



Homeless Management Information System (HMIS) Oversight Committee

Meeting Notes

**Wednesday, September 8, 2021
9:00 a.m. – 11:00 p.m.**

Meetings are public. Homeless and formerly homeless Alameda County residents are encouraged to attend. Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person. [Click here to learn more about the public participation policy.](#)

The regular meeting of the HMIS Oversight Committee was called to order at 9:00 am on September 8, 2021 on Zoom by Mike Keller.

Present: Mike Keller, HMIS Oversight Committee Co-Chair, Nic Ming, HMIS Oversight Committee Co-Chair, Tunisia Owens (Family Violence Law Center), Riley Wilkerson (HMIS Lead), Patrick Crosby (HMIS Lead), Suzanne Warner (HCSA), Johnathan Russell (Bay Area Community Services), Michelle Ogburn (Abode Services for Margaret Alfaro), Andy Duong (HMIS Lead), John Noe (HMIS Lead), Martha Elias (OHCC)

Guests: Cristi Iannuzzi (C&C Advisors), Jessica Hanserd (Hanserd Health Solutions), Jennifer Martinez (Alameda County Care Connect), Theresa Ly (Alameda County Care Connect)

EveryOne Home: Tirza White, Katie Haverly, Chelsea Andrews

Absent: Josh Jacobs (City of Berkeley), Laurie Flores (City of Fremont)

Guests: Cristi Iannuzzi (C&C Advisors)

1. Welcome

2. Public Comment

- No public comment

3. Privacy and Security Policies

- Five documents were reviewed. Four documents shared were privacy related, the Privacy Policy, two versions of the consumer-facing Privacy Notice, and then Privacy Consent. The final document was a Security Policy.

- Consumer-Facing Privacy Notice is a one-page document
 - Two versions are if CHO decides to make no changes. The other version allows for customization for more stringent privacy policies.
- Changes to the Consent Model has been requiring written consent. References to Verbal Consent have been removed. The Consent is now valid for five years. The only conferred element is that written and verbal consent are not required to follow local, state, and federal laws.
- Security Policy has stayed the same materially. It has been structured to match the revised structure of the privacy policy.
 - A sentence has been added: “Section 2.6: Physical Access to Systems with Access and HMIS Data” about laptops and locking them to make sure they’re not unattended to addresses laptop theft.
- Privacy and Security Policies are being reviewed by Council. Next steps will be to transfer these policies to the Procedure manual and to develop training.
- Mike made a motion that the CoC Committee move to approve the Privacy and Security Policies with the caveat that if the Council makes any new recommendations, the HMIS Oversight Committee will revisit the policies.
- Tunisia seconded the vote.
- Jonathan, Tunisia, Suzanne, Mike, Michelle voted yes. Motion approved.

4. Data Flow – HMIS and Social Health

- Jennifer Martinez gave a presentation, “HMIS and S-HIE: Thinking through the Flow of Data”
- She provided a list of organizations using Coordinated Health Record (CHR). Nearly 30 organizations are in conversation or going through process, CHR training or reviewing data sharing agreement, a requirement for access.
- In thinking ahead, post-COVID, when an emergency order is no longer in place, Jennifer discussed HMIS Data Flow and asked how we best communicate with consumers to underline how their information is shared according to federal and state regulations.
 - Housing providers input info into HMIS and it is shared nightly with S-HIE
 - HIPAA covered organizations share HMIS information without additional consent for the purposes of coordinating services
 - Non-HIPAA covered organizations require consent built into Community Health Record (CHR)
- Whole Person Care is coming to a close at the end of 2021. The new program is CalAim.
 - Patrick offered that the State has been moving toward centralized data for many social services programs. He asked: “Does it appear that CalAim is expecting direct reporting or are they going to follow the format they used in the past for managed care plans?”
 - Jennifer said claims still need to be reported in standard managed care programs. She is not suggesting that HMIS would be sufficient. Enhanced Care Management – will launch in January 2022. ECM – many are already using the Community Health record.
- Information Sharing Authorizations (ISAs) are tracked into CHR through two mechanisms: (1) on paper, scanned and uploaded or (2) through DocuSign, which is not a part of CHR. DocuSign not accessible to all consumers, particularly those who do not have email. ISAs are very important for both but more for non-HIPAA covered organizations.
- Concern for the term “consumer” was expressed. Jennifer indicated they settled on consumer to remind everyone participating that these are individuals who have choice about where to engage and receive services and we want to do that to remind them that we are a system of choice.

- The committee agreed to invite Jennifer back to continue the conversation as more non-HIPAA covered organizations come online with CHR.

5. Occupancy Report and Quality Data Plan and Report

- Data Quality plan and report for September 1, 2020 – August 31, 2021 for all agencies and programs was presented
 - HCD has been taking a closer look at data quality for the past 18 months. There are two working groups, Data Quality and a General User Group.
 - The error rate is below 2% error rate for Personally Identifiable Information (PII), which is excellent. For social security number, the error rate is over 14%, an area to be improved. This is a hard area because some people are undocumented without SS numbers and often parents don't know or don't give their children's numbers. Need to talk about strategies for improving this category that can help reporters.
 - For race entries, the error rate is 4%, an area to be improved. For ethnicity it is 3%.
 - We want agency managers and liaisons to resolve errors and are working on a system for correcting errors.
 - HUD has a 5% error rate standard.
 - In areas where we are over 5%, we need to focus because it can impact the Notice of Funding Opportunity (NOFO). Many of the higher error rates are missing data arena where providers are inputting one of three responses: (1) client doesn't know, client didn't answer, or data not collected. We are seeing more and more data not collected.
 - Timeliness has been an area of focus. We have not seen the improvements we would like.
 - HMIS Lead agreed to take on a more active role in working with agency liaisons on data quality and error rate improvement on a regular basis and outside of both the user group and monthly data quality meetings.
 - The HMIS Lead has established three Aggregate Data Collection reports. The number of enrollments, number of errors associated with enrollments and presented them in the Data Quality section in Agency Manager Level access. The reports can be run by Agency and Program for Agency scores and grades.
 - New timeliness measures are also included in reports.
 - The work with data quality plan is an effort to be ahead of HUD's timeliness their timeliness measures that they are starting to make explicit. Moving from completing client information on paper and then entering the information to having providers adopt direct data entry is an ideal step toward strengthening timeliness and reducing data quality.
 - More direct data entry is occurring in Coordinated Entry and the HMIS Lead is seeing a reduction in errors. The direct entry information moves on for clients who transition to other organizations. The system is designed for direct data entry. The goal is to move to that method for entering clients.
- Occupancy Report: the HMIS Lead shared the current numbers for PSH program types reflected in our agencies. The focus is on the programs with the lowest numbers posted. Data from the Occupancy Report is in the Housing Inventory Count (HIC) and includes Emergency Shelters.
 - Referrals have been reduced and enrollments are low because they are operating at a smaller level for COVID safety.
 - The HMIS Lead's recommendation is to have agencies look at their bed count and number of people showing enrolled in the first of the month in the quarter and before February's HIC and resolving the occupancy data errors causing people not to show up in the HIC. Common errors are missing housing move-in dates.

- Report has been disaggregated into Emergency Shelter (ES), Transitional Housing (TH), and Permanent Supportive Housing.
- Recommendation from the HMIS OC Committee was for the HMIS Lead to run this data and have conversation with HMIS Liaisons on an established schedule regarding count accuracy. If there is no progress, the list of agencies can be brought to the Committee to help with outreach and to develop strategies to address ongoing issues.
- Committee will receive a list of agencies from the group of reports who have the greatest improvement needs for follow up support from the committee to ask agencies to take a look at their data to determine why PIT numbers are higher than the Occupancy report. The most significant concern is PSH. ES and TH are going through a transition with COVID.
- Committee needs to discuss outreach to providers who have low data quality scores. The workgroup should determine how to perform outreach to providers.

6. Communications Plan

- Has been on the agenda for the annual workplan. We need to develop a scope for a Communications Plan. The Committee decided not to do a plan once COVID occurred.
- Committee needs to decide the scope of the plan and if it is for the HMIS Lead to use with agencies and providers or for the CoC as it pertains to its communications with the HMIS Led.
- Agreed to do a review if Communication Plans are in place for other CoC Committees. Suzanne and Riley offered that the System Coordination Committee does not a Communication Plan. The development of a plan may first occur with the HMIS Oversight Committee.
- Committee and EveryOne Home can research models for Communication Plans that have been used in other CoCs and what needs it can serve.
- Tunisia recommended considering if the Plan will function to set goals and decide the purpose. Who do we want to serve? Are we trying to get more information out to consumers or inform the public about what we are doing as a Committee or connecting the HUD CoC to HMIS Led and the HMIS Oversight Committee? Will it involve press releases or newsletters? Should a communications plan offer and connect websites so that information is integrated? These are questions to be answered as Communications Plan are developed. Communication plan should also involve who to turn to for answers to certain questions. Committee has to consider where the Plan should be hosted for public access and information.
- Recommended that the Committee keep in mind the upcoming governance structure changes and how it can function in ways to seamlessly transition into the new structure.

7. October Meeting Agenda: Tentative agenda items were provided.

- 2021-22 Work Plan
- Update HMIS Lead Monitoring
- Data Quality Plan

Submitted by: Tirza White

Reviewed by: