HMIS Oversight Committee Meeting
Agenda
April 13, 2022
9:00 a.m. – 11:00 a.m.

Join Zoom Meeting
Phone: 669 900 6833
Meeting ID: 871 7289 8029

Meetings are public. Alameda County residents with lived experience of homelessness 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.

HMIS Oversight Attendance: Mike Keller (East Oakland Community Project), Michelle Ogburn (Abode Services), Riley Wilkerson (Alameda County Housing and Community Development), Josh Jacobs (City of Berkeley), Suzanne Warner (Office of Homeless Care and Coordination), Nic Ming (Social Impact Wheel), Jonathan Russell (Bay Area Community Services), Tunisia Owens (Family Violence Law Center)

Public Attendance: Jessica Hanserd (Hanserd Health Solutions), Cathleen Baker (Alameda County Social Services, Department of Adult and Aging Services)

EveryOne Home Staff: Katie Haverly, Chelsea Andrews

Notes reviewed and approved by Committee Chairs Mike Keller and Nic Ming

1. **Welcome** (Mike Keller)   **9:00 – 9:05**

2. **Approval of Meeting Minutes, 3/9/22** (Mike Keller)   **9:05 – 9:10**
   This was moved to item 3.

   Mike Keller (EOCP) made a motion to approve the 3/9 minutes. Josh Jacobs (City of Berkeley) seconded. 7 Approved. 0 Opposed. 0 Abstained. Motion passed.

3. **HMIS Oversight Public Comment** (Mike Keller)   **9:10 – 9:15**
   This was moved to item 2

   Cathleen Baker (Alameda County Social Services, Department of Adult and Aging Services) – Represents staff from the Home Safe Program which is part of the Adult Services Protection Unit, small unit from social services agency. It is a program that uses prevention dollars that has an HMIS component to the state has formalized now that it has shifted from a pilot to an

ongoing formula program. She wanted to ask for a Memorandum of Understanding and Partnership to participate in HMIS for their staff and program. Wanted to know if there was a new template or MOU to move through this process since 2019 that her agency could engage with again to start this conversation. Some participants from the program would need to be entered into HMIS and some would not. Riley Wilkerson shared John Noe's information to continue the application process for agency onboarding. Suzanne Warner shared that HCSA (Alameda County Health Care Services Agency) and other County departments have MOUs in place with HCD (Alameda County Housing and Community Development) to be able to use HMIS as well, and offered to support the request as they have had similar issues with their County Councils reviewing documents.

Additionally, Katie Haverly shared she discovered recently that in our HMIS data system we do not collect primary language for our clients. She shared this as a concern due to needing this information to best serve our clients and to support research and data collection efforts like the Point in Time Count survey etc. Wanted to check in with this committee to learn the history about not including primary language in our HMIS.

- Mike Keller shared he did not remember this committee discussing that. It is not one of the standard HUD data elements, so it would need to be a custom data element.
- Katie shared that after doing some research she learned that many CoCs do collect this information even though it is not required.
- Nic Ming shared that what we don't have a good sense of collectively is what our priorities are besides what is mandated by HUD. Although this is important from an equity standpoint, it is important to not operate as if this our sole priority and act to integrate this into HMIS ahead of things like jurisdictional analyses.
- Mike – wanted to know how difficult it is to build into client profile and project enrollment screen, that could help with prioritization. May want to talk with workgroup about this.
- Riley said he could check and see how much work it would be to turn this on in HMIS. Collecting that data retroactively would be a challenge.
- Katie – how do providers track what a client's language needs are?
- Michelle Ogburn – we just did a language study to see what languages we needed and we just don't have that information. I believe it is in the database and we just need to turn it on. Won't be meaningful until you have a substantial number of data points, but understands the importance of this in the bay area.
- Katie – whenever a client needs to sign something, or point in time count surveys, and other implications, feels like an issue important to explore
- Mike – at our agency we use a form to track what languages someone speaks and is used for managing services at the case manager level, but it is only an on paper process that is helpful for the client and case manager.
- Jonathan – we have an internal client data system at BACS (Bay Area Community Services) that is much more detailed then HMIS where we do a lot of those case management functions, HMIS is not the best system for some things including client care and ongoing services, but we capture in our internal system.
- Mike – perhaps we should move this to the workgroup or start a separate thread with John Noe (HMIS).

4. **Privacy and Security Policies** (Suzanne Warner/Jessica Hanserd)   **9:15 - 9:40**
   Preview of HMIS Training Informed Consent Process – to Gather Feedback

Jessica Hanserd – Shared that the HUD CoC Committee approved the privacy and security policies. She presented and shared the web-based privacy and security training to the group that they are developing on informed consent. Overall training included client rights, informed consent, daily responsibilities, and conclusion. Informed consent draft training materials can be located [here](#).

Questions that came up:

- Michelle – For assumed consent: Want to clarify if we are actively asking the client if they object, or if they just happen to object.
- Jessica – Correct, the deciding factor on whether to use assumed or explicit consent is what is in the privacy notice and what is the purpose for collecting the data, if that is clearly disclosed in the privacy notice you can move forward with assumed consent, if not you would need to get the explicit consent with the Release of Information (ROI). Staff need to sign the staff attestation. The sign (privacy notice) is posted wherever you do intake. Jennifer Pearce has done a lot of work on the consent forms as part of the consulting team.
- Suzanne – The decision point around allowable use and how that affects the pathway of explicit versus assumed consent, wondering from training perspective how we handle that, not sure if folks will always know how data will be used down the road. Most data is used for services and coordination, but how do staff know if the explicit consent should be triggered?
- Jessica – We will have a strong point of contact at each location who is responsible for their policies and notices to get updated, that their staff understand, this is a comprehensive list of uses and there likely will be few exceptions to this, although this will vary by organization. HIPAA covered entities may struggle more with this.
- Katie – can you provide examples of when the explicit consent is needed?
- Jessica – If someone adopted this policy, and one organization said they don't feel comfortable with "research" for example, they could take it off the list and get an ROI for that purpose. Other reasons could relate to runaway homeless or more sensitive classifications.
- Michelle – couldn't an issue be though if Alameda County wanted to do a research project that all that data would already be swept up into that whether or not the client agreed?
- Jessica – those doing the research would need to do their due diligence and be extra careful.
- Katie – How would the researcher know which programs have which data policies?
- Jessica – Let's say the client has only touched Abode for housing services, and Abode excluded that, you would need release of information for that, but if the client has gone through multiple doors, its likely the most lax policy. Once the data is in HMIS and shared it can't be unshared.
- Michelle – so the other piece is that Abode is leaning towards staying with the explicit consent model, in the scenario where Alameda County decides to do research, will the County look for if the clients have signed an ROI, and dates of signing will affect this?
- Suzanne – might be helpful to discuss this more once we have HMIS staff present to ask how they have handled these requests to date.
- Michelle - I am bothered by the fact we are calling this informed consent when it doesn't seem like that.
- Jonathan – Due to HIPPA, at BACS we have to do classic informed consent for all of

this, so we are just taking the content of the notice and adding it to our informed consent across all programs, but we will be getting the signature. We are electing to go with a higher standard.

- Michelle – We can all do our own interpretation with that, but what happens when decisions happen outside of our agencies?
- Jessica – One thing we are trying to accomplish is to create a checkbox in HMIS that shows whether or not the client objected.
- Katie – Could we also have an indicator that shows whether someone did the assumed or explicit consent so we know which one we received?
- Jessica – If ROI is collected, it needs to be uploaded into the HMIS so it is the system of record. Whatever is being used to accomplish explicit consent should be uploaded to HMIS.
- Michelle – It is currently set up this way and identifies if it is verbal or written. Currently it highlights if a client doesn't have an ROI attached.
- Mike – What is there now is an option to note there is a signed document and a space to show where that document is located.
- Jonathan – if we are removing the need to have that, why would agencies need to have that there if we are moving to a model that doesn't require that.
- Jessica – yes majority of the time an ROI is not needed. If you do find you need explicit consent, we want it to be in HMIS so it is the official system of record.
- Nic – For the questions to ask a client, are they orally (yes/no) but doesn't sign or write anything in response? Seems the only thing written is the staff attestation.
- Jessica – Yes they do not answer the questions in writing.
- Michelle – So the expectation is that we go over each of these things with the client but do not get their written consent.
- Jessica – yes talking points for staff and the staff sign that they went over this with the client.
- Jonathan – we need explicit consent for how we (BACS) operate, so all of our clients will have signed a document. Since we do that and are holding this higher standard, I want to make sure we don't need to upload something into HMIS since it is universal for all BACS programs.
- Jessica- In our workgroup our assumption was that every time an explicit consent form is signed it would be uploaded.
- Nic – What happens with the staff attestation form?
- Jessica – It will be stored locally and hoping to have a checkbox in HMIS. It is hard to get anything changed in HMIS, though.
- Katie – Is it clear what is now in HMIS related to consent and what would change?
- Jessica – We are still working through the changes to HMIS. It would be good for everyone to know if the client objected to sharing their personally identifiable information as they move through the system.
- Katie - thinking that this should all be clear and final before training has rolled out?
- Jonathan – I don't see a logic for holding a different standard for the staff attestation and the informed consent, if there is not a legal need to upload the signed document, not sure why we would need to do that.
- Jessica – If there was a consent on file that is universal then another provider would not have to do that again, if you use our form everyone could benefit from that. Jessica will resend all materials to the group.
- Suzanne – We can't really change the HMIS screen we are working with, so we are trying to update the model and practice without being able to update the HMIS

system.

- Nic - What is the level of client or consumer engagement about the changes to get insight about how clear folks are on what is being proposed?
- Jessica – We did not do any consumer testing for this project. However, all of this work was modeled by similar consumer forms that were developed for Whole Person Care and there was consumer testing done for that project a couple of years ago. There is a lot of history and best practice behind this, so we are not anticipating any near misses.
- Nic – I believe in sound systems and have yet to experience one of these conversations at a fifth-grade level that I can wrap my mind around, so not comfortable how it sounds to a consumer. How does this impact their comfort to access services? The language is very technical.
- Mike – Would it be worth conducting a survey or outreach to providers to see how many are planning on going with the explicit consent. I think EOCP (East Oakland Community Project), is moving more towards that except for our access point.
- Katie – Just so folks know, we did have a number of folks with lived experience of homelessness from our Emerging Leaders program raise a number of concerns about this to the HUD CoC committee when Jessica presented there. I think it is important to raise your point Nic that no folks that are utilizing the system were engaged in any pilot testing of this new framework. Emerging Leaders is a program to help those with lived expertise of homelessness to be trained to be homeless advocates in their community.
- Suzanne – We have the weekly workgroup on this, I would invite folks to participate because we have been grappling with this for almost 2 years. It does seem like we are going in circles a bit. There were good reasons spurred on by our TA consultant ICF to move forward with this approach, and then we went back to the written consent approach, but then learned that didn't align with coordinated entry and those requirements. I feel stuck in how to resolve all of this. These are important concerns. We are working to see if we can extend our time with Jessica, and I am concerned with how we will resolve all of these issues. Those that have attended the workgroup have been Mike Keller, Josh Jacobs, myself and Jessica and Patrick Crosby and John Noe at times from the HMIS team. Jonathan has come sometimes.
- Mike – I think its fair to say this group has been more focused on a technical level. For those providing direct services, more consumer facing I would encourage you to attend.
- Jessica – There is so much complexity here and there is no clear right and wrong way. We are doing the best to navigate, and we want to respect everyone's time and push this forward as best we can. Over time maybe perspectives could shift. We may have more data points to show whether or not consumers prefer not signing a form etc.
- Nic – seems like Bitfocus and the HMIS design is driving a lot of the system design.
- Michelle – I used to work for Bitfocus and customizing one feature for one user is hard.

5. **Work Group Update** (Katie Haverly/Nic Ming/Mike Keller):   **9:40 – 10:20**
   Data Quality Action Plan and ICF TA Update
   - There have been two workgroup meetings since the last HMIS OS meeting, we continue to work on the data quality action plan. We had a good discussion about the funder liaison role. We have entered into a TA contract with ICF for the next 6 months to focus

on a couple of areas including the data quality action plan. 4/21 from 1-2 is the first meeting to address this plan and folks are welcome to attend.

- The other part of the TA is working on improvements to the HMIS system to improve capacity to run analyses by race/ethnicity and by jurisdiction. Folks are welcome to join this workgroup as well.
- We also have on that TA list support with restructuring with the new governance that will be addressed when the other two topics are complete.

HMIS Monitoring Tool Update

- This was on the workgroup agenda and we have not gotten to this yet.

Reviewing Training Materials

- This was on our workplan for this month.
  - Nic – I think we should keep on the parking lot for now due to other priorities. Also wanted to share thoughts from the workgroup. A few things that have come up is that what is our role as an HMIS OS Committee to steer the process as it relates to the Funder Liaison, figuring out who needs to be involved. Also there is an appetite to flesh the role out to see how it could serve key stakeholders. Once folks have reviewed the materials, **we would like to make an action item for the next meeting to agree to move forward with this role**. Josh also shared that we should identify targets we want to ask the funder liaisons to track and monitor. We would like to develop some communication materials surrounding outreach to Funder Liaisons. When should we bring in these funders for that discussion is something we should explore, perhaps starting with local funders. Next HMIS OS meeting or should we call a special meeting.
- Next scheduled workgroup is May 5 from 1-3 PM for the HMIS OS workgroup. We also will be spending the second hour of the ICF meeting 4/21 as a workgroup (3:30-4:30).
- Michelle – I think the HMIS training should be reviewed and prioritized in the workgroup.

6. **Policy for closing out HMIS tickets for latent response** (John/Riley)   **10:20 – 10:35**
   Discussion and Action Item

Riley shared they can automate this process. What needs to be determined is after how many days should a ticket drop off. If a lot of information had been exchanged, it could be hard to start that process all over again as a consideration. Right now there are 56 open tickets waiting for a response back that haven't been responded to for over 7 days, and there are over 200 tickets that are open at this time. This could help clean up the ticket list, but not sure it would help the end user.

- Michele – 7 days seems optimistic, could be helpful to share a notification that those are being closed before they are closed to give the user a chance to respond.
- Riley – Not sure if we can do that for a ticket that is about to be closed.
- Mike – Thinking about 14-30 days as an option. Can we talk about this at the next meeting?
- Nic –At the committee level, we need to decide the timeline for the policy, the other granular details could be determined by the HMIS team.
- Riley – I think we need more time to talk this through. There are different reasons why folks don't respond. For those that use the system a lot, closing out regularly makes sense. But those that are being onboarded and don't know the system as well, it might take them longer.

- Mike – Most of the exchanges are saved in email even if a ticket is closed. Maybe the practice is when you're ready you reopen a ticket.
- Nic – warnings could also be folded into monthly user meeting to remind folks.
- Riley – A month sounds good.
- Mike – think this change should occur after the user group meeting this month so there is time to set it up.

The HMIS team will move forward with the policy and protocols to close out tickets that are over 30 days old and will also explore whether automated warning messages can be sent pre-ticket closure

7. Agency Onboarding Materials   10:35 - 10:55
Discussion and Action Item
Review draft policy
Due to time constraints this agenda item was not covered and will be placed on next months agenda.
Nic posed the question should we have consumer/client engagement when discussing certain requests (e.g. probation).
Katie shared that a document was sent to the group for review that outlines the questions on the agency onboarding questionnaire and a draft policy for review. This document will be refined in the workgroup to present at the next meeting.

Proposed items for May 11 meeting (Mike Keller)   10:55 – 11:00
- Update on workgroup and present draft of data quality action plan
- Review PIT/HIC data
- Review data quality and occupancy reports
- Review/update governance
- Privacy and security policy updates/discussion
- Agency Onboarding questionnaire and policy review and approval – action item
- Finalize and vote on the Funder Liaison role – action item