COVID-19

Homeless System Response:
Leveraging Integrated Data to Support and Enhance COVID-19 Responses

Client-level data integrated from multiple sources can be used to improve policies, programs, and practices aimed at ending homelessness and increasing care coordination. At this time, Continuums of Care (CoCs) may have an increased need for integrated data in order to respond to COVID-19 by better understanding their current shelter population, the range of client needs, and their coordination with other stakeholders, such as public health.

This brief outlines elements of successful data integration projects as well as examples from communities that demonstrate how integrated data is being leveraged to enhance decision-making and client outcomes. During a COVID-19 response, integrated data can be used to target clients most at risk of negative outcomes for interventions, estimate the impact of the disease on the homeless sector and partner systems, track clients and resources to keep case managers and other decision-makers informed, and improve coordination across sectors to leverage all available resources at this time.

The following are key elements of successful data integrations:

- *Leadership and community partnerships*: By promoting a culture of data-informed decision-making, leadership will need to set a tone for stakeholders, employees, and partners that ensures data integration is a priority and sufficient resources are directed to those efforts. Many data integration efforts have a governance charter similar to that of CoCs or shared Homeless Management Information System (HMIS) systems. Resources for CoC governance and management are available through the U.S. Department of Housing and Urban Development (HUD).
- *Financial investments*: Data integration projects require investments in both seed funding and ongoing financing structures. Costs can include new technology, technical and project staffing to launch the initiative, ongoing stakeholder convenings, and sometimes consultant fees for outside guidance. Grants through the Robert Wood Johnson Foundation and DASH are often used to fund start-up costs, as are local philanthropic organizations. Connect with local organizations and department heads to assess funding opportunities.
- *Clear, high-value use cases*: A use case defines specific intended purposes and outcomes to be produced by the data integration effort. Successful data integration projects begin with clear use cases explaining how data integration can solve local pain points or improve systems and care coordination. Key stakeholders should provide input on your use case. Resources to select stakeholders and facilitate use case development are available.
- *Privacy and data-sharing environments*: Data-sharing solutions rely on an intentional privacy framework that establishes allowable uses and disclosures of data from every partner participating in the integration. Forms such as client consent, notice of privacy practices, and a Memorandum of Understanding (MOU) for data sharing across partners will need to be part of a data-sharing solution. Current MOUs and client consent may allow for sharing under certain circumstances, such as expediting needed care, that may be present under local public health orders. However, amendments may be required to accommodate a comprehensive data-sharing solution. More information can be found on the HUD Exchange.
- *Staffing capacities*: Staff leading the data integration will need program knowledge to translate policy and program objectives into the shared data requests and analytic approaches, as well as technical skills to standardize data for the integration platform. These individuals will also need to analyze and translate data findings, maintain and update the data infrastructure, share results with key stakeholders, and encourage data utilization. Training resources and technical assistance to enhance current staff capacity is also available to CoCs.

- *Technology capacities*: Communities have to select an appropriate software to house their integrated data. Your current HMIS system may not be an appropriate tool to house matched data. Assess your current HMIS capabilities and available tools. Software will need the capability to store and match data across multiple indicators and providers. There are free tools available, as well as common paid platforms for more advanced integrations.

Community Examples

There are a wide range of successful data integration projects across the country operating at the city, county, and state levels. This section presents an overview of three data integration projects being used to target housing placements, improve referral systems, and strengthen complex case management.

Michigan

In 2013, the Department of Health merged with the Department of Human Services. Leadership set a mutual goal of moving to a housing-as-healthcare model, aiming to have a more person-centered approach to case management. Leveraging existing research clauses in privacy agreements, the new department was able to secure resources for a pilot program in four communities throughout the state, providing wrap-around case management and housing vouchers to select clients. Using merged data from Medicaid and HMIS, analysts identified individuals who were experiencing high levels of vulnerability but did not qualify for permanent supportive housing to target for the new housing vouchers. This data proved to be more accurate at demonstrating barriers to housing and the potential of increased expenditures than the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT). In addition to housing, the identified clients also received healthcare case management services.

North Carolina

North Carolina created a statewide referral network known as NCCare360 to connect those with identified needs to community resources and to monitor client outcomes. Currently, approximately one-third of all referrals in the system are related to housing resources. Funded through grants and philanthropy and based on the idea that flexible healthcare dollars could be spent on social needs to drive positive client outcomes, the system combines data from HMIS, community providers, and benefit programs (e.g., Medicaid) to create detailed client records. Each service provider and case manager can view comprehensive client information, making informed referrals and choices for client care. Additionally, each provider can see the outcomes of these referrals and know if a client followed through on appointments or was provided services. In response to COVID-19, NCCare360 is being used as a platform to disseminate information about both clients and provider operations.

Humboldt County, California

The North Coast Health Improvement and Information Network (NCHIIN) operates with the Humboldt County, California Department of Health and Human Services and public hospitals. Focusing on high utilizers, the system tracks clients experiencing homelessness for emergency room intakes, jail bookings, psychiatric admissions, and other system contacts. A standard participation agreement, developed with state lawyers and public health officials, facilitates ease of data access. The people included in the system are often clients being prioritized for permanent supportive housing. The information allows case managers to have a clear picture of their client's circumstances, location, and documentation needed to obtain different services. The project is funded through grants, local government allocations, and modest participation fees. The project is governed by a coalition of government, non-profit, and health partners, articulating the mission and vision of the exchange in line with how the data should be used.