, the aggregate and non-identifiable data that Doorways and other service providers throughout Canada exported through HIFIS to ESDC can be used by ESDC only for "the purposes of policy analysis,

research and evaluation of policies and programs respecting homelessness in Canada”.²

2. Doorways will also be able to access the data it collects and inputs into HIFIS, which it may want to use for purposes such as reporting, planning, and policy development.
3. At the point where all partnering agencies begin to record participant data on HIFIS, individual agencies will also be able to access the data they have collected and input into HIFIS for purposes such as reporting, planning, and policy development. Additionally and depending on the terms and conditions established in the data sharing agreement and protocol between the agencies, the Doorways partners, as a group, may also be able to access data they have collected and input into HIFIS in aggregate form for purposes such as planning, policy development or research.

Part 3: Collection, use and disclosure of personal (health) information

Authority for collection, use and disclosure

In the discussion of authority for collection, use and disclosure below, it is understood that the Aboriginal Health and Wellness Centre (AHWC), as the Secretariat of the Doorways group and as a designated health care facility identified in PHIA regulations, is the trustee (as defined in PHIA) of the personal health information and personal information collected and maintained by Doorways. As a designated health care facility, AHWC is required to comply with PHIA.

Collection

Doorways is allowed to collect only as much personal health information and/or personal information as is reasonably necessary to accomplish the purpose for which it will be collected.

Doorways is allowed to collect this information under the authority of specific sections of the *Personal Health Information Act* (PHIA), as follows:

- PHIA 14(1), where information is collected directly from the individual;

² Government of Canada. (2016, January 27). *Data Provision Agreement*. Retrieved November 9, 2016, from National Homelessness Information System: www.canada.ca/en/employment-social-development/programs/communities/homelessness/nhis/dpa.html

- PHIA 14(2)(a), where the individual has authorized another method of collection;
- PHIA 14(2)(b), where collection of the information directly from the individual could reasonably be expected to endanger the health or safety of the individual or another person;
- PHIA 14(2)(c), where collection of the information is in the interest of the individual and time or circumstances do not permit collection directly from the individual;
- PHIA 14(2)(d), where collection of the information could reasonably be expected to result in inaccurate information being collected; and
- PHIA 14(2)(e), where another method of collection is authorized or required by a court order or an enactment of Manitoba or Canada.

Use

Doorways is allowed to use (where use is defined as information circulated within Doorways) only as much personal health information and/or personal information as is reasonably necessary to accomplish the purpose for which it was collected, that is, by a Doorways staff member who requires access to this information to fulfill duties associated with their position.

Doorways is allowed to use this personal health information under the authority of specific sections of the *Personal Health Information Act (PHIA)*, as follows:

- PHIA 21, for the purpose for which the information was collected or received, that is, to match a participant to appropriate resources;
- PHIA 21(a), for another purpose directly related to the purpose for which the personal health information was collected or received, that is, to match a participant to appropriate resources;
- PHIA 21(b), where the individual the personal health information is about has consented to the use;
- PHIA 21(c)(i), where use of the information is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual the information is about or another individual; and
- PHIA 21(c)(ii), where use of the information is necessary to prevent or lessen a serious and immediate threat to the health or safety of the individual the information is about or another individual.

Disclosure

Doorways is allowed to disclose (that is, release to parties outside of the organization) only as much personal health information and/or personal

information as is reasonably necessary to accomplish the purpose for which it was collected.

Participant records are currently being disclosed outside of Doorways. The information being disclosed is detailed in the next section of this report. Doorways is allowed to disclose this personal health information under the authority of specific sections of the *Personal Health Information Act* (PHIA), as follows:

- PHIA 22(1)(b): The individual has consented to the disclosure; and
- Without consent from the individual, under one or more of the following authorities and for the purpose(s) of:
 - PHIA 22(2)(b)(i): To any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to the health and safety of the individual the information is about, or another individual.
 - PHIA 22(2)(b)(ii): To any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to public health or public safety.
 - PHIA 22(2)(c)(i): For the purpose of contacting a relative or friend of an individual who is injured, incapacitated or ill
 - PHIA 22(2)(c)(ii): For the purpose of assisting in the identification of a deceased individual.
 - PHIA 22(2)(c)(iii): For the purpose of informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death.
 - PHIA 22(2)(d): To a relative of a deceased individual if the trustee reasonably believes that disclosure is not an unreasonable invasion of the deceased's privacy.
 - PHIA 22(2)(g.2): For the purpose of determining or verifying the individual's eligibility for a program, service or benefit, if the information disclosed is limited to the individual's demographic information.
 - PHIA 22(2)(k): Required in anticipation of or for use in a civil or quasi-judicial proceeding to which the trustee is a party, or to which the government is a party if the trustee is a department.
 - PHIA 22(2)(k.1): Required in anticipation of or for use in the prosecution of an offence.
 - PHIA 22(2)(l): Required to comply with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of the personal health information, or with a

rule of court concerning the production of the personal health information.

- PHIA 22(2)(l.1): Required by police to assist in locating an individual reported as being a missing person, if the information disclosed is limited to demographic information.

Additionally, once HIFIS goes live, ESDC will collect, in aggregate form, personal (health) information of Doorways participants for the administration of the Homelessness Partnering Strategy. ESDC is authorized to collect this information under the federal *Department of Employment and Social Development Act* and the *Privacy Act*.

Categories of personal (health) information collected, used and disclosed

Table 1, which is presented on the following pages, details: 1) the specific information or data elements collected, used and disclosed in Doorways activities; 2) the purpose for collecting each specific information item; 3) how and why they are used within Doorways; and 4) to whom, why and how they might be disclosed to other individuals.

The table is followed by a description of decisions and approval processes regarding collection, use and disclosure decisions.

Table 1: Collection, Use, and Disclosure of Personal and Personal Health Information within Doorways

DESCRIPTION OF INFORMATION		COLLECTION		USE WITHIN DOORWAYS (HOW AND WHY)	DISCLOSURE	
Category	Element	Source	Purpose		To Whom and the Purpose	Method of Transfer
Contact	Name*	Individual participant Referring agency (e.g., shelter)	Respectful interaction with participant	Internally, this information is available only to individual staff members who are working directly with a client (e.g., Doorways CAN worker) To track and maintain participant's engagement through intake, assessment and placement processes.	Currently shared only with receiving agency. A participant's name or other contact info is not given to the receiving agency until <u>after</u> the organization has reviewed an anonymized summary of the participant's file and agreed to provide housing (or other services) to them. ³	Paper hard copy E-document Email
	Address*		Identification			
Phone number*	Follow up					
Email*	Identification					
	Social media** ⁴		Follow up			
	File Number*	Doorways	Unique file number assigned by Doorways staff. ⁵ Used in place of participant's name to protect privacy.	Organizational record keeping and reporting. Offers some privacy protection by replacing participant's name with a number.	To placement committee. Protects participant's privacy but still able to share all info possible with agencies that may provide placement to participant.	Paper hard copy E-document Email
					<i>In future, will be disclosed to Employment & Social Development Canada (ESDC). Included in aggregate data describing Doorways participants that will be provided to the Homelessness Partnering Strategy</i>	HIFIS ⁶

³ If a participant's placement does not work out, the participant (along with their contact info) may return to Doorways.

⁴ Social media accounts (in particular, Facebook) may be the only way to contact a participant.

⁵ First two places in file number are letters (DW if participant entered system after Doorways was established, and GW if participant was first engaged with one of the core agencies but was then 'grandfathered' into the Doorways system).

⁶ At the time of this report, Doorways had not yet implemented HIFIS as its electronic record management system.

DESCRIPTION OF INFORMATION		COLLECTION		USE WITHIN DOORWAYS (HOW AND WHY)	DISCLOSURE	
Category	Element	Source	Purpose		To Whom and the Purpose	Method of Transfer
Contact (cont.)	PHIN*	Internal systems	Not collected in Doorways but may be included in participant records/files of organizations that work in health care, e.g., Mt Carmel or Aboriginal Health & Wellness Centre. ⁷	Generally not used within Doorways, but may be shared with emergency services or medical professionals if participant needs medical care.	TBD	TBD
	Photograph*	Some (not all) agencies	Only for some agencies Identification	May be circulated if participant goes missing or is at risk	TBD	TBD
	Physical characteristics (e.g., scars, tattoos)	Doorways or door agency staff	Identification		TBD	TBD
Individual	Age*	Individual participant Referring agency (e.g., shelter)	Matching participant to resources	Matching participant to appropriate resources	To Employment & Social Development Canada (ESDC). Included in aggregate data describing Doorways participants provided to the Homelessness Partnering Strategy. With respect to cultural identity, ESDC gathers only information that indicates whether or not a participant identifies as First Nation, Inuit or Metis. To placement committee to help ensure that participant is matched with appropriate resources.	HIFIS Paper hard copy E-document Email
	Gender*					
	Cultural identity*					

⁷ Getting a Personal Health Identification Number from MB Health is one of the easiest ways to secure ID for an individual and often is the only formal identification a participant has.

DESCRIPTION OF INFORMATION		COLLECTION		USE WITHIN DOORWAYS (HOW AND WHY)	DISCLOSURE	
Category	Element	Source	Purpose		To Whom and the Purpose	Method of Transfer
Financial	Money owed to previous landlords or utility providers	Individual participant Referring agency	Can affect housing options available to participant Matching participant to resources	Supports informed decision making when matching participant to resources	To placement committee to help ensure that participant is matched with appropriate resources.	Paper hard copy E-document Email Also may be verbal (placement committee, hand off, etc.)
	EIA status	MB Housing & other landlords EIA				
Legal	Fine or sentence pending	Individual participant	Potential restrictions on participant's activities.	Supports informed decision-making when matching participant to resources	To placement committee to help ensure that participant is matched with appropriate resources. Placement considerations include community safety, organizational safety, and placement safety. If a participant has a pending sentence, an agency may not be able to provide services to them. For example, because of HPS regulations, someone facing sentence >6 months may be kicked out of system To organization that client is transferred to – from there, each system and org will have its own policies and procedures	Paper hard copy E-document Email Also may be verbal (placement committee, hand off, etc.)
	Experience with incarceration	Referring agency				
	Probation status or restrictions	Court subpoena Probation officer				

DESCRIPTION OF INFORMATION		COLLECTION		USE WITHIN DOORWAYS (HOW AND WHY)	DISCLOSURE	
Category	Element	Source	Purpose		To Whom and the Purpose	Method of Transfer
Health or Health Care	Chronic health issues*	Individual participant (formal or self diagnosis)	Connecting participant with resources that meet their distinct needs and that address any potential restrictions on participant's activities or risks to participant.	Supports informed decision-making when matching participant to resources.	To placement committee to help ensure that participant is matched with appropriate resources that meet their distinct needs and that address any potential restrictions on participant's activities or risks to participant. Placement committee may refer participant's file to the alternative placement committee and/or to the Health Outreach and Community Supports (HOCS) team.	Paper hard copy E-document Email Also may be verbal (placement committee, hand off, etc.)
	Mental health*					
	Substance use*	Referring agency ⁸ Medical practitioners				
	Medications*					
Other information	Staff observations or opinions	Doorways or door agency staff	Supports informed decision making when matching participant to resources	Supports informed decision making when matching participant to resources	To placement committee to help ensure that participant is matched with appropriate resources.	Paper hard copy E-document Email Also may be verbal (placement committee, hand off, etc.)
	History of housing & homelessness	Individual participant Referring agency	Gathered during intake/assessment to determine whether participant meets program criteria	Supports informed decision making when matching participant to resources	To Employment & Social Development Canada (ESDC). Included in aggregate data describing Doorways participants provided to the Homelessness Partnering Strategy.	HIFIS
					To placement committee to help ensure that participant is matched with appropriate resources.	Paper hard copy E-document Email

⁸ Health-related information gathered by the Doorways partnering agencies varies significantly. For Mt. Carmel Clinic and other ACT programs, program criteria include self-diagnosed or formal mental health issue and/or substance use. At RaY, an on-site nurse may be providing care (including access to a formal diagnosis) to any given participant and the nurse must comply with WRHA policy and procedure.

With respect to decisions and approval processes with regard to the collection, use and disclosure decisions, Doorways adheres to AHC policy and procedure (which is PHIA compliant), and has also developed its own policy and procedure to guide staff through activities associated with participant intake, assessment and placement. Both AHC and Doorways adhere to the principle that:

- Only as much personal health information as is reasonably necessary to accomplish the purpose for which it is collected will be collected.
- The amount and type of information required is determined by the nature of the contact.
- Before using or disclosing personal health information, reasonable steps must be taken to ensure the information is accurate, up to date, complete and not misleading.

Part 4: Access rights for individuals

Under PHIA and FIPPA, individuals have a right to: 1) request access to and obtain a copy of their personal (health) information held by a public body or trustee, and request a correction.

In Doorways' current practice, individuals can be provided access to their own personal (health) information held in either an electronic or hard copy through two mechanisms:

- **Informal practice:** Doorways' CAN workers report that, during the intake process, they share what is being recorded for with the participant as it is being recorded in their case notes. They also give participants the option to defer signing a Consent to Release Information form, and if the participant chooses to do so, will give them a copy of the form to review, and let them see the summary that the CAN worker has developed or their file before they make the decision to sign the Consent to Release Information form. The CAN workers also advise them of their right to access and/or obtain a copy of their personal (health) information.
- **AHC Policy: Access to Personal Health Information (PHIA-3):** This policy is designed to ensure that participants are able to access their personal health information either by viewing it or by obtaining copies. The policy establishes two ways in which such information might be shared:
 - 1) A provider has the right to share information that relates directly to the services being provided where it might benefit the participant or where there is no compelling reason not to. This may be done

verbally, or as a hard copy, and should be recorded in the participant's file.

- 2) A participant may make a formal written request (directed to AHC's Privacy Officer or designate) for access to their personal health information in paper form. This process may take several weeks to transpire, which may be difficult for a person who is experiencing homelessness to complete, and the request may be refused for a number of reasons.

As with participants' access to their personal (health) information, there are both formal and informal ways that participants' personal (health) information is corrected.

- **Informal practice:** As noted above, Doorways' CAN workers have reported that they routinely share the information they are recording about a participant with that participant. They will also share documents with participants or let them see their files. This gives participants an opportunity to make sure that they are comfortable with what has been recorded and that the information is accurate. The CAN workers emphasized the importance of advising participants that they always have a right to see their file. The CAN workers will also explain anything in their records or files that a participant does not understand.
- **AHC Policy: Correction of Personal Health Information (PHIA-7):** this policy establishes procedures that enable individuals to request a correction to their personal health information and establishes procedures to process and either accept or reject those requests. Participants who request corrections are directed to AHC's Privacy Officer or designate, and the participants' request must be made in writing. As with participants' requests to access/obtain a copy of their personal (health) information, this process may take several weeks to complete, may be difficult for a person experiencing homelessness to complete, and the request may be refused.

It should be noted that AHC policy in this area was developed for a clinical context, and may be more complicated and rigorous than Doorways requires. Because of this, Doorways may want to develop its own policy with respect to access rights for Individuals.

Part 5: Privacy and security measures

Security safeguards

Administrative safeguards

Doorways staff are subject to **AHWC Policy PHIA-12 Security and Storage of Personal Health Information**. The purpose of the policy is to ensure that: 1) personal health information, regardless of media, is properly stored in a secure environment; 2) that security and integrity measures are in place and followed in order to protect the confidentiality and integrity of personal health information within AHWC; and 3) to ensure the security and integrity of personal health information during transmittal by any means, including, for example, wireless technology, e-mail and the internet. Amongst other things, it requires that:

- All written personal health information shall be placed in an appropriately secured file.
- Information stored in electronic form on a computer, server or terminal shall be properly secured from unauthorized access, and data storage devices containing personal health information shall be kept in a secured place and used only by authorized personnel.
- Personal health information that is transmitted electronically should be safeguarded through encryption or other measure

In site visits to Doorways undertaken for this assessment, it is clear that some of these safeguards are in place (for example, staff computer stations that are protected by passwords that must be changed regularly, that autolock after a specific length of time, and that refuse entry to a user after approximately 5 failed logins; paper files stored in a locked file cabinet in a room that is locked when it is not occupied), it is not clear whether other safeguards called for in this policy are in place (for example, data storage devices did not appear to be secured, and the Doorways server was located in an open area of the office). It may be helpful for the Doorways team to review this policy and identify where they can strengthen practices in relationship to it.

AHWC Policy PHIA-1 Confidentiality of Personal Health Information describes staff responsibilities with respect to the protection of participants' personal health information during its collection, use, disclosure, storage and destruction within AHWC. This includes signature of a confidentiality pledge. Staff reported that they had completed this as a condition of employment. The policy also extends to information managers and contractors engaged in providing a service for AHWC where the service provided would expose them to confidential information including personal health information. In the case of contractors, if they do not sign a confidentiality pledge, then their contract should

provide for protection of confidential information. This would apply, for example, to the company currently providing off-site back up to the Doorways system, and will become a critical consideration once HIFIS goes live. Importantly, ESDC's responsibilities and obligations with respect to the security and confidentiality of personal health information are detailed in the Data Sharing Agreement it signs with all service providers using HIFIS.

AHWC Policy PHIA-10 Reporting of Security Breaches Related to Personal Health Information and the Corrective Procedures to Be Followed details the current response to a security breach. Any AHWC employee who has knowledge of or believes that a breach has taken place must immediately report it to their supervisor. In consultation with the Privacy Office, the supervisor will determine if an investigation should proceed. Where it is determined that a breach of confidential personal health information has occurred, remedial action will be taken and may end in termination.

Other administrative safeguards might include requiring all users of electronic storage to sign or accept electronically Terms of Use for the system; and an inventory list of all computer assets and other items that store information electronically (e.g., swipe cards, flash drives, smartphones, etc.). These practices are not currently in use at Doorways.

Technical safeguards

The use of Doorways' current system is reserved to Doorways staff members and the Executive Director of AHWC. The system is protected by passwords, which must be changed every 90 days. HIFIS does not have the capacity to automatically require (on a fixed schedule) new passwords from users, so when HIFIS goes live, this responsibility will have to be assumed by Doorways' Network System Administrator.

Currently at Doorways, the majority of personal (health) information is collected from participants verbally, recorded on paper, and later added to electronic files. It may be used, accessed and/or transported within Doorways in paper or electronic form. Personal (health) information is typically disclosed in either electronic or verbal form. It should be noted that external emails (for example, the emails from CAN workers forwarding participant summaries to Placement Committee members) are not encrypted.

When HIFIS goes live, ESDC will have access to data stored on the system, as per the terms of the Data Sharing Agreement, which must be signed by a service provider before it can access a licensed version of HIFIS. As noted above, ESDC's responsibilities and obligations with respect to participants' personal

(health information) are detailed in the Data Sharing Agreement that will be signed with Doorways.

HIFIS is capable of providing role-based profiles for all users, and Doorways is currently assessing what those should be.

The expectation is that, at some point, all the Housing First agencies with which Doorways formally partners (currently ten agencies) will also move storage of their participants' personal and personal health information to the HIFIS system used by Doorways. Before this can be completed, Doorways and the other partners will need to collectively develop data sharing protocols and agreements. In interviews with other homelessness initiatives that are currently using HIFIS or a similar system, the process of developing these protocols and agreements required regularly scheduled group meetings over a year-long period or longer.

System audit functions

The level of sensitivity of the personal (health) information in the system requires that the system be audited.

Currently, Doorways maintains records of when client records are accessed by staff:

- As noted previously, when not in the direct possession of staff, paper records that include personal (health) information are kept in a locked file cabinet in an office area that is locked when it is unoccupied. Each time a CAN worker removes a file from the cabinet, they record on a Log Sheet their name, the file number, and the date and time the file is taken. When the file is returned, the worker adds that date and time to the Log Sheet, and signs their initials.
- The CAN workers store participants' summaries, diversion plans and other electronic files that include participants' personal (health) information on the computers assigned to their workstation. The computers are networked with a shared drive (the Doorways server) that is protected by a firewall and accessible to all Doorways staff members or anyone with a Doorways account (for example, AHCW's Executive Director). A similar Log Sheet (in the form of an Excel spreadsheet) is maintained on that shared drive.

When HIFIS goes live, Doorways will be able to establish rigorous auditing activities. HIFIS has the ability to create and maintain a very detailed record of user activity. The Doorways Network Systems Coordinator can access any user's history, i.e., all activity from the time they first entered the system. Access to the

HIFIS audit logs can be restricted to only those who require this access to do their job. Currently, such access has been assigned to Doorways' Network Systems Coordinator. To date, an audit plan for HIFIS has not been formalized.

Location of personal (health) information

As noted previously, paper records that include personal (health) information are kept in a locked file cabinet in an office area that is locked when it is unoccupied. The key to the file cabinet is stored in a location that is accessible to all Doorways staff members.

The CAN workers and other Doorways staff members store participants' summaries, diversion plans and other electronic files that include participants' personal (health) information on the computers assigned to their workstation. Doorways staff are responsible for keeping their passwords confidential, and to secure the computers when not in their direct use. The computers are networked with a shared drive (the Doorways server) that is accessible to all Doorways staff members or anyone with a Doorways account (for example, AHC's Executive Director). The system is automatically backed up through the cloud onto secure servers physically located in the Winnipeg offices of Forest Computers (<http://www.forestcomputers.com/services/backup.asp>). This backup service includes the option of encryption, and data stored on this system can only be read by Doorways.

Once HIFIS is live, personal (health) information recorded in specific fields within the HIFIS system will be accessed and collected in aggregate form by ESDC (see *Appendix: HIFIS Export Fields*, attached to this document). This information will be used for the administration of the Homelessness Partnering Strategy. ESDC is authorized to collect this information under the federal *Department of Employment and Social Development Act* and the *Privacy Act*. ESDC has not provided information on where this information will be physically stored.

Records Retention and destruction

Doorways has developed some guidelines for retention and destruction of records that include, for example, that Doorways will store the file of an individual who has been placed in a Housing First program for three years, that rough notes will be secured until no longer needed and then be shredded; information stored in the HIFIS database will be stored for seven years and ROIs will be stored for ten years.

AHC Policy *PHIA-8 Disposal of Confidential Material, Including Personal Health Information* lays out a timeline and process for the disposal/destruction of

confidential paper records. While the policy refers to electronic records, it does not offer any guidance on the disposal/destruction of these records.

Information Managers

Under PHIA and FIPPA, an organization must enter into an information manager agreement if it discloses personal (health) information to an information manager (a third party outside the organization) for purposes that include storing information, or providing the organization with information management or information technology services.

Under this definition, the company providing Doorways' backup services, Forest Computers, is required to enter into an information manager agreement with Doorways. In the research undertaken for this privacy impact assessment, such an agreement (if it exists) was not reviewed.

Part 6: Findings and Recommended Actions

The Doorways program and the individual organizations partnering in Doorways are committed to protecting the privacy of participants in the programs and services they offer and the confidentiality of the personal (health) information they have collected from them. As a relatively new program, they have made a significant and thoughtful effort to adhere to the principal of providing no more personal (health) information as necessary to as few people as possible.

Doorways' is currently in a developmental phase. More organizations are coming on board as partners, and, with this and the introduction and expansion of HIFIS, the collection, use, and disclosure of participants' personal information within and between the partners will expand. Taking additional measures now to enhance the privacy, confidentiality and security of participants' personal (health) information and eliminate or lessen privacy risks makes sense. Towards this, the following actions are recommended.

1. Doorways and the partnering organizations begin to work collaboratively on the development of a data sharing protocol and a formal agreement between all parties to guide their shared use of the HIFIS system. Drawing from the example provided by The Homelessness Information Partnership Winnipeg, this might include a vision and guiding principles, and policies and procedures relating to governance, ownership, the roles and obligations of all parties, privacy and confidentiality, data submission, aggregation and reporting, personal information collected within HIFIS, requests for access to data and inquiries and complaints. It will also define the specific data that

will be collected and shared in HIFIS, and clarify issues relating to collection, use and disclosure of personal (health) information. In interviews undertaken with representatives of organizations that use HIFIS or similar systems for data storage and sharing, the process of developing consensus between agencies has taken a year or longer. Because of this, the Doorways partners should begin this activity as soon as possible.

2. In preparation for HIFIS going live at Doorways,
 - Develop and implement terms of use for HIFIS, and require staff to review and sign these terms before they acquire access to HIFIS.
 - Develop and implement an audit plan for HIFIS. Towards this, it may be helpful to consult with HIPW.
 - Develop policy and procedure related to the Disposal of Confidential Material, including Health Information included in electronic records.
3. With respect to the privacy, security and accuracy of participants' personal health information within the Doorways program, it is recommended that:
 - Doorways modify the forms that it is currently using for participant Consent for Release of Confidential Information and Consent to Receive Confidential Information to include:
 - A statement that explains that information stored on HIFIS will be shared. An example of what this statement might read has been adapted from the statement used in HIPW's *Client Consent to Information Collection* form: *"I understand that this agency is part of HIFIS Winnipeg. This means data is entered into a computer system that shares some information about clients and the services they are using in order to help match people who are experiencing homelessness be matched to services that meet their needs. I also understand that this information is protected and only those people working at partner agencies and who need to access personal information are permitted to access it. I am aware that I can ask for and get a list of these agencies and the information they share. I also have been told and understand that some non-identifiable information may be shared with agencies outside of HIFIS Winnipeg for reporting or research purposes"*
 - A statement that confirms the participant's right to see their client record and ask for changes or corrections.
 - Develop and establish a simple process (one that provides options other than a written request) that will enable participants to see their

client record and ask for changes or corrections. This change will support verification of personal (health) information included in Doorways files

- This should be developed in collaboration with CAN workers, who report that they have made it easy for participants to see what is being recorded for their client files.
- Develop a poster that explains participants' right to access this information and who else might access it that can be mounted in areas where participants' personal information is collected.
 - The statement on HIFIS should be included in this poster (*This agency is part of HIFIS Winnipeg. This means data is entered into a computer system that shares some information about clients and the services they are using in order to help match people who are experiencing homelessness be matched to services that meet their needs. This information is protected and only those people working at partner agencies and who need to access personal information are permitted to access it. You can ask for and get a list of these agencies and the information they share. Some non-identifiable information may be shared with agencies outside of HIFIS Winnipeg for reporting or research purposes*)
 - A sample of such a poster can be found on the WRHA website [here](#).

Appendices

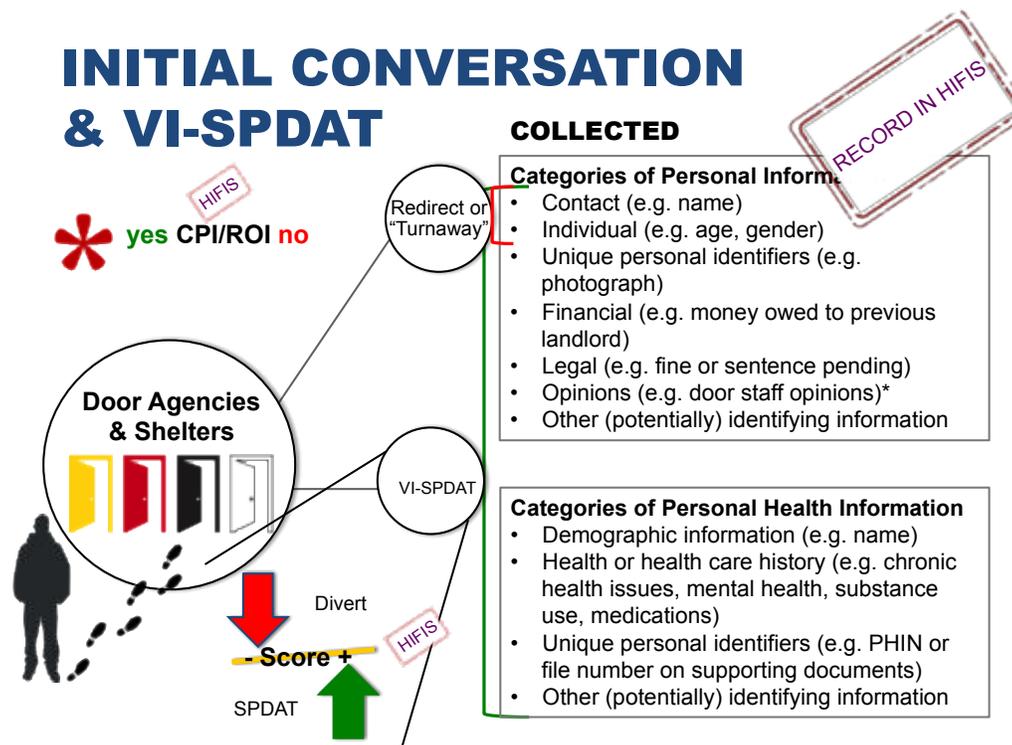
Appendix: Detailed description of Doorways information flow

The flow of participants' personal (health) information below looks closely at the collection, use and disclosure of this information in the three distinct phases of Doorways' participant-focused activities: 1) initial contact and pre-screening; 2) assessment; and 3) placement.

Initial Conversation & VI-SPDAT

The diagram and discussion below take a closer look at points where personal (health) information is collected, used and disclosed in participants' **first conversations with Doorways staff and in the pre-screening process.**

A Doorway's staff member's **initial conversation** with a participant first focuses on understanding whether Doorways may be able to help them. This conversation is typically undertaken by Doorways' Administrative Assistant (who works in the reception area of the program offices) and explores why they have come to Doorways (their housing history, current housing state), factors that might contribute to housing instability or homelessness, and any resources or relationships that might be drawn upon to address or prevent their homelessness. A script has been developed to support this conversation.



If a person does not proceed beyond this step, it is typically because Doorways is not the best service fit for them. Doorways staff will retain for their own records the individual's name and the outcome of their interaction with that person (e.g., redirection to another agency). This information is stored so that staff will be able to respond to any questions that may later arise about that individual's experiences at Doorways.

Once HIFIS goes live, Doorways staff will also record in that system mandatory information fields for participants who are 'turned away', including the date and reason for "turnaway", as well as the individual's gender and age. Mandatory fields are fields that must be completed to save a record in HIFIS. Additionally, if a person has identified as Indigenous or if it can be reasonably assumed that they are Indigenous, this will be added to HIFIS. Similarly, if a person has identified as a person with a disability or if the disability is observable, this will be added to HIFIS. The "turnaway" information stored in HIFIS will be available to both Doorways and ESDC in the form of anonymized aggregate data for purposes related to planning, evaluation, and other research needs (as per the terms of the Data Partnership Agreement that ESDC and Doorways will sign).

The **VI-SPDAT** is a triage tool that helps Doorways understand the type of support and housing intervention that might best help improve long term housing outcomes for an individual. It is completed by a Doorways CAN worker either on-site at the Doorways Hub or off-site at one of the partnering organization's sites. If the CAN worker has been called off-site to complete the VI-SPDAT, the partnering organization will establish the participant's informed consent before contacting Doorways. The VI-SPDAT cannot be completed unless a participant has indicated consent to participate in the assessment. Additionally, a participant will also complete both a *Consent to Release of Confidential Information* form and a *Consent to Receive Confidential Information* form:

- *Consent to Receive Confidential Information*: In this form, a participant consents to allow the Aboriginal Health & Wellness Centre (which operates the Doorways program) to receive their confidential information for a specific purpose (in this specific instance, it might be 'Doorways Intake Protocols'). Both the participant and the worker's name and signature are recorded in the form, along with the participant's date of birth. The time frame for which the information can be gathered is defined, along with the specific organization(s) from which information regarding their record or file can be gathered.
- *Consent to Release Confidential Information*: In this form, a participant consents to allow Doorways (as the Aboriginal Health & Wellness Centre)

to release confidential information for a specific purpose. As above, the two signators' names (and the participant's date of birth) are recorded, and a timeframe and the specific bodies or organizations to which information can be released are identified.

As indicated in the diagram above, the VI-SPDAT gathers both personal information and personal health information:

- Demographic information, including an individual's full name and contact information,
- Identifying information, including an individual's SIN, and photograph,
- Information used to assess the individual's level of risk, including information about their use of health emergency services, interactions with crisis services, interactions with police, incidences of incarceration, experiences of violence, legal issues, and experiences or behaviours that may indicate that they are at risk of exploitation,
- Information used to assess the individual's level of socialization and daily functioning, including questions that relate to money management, meaningful daily activity, self care, and social relationships,
- Information used to assess the individual's wellness, including information relating to physical health, substance use, mental health, medications, and experiences of abuse and trauma.

The VI-SPDAT encourages users to develop additional questions that relate to local context, and while a participant's answers to these questions are not scored, they are intended to inform the CAN worker's interpretation of the VI-SPDAT score. Those developed for Doorways' use include questions about contributors to housing instability (participant's involvement in the CFS system, experiences in the residential school system, incarceration history, substance use, mental health, experiences of discrimination, etc.), and factors that might help CAN workers and the Placement Committee identify the kind of housing program or service that might be the best fit for a participant (aspects of participant's cultural identity, gender identity, spirituality, legal or other conditions that may restrict where they might live or visit, etc.).

The VI-SPDAT gathers information from participants using questions that require only single word responses (yes/no questions, multiple choice questions, or questions structured as "How many times have you...?"). A participant's responses (or refusal to respond) to each question are recorded and retained in Doorways' files. When HIFIS goes live, a participant's individual responses in the VI-SPDAT will not be stored in that system, but their score in each section of the VI-SPDAT (as above, in the bulleted list) and their total score will be recorded.

Notes and observations made by door agency staff and CAN workers may also be added (as case notes) to the participant's electronic file. Any participant who completes the VI-SPDAT is assigned a Doorways client number (DW#), which will be referenced in their paper and electronic files.

If an individual's score on the VI-SPDAT indicates that Housing First or permanent supportive housing is not the best fit for their needs, the individual and the CAN worker will explore other services or supports that will better fit their needs. This may include gathering information related to their housing history and current housing situation, and their relationships with any service providers. This, along with information about any diversion or referral to another agency is summarized and recorded (along with the client's name, age and nationality) in the *Doorways Intake Pre-Screen/Diversion* form. The form includes a section for the participant's signed consent, permitting Doorways to share the document with the agency to which the participant has been referred.

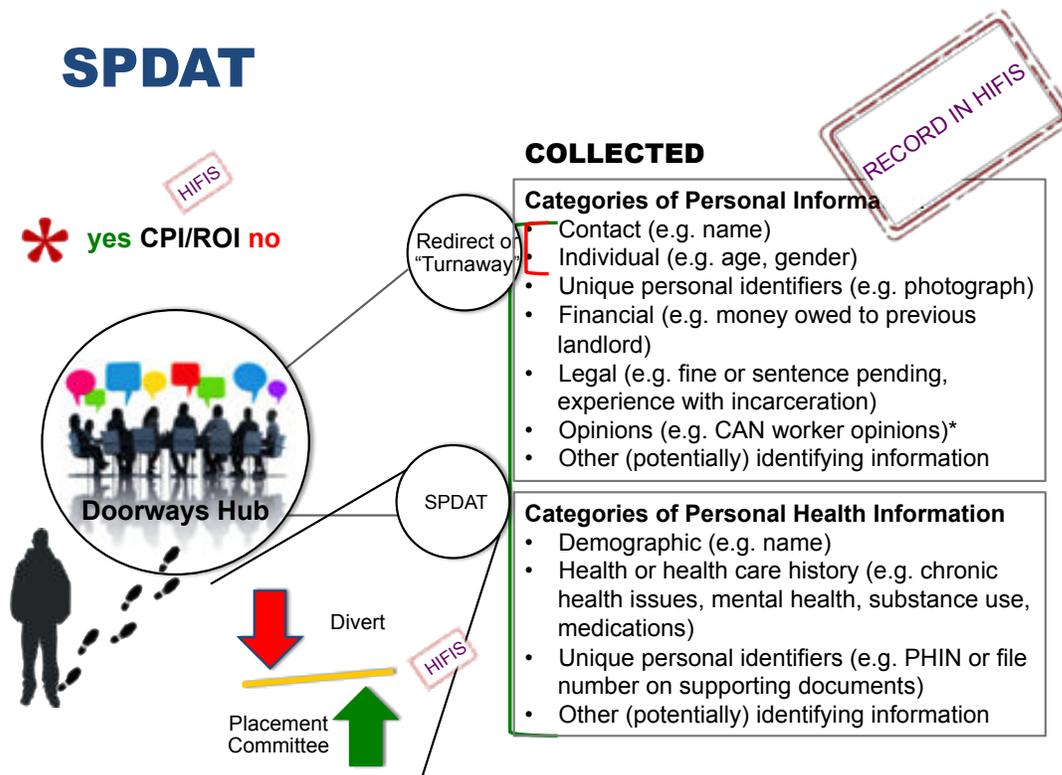
If an individual's score on the VI-SPDAT indicates that Housing First or permanent supportive housing might be the best fit for their needs, they will be invited to complete an assessment using the Service Prioritization Decision Assistance Tool (SPDAT).

SPDAT

The diagram and description below take a closer look at points where personal (health) information is collected, used and disclosed in the **prioritization for placement process**. The SPDAT is used to “help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services”, and to “prioritize the sequence of clients receiving those services” (OrgCode Consulting, 2015, p. 22).

A participant must complete a second round of consent and ROI forms before the SPDAT. Completed consent forms will be entered into HIFIS once that system goes live. If a participant chooses not to complete the consent process, turnaway information will be entered into HIFIS, including the mandatory fields (reason for turnaway, date, gender, and age) and, if available, information relating to Aboriginal identity and/or disability. Mandatory fields are fields that must be completed to save a participant's record in HIFIS.

SPDAT



As indicated in the diagram above, the SPDAT gathers both personal information and personal health information:

- The individual's name;
- Mental health and wellness and cognitive functioning, which may include information related to mental health diagnoses, medications, history of hospitalization, relationships with medical practitioners, family health history, and/or cognitive barriers;
- Physical health and wellness, which may include information related to physical health history, illnesses and other health conditions, relationships with medical professionals and/or history of health care use;
- Medication, which may include information related to currently prescribed medications, and/or medication adherence and compliance;
- Substance use, which may include information related to current and past patterns of substance use, health impacts of substance use, and/or behavioural impacts of substance use;
- Experience and impacts of emotional, physical, sexual and/or psychological abuse;

- Risk of harm to self or others, which may include information related to a participant's violent thoughts or actions (self- or other-directed) and/or their own exposure to abuse;
- Involvement in higher risk and/or exploitive situations, which may gather information about criminalized behaviour;
- Interaction with emergency services, which may include information related to visits to ERs, admissions to hospitals, interactions with crisis services, and/or interactions with police or fire services;
- Legal, which may include information about current legal issues and/or historical legal issues;
- Managing tenancy;
- Personal administration and money management, which may gather information about criminalized behaviour;
- Social relationships and networks;
- Self care and daily living skills;
- Meaningful daily activity; and
- History of homelessness and housing;

The SPDAT gathers and records far more personal and personal health information from a participant than is gathered in the VI-SPDAT and the breadth, number and types of questions asked in the SPDAT are greater than those asked in VI-SPDAT. Each section of the SPDAT also includes space for the CAN workers to record comments and/or observations. These differences exist because the two tools have very different purposes: the VI-SPDAT is designed for pre-screening/triage, and the SPDAT is designed as an assessment tool that helps the CAN workers to identify and prioritize those individuals who are most in need of assistance.

In each section of the SPDAT, the assessor (in this case, the CAN worker) assigns a numeric value that reflects the level of acuity that the participant has revealed in that particular area. An individual's SPDAT score is the total of these values, and is accompanied by comments (as relevant) in each section. Doorways currently retains this information in its files, and, when HIFIS goes live, it will also be stored there.

If a participant's score on the SPDAT indicates that they do not meet the criteria for Housing First or permanent supportive housing, the participant and the CAN worker will explore other services, supports or other resources that might fit their needs. If, in the process of diverting the participant to these resources the CAN worker makes a referral to another agency, they will complete the *Doorways Intake Pre-Screen/Diversion* form (discussed in more detail in the above section

on the VI-SPDAT), which includes the participant's consent to allow Doorways to share the document with the agency to which the participant has been referred.

If a participant's score on the SPDAT meets the criteria for Housing First or permanent supportive housing, the CAN worker will then share the participant's information with the Doorways Placement Committee and/or with representatives of an alternative specialized supportive housing program. The information is presented in an anonymized summary form. *Doorways' Agency Intake Summary Form* includes the following information about the participant:

- Doorways# (in place of name), gender and age;
- Whether they are experiencing chronic or episodic homelessness;
- VI-SPDAT summary, including score in each section and total score;
- SPDAT summary, including score in each section, and total score;
- Three goals that participant has to improve their lives;
- Resources that the participant is currently connected to; and
- Summary of concerns in each area explored in the SPDAT.

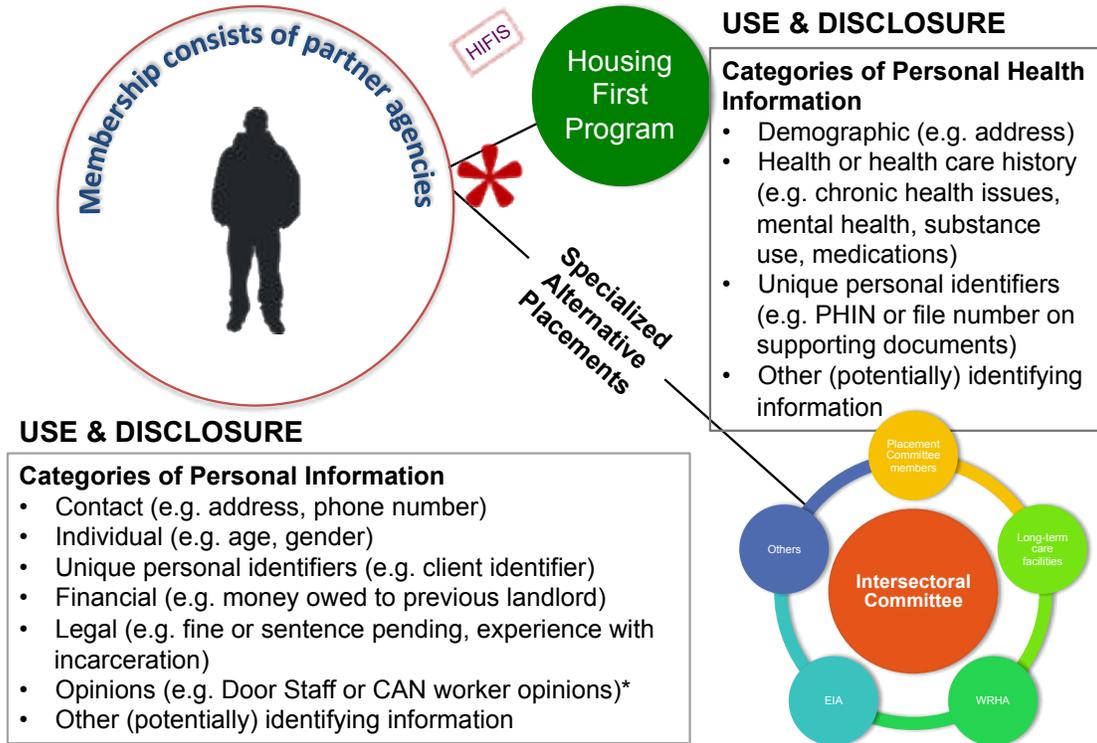
Information gathered in this phase of activities (as identified above) and other case notes or observations made by Doorways staff other currently stored in paper and digital files. Once HIFIS goes live, it will be added to that system.

Placement Committee

The diagram and description below take a closer look at points where personal (health) information is collected, used and disclosed in the **process of placing individuals in the right program**.

If an individual's score meets the criteria for the Housing First programs that can be accessed through Doorways, the Doorways Coordinator shares the participant's case summary (recorded in the *Doorways Intake Summary Form*) with those agencies represented in the Placement Committee that have space in their programs and might be the right fit for the participant. At the time information was collected for this project, the agencies represented on the Placement Committee included: the Aboriginal Health and Wellness Centre of Winnipeg; Canadian Mental Health Association, Manitoba and Winnipeg; Eagle Urban Transition Centre; Ma Mawi Wi Chi Itata Centre; Macdonald Youth Services; Mount Carmel Clinic; Resource Assistance for Youth (RaY); Siloam Mission; St. Boniface Street Links; and West Central Women's Resource Centre.

PLACEMENT COMMITTEE



Currently, the case summaries are emailed to Placement Committee members, but once HIFIS is live, the summaries will be electronically stored in that system, and Placement Committee members will be given password-protected access to them. Importantly, the Doorways Coordinator does not send a participant's summary to any agency that the participant has not permitted on their signed Release of Confidential Information form, and any representative of that agency would excuse themselves from the Placement Committee's discussion of that participant's file.

Once the Placement Committee has reviewed the anonymized information provided in the case summary and the participant has been matched with an available Housing First placement at one of the partnering agencies, representatives of all other agencies on the committee are instructed to delete electronic copies and shred paper copies of the case summary.

The Doorways CAN worker is responsible to notify the participant of their Housing First placement. Once the participant has completed intake at the Housing First agency, Doorways staff step back and the participant's information is no longer shared between the two organizations. Doorways will, however,

retain the participant's file for a period of three years following their transfer to the Housing First agency or other placement.

If a participant has exceptional or complex needs that do not meet the criteria or exceed the abilities of Housing First programs, an inter-sectoral committee is arranged to discuss specialized alternative placements. This committee may include representatives of EIA, WRHA, Health Outreach and Community Support (HOCS) and others. The same anonymized summary and client ID shared with the Placement Committee members is disclosed to the Intersectoral Committee members. Once a participant has complete intake at the receiving agency's intake process, information flow between that agency and Doorways ends.

If a participant's transfer to the matched Housing First agency or specialized alternative placement is not successful, they may be returned as a client to Doorways, where staff again will work with them to connect them with resources that will address their needs. When this occurs, the returning organization completes and faxes to Doorways a *Discontinued Service* form. Information provided on this form includes: the participant's Doorways file number (in place of their name); the length of time the placement has been assigned to the participant; and the reason service has been discontinued (e.g., incarcerated, no contact, moved out of city, declined service, deceased, transferred to higher acuity, medical reasons, etc.).

Appendix: HIFIS Export Fields

The following is a list of the fields included in the HIFIS Export Fields. Fields where information is not supplied will remain blank. If information is entered in these fields, it will be included in the HIFIS Export Fields.

Service Provider Information

- Service Provider ID*
- Service Provider Name*
- Service Provider type*
- Bed counts*
- Bed Types*
- Community*

Client Information

- Unique Client Identifier*
- Gender*
- Year and Month of Birth*
- Family Role*
- Family Head ID*
- Citizenship/Immigration Status*
- Aboriginal Indicator*
- Veteran Status*
- Life Events
- Contributing Factors
- Contributing Factor Start Date
- Contributing Factor End Date
- Employment Status
- Country of Origin
- Education
- Sources of Income
- Income Start Date
- Income End Date
- Health Conditions
- Housing Types
- Housing Start Date
- Housing End Date

Shelter Stay Information

- Reason for Service*
- Reason for Discharge*
- Book-in Date*
- Book-out Date*

Turnaway Information

- Reason for Turnaway*
- Date of Turnaway*
- Anonymous Gender*
- Anonymous Age Category*
- Anonymous Aboriginal indicator (assumed)
- Anonymous Disability indicator (observed)

(*) Mandatory field