HMIS Lead & System Administrator Monthly Webinar

March 25, 2020

During the call

› All participants are muted

› We are recording. Slides and a recording will be provided through the Sys Admin Hub.

› Use the Question feature in Adobe Connect to ask questions during the presentation.

› Help us give better answers: provide context when you ask your question (slide # or re: topic) and be specific!

After the call

› Use the Ask A Question section on the HUD Exchange for community-specific questions, or questions we were unable to address. Select **HMIS** in Step 2

› Help us give better answers: provide context when you ask your question (slide # or re: topic) and be specific!

› Tell us in the HMIS AAQ that you are asking a question based upon the "HMIS Lead/System Admin webinar"

Acknowledgements

Participating/Contributing HUD Staff:
- Fran Ledger, SNAPS Office

Participating/Contributing TA:
- Mary Schwartz, Abt Associates
- Brian Roccapriore, Cloudburst
- Abby Burgess, ICA
- Melissa Witham, C4 Innovations

Participating/Contributing Communities:
- Meradith Alspaugh, Partnership Center, Cincinnati, OH
- Weston Schild, Executive Director at Capital Area Alliance for the Homeless
- Susan Walker, HMIS System Admin for the Louisiana Balance of State CoC at Capital Area Alliance for the Homeless
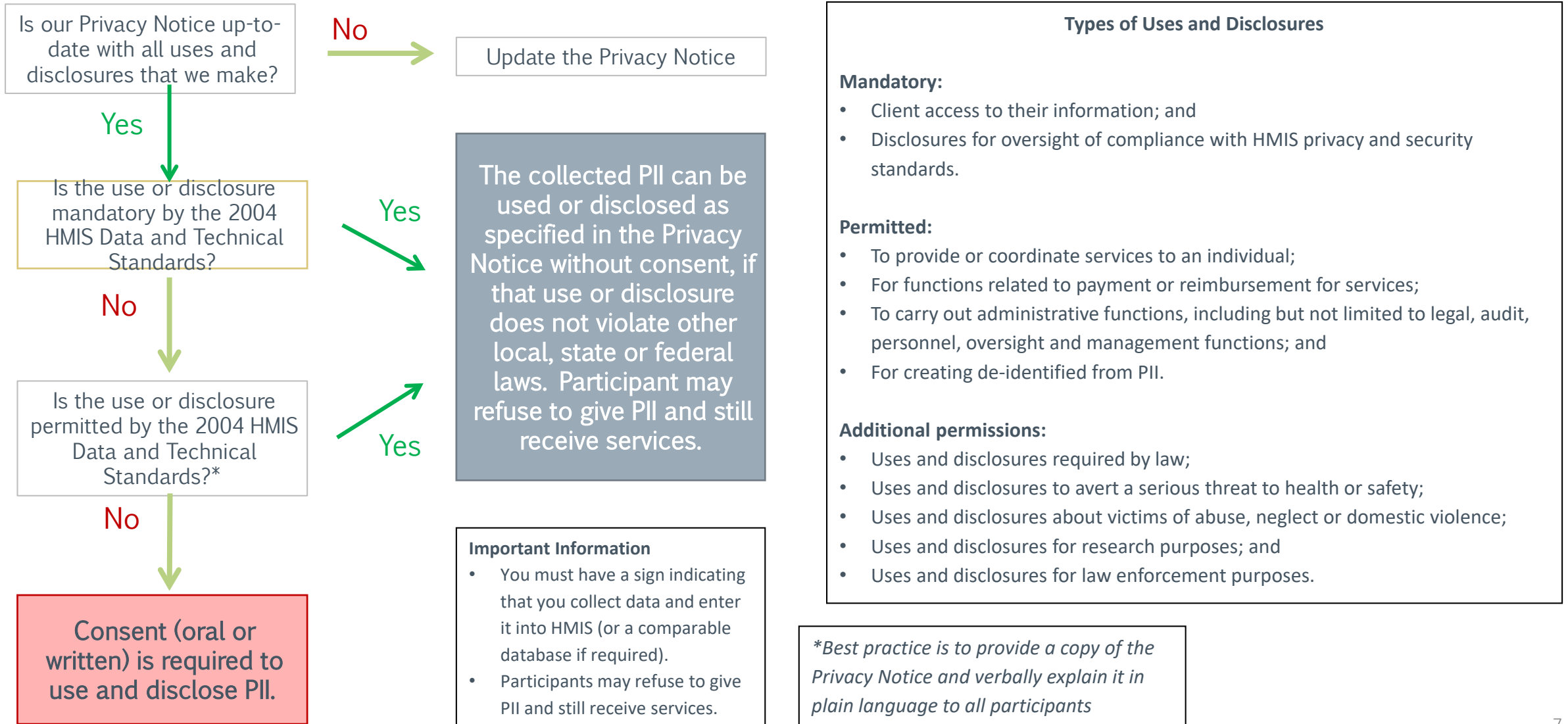
Agenda

- Data Sharing & Privacy Guidance
- HMIS Project Set-up and Data Collection Guidance
- Community Presentations
- Q&A

Data Sharing and Privacy

Fran Ledger
Mary Schwartz

Data Sharing Under Normal Operations

Is our Privacy Notice up-to-date with all uses and disclosures that we make?

No → Update the Privacy Notice

Yes ↓

Is the use or disclosure mandatory by the 2004 HMIS Data and Technical Standards?

Yes →

No ↓

Is the use or disclosure permitted by the 2004 HMIS Data and Technical Standards?*

Yes →

No ↓

Consent (oral or written) is required to use and disclose PII.

The collected PII can be used or disclosed as specified in the Privacy Notice without consent, if that use or disclosure does not violate other local, state or federal laws. Participant may refuse to give PII and still receive services.

Important Information
- You must have a sign indicating that you collect data and enter it into HMIS (or a comparable database if required).
- Participants may refuse to give PII and still receive services.

Types of Uses and Disclosures

Mandatory:
- Client access to their information; and
- Disclosures for oversight of compliance with HMIS privacy and security standards.

Permitted:
- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

Additional permissions:
- Uses and disclosures required by law;
- Uses and disclosures to avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect or domestic violence;
- Uses and disclosures for research purposes; and
- Uses and disclosures for law enforcement purposes.

*Best practice is to provide a copy of the Privacy Notice and verbally explain it in plain language to all participants

Data Sharing & Privacy Guidance

Please find balance locally

- Data Collection Balance
- Data Sharing Balance

Data Sharing (disclosure) guidance

› HMIS Security & Privacy Standards have primary provisions to support data disclosure:

- Disclosures required by law

- Disclosures to avert a serious threat to health or safety if
  - The CHO, in good faith, believes the <u>use or disclosure is necessary</u> to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public;

  AND

  - The use or disclosure is made <u>to a person reasonably able</u> to prevent or lessen the threat, including the target of the threat.

Data Sharing Scenarios

CHO disclosing to:	Is disclosure required by law?	Is disclosure necessary to prevent or lessen a serious and imminent threat; AND	Will disclosure be made to a person reasonably able to prevent or lessen the threat?
Public Health Authority	If yes, disclosure is allowed. If not, move to next columns.	Any public health authority qualifies as a recipient of identifiable participant information about exposure to or infection with COVID-19 under this provision.	Any public health authority is reasonably able to prevent or lessen the threat from an infectious disease like COVID-19.
Health Care Provider		CHO must decide in good faith if disclosure is necessary to prevent or lessen the threat.	A health care provider can be presumed to reasonably be able to prevent or lessen the threat.
Emergency shelter staff, other homeless providers, transportation providers, emergency workers, first responders, quarantine/isolation facilities		Given the highly infectious nature of the COVID-19 virus, disclosure to any of these people/providers is necessary to protect the individual, other participants, and provider staff.	These providers/people are presumed to reasonably be able to prevent or lessen the threat.

Authority to disclose is not unlimited

› If Public Health Agency does not seek or require participant PPI, then PPI should not be disclosed.

› If it is sufficient to give adequate notice to a Health Care Provider without disclosing PPI of one or more participants, then it would be appropriate not to disclose PPI.

› Do not send a list of all infected participants to a provider if only one person is being referred.

Privacy Notice Updates

› If you find your Privacy Notice isn't up-to-date, you may update it at any time.

› Any changes made to Privacy Notices can be retroactive.

› Privacy Notices can be more restrictive, but not less restrictive, than HUD Privacy Standards.

› The ability to change a privacy notice is not unlimited.

› The notice must still meet all the requirements of the HMIS Privacy and Security Standards.

Current Resources

› HUDExchange.info has the most recent COVID-19 information for the population we serve: https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-community-planning-and-preparedness

HMIS Project Set-up and Data Collection

Meradith Alspaugh

COVID-19 HMIS Project Setup

› Questions to consider:

 – What HMIS data is necessary to inform the community's planning and response?

 – What processes currently exist that can be used as a starting point?

 – What additional data points would help your community effectively manage information about persons experiencing homelessness so that they and their service providers can remain safe and access treatment?

 – What are your CoC's privacy and security policies governing the HMIS and data sharing?

 – Is the HMIS robust enough to be used for system-wide screening, alerts and tracking?

 • If not, can the HMIS be used by individual projects to help with screening and tracking, and how can this support the broader community response?

Community Example

Cincinnati, OH
Meradith Alspaugh

COVID-19 Project Setup - Cincinnati

› Issue:
- Shelters report concern that residents are getting tested for COVID-19 but there is no meaningful way of communicating about the client's monitoring status, testing status, a way of messaging to other shelters when client goes MIA or messaging clients who leave shelter.

› Solution
- Expand on existing framework for TB notification process already built in local software.
- Create a project that users AND City & County Health Department staff can access to record updates about client's testing status and quarantine location.

COVID-19 Project Setup - Cincinnati

› The COVID-19 Tracking Project supports the projects serving people who are homeless and residing at an emergency shelter and/or connected to street outreach programs in Cincinnati and Hamilton County.

› The COVID-19 system which allows transmission of personal data was approved by both the Health Commissioners of the City Health Department and Hamilton County Public Health as is required.

COVID-19 Project Setup - Cincinnati

› Access

– The COVID-19 project is only open to authorized workers of the agencies where emergency shelter and street outreach is provided.

– Executive Directors must authorize the users. Only persons with a need-to-know and who understand the confidential nature of this work should be provided access.

– NO data may be shared with any person outside of the authorized users of this system.

COVID-19 Project Setup - Cincinnati

› Dashboard

Active clients	Filter by Client location:	Filter by Result:

Showing 1 to 4 of 4 entries   Show 50 entries   Filter:

Public ID	Client phone number	Client location	Quarantined?	Last updated	Result	Result date	Client messages	
Zebra9531↗	unknown	City Gospel Mission	Self-quarantine on 3/19/2020	3/24/2020	Result positive	1/22/2020	➕ 3/17/2020	✏ EDIT↗
Bill5505↗	513-316-0924	Shelterhouse Volunteer Group	Self-quarantine on 3/19/2020	3/24/2020	Result pending		🟢 3/24/2020	✏ EDIT↗
Jenny2232↗	555-555-5555	Shelterhouse Volunteer Group	Quarantine at city facility on 3/20/2020	3/24/2020	Result positive	3/20/2020	🟥 3/24/2020	✏ EDIT↗
Lemongrass0786↗	555-555-5555	VA	Quarantine at city facility on 3/20/2020	3/24/2020	Result pending		🟢 3/23/2020 ➕ 3/23/2020	✏ EDIT↗

Showing 1 to 4 of 4 entries   Show 50 entries

Previous   1   Next

COVID-19 Project Setup - Cincinnati

› Workflow for shelter and outreach workers
  – Pre-screen client for appropriateness for testing referral
    • Have you been exposed to someone who tested positive for COVID-19?
    • Do you have a fever? What is it?
    • Have you taken medicine to reduce your fever?
    • Have you experienced any shortness of breathe or coughing?
  – Based on responses, client is referred to physician or testing location.*
  – If client referred, intake client into COVID-19 Tracking Project

  *shelter and outreach workers should defer to medical staff/advice

COVID-19 Project Setup - Cincinnati

› Client intake into COVID-19 Tracking
  – Search for existing client in the system; create new client if necessary
  – Record basic demographic info (name, DOB, SSN, etc.)

› Record referral to testing info

COVID-19 Project Setup - Cincinnati

› *What happens next?*
  – One of the Health Departments will enter the results when they are known.
  – Workers should check in periodically for results.
  – If the client tested positive, they should have already been screened to determine if there is any place to self-quarantine that they can access or will be sent to the Quarantine Center.
  – If they test negative, they will be returned to shelter facility.
  – If the results are pending workers are advised to move the client to a location in the shelter that they may maintain social distance while awaiting their results.

COVID-19 Project Setup - Cincinnati

› Workflow for health department staff
- Record test result status
- Indicate if client requires monitoring
- Record quarantine details

Date 3/24/2020

Done by   malspaugh

Client phone number

Agency / location of client

Date sent for test

Place sent for test

Test result   Result pending

Client needs to be monitored for 14 days ☐

Quarantine?

Close case (results negative; no further monitoring required) ☐

COVID-19 Project Setup – Cincinnati

› Health Department-Only fields
- Behavioral Health staff contact notes
- Vitals
- Medical Interventions
- COVID-19 messaging

COVID-19 Project Setup – Cincinnati

› Messaging

🟢 **Message FOR this client**

- Use this choice if you are trying to get in touch with a client.
- At projects using VESTAclient, the client can retrieve and view the full message body without a case worker present.
- Do not write something private - the message may be read on a computer in a lobby or public place.
- Any project serving this client can see the contact name, contact phone, and agency name but NOT the message body.
- Other users at your project can also view the full message body.

🟥 **Message ABOUT this client**

- Use this choice to leave a message or a reminder about this client for yourself or a coworker.
- Only users at this project or intra-agency partner projects (listed below) can view the header or any part of the message.

COVID-19-related

- At projects using VESTAclient, the client can retrieve and view the full message body without a case worker present.
- Only Supervisors and System Adminstrators can create this type of message.
- Any project serving this client can see the contact name, contact phone, and agency name AND the message body.

Community Example

Louisiana Balance of State
Susan Walker
Weston Schild

The "One Stop"
Baton Rouge, LA

Susan Walker

    HMIS System Administrator

    LA-509 Louisiana Balance of State

    swalker@homelessinbr.org

Weston Schild

    Executive Director

    Capital Area Alliance for the Homeless

    wschild@homelessinbr.org

Louisiana Balance of State

LA BOSCOC & Other CoC Regions

- Baton Rouge Region
- Houma Region
- Lake Charles Region
- Natchitoches/Sabine Region
- Plaquemines/St. Bernard Re...
- Region I
- Region IV
- Region VI
- Region VII
- Region VIII
- Region IX
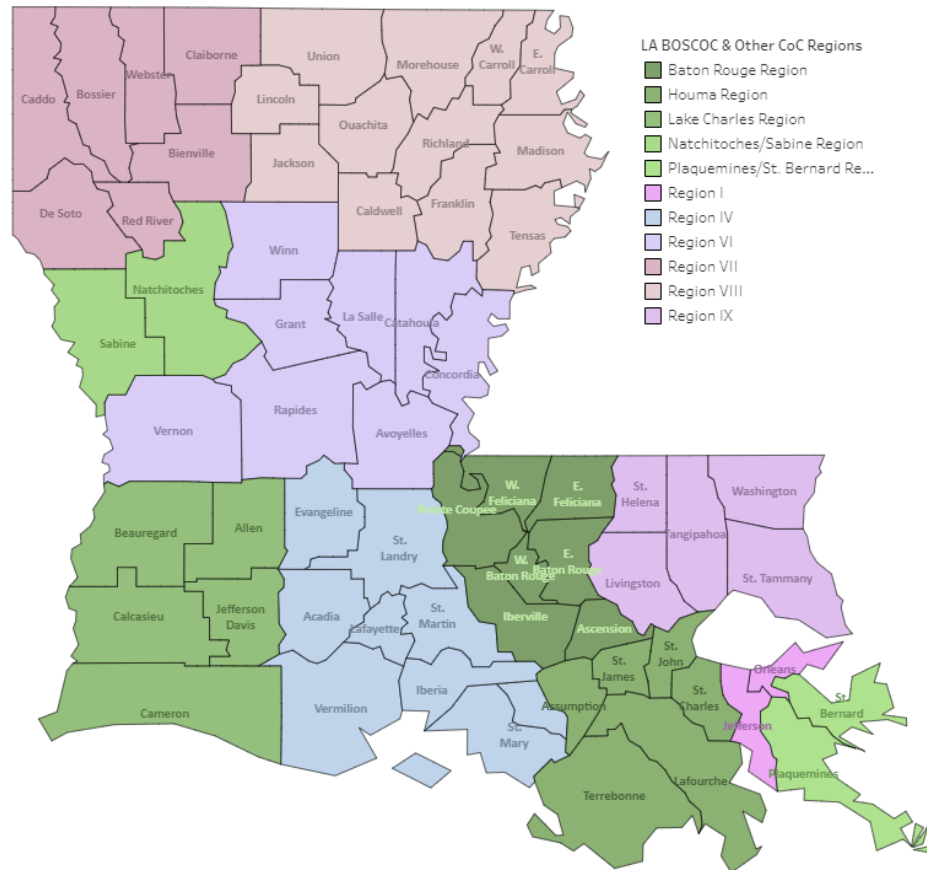
Green: Louisiana Balance of State (LA-509)

Visualization by Clay Boykin
https://public.tableau.com/profile/clay.boykin#!/vizhome/Regions_31/Dashboard1

Louisiana governor discusses staggering COVID-19 cases in state, fastest growth rate in the world

According to University of Louisiana-Lafayette Study

COVID-19 Data Collection System Implementation Timeline

What to ask in HMIS?

Webinar: Infectious Disease Preparedness for Homeless Assistance Providers and Their Partners

Live Data Collection in LA-509

End users alerted about new fields, training materials made available, all LSNDC Sys-Ads review LA-509 approach.

Continued Implementation

Data sharing agreement update approved, new end users trained for isolation site data entry.

3/14/20

3/20/20

Continued live data collection

3/10/20

3/16/20

3/24/20

Can you have something by Monday?

Short assessment drafted, "Committee" worked over the weekend, report programmed.

LSNDC Call to Discuss Isolation Sites

Statewide data collection and sharing, isolation site projects, new users
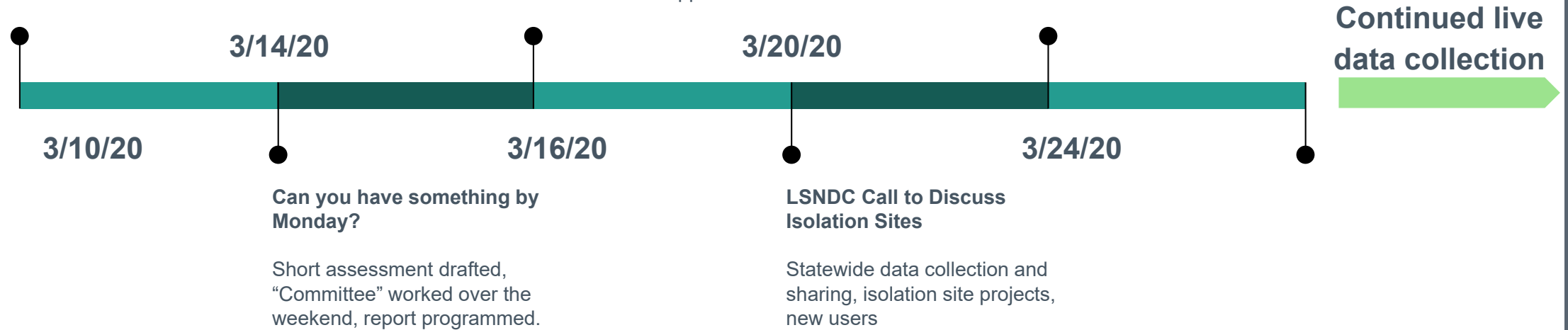
What? { COVID-19

among

Who? { People Experiencing Homelessness

Clinical vs. Practical Data

Test Result Data

- Slow
- Not collected in homelessness services settings
- Incomplete
- "Tested" population might differ from population who cannot access tests
- Does not support emergency decision making
- Known HMIS data quality issues

http://ldh.la.gov/Coronavirus/
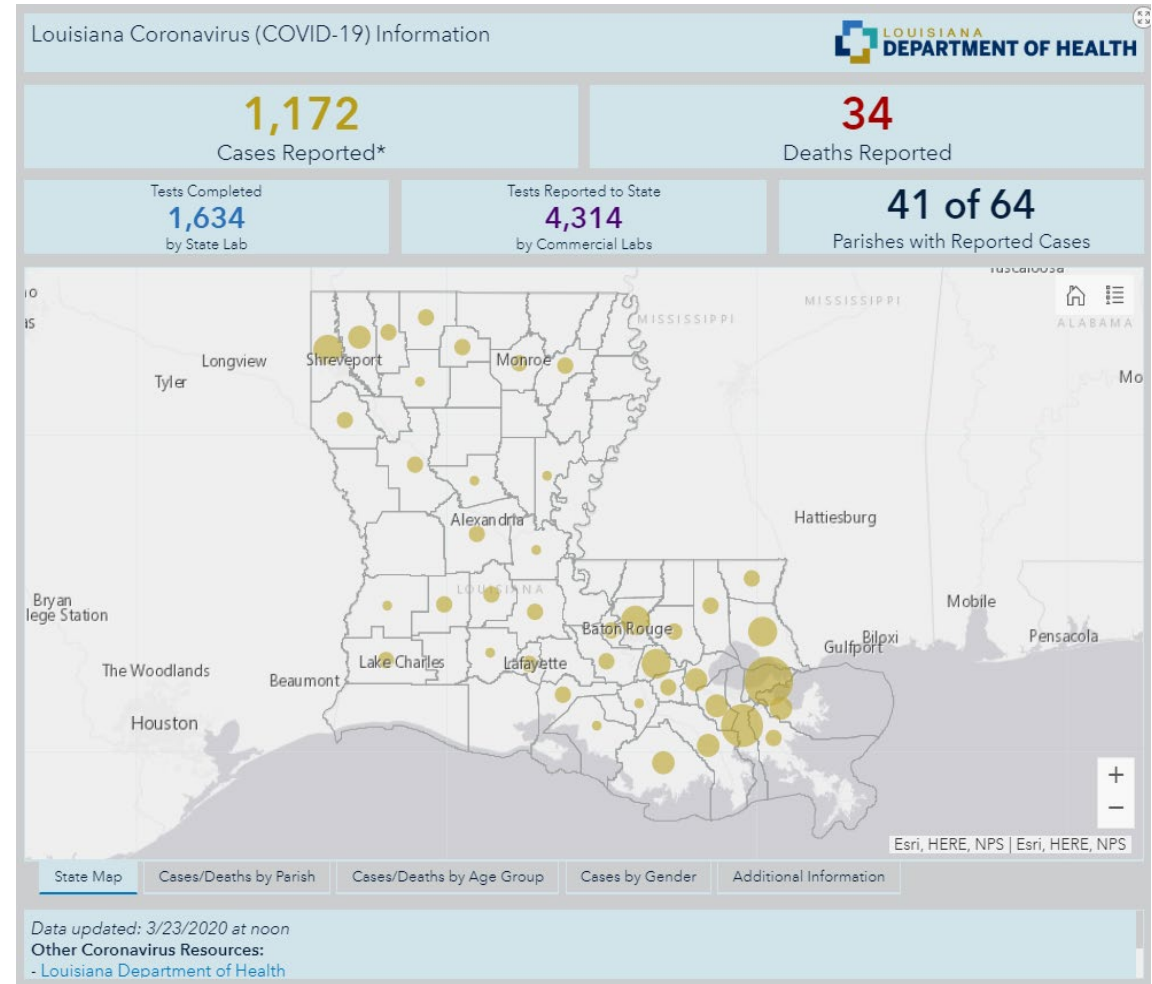
Practical Data

1. Do you have a fever?   ___ Yes ___ No

2. Do you have a cough? ___ Yes ___ No

3. Are you experiencing shortness of breath?   ___ Yes ___ No

   If client answers yes to Questions 1-3, they should be masked and isolated. Record client as symptomatic in ServicePoint on their BoS Additional Profile Assessment.

LA-509 Adaptation of Atlanta Georgia CoC Triage Tool Example

- Available
- Supports emergency decision making
- Describes provider and client experiences in real time
- HUD & CDC recommended
- Not sensitive/clinical info

- Screen clients for symptoms consistent with COVID-19 by asking them if they have a fever, new or worsening cough, or shortness of breath.
  - If the client has a cough, immediately provide them with a surgical mask to wear.
  - If urgent medical attention is necessary, use standard outreach protocols to facilitate access to healthcare.

https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html

COVID-19 Status Questions

|	Data Element	Description	Post Implementation Considerations
Essential	Symptoms consistent with COVID-19 (fever, cough, shortness of breath)?	Enter Yes if appropriate. Leave blank for healthy clients.	Projects participating in data entry could more easily be identified with "no" answers.
	Date Symptoms Started	Enter Date for ALL symptomatic clients. If client can't remember, enter today's date.	"Estimate the date" might be better.
Helper questions	Quarantine Date	Enter in the date if appropriate. Leave blank if NA or unknown.	"Isolation" is probably a better term. This data could be captured in a quarantine or isolation project.
	Hospitalization Date	Enter in the date if appropriate. Leave blank if NA or unknown.	Needs to be captured as an exit destination as well.
	Test Result	Enter Test Result, if known. Leave blank if NA or unknown.	**Dates** of test results are important.
	Client Health Notes	Enter any important notes	Important for documenting unanticipated situations.
	Recovery Date	Enter in date the client self-reports feeling better	Vague standard.
New additions	Outcomes?		Exit destinations.
	After discharge do you have a safe living situation to return to?	Enter "Safe Living Situation," for clients who have a safe place to return to and "No Safe Living Situation" for clients who have no safe place to return to.	Isolation facilities in state parks expect people who cannot return home due to COVID-19 and previously homeless clients. This question is only asked in one setting.

"Homeless" means different things

Population Questions	Formulas	Considerations
How many people experiencing homelessness had COVID-19 symptoms?	n homeless with symptoms	• How is "homeless" defined? • What data is included or excluded?
What proportion of clients living in places not meant for human habitation had COVID-19 Symptoms?	$\dfrac{n \text{ SO clients with symptoms}}{n \text{ SO clients}}$	• A good snapshot of currently unsheltered clients can help assess excess COVID-19 burden in this group. • Clients need to be in HMIS before capturing COVID-19 data.
What proportion of Emergency Shelter clients had COVID-19 symptoms?	$\dfrac{n \text{ ES clients with symptoms}}{n \text{ ES clients}}$	• Collecting real time data can help monitor severity of emergency.
What proportion of Transitional Housing clients had COVID-19 Symptoms?	$\dfrac{n \text{ TH clients with symptoms}}{n \text{ TH clients}}$	• Do various TH environments protect clients from the spread of COVID-19 or encourage spread of infection?
What proportion of Permanent Supportive Housing clients had COVID-19 Symptoms?	$\dfrac{n \text{ PSH clients with symptoms}}{n \text{ PSH clients}}$	• Are formerly chronically homeless people at greater risk for adverse COVID-19 outcomes?
What proportion of Rapid Rehousing clients had COVID-19 Symptoms?	$\dfrac{n \text{ RRH clients with symptoms}}{n \text{ RRH clients}}$	• Supports community monitoring of outbreaks. • Is this data available?

COVID-19 Status According to Project & Time

Using **Dummy Data** to Demonstrate Reporting Potential for Client Health Status Over Time & According to Project

■ PSH Clients with No Symptoms　　■ PSH Clients with Symptoms　　■ Recovered PSH Clients <3
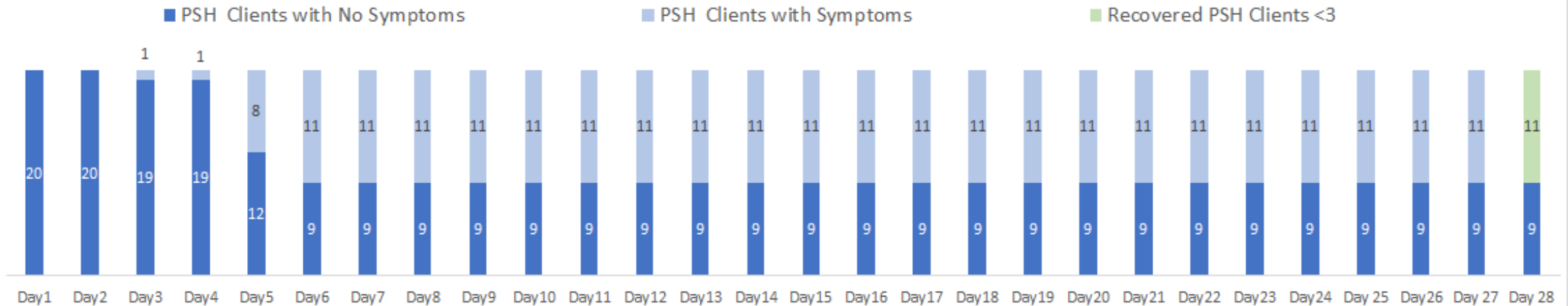
Collecting "**Symptomatic**" data by **date** answers the following questions:

1. How many clients have symptoms **at any given time**?
2. How many **total clients** experienced symptoms consistent with COVID-19?
3. What **proportion** of clients, by project type, experienced symptoms consistent with COVID-19?

Guidance for Different Project Types

- **Street Outreach:** Create a Street Outreach or PATH entry for every client. Close out clients who have "fallen off the radar", or unlikely to be unsheltered in your community right now.
- **Emergency Shelter:** Double check entries every night. Everyone needs an entry. No outdated clients.
- **Transitional Housing:** Double check client lists.
- **Permanent Housing**: Double check client lists.
- **Rapid Rehousing** and Scattered Site Rentals of all Types: Double check active clients and physical addresses.
- **Non-Participating Projects:** Connect with HMIS about recording current clients for emergency response preparedness.
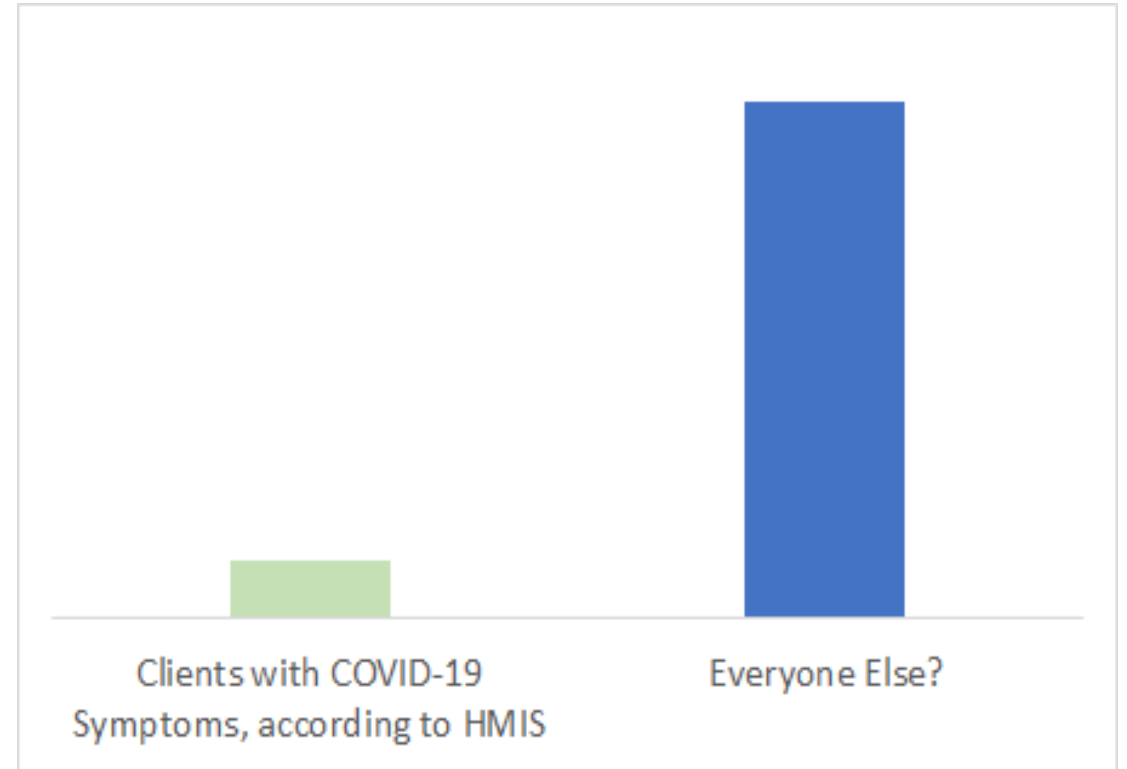
Data Completeness

What does **non-response** to COVID-19 Status Questions mean?

a. Data not collected. Clients may or may not have been affected by COVID-19.

b. Clients with blank COVID-19 status probably avoided infection up until report date.

Clients with COVID-19 Symptoms, according to HMIS   Everyone Else?

Data Sharing

"A provider may share a participant's COVID-19 status under applicable law and standards of ethical conduct if: 1) the provider believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and 2) the information is shared with a person reasonably able to prevent or lessen the threat."

The LABOSCOC HMIS Committee Meeting voted to adopt the above information-sharing policy on 3/24/2020.

Thank You!

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Q & A

Brian Roccapriore

Mary Schwartz

Tracking Inventory Changes

› Do what is feasible right now

› HMIS Data Manual gives you instructions for reducing and increasing inventory in a single project as needed

› Add new projects for COVID-19 beds if that makes sense and is feasible

› Change PDDEs of existing beds if that makes sense and is feasible

› Keep track of changes you make now so you can detail in the "notes" section of any reporting you do later to explain data quality issues

› Keep in mind reporting dates that inventory must be accurate:

  – Night of the PIT Count (for HIC);

  – Last Wednesday of January, April, July, and October (for APRs);

  – Last calendar day of January, April, July and October (for LSA)

Resources

HMIS Leads and Administrators Hub:

- Please email HMIS@cloudburstgroup.com to request access

HUD Exchange Resources:

- [Interactive HMIS Data Standards Tool](#)
- [2020 HMIS Data Standards](#)
- [HMIS Lead Series Tools](#)
- [Stella Resources](#)
- [HMIS Project Set Up Tool](#)
- [Federal Partner HMIS Participation](#)
- [Comparable Database Decision Tree](#)

Need to visit past recordings or slides?

› You can find previous slide decks and recording links in the *Resources* section of the [Sys Admin Hub](#):

2020 Upcoming Meeting Dates

April 15th – 1:00 – 2:30 (ET)

May 20th – 1:00 – 2:30 (ET)

June 17th – 1:00 – 2:30 (ET)