

# HMIS Advisory Board Meeting Minutes

Monday, September 27, 2021, 1-3 PM

Call-in info (audio): +1 218-382-7174

PIN: 583 198 445#

Web: meet.google.com/qaz-bmus-eea

## WELCOME AND INTRODUCTIONS

<b>ONE</b>	<b>Chair:</b> Brian Alexander
	<p><b>Brian</b> welcomed everyone to the virtual meeting. Since several new members had been appointed to the Board by the Executive Committee, everyone on the call introduced themselves.</p> <p><b>Members present:</b> Brian Alexander, Lloyd Schmeidler, Kristen Armstrong, Andrea Carey, Erika Ferguson, Mike Fliss, Hanaleah Hoberman, K'leigh Mayer, Rachel Waltz, Debra Vestal, Ashley VonHatten, Nicole Wilson, Donna Biederman (arrived late), and Kat Wies.</p> <p><b>Members absent:</b> Valaria Brown and Bettie Teasley</p> <p><b>Also present:</b> Ryan Fehrman (NCCEH), Katie Wiseman (ICA), Tonya Harris (ICA), Nicole Purdy (NCCEH), Allie Card (NCCEH), and Stephanie Poley (Duke Health), and Abby Burgess.</p>

## APPROVAL OF MINUTES

<b>TWO</b>	<b>Presenter:</b> Lloyd Schmeidler	
	<b>Goal:</b> <input checked="" type="checkbox"/> Share Info <input checked="" type="checkbox"/> Obtain Input <input type="checkbox"/> Make Decisions	<b>Formal Approval Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p><b>Lloyd</b> presented the minutes of the July 26, 2021 Advisory Board meeting and asked for their approval. Mike moved for their approval, and Erika seconded the motion. The minutes were approved unanimously.</p>	
<b>Supporting Material:</b> July 26, 2021 minutes emailed prior to meeting.		

## DUKE HEALTH RESEARCH PROJECT PRESENTATION

<b>THREE</b>	<b>Presenter:</b> Stephanie Poley	
	<b>Goal:</b> <input checked="" type="checkbox"/> Share Info <input checked="" type="checkbox"/> Obtain Input <input type="checkbox"/> Make Decisions	<b>Formal Approval Needed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<p><b>Stephanie</b> presented a research project proposal for Duke Health to inquire about using HMIS data for health matching, real-time data use. A one-page summary of the proposal had been distributed with the meeting agenda. The project proposal for HMIS data usage would be utilized to build a predictive model to help predict people at risk for an opioid overdose. Currently Stephanie is:</p> <ul style="list-style-type: none"> <li>• Working with Duke endowment on harm reduction</li> <li>• Thinking about ways to leverage data</li> <li>• Starting to work with organizations that have data for data warehousing to build an algorithm</li> <li>• Acquiring refresh data on a regular data</li> <li>• Helping to identify patients at risk</li> </ul> <p>Poley noted that the project will know about funding in a few months and proposed to start in March 2022 for a 2-year project. Poley then opened the floor for questions.</p> <p>Andrea summarized the Duke Health research project and noted that HMIS data has not been used for this kind of project as yet. The proposal would use data as a basis for intervention, not simply aggregate data.</p> <p>Mike stated that he and Stephanie have spoken previously, and he has been involved previously in score-based models to predict future behavior. He pointed out that while homelessness data is not being used, other sensitive data such as interactions with law enforcement is being used. He asked what other data Stephanie is thinking about using and the risks to differential data and privacy considerations. Stephanie</p>	

responded that she is using EMS data, criminal justice data, and homelessness data. She also answered that she is very aware of the concerns and stated that there are a variety of ways to restrict data access.

Rachel asked Stephanie how she will be incorporating feedback and de-identifying data, and how she will involve communities. Stephanie replied that she is planning to have workgroups, including HMIS workers, and will get input from people that are contributing and using the data. She is currently determining ways to implement learning from the project, such as how to use the reports and results from the model to help serve people and how to improve and get information to the public and other health systems.

Lloyd noted that there have already been projects working with a number of community partners to try to get systems to work with internal electronic health records to record more social determinants of health and use them. He asked Stephanie what analyses health providers are already doing with social determinants of health. Stephanie answered that social determinants of health are not very well documented in electronic health records, and diagnosis codes can be used but are not widely used yet. That is a problem that the project probably cannot solve. She also stated that there are interesting ways of identifying social issues, more diagnosis codes should be used, and hopes that this project can bring awareness to the importance of better documentation.

Erika voiced that using data for intervention is great but she missed that information in the one page description. She asked what the next steps, such as an outreach plan and offering of additional services, would be after the algorithmic matching determines risk. Stephanie responded that alerts and interventions will be separated into different groups based on what kind of providers are receiving them, and that best practice alerts for providers can be set up so that there is a potential action and/or to trigger care coordinators to provide outreach to patients. Stephanie also is hoping to plug this into existing care coordination to enhance that work for these needs and help identify those at high risk of overdose, and plans to get input from partners on what is the best way to share information to improve the model and next steps. Erika responded that a lot of lessons were learned from NC CARE 360 data and encouraged Stephanie to think about what that appropriate outreach looks like.

Abby asked how the risk score gets translated into resources. Stephanie answered that the scores will be stratified into groups of high risk people by the various factors that can influence risk, and there will be different intervention strategies recommended for each group. She plans to have a workgroup to figure out what to do and who to share that information with once grouped, and to start with recommendations and figure out interventions from there.

Andrea asked how individual privacy will be protected. Stephanie stated that there will likely be a detailed discussion to figure out how to ensure protection with attorneys' input and a data use agreement. She can assure that there will be a lot of discussion on how to protect data.

Brian noted that in the policies and procedures around research NCCHEH makes the final decision on approval of data usage but brings the proposal forward for input to ensure people are comfortable with sharing data. He pointed out that there seems to be several suggestions around how to protect individual privacy, and he believes the approval for funding will be in October or November of this year. He also stated that, if the foundation does not fund the project, Duke likely will, as they are very interested.

Mike asked if this will be the first time the HMIS data is used for individual intervention, or if other data has been used for that. Stephanie answered that she believes this is the first time it will be used for individual intervention. Part two of the vaccine project might be similar as far as doing outreach, but has not moved forward yet. Andrea confirmed that HMIS data has not been used for individual intervention before, but that coordinated entry has a somewhat similar use as intervention, so it is a new arena to consider.

Brian voiced understanding that while using the data to assess risk for individuals the information itself is not widely shared but is one piece of a larger puzzle to say who might be at risk, so individual data might not be looked at as much. Brian stated that he wants to incorporate data with Electronic Health Record

(EHR) data to link to patient records and to use as a data set that feeds into the algorithm but is not shared with providers. He added that patients might also determine housing determinants, and asked what happens after the data has been used to create a risk factor algorithm – is it kept for a specific time or destroyed? Stephanie answered that that information would be included in a data use agreement, and that a history of homelessness is helpful. She also stated that it could be helpful to keep history information as that can be impactful but understands that infinite amounts of data cannot be stored, so it would be only for as long as necessary.

Lloyd asked if it made sense to consult with a privacy lawyer about the project since it is a new area of work. Stephanie responded that they could do that, but it might be better to have a data use agreement first.

Erika asked if the current consent mentions data sharing for intervention. Stephanie confirmed that it is allowable use.

Erika also noted that WakeMed conducted a similar project a few years ago with EMS and HMIS data, and asked if that would be a good example to look at or borrow from. She then asked if the data use agreement could be started. Stephanie replied that if Erika had an agreement/template to share that would be helpful and Stephanie can bring it to those who will be looking at the data use agreement. She can also pinpoint things that would be concerning, start proposing language and begin drafting the agreement.

Brian and Andrea will look into finding language to send to Stephanie. They noted that it might have some funding attached to help with data extraction and regular basis maintenance. They will also start working on drafting a data use agreement and have the NCCEH attorney look at that as well as other documents to ensure they are meeting requirements. They will keep Stephanie informed on the next steps.

**Supporting Material:** 1 pager overview emailed prior to meeting.

### HMIS LEAD UPDATE

<b>FOUR</b>	<b>Presenter:</b> Andrea Carey	
	<b>Goal:</b> <input checked="" type="checkbox"/> Share Info <input checked="" type="checkbox"/> Obtain Input <input type="checkbox"/> Make Decisions	<b>Formal Approval Needed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>Andrea</b> provided updates found in the NCCEH Data Center Updates document. No questions were asked by the group.	
	<b>Supporting Material:</b> Data Center Update document emailed by Andrea prior to meeting.	

### NEW CoC INQUIRY

<b>Presenter:</b> Brian Alexander
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<b>Goal:</b> <input checked="" type="checkbox"/> Share Info <input checked="" type="checkbox"/> Obtain Input <input type="checkbox"/> Make Decisions	<b>Formal Approval Needed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>The HMIS@NCCEH Advisory Board discussed the potential for new CoCs to join the HMIS@NCCEH implementation. It had been anticipated early in the midst of the transition towards the HMIS@NCCEH implementation that this process would need to be figured out, and it was decided that the HMIS@NCCEH Advisory Board first wanted to settle into the new implementation. Other topics discussed in this initial conversation were what would need to be looked at to include new CoCs, such as having an application process for the HMIS@NCCEH Advisory Board to review and evaluate.</p> <p>Brian had an initial conversation with a CoC that was interested in potentially joining the HMIS@NCCEH implementation. They asked Brian questions regarding what the process would entail and what would need to be considered. Brian brought this inquiry to the HMIS@NCCEH Advisory Board Executive Committee last month and felt it was important to bring to the full HMIS@NCCEH Advisory Board. Even if this particular CoC does not move forward, there is a need to develop an application process for CoCs that may wish to join this implementation and to contemplate ways to acquire statewide data in general.</p> <p>The discussion around bringing in new CoCs to the HMIS@NCCEH implementation focused around:</p> <ul style="list-style-type: none"> <li>• What the next steps are and how to get to those next steps.</li> <li>• NCCEH’s need to consider staffing and its work towards that.</li> <li>• How the HMIS@NCCEH Advisory Board needs to think about alignment with the group that is beyond HMIS Lead Agency capacity.</li> </ul> <p>Abby stated that participating in HUD TA that is offered would be encouraged. She inquired about how flexible the HMIS@NCCEH Advisory Board wants to be in adding another CoC to the HMIS@NCCEH implementation, asking if they would be expected to adopt policies and procedures as they are. She noted that the policies and procedures have been refined to meet the needs of three CoC’s and that the flexibility in changing those to make it work for the new CoC’s community may be the most time-consuming piece. If other CoCs are ready to adopt the current policies and procedures the process may be easier. She also stated that it might not be a good fit with the CoC, based on how they use their data, but they can request data quality ahead of time. She asked what the thresholds would be that would allow a CoC to join the HMIS@NCCEH implementation.</p> <p>Hanaleah expressed support for requiring an agreement to the policy and procedures ahead of time so that challenges can be addressed. She suggested including a values statement in an application to see why a CoC would want to switch and explaining the HMIS@NCCEH implementation structure to see if the CoC is compatible, noting that some CoCs may be a better fit than others. Hanaleah asked how allowing another CoC to join the HMIS@NCCEH implementation would impact existing CoCs, if they have issues regarding data quality. Brian responded that system-wide data is taken into account for HMIS APR, and CoC-level data is not impacted, however cross-CoC data might need to be merged and staff time would need to be used to improve data quality.</p> <p>Lloyd noted that regardless of the CoC, there are implications for Data Center functioning. He inquired whether there would be a way to use HUD TA to get a sense of a recommended process for CoCs joining the HMIS@NCCEH implementation and to receive guidance on a process to create an outline rather than an ad hoc process. Brian expressed support to have an outlined process.</p> <p>Abby added that most implementations have a lead evaluation, service satisfaction and service-level agreements to formalize and manage the process. Not wanting to set up an interested CoC for failure, she noted the importance of understanding the CoC’s issues and ensuring that an HMIS Lead Agency change could address their concerns first.</p> <p>Erika asked if there was a standard for HMIS that is the “gold” standard and if there is information on if adding more programs is better overall. Brian answered that any HMIS needs to meet the needs of the CoC and community, and, while it ideally should be affordable, that is not always the case with data use and analysis projects. He added that NCCEH does a lot of additional reporting in North Carolina that other HMIS implementations do not do, but that it is more about innovation and communities and</p>	

not necessarily about more or fewer projects. He also pointed out that there are a lot of data solutions for data warehousing and it's good to be using the same software vendor to pull reports the same way so that reports can easily be shared.

Brian will engage with HUD TA to inquire about how they provide assistance, and requested participation from other HMIS@NCCEH Advisory Board members in the process. He will follow up with the interested CoC and continue to move with the ESG office. He added that it is good to have a process created before going further into adding CoCs.

Ryan asked if there was a scenario where, if Wake and Mecklenburg County leave NC HMIS. there would be higher costs inflicted onto other CoCs remaining in NC HMIS, specifically asking if it would be a State concern if those remaining CoCs could not pay higher costs. Brian replied that it does concern NCCEH as a statewide entity to make sure that all CoCs in NC have access to an HMIS that is affordable and that other CoCs should be concerned as well. There are certain HMIS fixed costs that do not decrease with fewer CoCs in an implementation that would need to be absorbed by the smaller CoCs.

**Supporting Material:**

## FORMING AN EVALUATION COMMITTEE

<b>SIX</b>	<b>Presenter:</b> Andrea Carey	
	<b>Goal:</b> <input checked="" type="checkbox"/> Share Info <input checked="" type="checkbox"/> Obtain Input <input type="checkbox"/> Make Decisions	<b>Formal Approval Needed?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>The HMIS@NCCEH Advisory Board</b> continued their ongoing discussion on forming an evaluation committee, looking at next steps and how to move forward. Donna agreed to chair/co-chair the committee. There is still a possibility of having a co-chair. The evaluation sub-committee is the owner of the second goal of the HMIS@NCCEH implementation evaluation, which reads:</p> <ul style="list-style-type: none"> <li>• Use HUD HMIS Lead improvement document to evaluate each of the nine categories to set a baseline understanding of the implementation and to set a framework for how to move toward improvement.</li> </ul> <p>Donna outlined the potential next steps in forming the evaluation committee. She is brainstorming a session to hold on metrics and noted that an evaluation expert has agreed to consult for the committee. She raised two questions:</p> <ul style="list-style-type: none"> <li>• What do we want to measure?</li> <li>• Do we have a logic model for implementation and if not, do we want to adopt one and use that as a basis for measurement?</li> </ul> <p>Brian answered that there are some documents that HUD has created which identify areas for evaluation. There are nine areas and Brian suggested looking at those documents. Abby offered to help look at the HUD documents with the sub-committee.</p> <p>Brian asked Donna if they want to do a call for members, which Hanaleah and Rachel agreed to. Rachel asked what the next steps are on the timeframe, highlighting the CoC funding competition occurring within the next weeks. It was decided that the team would meet during the 3<sup>rd</sup> week of October for 1.5-2 hours for brainstorming and logistics. Hanaleah agreed that the 3<sup>rd</sup> week of October works for her and suggested including provider perspective. Rachel supported the suggestion to include provider perspective.</p> <p>Brian asked if CoC Leads can conduct outreach to communities to find end-users to help inform the process. He highlighted that all Balance of State staff being employed by NCCEH is concerning, as serving as the CoC Collaborative Applicant and having CoC and HMIS lead staff could lead to conflicts of interest. He asked the HMIS@NCCEH Advisory Board what their thoughts were on having Balance of State staff play a role in the process and if there were ways for NCCEH to be involved before the actual</p>		

evaluation. It was decided that there likely were ways for NCCEH involvement.

For next steps, Brian will send Donna the contact information for everyone who will be invited to the October meeting. Donna will set up the meeting in approximately three weeks. Brian will let Donna know which Balance of State CoC staff should be involved and all CoC Leads should send information to end-users to include.

There being no other business, the meeting was adjourned.

**Supporting Material:**

**Respectfully submitted,  
Lloyd Schmeidler, Secretary, with staff support from Nicole Purdy and Adriana Diaz**

**Next Executive Committee Meeting: Monday, October 25, 2021 from 2-3 PM  
Next Full HMIS Advisory Board Meeting: Monday, November 29, 2021 from 1-3 PM**

