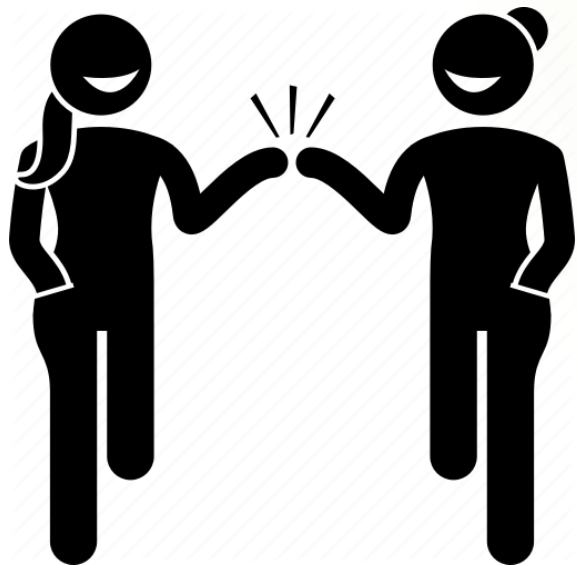


# Developing a Comprehensive Data System

## A Multi-Faceted Approach



Increasing Capacity &  
Building Connections:  
**Bridging to the Future**



## Who We Are



# Overview

- Local Context
- Enhancing and Sharing HMIS Data
- External Data Sources
- Data Collection and Collaboration Tools



# Local Context

# Charlotte – Mecklenburg CoC

- County-wide CoC implementation
- Multi-regional HMIS implementation
- January 2018 PIT count: 1,668 (9,268 in NC)
- Approx. 240 HMIS individuals users
- Federal Funding
  - \$4.0m CoC funds (\$160,000 HMIS specific grants)
  - \$800,000 ESG funds





# Participating Programs by Funding Sources

Community Development Block Grant

HOME - Tenant Based Rental Assistance

SSVF, VA GPD & Contract

CoC, ESG, PATH, RHY

Local Government & Endowment

HOPWA

United Way

Individual charitable contributions and Foundations/Trusts

Public Housing Authority

Faith Community

# Traditional Contributing Projects

- Shelter
- Transitional Housing
- Permanent Housing
- Prevention



# Non-Traditional Contributing Projects





# HMIS Data



# Non-Traditional HMIS Data Collection

County Supportive  
Services Outcomes

Local Funders

Resource Fairs



# HMIS Internal Data Sharing

## **SECTION 2 – Coordination of Care Sharing Plan**

Many agencies also use the System to improve services to you through coordination of care. If you are receiving services from multiple agencies that participate in the System, agreement to the Sharing Plan defined below allows for these Agencies to see your information. You will only have to sign this release once and it applies to all Agencies listed below in “The Plan”.

### **Description of Information Shared through the Coordination of Care Plan**

#### **Shared Information:**

- Homeless History and Status
- Program Participation
- Health and Disability Information
- Income and Benefits Information
- Client/Household Intake and Demographic Information
- Mecklenburg County Coordinated Entry: Notes, Information & VISPDAT Score
- Case Manager Information
- Documentation of yours that might be used for housing or care coordination purposes



# HMIS External Data Sharing

## SECTION 3 – External Sharing Plan

### Housing and Care Coordination

Your information recorded in HMIS can assist community programs in determining if you might qualify for certain housing, income, or social service supports. Your information may be used or disclosed for the purposes of matching you to the appropriate services and possible housing and to determine certain benefits eligibility, to collaborate to address specific needs and circumstances, and to share information in case conference meetings for the purposes of finding and/or coordinating services for you and if applicable, your dependents. Only the agencies listed on the NC-505 NCHMIS Client Release of Information (ROI) and Sharing Plan will be able to access your data directly in HMIS. However, partner agencies may be included in the discussion of your case to better connect you to resources you may qualify for. These partner agencies are only able to discuss your information to coordinate services for you. All persons participating in your care coordination receive training in data security and are required to sign a confidentiality agreement stating that they will not share your information.

**Instructions:** Check the box next to the statement that you understand and agree to:

☐ **DO NOT SHARE:** I do not want any information about me in HMIS shared with any community partner agencies. I understand that not sharing my information may affect the ability of the system to quickly and appropriately identify services for me.

☐ **SHARE:** I give permission for the following information about me recorded in HMIS to be shared with partner agencies to better coordinate services for me and my dependents. I understand that the partner agencies that participate in community housing and care coordination may change over time and that a copy of the current list of agencies is available to me upon request.

Shared Information:


- Homeless History and Status
- Program Participation
- Health and Disability Information
- Income and Benefits Information
- Client/Household Intake and Demographic Information
- Mecklenburg County Coordinated Entry: Notes, Information & VISPDAT Score
- Case Manager Information
- Information about your military service (if applicable)
- Documentation of yours that might be used for housing or care coordination purposes



# External Data Sources



# Sharing Data With the VA

 <b>Department of Veterans Affairs</b>		<b>REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION</b>
<p><b>Privacy Act and Paperwork Reduction Act Information:</b> The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>		
<p align="center"><b>ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.</b></p>		
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p> <p>Salisbury VAMC (HCHV Program) 1601 Brenner Avenue, Salisbury, NC 28144</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p></p> <p>SOCIAL SECURITY NUMBER</p> <p></p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p> <p>Housing Our Heroes:Attn: Mary Ann Priester,3205 Freedom Dr.,STE 2000, Charlotte, NC 28208 Fax: (704) 336-4198</p>		
<p><b>VETERAN'S REQUEST:</b> I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p> <input type="checkbox"/> DRUG ABUSE              <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE              <input type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)              <input type="checkbox"/> SICKLE CELL ANEMIA         </p>		
<p><b>INFORMATION REQUESTED</b> (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p> <input type="checkbox"/> COPY OF HOSPITAL SUMMARY              <input type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTE(S)              <input checked="" type="checkbox"/> OTHER (Specify)         </p> <p>HOMES and HCHV SW Assessment Information (ex:Name,SSN,Contact Information, VA Eligibility Status, Military Discharge Status, Homeless Classification, MH History,HCHV Recommendations)</p>		
<p>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p> <p>Coordination of services with community agencies who may assist Veteran with housing services.</p>		
<p align="center"><b>NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM</b></p>		
<p><b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time, provided the request that I have already been asked to comply with is a written request for information from a patient or his/her</p>		



# Sharing Data With the VA

If you have served in the military and been on active duty, the VA Medical Center, Veterans Services Organization and/or veterans services organizations would like to contact you about potential housing and benefits. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you.

*Information that will be shared includes: Name, date of birth, homeless status, veteran status, housing history, contact information, chronically homeless status.*





# VA SQUARES: Status Query and Response Exchange System

## SQUARES

[New vs. Old SQUARES](#) | [Training Materials](#) | [How To Access](#)

SQUARES is a VA web application that provides external homeless service organizations with reliable, detailed information about Veteran eligibility. Users submit identity attributes for homeless individuals (name, DOB, SSN, gender), and SQUARES returns information regarding their Veteran status and eligibility for homeless programs.

The tool facilitates quick and simple access to care for homeless and at-risk Veterans.



# Collaborative Data Sharing



Hospital ED High Users Meeting (# of ED visits, inpatient stays, locations where MEDIC picked up, homeless system touches)



Homeless Outreach Prevention Meeting- Police, Outreach, Hospitals, Jail Social Workers, treatment providers, Coordinated Entry staff (Arrests, citations, homeless system touches, locations)



# Collaborative Data Sharing



PATH and non-PATH Street Outreach Teams share a mobile app. (Locations, names, interactions, pictures)



Veteran Case Conferencing & Chronic Homelessness Case Conferencing (Data from Coordinated Entry & homeless and veteran systems)

# Facilitates:



Care coordination



Jail diversion



Homeless verification



Prioritization



Identifying new, vulnerable individuals in the community



# Data Collection and Collaboration Tools



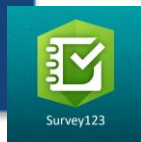
# Google Forms

- Website Referrals
- By Name List Updates



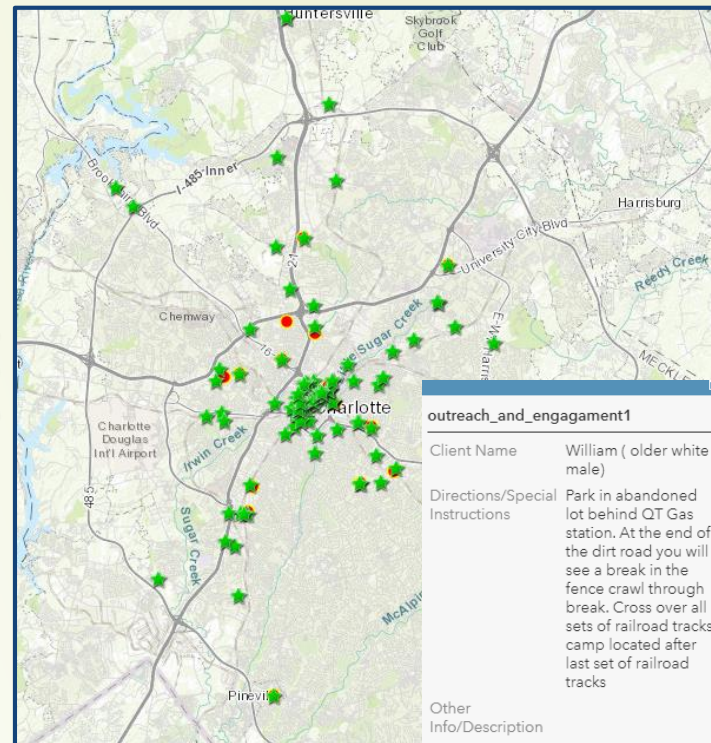
# ArcGIS & Survey123

Community Referrals  
(general public, police,  
Parks and Rec,  
hospitals)



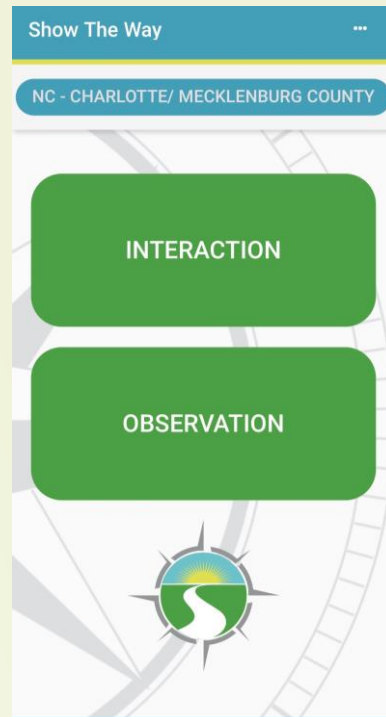
Data collected at  
Coordinated Entry

Data from outreach  
teams in the field



# Other Mobile Apps

- Point in Time Count
- Community Survey
- Street Outreach
- Project Management & Team Communication





# Looking Forward

Emergency Management

Patient Tracking





# Contact Information

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