Pima County: HMIS Data Sharing Plan

TA Team Members:

Chris Pitcher, ICF International
Matt White, Abt Associates Inc.

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1. Executive Summary

On August 5, 2014, Chris Pitcher and Matt White facilitated the first community-wide discussion on Homeless Management Information System (HMIS) data sharing to explain what data sharing is, determine what the community concerns were and to give some common data sharing models. On November 13, 2014, Chris Pitcher and Matt White facilitated a community discussion to determine the HMIS data sharing principles for the Tucson Pima Collaboration to End Homelessness (TPCH) the Continuum of Care (CoC), known as AZ-501, Tucson/Pima County. Approximately 40 people attended the meeting and came to consensus on the following aspects of HMIS Data Sharing Principles for TPCH:

- *TPCH HMIS should be a client-centric information system that provides an accurate portrayal of a clients' history of services and should reduce the amount of trauma a client faces with repeating the common information Pima County providers all collect. The knowledge of the history of services will aid in more appropriate referrals for service within Tucson/Pima County.*

- *TPCH HMIS should be a valuable source of information for client case conferencing aspects of the Tucson/Pima County Coordinated Assessment System.*

- *TPCH HMIS should be the data source for the Pima County Coordinated Assessment System. This means that the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) data needs to be shared community-wide and aid in locating clients when there is an opening for which their VI-SPDAT acuity is appropriate.*

- *TPCH HMIS should be a reliable data source for documenting and confirming chronically homeless status.*

- *TPCH HMIS should aid in the efficient use of limited homeless assistance resources by sharing client-level data.*

- *TPCH HMIS should provide an accurate portrayal of the homeless experience of clients.*

- *TPCH HMIS should aid in the data requirements for the CoC Application.*

- *TPCH HMIS should follow these five (5) principles for data sharing:*

    1. *TPCH HMIS will share data in HMIS to aid de-duplication efforts.*

    2. *TPCH HMIS will share client service history (both current and past) without exception globally throughout the system.*

    3. *TPCH HMIS will not share case notes globally, but will allow agencies to share case notes for coordinated client care as needed.*

    4. *TPCH HMIS will share the entire VI-SPDAT assessment, VI-SPDAT acuity score and the "back page" contact information globally throughout the system.*

    5. *TPCH HMIS will share Universal Data Elements (UDE) and Project Specific Data Elements (PSDE) information globally throughout the system.*

2. HMIS Data Sharing Principles Detailed

The TPCH HMIS Data Sharing principles that were developed and agreed upon by consensus, need to be examined in more detail by the TPCH HMIS. These principles are broad and general and need to be properly examined.

Basic HMIS Data

The TPCH HMIS already shares baseline data in HMIS to aid in the de-duplication process. These data elements which consist of a subset of UDE are shared globally throughout the system so that each client has only one record in HMIS. Tucson/Pima County does not need to explore this data sharing any further since it is already established.

The data elements already shared in HMIS:

- UDE 3.1: Name

- UDE 3.2: Social Security Number

- UDE 3.3: Date Of Birth

- UDE 3.7: Veteran Status

Client Project History

The TPCH HMIS will share client entry and exit history (both current and past) without exception globally throughout the system. This will allow programs to make appropriate referrals through the HMIS understanding the services that the client has received and is currently receiving. This will also aid programs in establishing the homeless episodes necessary for determine chronic homeless status.

The TPCH HMIS Committee will need to explore this data sharing in more detail. Specifically, if there are any local or state laws that prohibit the sharing of service history based on program type (for instance mental health, substance abuse or HIV/AIDS providers). The HMIS Lead will also need to review current HMIS client consent, privacy and security documentation to ensure that the proposed sharing is clearly defined in the documentation. Additionally, TPCH will need to properly document the data quality aspects of the timely and accurate data entry of this service information then monitor and enforce these data quality standards to ensure this information fulfills the intended outcomes for TPCH.

The data elements to be shared in HMIS:

- Project Type

- Service Provider Agency & Project

- Program Entry and Exit Dates

Case Notes

The TPCH HMIS will not share case notes globally, but will allow agencies to share case notes for coordinated client care as needed. This will allow agencies and programs that desire more coordination by case management staff to collaborate through HMIS. This will also aid in coordinated assessment through client case conferencing. TPCH clearly articulated that the ability to share non-clinical case notes is an agency and program decision, not a system-wide decision. Further, clinical case notes for mental health and medical providers will not be shared in HMIS.

The TPCH HMIS Committee will need to explore this data sharing in more detail. The TPCH HMIS Committee will need to establish a protocol in the HMIS Policies and Procedures Manual for allowing agencies and programs to share case notes and monitor access to case notes to ensure that HMIS follows the established rules. The HMIS Lead will also need to review current HMIS client consent, privacy and security documentation to ensure that the proposed sharing is clearly defined in the documentation. Additionally, the TPCH HMIS Committee will need to properly document the data quality aspects of the timely and accurate data entry of this case management information then monitor and enforce these data quality standards to ensure this information fulfills the intended outcomes for TPCH.

The data elements to be shared in HMIS:

- Case Manager

- Service Provider Agency & Project

- Date

- Case Note Content

Coordinated Assessment

The TPCH HMIS will share the entire VI-SPDAT assessment, VI-SPDAT acuity score and the "back page" contact information globally throughout the system. This will allow the coordinated assessment system to utilize the technological capabilities of HMIS to prioritize clients by acuity, make electronic referrals, manage a centralized waiting list and make appropriate housing placements.

The TPCH HMIS Committee will need to explore this data sharing in more detail. Specifically, if there are any local or state laws that prohibit the sharing of VI-SPDAT assessment data.   The HMIS Lead will also need to review current HMIS client consent, privacy and security documentation to ensure that the proposed sharing is clearly defined in the documentation. Additionally, the TPCH HMIS Committee will need to properly document the data quality aspects of the timely and accurate data entry of this coordinated assessment information then monitor and enforce these data quality standards to ensure this information fulfills the intended outcomes for TPCH.

The TPCH will need to coordinate with the HMIS Committee, the 25 Cities Initiative and the Zero 2016 Priority Communities Initiative to implement these changes. The technological changes to HMIS need to reflect the operational changes within the CoC and associated programs. It is likely the sharing of this data will affect the coordinated assessment system implementation and aid in scaling the system CoC-wide.

The data elements to be shared in HMIS:

- VI-SPDAT Assessment

- o Interviewer's Name

- o Service Provider Agency & Project

- o Date & Time

- o Location

- o Language

- o Client Name

- o Client Nickname

- o Last 4 digits of Social Security Number

- o Age

- o Date of Birth

- o A: History of Housing and Homelessness (2 questions)

- o B: Risks (11 questions)

- o C: Socialization and Daily Functions (7 questions)

- o D: Wellness (30 questions)

- VI-SPDAT Acuity Score

- Back Page Contact information

  - o Gender

  - o Military Status

  - o Character of Discharge

  - o Citizenship Status

  - o Sex Offender Registration Status

  - o Length of Homelessness at this occurrence

  - o Diagnosis of Disabling Condition

  - o Provider Agency where receiving services

  - o Regular location and day to locate

  - o Phone Number

  - o E-mail Address

Advanced HMIS Data

The TPCH HMIS will share Universal Data Elements (UDE) and Program Specific Data Elements (PSDE) information globally throughout the system. This will allow programs to spend less time gathering redundant information from clients that access multiple providers and instead have clients affirm the accuracy of the data. Clients will not need to "tell their story" to each homeless service provider thereby reducing potential trauma.

The TPCH HMIS Committee will need to explore this data sharing in more detail. Specifically, if there are any local or state laws that prohibit the sharing of any of these advanced data elements. The HMIS Lead will also need to review current HMIS client consent, privacy and security documentation to ensure that the proposed sharing is clearly defined in the documentation. The HMIS Lead will need to conduct a technical review of the HMIS structure to reduce the instances of data chatter. The TPCH HMIS Committee will also need to review if the PATH, RHY, HOPWA and VA Required PSDE should also be shared in the same manner as the HUD Required PSDE. Additionally, the TPCH HMIS Committee will need to properly document the data quality aspects of the timely and accurate data entry of these UDE and PSDE information then monitor and enforce these data quality standards to ensure this information fulfills the intended outcomes for TPCH.

The HUD required data elements to be shared in HMIS:

- UDE 3.4: Race

- UDE 3.5: Ethnicity

- UDE 3.6: Gender

- UDE 3.8: Disabling Condition

- UDE 3.9: Residence Prior to Project Entry

- UDE 3.10: Project Entry Date

- UDE 3.11: Project Exit Date

- UDE 3.12: Destination

- UDE 3.13: Personal ID

- UDE 3.14: Household ID

- UDE 3.15: Relationship to Head of Household

- UDE 3.16: Client Location

- UDE 3.17: Length of Time on Street, in an Emergency Shelter, or Safe Haven

- PSDE 4.1: Housing Status

- PSDE 4.2: Income & Sources

- PSDE 4.3: Non-Cash Benefits

- PSDE 4.4: Health Insurance

- PSDE 4.5: Physical Disability

- PSDE 4.6: Developmental Disability

- PSDE 4.7: Chronic Health Condition

- PSDE 4.8: HIV/AIDS

- PSDE 4.9: Mental Health Problem

- PSDE 4.10: Substance Abuse

- PSDE 4.11: Domestic Violence

- PSDE 4.12: Contact

- PSDE 4.13: Date of Engagement

- PSDE 4.14: Services Provided

- PSDE 4.15: Financial Assistance Provided

- PSDE 4.16: Referrals Provided

- PSDE 4.17: Residential Move-In Date

- PSDE 4.18: Housing Assessment Disposition

- PSDE 4.19: Housing Assessment at Exit

3. Pima County HMIS Data Sharing Plan

Data Chatter

While sharing client data among homeless assistance providers provides potential benefits for client care coordination, program planning and system analysis, these benefits need to be managed within an intentional plan that ensures appropriate client privacy protections are in place, system security measures and implemented, and data quality maintained. Issues with data quality are especially prevalent when multiple HMIS users are simultaneously contributing data to a single client record.

The HMIS Lead will establish protocols for managing duplicate entries among different users for the same data element. For example, one user might update income information or disability status information as new information or more reliable details emerge about a client. These new or updated data variable values may be referenced in HMIS reports and unintentionally replace previously entered values which may have been understood to be correct at the time of data collection and entry into HMIS. The results are data reports which may not always reflect the response values or utilization activity expected by one end user when compared to the experience of a different HMIS end user.

These perceived discrepancies are often referred to as "data chatter" – seemingly competing or inconsistent response variables for the same data element. Data chatter can be alleviated if clear and detailed sharing protocols are developed, frequent monitoring and reconciling of data inconsistencies are in place, and end user access privileges and sharing rights are clearly understood and managed among all HMIS users.

HMIS Data Sharing Action Items

It is recommended that TPCH continue the exploration of sharing data through HMIS with the following steps. These steps when followed will provide the plan to begin sharing HMIS data.

- Establish the decision-making authority for sharing HMIS data.
  - o Is the CoC a statutory entity (one that can enter into a contract with HUD) with the ability and authority to establish and enforce new data sharing protocols for all participating HMIS organizations?
    - If not, the CoC Charter needs to be amended to include the ability and responsibility to establish data sharing protocols for the CoC.
  - o The decision making authority, currently the CoC, should review the TPCH Data Sharing Plan and formally approve the direction for the entire CoC.

- Investigate the local legal statues that affect the data sharing proposed by TPCH, specifically for mental health, substance abuse or HIV/AIDS providers.

- Develop updated HMIS Policies and Procedures to enable HMIS data sharing.
  - o The HMIS Committee should adopt a revised Agency Agreement and create a waiver to release certain agencies from data sharing participation, if necessary.

- o Define separate procedures in HMIS for non-homeless programs that will not meet the covered homeless organization definition.
  - o Review if the PATH, RHY, HOPWA and VA Required PSDE should also be shared in the same manner as the HUD Required PSDE.
  - o Update HMIS Privacy Policy to allow for HMIS data sharing.
  - o Update the HMIS Data Quality Plan to reflect the data shared in HMIS and monitor and enforce these standards to achieve the desired outcomes of the data being shared.

- Establish updated client consent protocols that enable HMIS data sharing.
  - o Update the HMIS client consent policy (inferred, informed, and written).
  - o Develop and implement verbal consent protocol for HMIS data collection (as it relates to the VI-SPDAT assessment).
  - o Update the Release of Information (ROI) policy in a manner that is HIPAA compliant. The ROI will require a signature and must allow the client the option to decline and has an expiration (7 years when HMIS data can be archived).

- Consult with Bowman to investigate options for adjusting HMIS sharing settings to meet client preferences (without certain elements, restrict sharing to certain programs, agency, staff).
  - o Consider a system-wide analysis of program configuration to assure the data sharing policies are technically supported.
  - o Conduct a technical review of the HMIS structure to reduce the instances of data chatter.

- Establish CoC policy for a default sharing protocol, annual review and updates to the CoC default settings, and review of client decline and grievance processes.

- Create trainings with staff and communicate strategies with clients to describe the data sharing environment, protections, and exceptions.
  - o Specifically focus on what data should and should not be edited in a shared data environment and assure this as part of the training and communication strategies.

- Create a data sharing work group or end user feedback mechanism to assess effectiveness, responsiveness, ease of use, and glitches.

- Coordinate with the HMIS Committee, the 25 Cities Initiative and the Zero 2016 Priority Communities Initiative to implement the aspects of data sharing for the Coordinated Assessment system for Pima County, Arizona, including the additional sharing of the F VI-SPDAT for families assessment tool.