

SYSTEMS INTEGRATION IN PRACTICE: PRACTICAL LEARNINGS FROM COMMUNITIES WORKING ACROSS SYSTEMS TO TACKLE COMPLEX SOCIAL ISSUES

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APRIL 18, 2019



TURNER | STRATEGIES



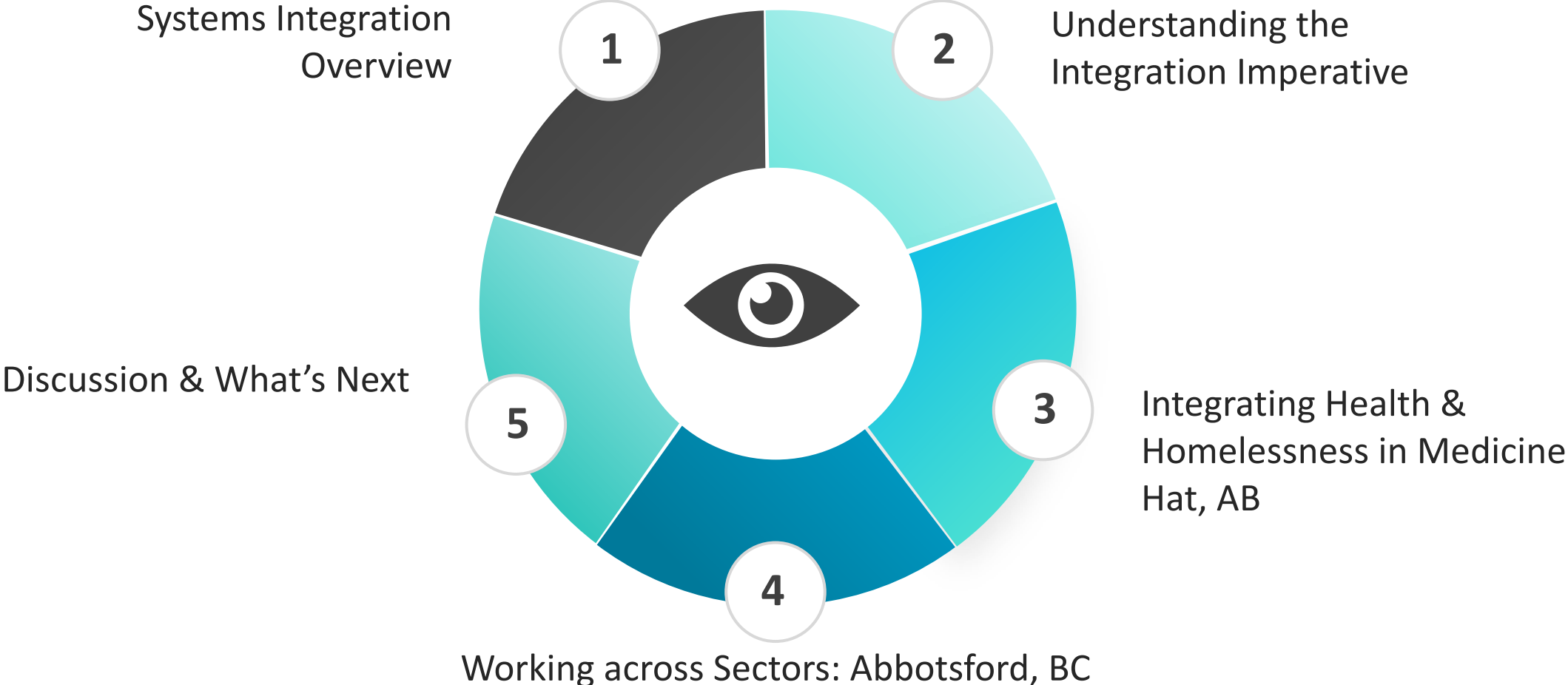
RETHINKING SYSTEMS INTEGRATION

ALINA TURNER

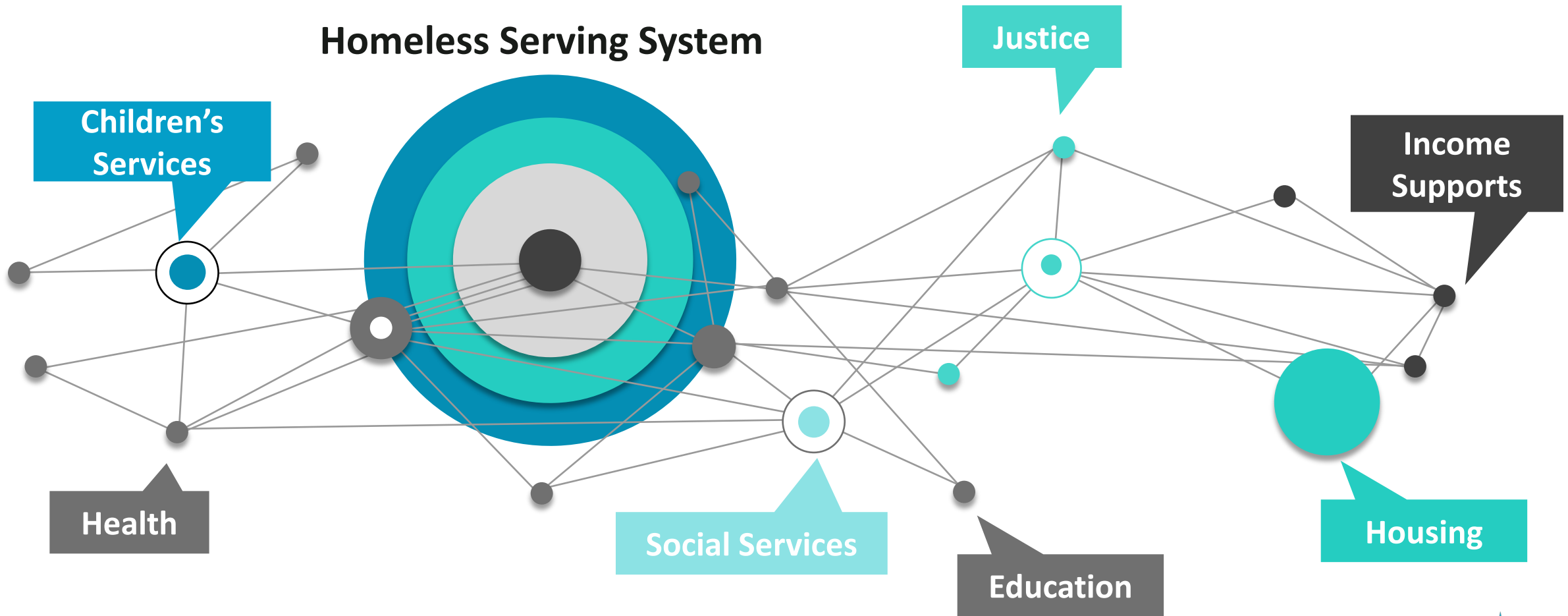


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Agenda



Rethinking Integration



An Integrated Approach

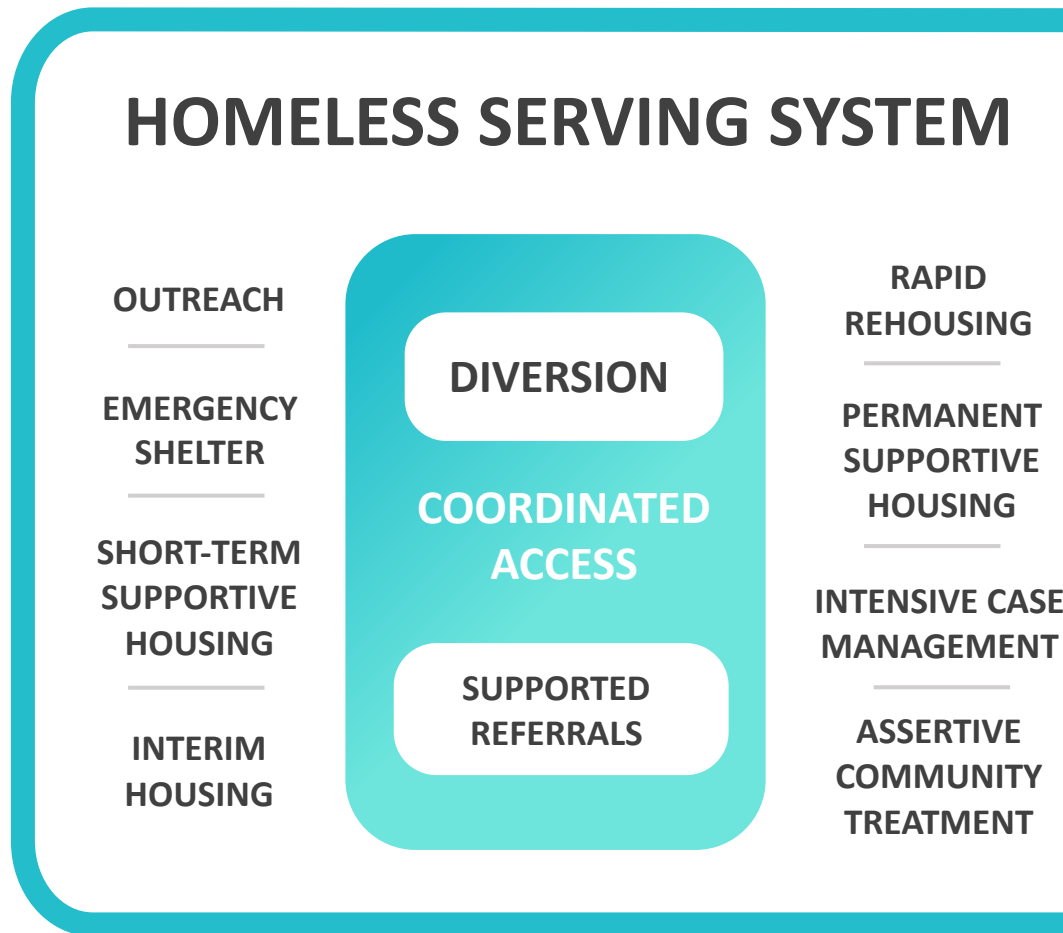
Connect the dots across systems and agencies for those looking for help

Ensure we are leveraging our resources and aligning to common objectives

Community-based mechanism for governance, strategy, funding coordination, and service integration across systems



Edmonton System Planning & Integration



COMMUNITY BASED HOUSING

Includes private market, social housing, rent subsidies through Capital Region Housing.



COMMUNITY BASED SERVICES AND SUPPORTS

Includes prevention and poverty reduction supports through United Way, FCSS, Government of Alberta, EndPoverty Edmonton, etc.



PUBLIC SYSTEM SERVICES AND SUPPORTS

Includes income assistance, justice, child intervention, health, immigration/settlement, domestic violence.

A Holistic, Person-Centred Lens

There are various interrelated domains impacting wellbeing, including basic needs like housing and income, and beyond - such as education and recreation. These domains are impacted by relationships, community, and societal contexts.

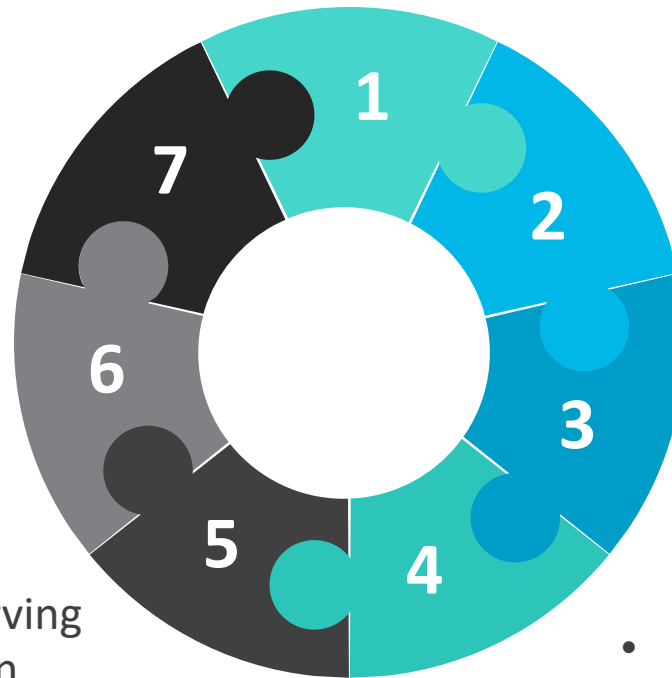
An integrated safety net ecosystem will need to work across these domains to achieve desired impact and overcome the current siloed approach.



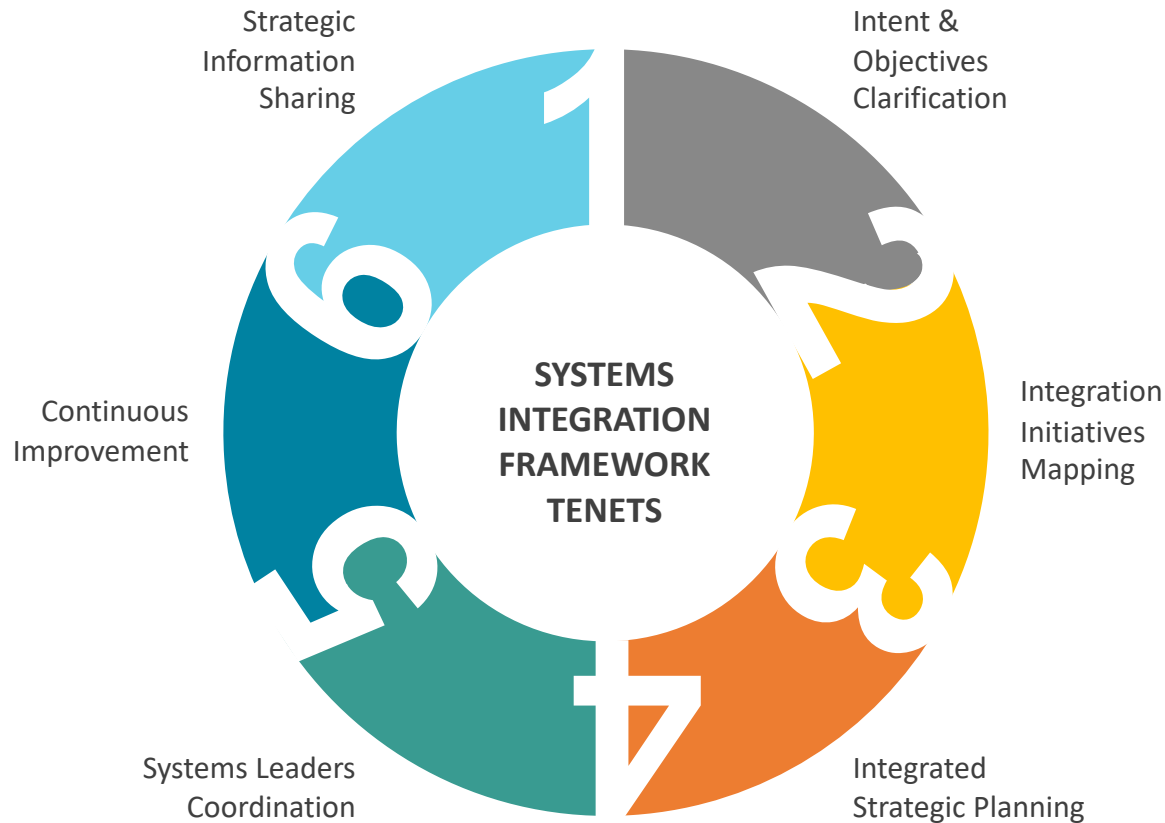
Integration Strategies

Successful integration achieved when particular strategies applied across systems.

- Adopting and using an interagency management information system
- Co-locating mainstream services within homeless-serving agencies and programs
- Centralized authority for homeless-serving system planning & system coordination
- Common policies and protocols, shared information
- Coordinated service delivery and training
- Having staff with the responsibility to promote systems/service integration
- Creating a local interagency coordinating body



A **Systems Integration Framework** to Ensure Efforts Enhance Effectiveness/Efficiency at the Client and System Levels



*...the inability of an integration project, task force, pilot, etc., to demonstrate what impact is being made at the **client level** suggests the potential need for course correction.*

“Bringing it All Together: Integrating Services to Address Homelessness” (Turner & Krecsy, 2019) School of Public Policy, University of Calgary

Why is this important?

In 2017, non-profits generated **\$86 billion in revenues** primarily through contracts with provincial and federal government, complemented by donations.

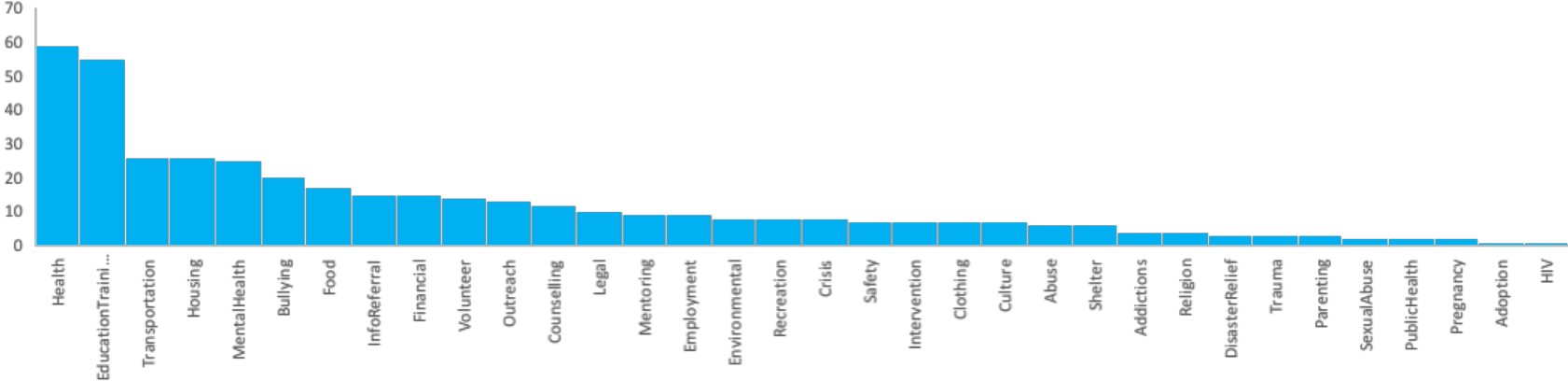
About **\$27 billion** is spent annually on about **170,000** services to deal with mental health, addiction, homelessness, violence and poverty - **mostly by taxpayers via government funding**.

Despite this dizzying array of supports, the most common-cited concern for those struggling with life's challenges is that they **don't know *where* and *how* to access help**.

Not surprisingly, decision-makers in funding/government roles **lack access to real-time analytics and understanding of existing services** to inform strategy & coordination efforts.

Understanding Hamilton's Safety Net Ecosystem

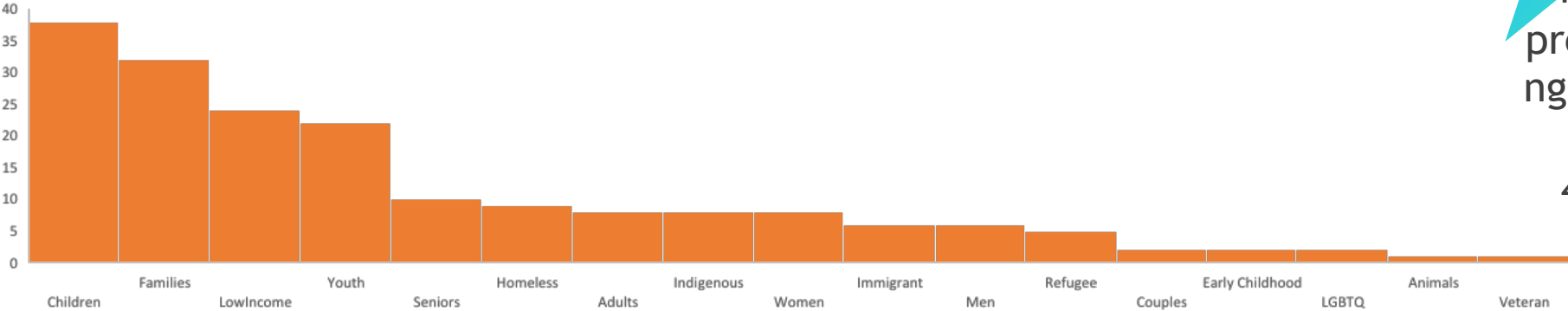
Non-Profit Charities Relevant to Hamilton's Homeless Serving System By Service (n=141)



487 Non-Profit Charities Operating In Hamilton in 2017;

141 had immediate relevance to preventing/ending homelessness via 415 services

Non-Profit Charities Relevant to Hamilton's Homeless Serving System By Population Focus (n=141)



Understanding the Homelessness Safety Net Ecosystem

Of the \$4.7B/yr revenues for Hamilton charities, about \$550m/yr is for services relevant to homelessness.

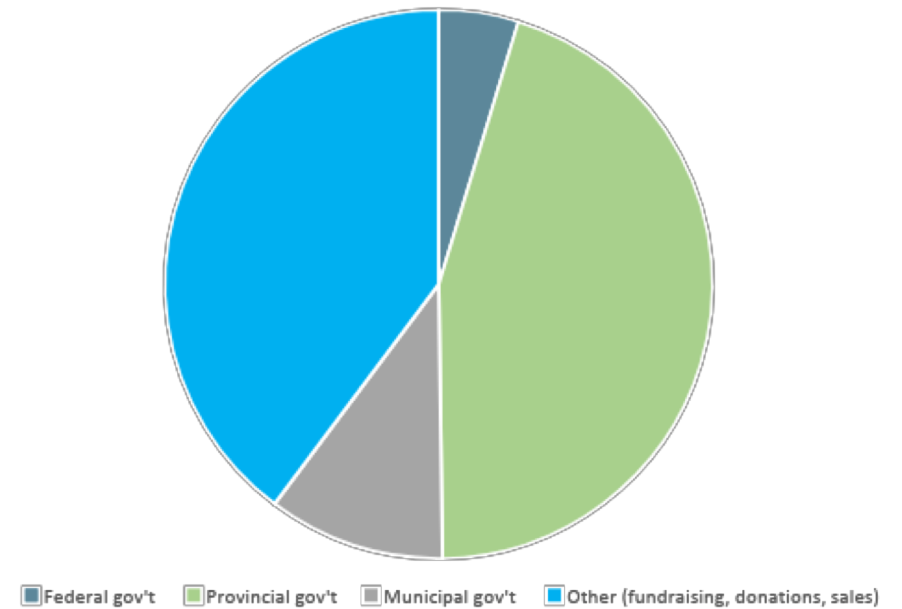
Most comes through provincial contracts/grants: \$246m

Fundraising, donations, sales, rents etc. account for \$217m

Federal govt directly funds \$25.6m

City funds \$57m and as Service Manager/ CE leads local systems planning & coordinates with other funders to maximize impact

Revenue Sources in Homelessness Relevant Non-Profit Charities
(\$545.6 Million/yr)



ABBOTSFORD HOMELESSNESS PREVENTION AND RESPONSE SYSTEM – SHARED OUTCOMES

DENA KAE BENO



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Abbotsford Homelessness Prevention and Response System-Shared Outcomes


Presenter: Dena Kae Beno,
Housing and Homelessness Coordinator
City of Abbotsford


April 24, 2019
Systems Planning
Shared Learning Session



Purpose of today's presentation

- To provide an overview of the Performance Measurement work conducted by the City of Abbotsford as part of the Abbotsford Homelessness Prevention and Response System
- Explain how systems measurement can provide real-time data to track trends, patterns, inform multi-sectoral response, develop community infrastructure, and inform cost-savings to the community by reducing impacts.
- Discuss how the impacts of vulnerability in a community are multi-layered and complex and *how evidence-based data helps to unravel the complexities.*

Service Canada-Reaching Home

 Employment and Social Development Canada Emploi et Développement social Canada





**Reaching Home:
Canada's
Homelessness
Strategy**
Developing
Community-
Wide Outcomes

Service CA requirements

What makes up a Community Progress Report?

Communities will be asked to report publicly on progress in a new annual **Community Progress Report** that would include the following components:

Annual Performance Outputs:

Helps to inform homelessness across Canada and include inflow and outflow values (number of new and returning individuals assessed, number of individuals diverted and individuals that exited to housing).

The section would also allow communities to break down their homeless population by demographics (such as gender, ethno-cultural background, and age).

Community-Wide Outcomes:

- Support communities to monitor their progress toward achieving communitywide objectives.
- Articulates overall effectiveness of their system's response.
- Communities would be required to report annually on a set of core outcomes and associated indicators and offered the opportunity to include a narrative to contextualize their results.
- Beyond the mandatory outcomes, communities will have the opportunity to report on other outcomes to provide a fuller and more complete picture of their homelessness serving system.

Generating a local response



Collaborating with all levels of government, multi-sectors, community organizations, businesses, residents, faith community, and individuals with lived experience.

Mandates, Roles and Responsibility

- Senior government has the mandate for housing, health, and income assistance;
- Local government receives 8 cents on every tax dollar (cover services and leverage assets for community benefit); and
- Local government can convene stakeholders, inform local conditions, share/leverage resources, and advocate to Senior Government.

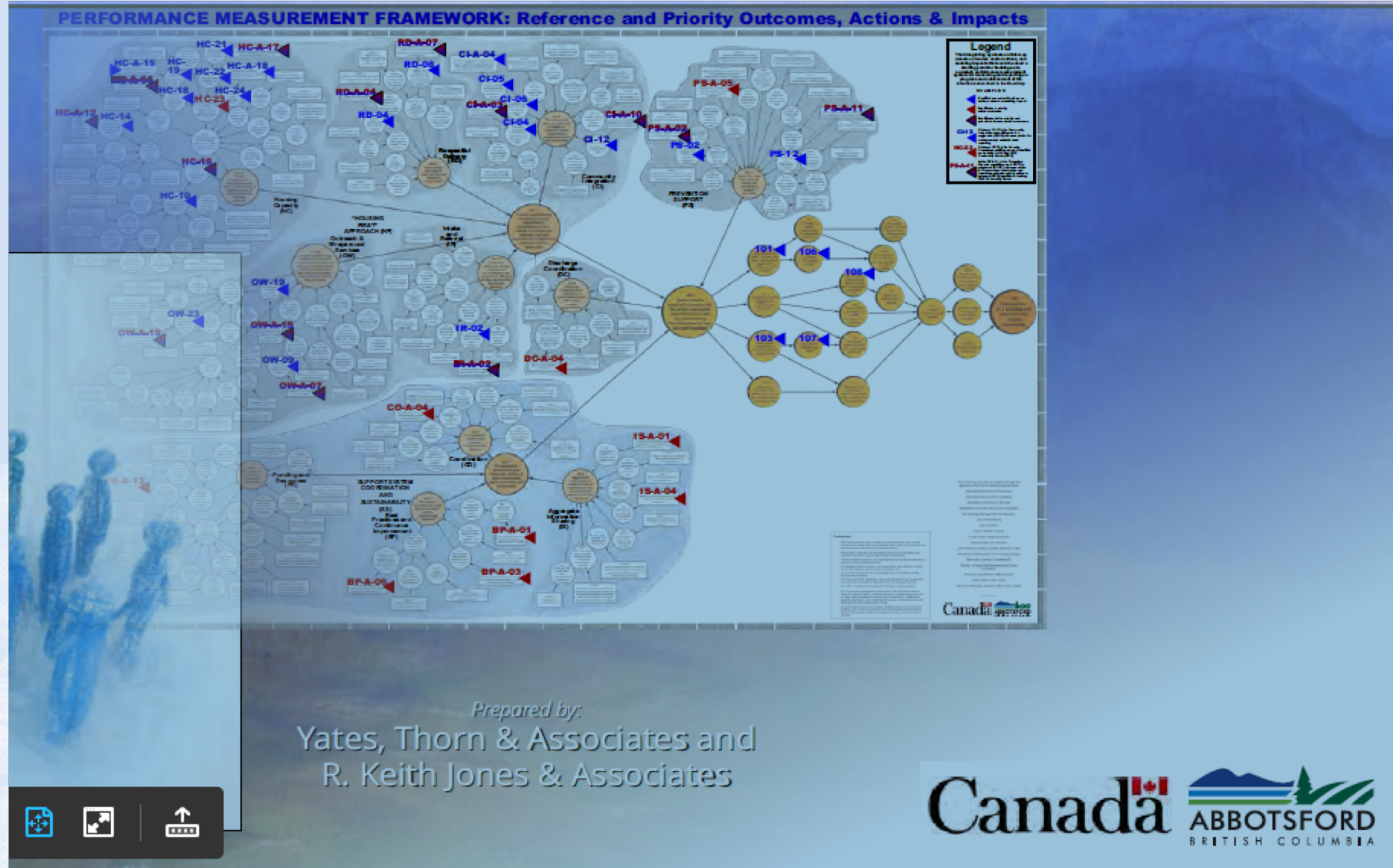
Background

- Fall 2014, City Council adopted the Homelessness in Abbotsford Action Plan and endorsed the formation of the Council appointed Homelessness Action Advisory Committee;
- May 2015, the City received \$400,989 in Service Ca Contribution funding towards the research, development and launch of a Coordinated Intake and Referral model for individuals who are experiencing homelessness in Abbotsford to access housing and supports.

Methods employed

- Community-based action research (dual track);
- Collaborative mapping to identify key areas of focus, strengths, alignment of activities, priority actions, and outcomes;
- Utilized multi-stakeholder research design teams to develop a systems approach and CIR model

Collaborative Mapping



Key Capability Areas emerged

1. Prevention support (upstream and diversion);
2. Discharge coordination (corrections, hospital, care);
3. Housing First approach (intake and referral, outreach/wrap-around supports, housing capacity, respectful delivery, community integration);
4. Support system coordination and sustainability (Coordination, funding and resources, best practices and continuous improvement, and aggregate information sharing)

Abbotsford Homelessness Prevention and Response System

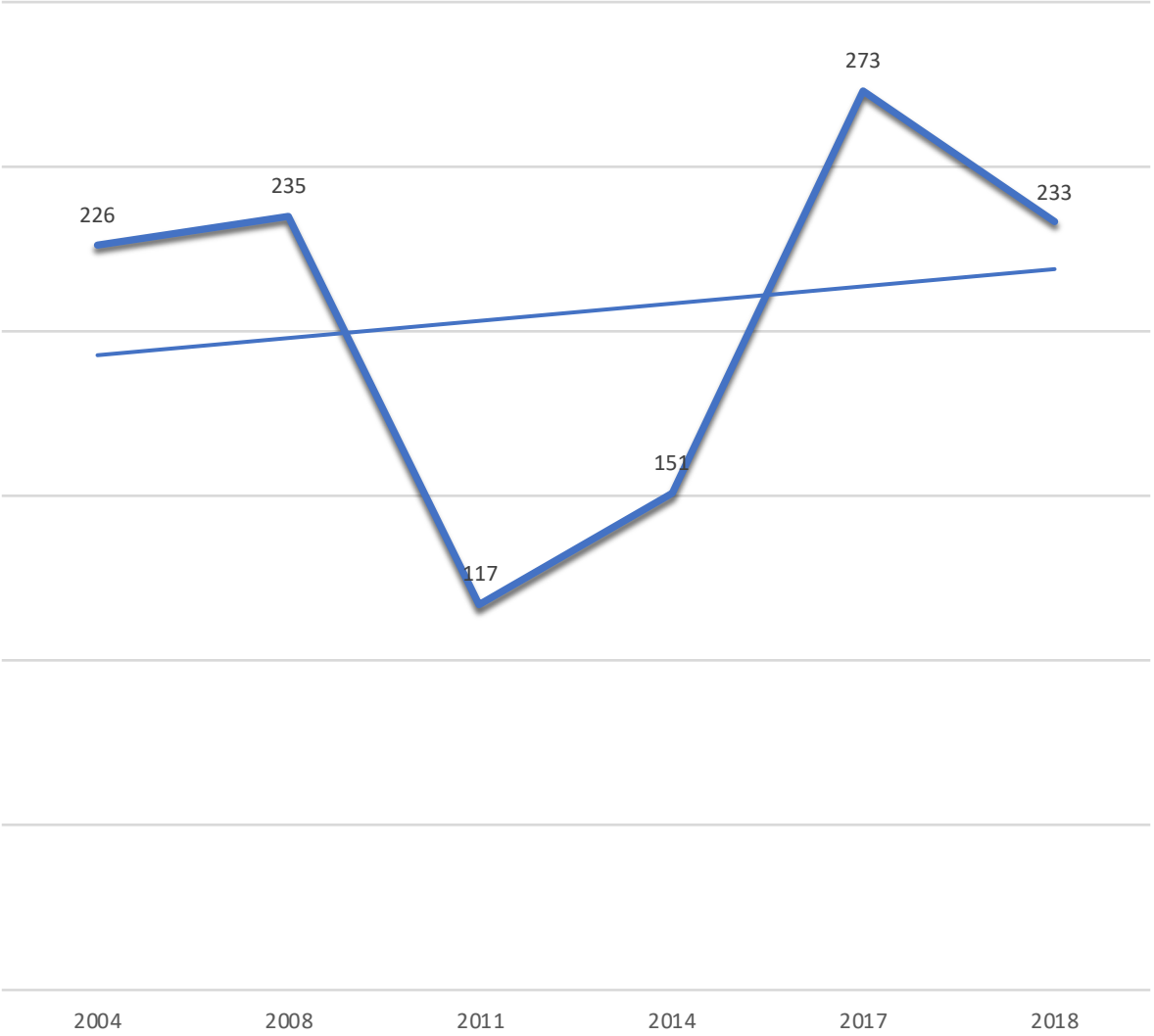
The **AHPRS** was designed by cross-sectoral stakeholders to provide a coordinated, coherent, integrated and efficient approach to responding to and ending homelessness in Abbotsford.

The result will be easier access to **housing and supports** that are best suited to an individual's goals and needs.

Functional Zero Homelessness



**Abbotsford Homeless Count
Totals 2004-2017**

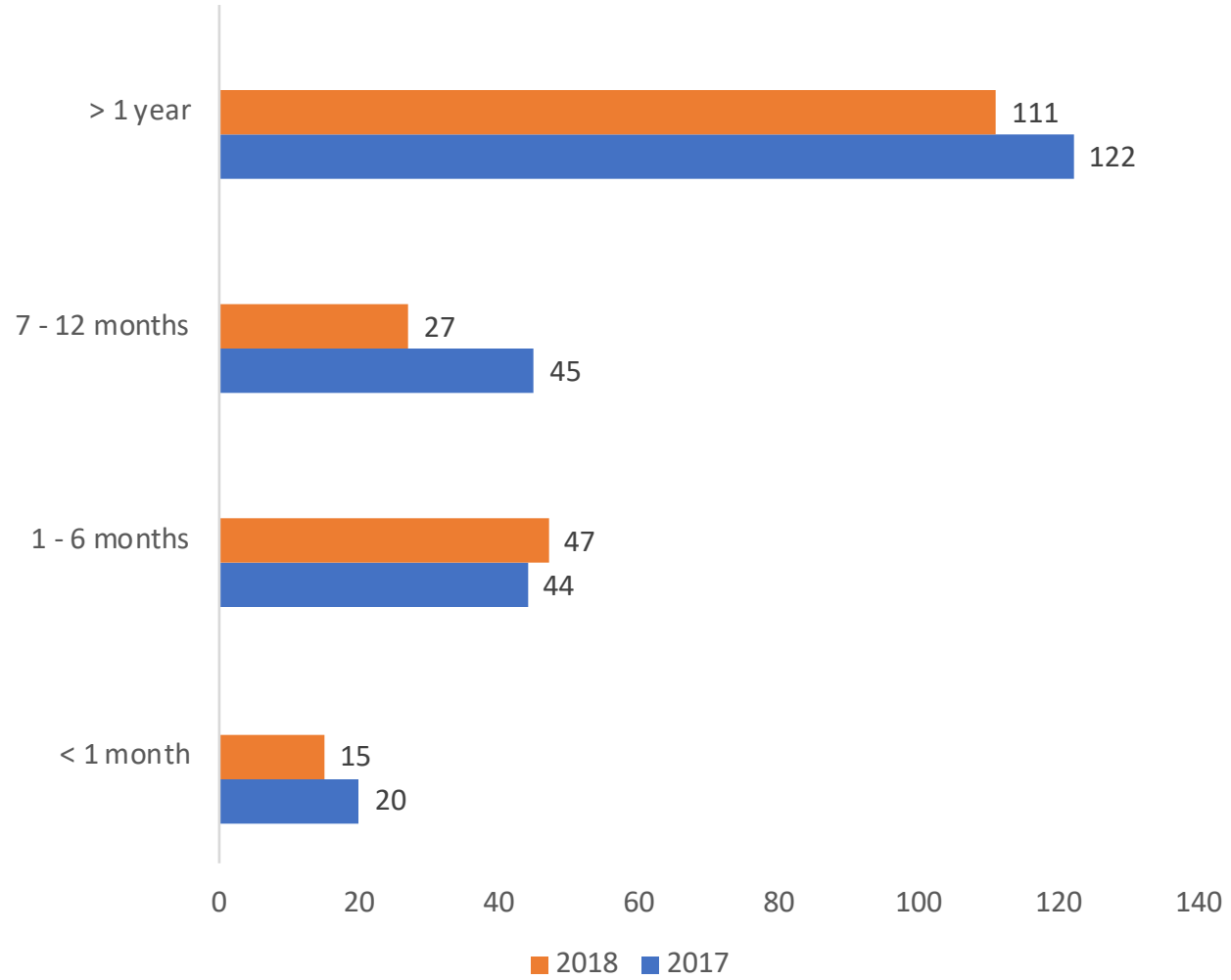


Determining community need

Point In Time Count is a survey of experience not a Census

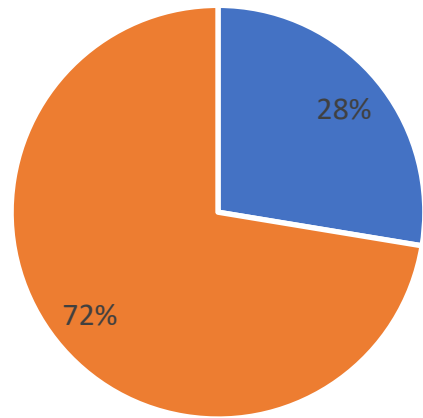
- Individuals experiencing chronic homelessness;
- Largest percentage are between ages 40-59 years old;
- Gender: 65% male, 34% female, 1% bi/trans; and 7% other

Length of being homeless



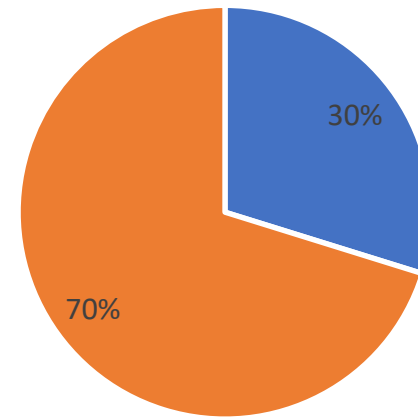
Indigenous presence

2017



■ Indigenous ■ Non-Indigenous

2018



■ Indigenous ■ Non-Indigenous

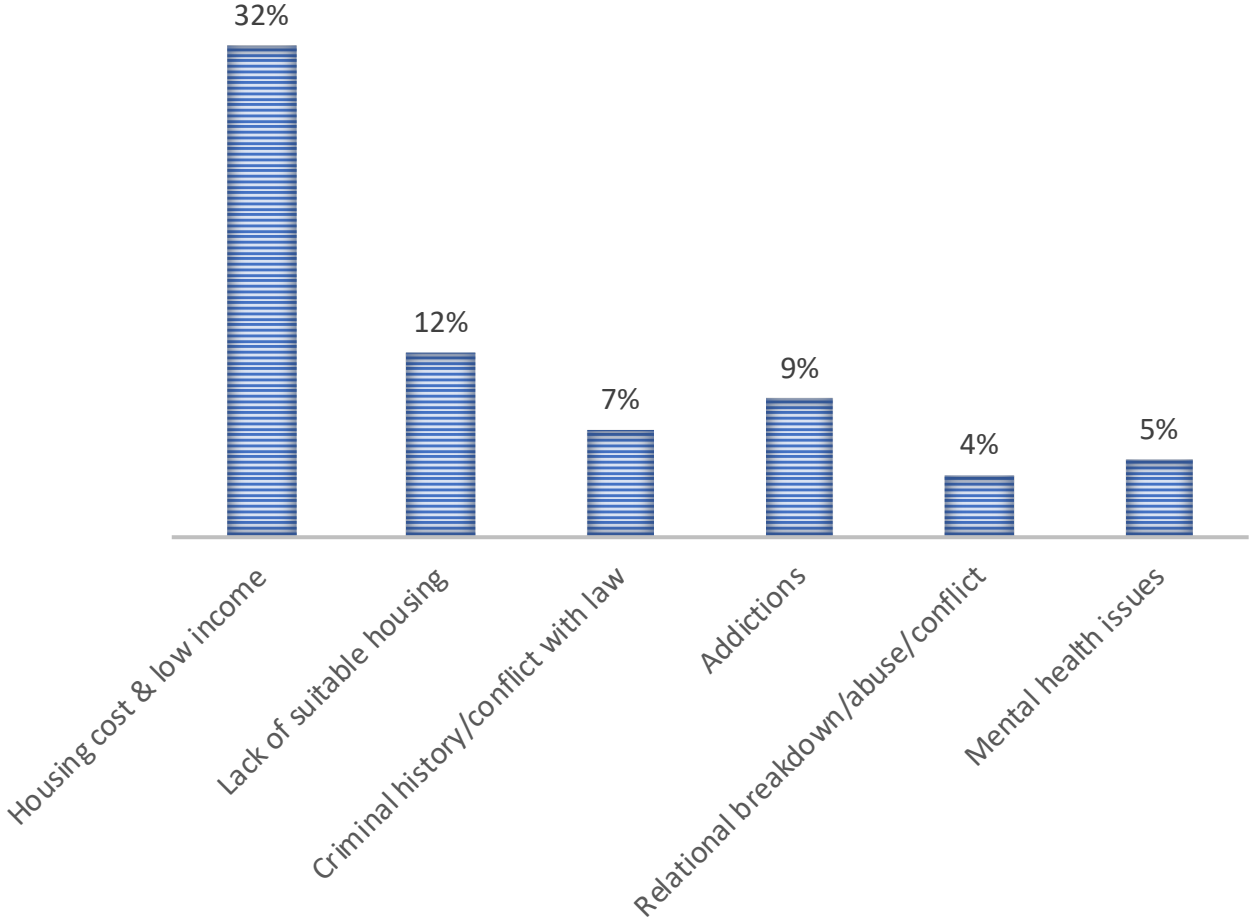
Performance Measurement

The Abbotsford Homelessness Prevention and Response System

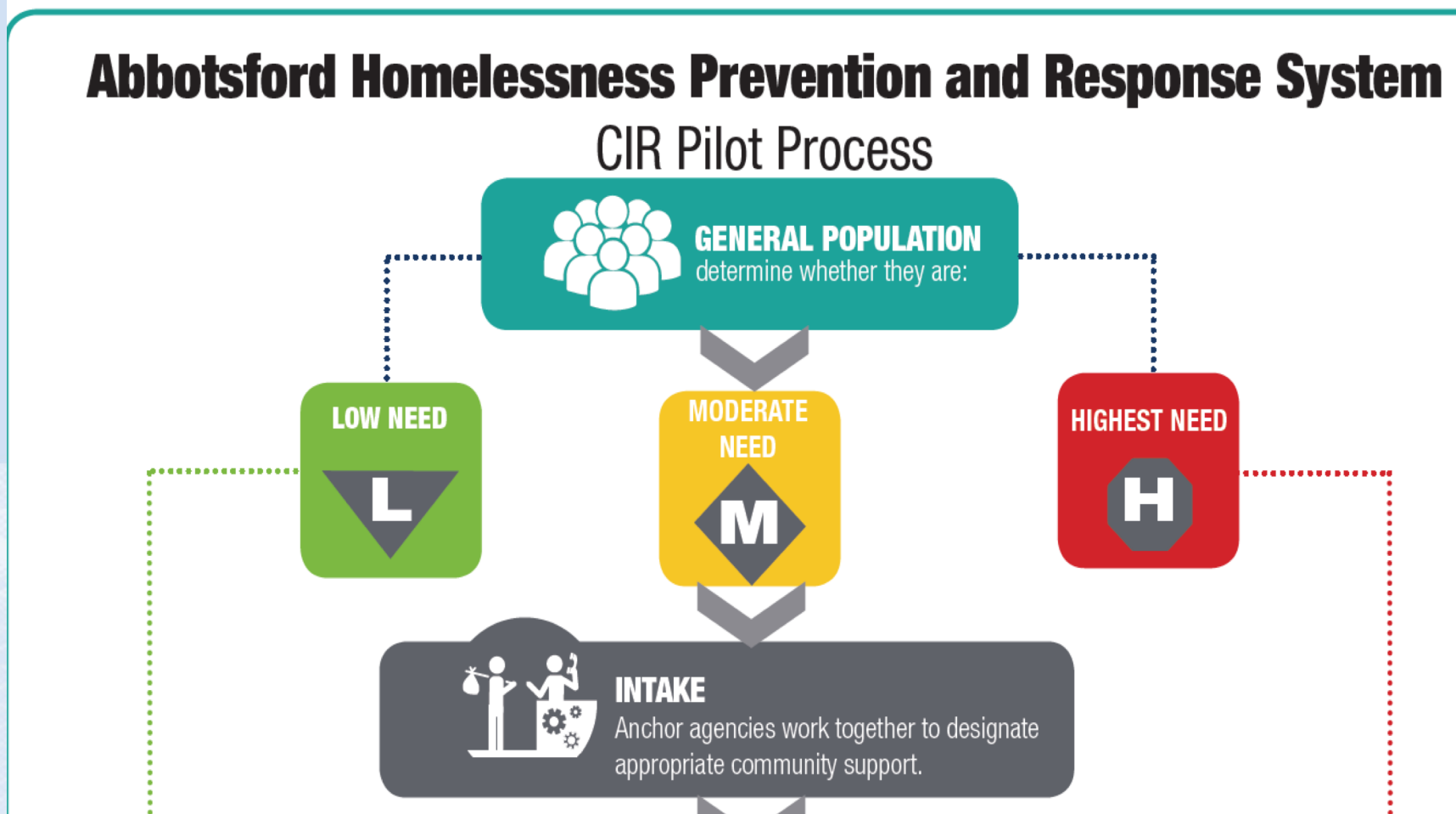
- Systems approach to support people who are either homeless or who are potentially homeless to be assisted on their journey toward being permanently housed.
- The focus is on work processes.
- Overall Strategic Impact: Abbotsford is a socially and economically vibrant community.

OBSTACLES TO HOUSING: 2018 PIT

■ 2018

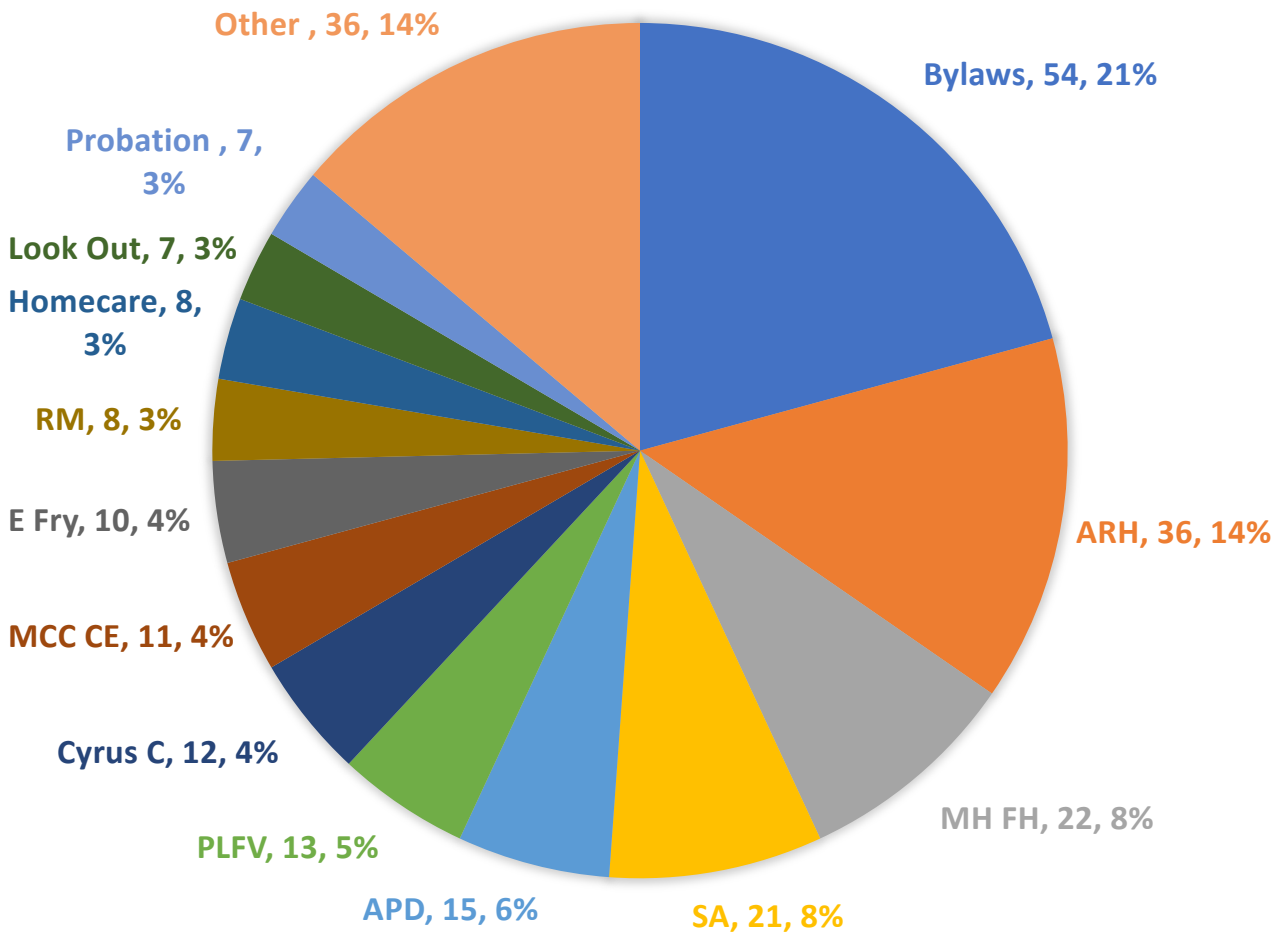


Developing a systems approach

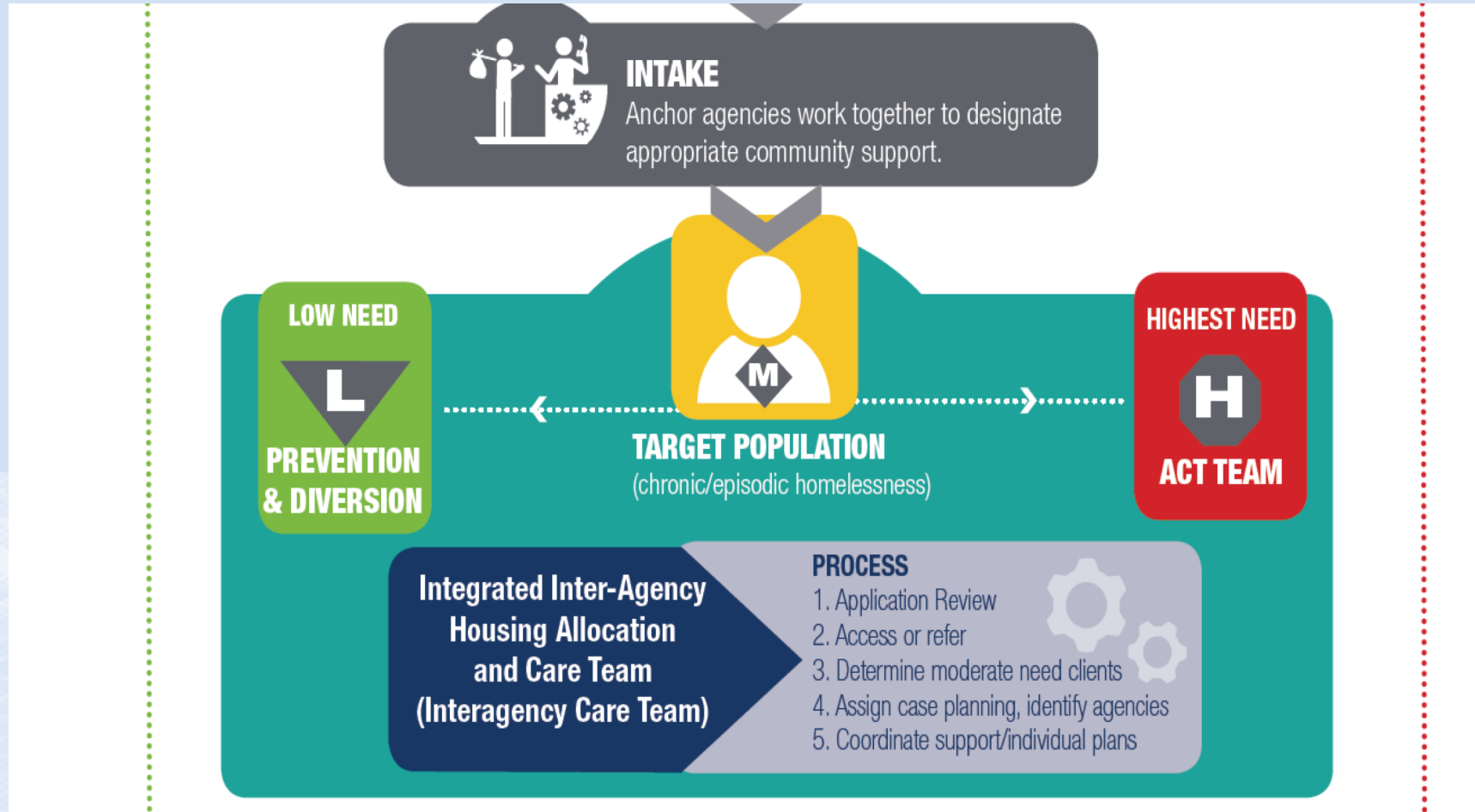


CIR pilot (September 1, 2017-February 1, 2019): 511 referrals, approx.

REFERRAL SOURCE

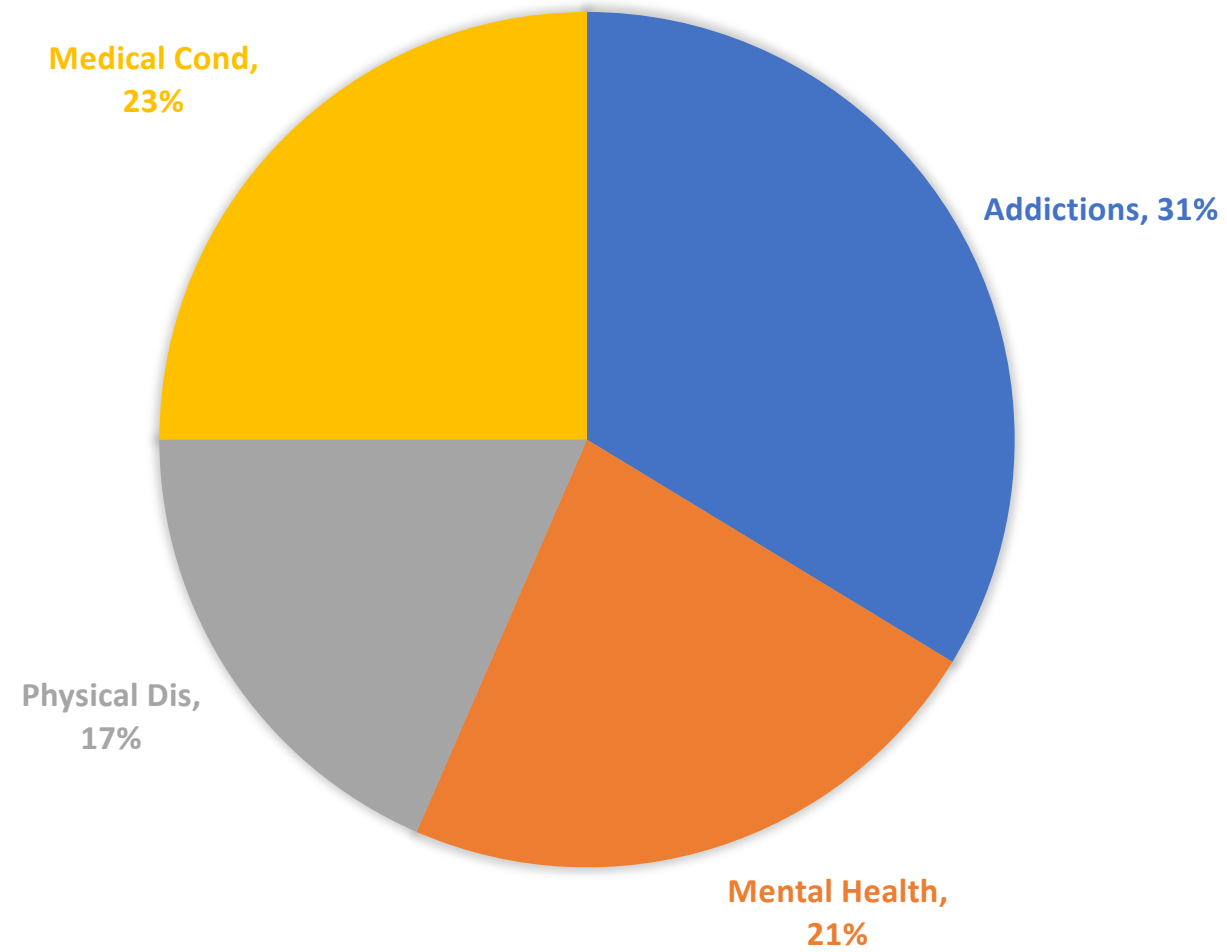


Collaborative Teams emerge

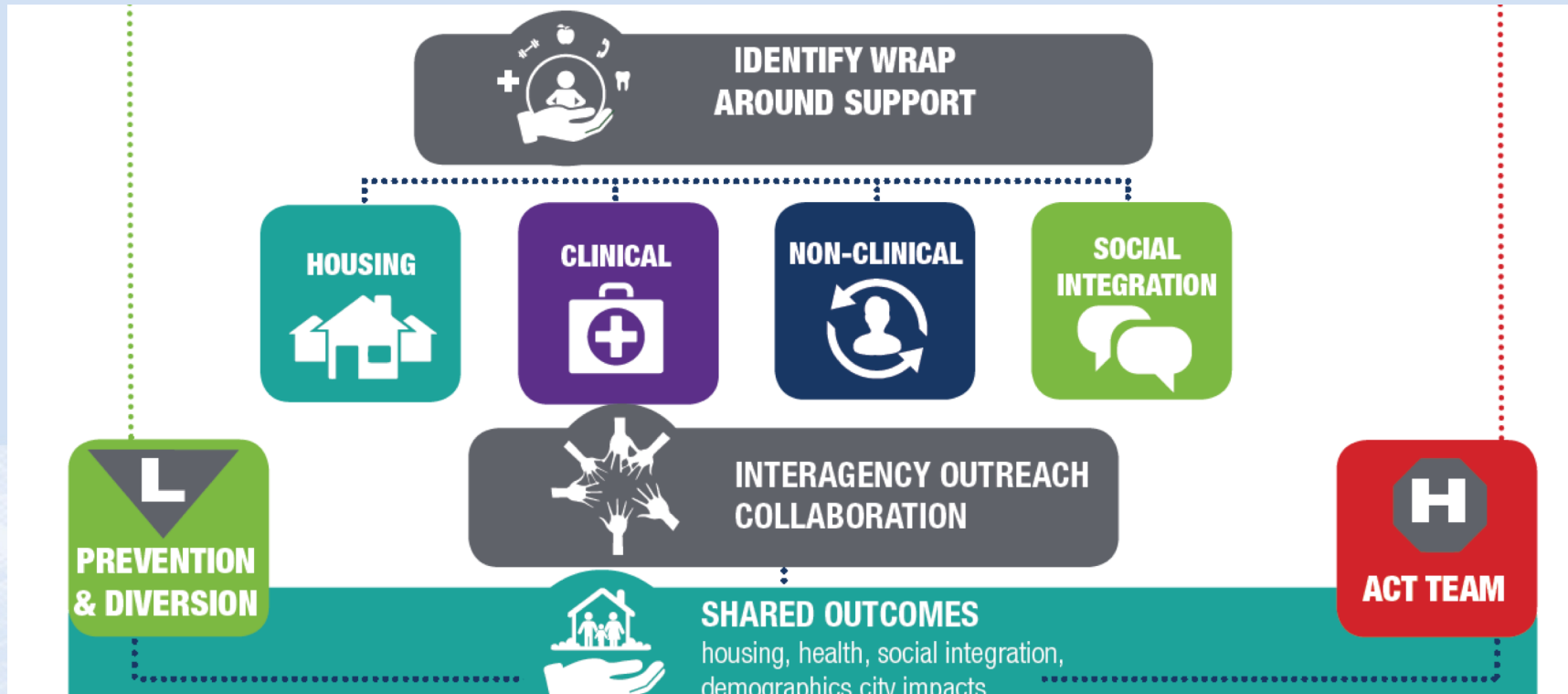


Inter-Agency Care Team provides over 57 individuals with integrated supports and access to collaborative, person-centered care

HEALTH ISSUES – 2018 PIT



Community Infrastructure



Focusing on aligned activities, shared person-centered outcomes; which informs transformational systems change

Steps Towards Wellness

- *A female (30 years old) Inter-Agency Care Team participant, who had been experiencing homelessness, had no income assistance or other funding and was not receiving oversight to manage her mental illness.*
- **Referral by Abbotsford Police Department**

After a few hospital visits due to psychosis, she is now stable on medication, on disability assistance, maintaining housing, and has asked for help to enter treatment. ***“Her family can’t believe the amazing changes that have happened since she has joined the team”*** and she reports a high quality of life.

Doing Things Together

Another key component of the system is the agencies working and sharing together their frustrations, successes, stories, problematic situations and working together to generate collaborative wrap-around support solutions that benefit participants and the service agencies, too.

Sharon Forbes, Intake Function Coordinator notes that she is observing that the community is taking steps towards wellness together. She continues to hear positive feedback that collaboration is now happening for the first time in Abbotsford. She relays that she is very proud to be stewarding this much appreciated shift in “our” the collective “our” supportive service delivery emerging model.

Functional Zero Definition of Homelessness

Functional Zero is achieved when there are enough housing, services, and shelter beds for everyone who needs it.

- Emergency shelters are meant to be temporary and the goal is permanent housing.



Absolute Zero is complete eradication of homelessness

Strategic level performance measures

Step 1:

Four questions must be considered:

1. Where will we measure?
2. What and how will we measure?
3. When will we measure?
4. How will we analyze and manage the information and report the results?

Performance Measurement Framework

Provides a clear description of the where, when, what and how of measuring progress on the achievement of the actions and outcomes of the [Abbotsford Strategy Road Map](#) and [Abbotsford Homelessness Prevention and Response System](#) to:

1. Assess progress towards outcomes and goals;
2. Achieve agreed upon targets;
3. Ensure the System is effective;
4. Assess System and component effectiveness;
5. Support continuous improvement; and
6. Adjust resource allocations, timelines, and strategic interventions, as required.

Outcomes and Key Indicators

- The AHPRS has a set of shared outcomes to ensure the system is well-coordinated, high functioning and sustainable;
- The AHPRS components have key performance indicators and utilize shared measurement and evaluation matrix (e.g. FHA, BC Housing, and WHO-quality of Life);
- Shared funding applications provide reference to shared outcomes and key indicators and projects are monitored, evaluated and reported back to funders with these measures;
- Shifts work from singular agency inputs/outputs to shared, client-centered outcomes.

Community Outcomes

Component	2014	2018
Shelter (year round, temporary, and extreme weather)	26 beds 40 mats, approximately	46 beds 156 mats, approximately
Supported housing	101 units (for specialized population need)	101 units, existing +(83 units of modular housing) +(60 units of rental housing) TOTAL: 345 Units
Coordinated Intake and Referral	Not available	<i>Sept 1, 2017-Feb 1, 2019</i> Received and supported 500 referrals for support, appx.
Inter-Agency Care Team	IACT- Not available (One Outreach-Salvation Army)	IACT- 41 vulnerable participants +ACT Team (addition); MSD; and 5 Outreach Agencies
Housing with Abbotsford Rental Connect (HARC)	Not available	Launched May 2018, intake of 177 pre-screened participants, appx.

Dashboard of Deliverables

- Specific collections of performance data that will allow specific processes of the response system to be monitored, evaluated and managed.
- Examples: number of units available, reduced number of hospital visits, housing retention rates, decreased impact and utilization of services, the cost to the community is reduced and reinvested into the local economy
- Qualitative and Quantitative measures
- Utilizing data and language for diverse end-users to access

Progress Underway

Initiative	Status
<p>Abbotsford Community Hub Centre</p> <ul style="list-style-type: none"> - <i>Integrated Housing, Health, Income Assistance and Essential Services for Vulnerable Individuals</i> - <i>Integrated Court Working Group (community service-oriented infrastructure-AHPRS)</i> 	<p>A partnership with City of Abbotsford, Fraser Health Authority, Ministry of Social Development-Poverty Reduction, University of Fraser Valley, Positive Living Fraser Valley, Inasmuch Society, and Health Aging Abbotsford and MarMar Pharmacy, Dr. Farley (HIV/Hep C Specialist).</p> <ul style="list-style-type: none"> - Business engagement (Peer Ambassadors) - Opened February 2019
<p>Virtual Platform-Digital Equity Strategy</p>	<p>HelpSeeker Abbotsford development, underway; Real-time data platforms, Performance Measurement; ACF Vital Signs alignment</p>
<p>Community of Integrated Practice</p>	<p>Curriculum (UFV-COA), Abbotsford Stories Project (a Series of 4 videos); Lower Mainland Regional Housing Forum (Feb 2019)-Fraser Valley and Metro Vancouver- Host (City of Abbotsford)</p>
<p>Systems Sustainability/Data Mgmt.</p>	<p>Service Canada-Designated Community Status; On-going Systems Coordination; Outcomes Mgmt.</p>

Emerging Systems Outcomes

Creating a healthy and vibrant community infrastructure

1. System integration and community infrastructure approach is key;
2. Cultural transformation is fundamental to systems work;
3. A coordinated entry point has strengthened all components of the AHPRS;
4. Intentional, on-going collaboration and capacity building is essential to develop and sustain systems continuity and effective outcomes; and
5. Sustainable funding and enhanced understanding of the value of systems-based funding is essential (*beyond pilot project or time-limited funding*)

AHPRS

- https://www.abbotsford.ca/community/housing_and_homelessness.htm

At the heart of the system, it's about the person, it's about generating a pathway for transition, and stability for individuals to thrive.

- <https://vimeo.com/296716438/dc210fe92b>

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INTEGRATING HEALTH & HOMELESSNESS IN MEDICINE HAT

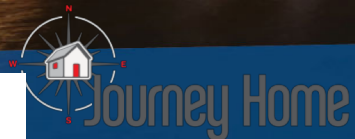
JAIME ROGERS



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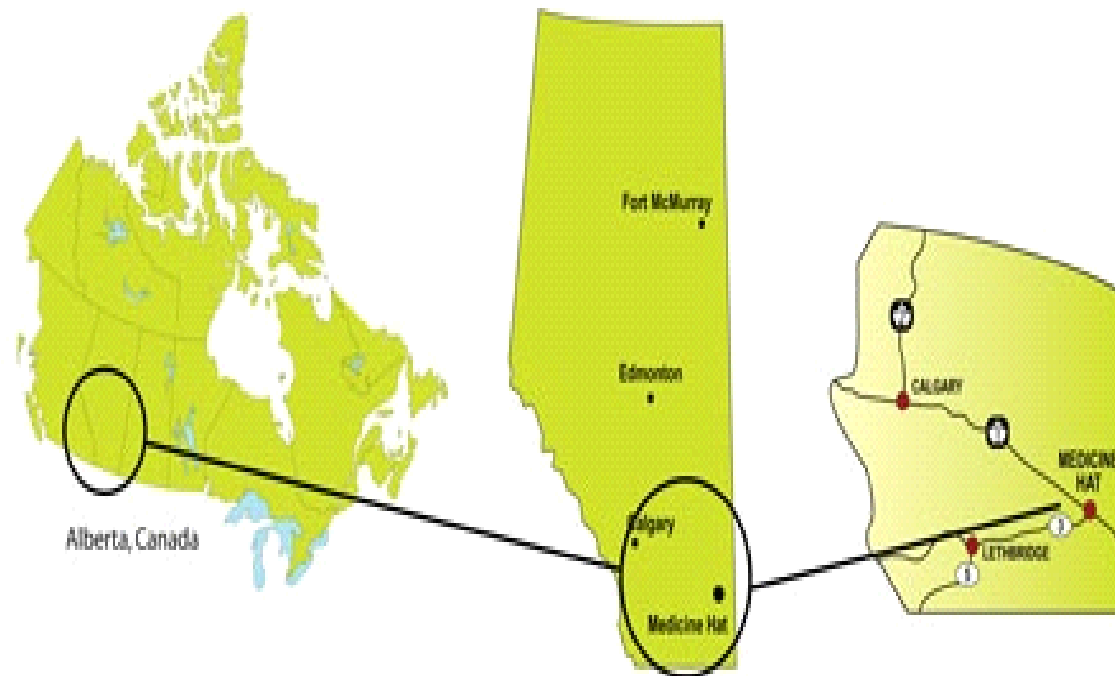
Integrating Health & Homelessness in Medicine Hat

April 18, 2019



Medicine Hat

- Population (2016)
63,230 people
- 5.8% of residents identify as Indigenous
- Homeless population
(2018 Enumeration)
 - 68



Medicine Hat Community Housing Society

NFP, charitable organization with 2 mutually supporting core business functions:

1. ***Housing Programs***

MHCHS has been established as a “Housing Management Body” (HMB) by Ministerial Order; a HMB is established for the purpose of administering social housing programs for the government under the Alberta Housing Act.

2. ***Homelessness Initiatives***

MHCHS has been established as the Community Based Organization (CBO) and Community Entity (CE) for Medicine Hat, charged with leading and implementing the local Plan to End Homelessness. A CBO (provincial) and CE (federal) is established for the purposes of system planner and administering funding from these respective jurisdictions, targeted to initiatives aimed at ending homelessness.

Medicine Hat System Evolution

- 5 Year Plan to End Homelessness developed 2009/10
- Implemented HMIS 2009
- Implemented CAS 2010
- Developed by-name shelter list with CAS in 2011
- Refocused Plan to End Homelessness in 2014
- System Planning & Coordination 2015
- Downsizing of Housing First Programs in community 2016/17
- 15 units of PSH added 2017, 15 units in 2019
- Re-thinking options & the opioid crisis 2018 – current
- Brining it home – 2019-20

Medicine Hat Homeless Serving System

3 Emergency Shelters

- Youth (1 community bed)
- Adult (30 beds)
- Family Violence (30 beds)

Coordinated Access (Central Intake)

HF Program

RRH Program

PSH Program

Graduate Rental Assistance Program

Youth Hub Outreach Program

Counselling Program

Financial Administrator Program

Community-Based Addictions Crisis Worker

Drop-In Program

Systems Navigators (prevention focused)

Community Capacity Building

Recovery / Stabilization Program

Landlord Relations

Lived Experience Group

Health & Housing

1. Community Based Addictions Crisis Workers

- Health \$ to CBO 2017
- Collective community partner conversation – identifying need
- Disruptive conversations & egos
- In the best interest of ?
- Collaborative partnership with Medicine Hat Police Service, Alberta Health Services (AHS)

2. Recovery /Stabilization

- Collaborative partnership with AHS
- Provide a safe and supportive sober transitional environment for individuals who are in recovery, specifically those who have completed detox (3 beds) and are waiting for residential treatment programs, and those who have completed residential treatment (6 beds), and ready for discharge into community.
- Improved health and housing outcomes for individuals at risk of relapse while awaiting for treatment and transitioning out of treatment.

Learnings & Lessons

1. Integration and interfacing of systems and services
2. Disruptive conversations – have them, learn to appreciate them
3. Reset and refocus
4. Egos
5. Impact

Contact Information

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QUESTIONS?



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