

# Data Collection & COVID-19: Learning from the Field

May 28, 2020

# Housekeeping & Announcements

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- All attendees are on mute. The Zoom Chat function has been disabled. Please enter your questions in the Zoom Q&A box.
- Follow our COVID-19 Webinar Series here - NAEH COVID-19 Webinar Series - <https://endhomelessness.org/resource/covid-19-webinar-series/>
- Join the Ending Homelessness Forum - <https://forum.endhomelessness.org/login>

# Welcome to the COVID-19 Data Collection Webinar

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- On the Call Today:
  - Jackie Janosko, National Alliance to End Homelessness
  - Shercole King, VIA Link
  - Genelle Denzin, Coalition on Homelessness and Housing in Ohio (COHHIO)
  - Margot Ackermann, Homeward

# Agenda

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- How Are Communities Getting Data Entry Done?
- Workflows that Work!
- What has the Data Revealed?

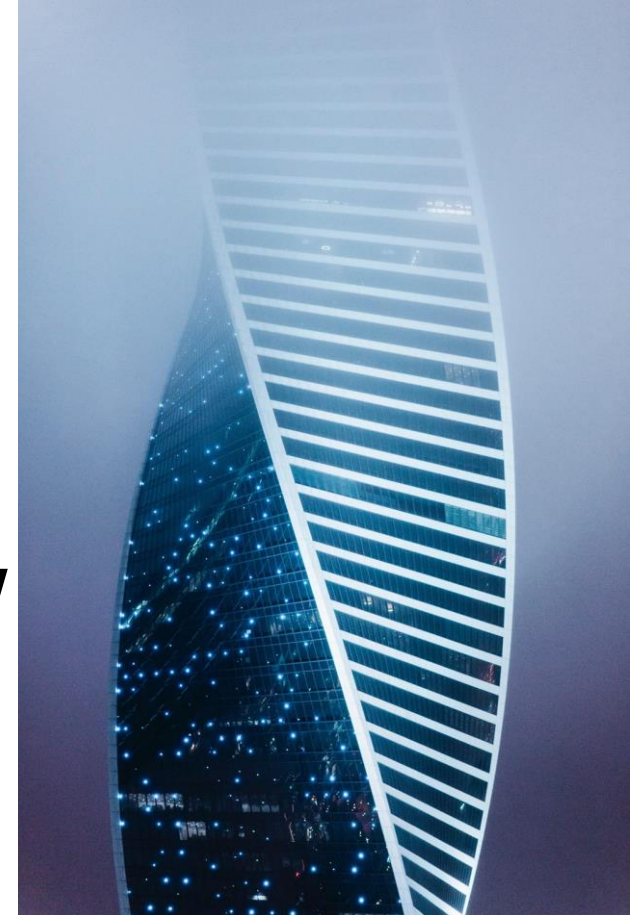
# HOW ARE COMMUNITIES GETTING DATA ENTRY DONE

Shercole King



# What Makes your community unique?

- Understanding your community DNA
  - Limited Data Sharing Community
    - **Limited sharing among programs within CoC**
  - Higher Percentage of Homeless within the State
    - **2,941 People Homeless on a given night in Louisiana (2019)**
    - **1,179 People Homeless on a given night in New Orleans (2019)**
  - Diverse group of service providers
    - **260 End Users (Highest in State)**
    - **Over 130 Programs**



# How are those unique characteristics affecting data in negative and positive ways?

## Local CONS

- Different systems of collecting data
  - State, CoC, City has different workflows
- Sharing constraints
  - CoC strict sharing procedures

## Local PROS

- Chance for extensive data
  - Combining data from each system
- Potential for elevated collaboration
  - Chance to make more long-term collaborative efforts

# COVID-19 Data is Possible

- Understanding your community DNA (Continued)
  - Who are our case managers and individuals collecting the data and inputting the data?
  - What is your community communication infrastructure?
    - **Service Provider Meetings > HMIS Newsletters > CoC Newsletter > Contract Manager Meeting**
- Develop a workflow
  - How can we make this process feasible for our community makeup?
    - Being realistic of case workers/data input staff caseload and situations
  - What procedures would collect the data but not put stress on the individuals doing the work?



# COVID-19 Data is Possible

- Get Creative
  - What are other communities doing and how can I utilize some of those techniques?
  - What has worked for us before? How can we add to that?
    - Keeping Things simple
    - Uniformed Designed Assessments
    - Understanding our constraints
    - Collaboration



# COVID-19 Data Adds Value

- The cost of inaction can result in service disruption
  - Taking Action Now could change the impact of a six month interruption we are and will continue to experience
- COVID Data could help anticipate and begin planning stages for what's next
  - Providing referrals that could help not overwhelm the healthcare system
  - Potential Second wave of COVID, expected later this year
  - Upcoming increasing number of unemployed that could result in homelessness
  - Anticipate demand on care services
- Zoned in perspective of our nation's most vulnerable homeless
  - Opportunity for more access to the most vulnerable street population

# Privacy Concerns

- Have you reviewed your data sharing agreements?
  - Is it clear what information can be shared in your community?
- Develop a COVID Data Request
  - Has your community deemed specific agencies privileged to COVID information during this massive collaboration?
  - Develop a system to share specific information set by your community
    - Local Response: COVID Data Request form for local hospitals working with the homeless to share case manager information
- Understanding the HMIS Privacy and Security Standards
  - Permissible to share a participant's COVID-19 status for the following purposes: 1) Coordinating Services; 2) Preventing/lessening threats to health or safety (see below); and 3) Complying with state or local law.

# Getting Staff To Buy In To Data Collection

- Do you understand your staff?
  - Are you actively communicating with them during this pandemic?
    - Local Response: Monthly local newsletter communication
  - Does your staff understand what's going on in your local landscape?
    - Local Response: Weekly staff meetings locally
- Design Workflows with them in mind?
  - Have you consulted with your staff about what could work best?
    - Local Response: Tested system with high functioning end users
  - Have you designed a training plan that works with the diversity of your team?
- Information Information Information

# WORKFLOWS THAT WORK

Genelle Denzin



# COVID-19 Data & Workflow Creation

Genelle Denzin  
HMIS Data Analyst



# Background



Ohio Balance of State CoC: 80 out of 88 counties in Ohio, mostly rural, some urban and suburban.



Our Coordinated Entry consists of many Access Points across the CoC. Regions and/or counties each hold and document their Prioritization meetings



# Our Team



**Erica  
Mulryan**  
CoC Director



**Genelle  
Denzin**  
HMIS Data  
Analyst



**Matt  
Dicks**  
HMIS Technical  
Assistance and  
Training Support  
Coordinator



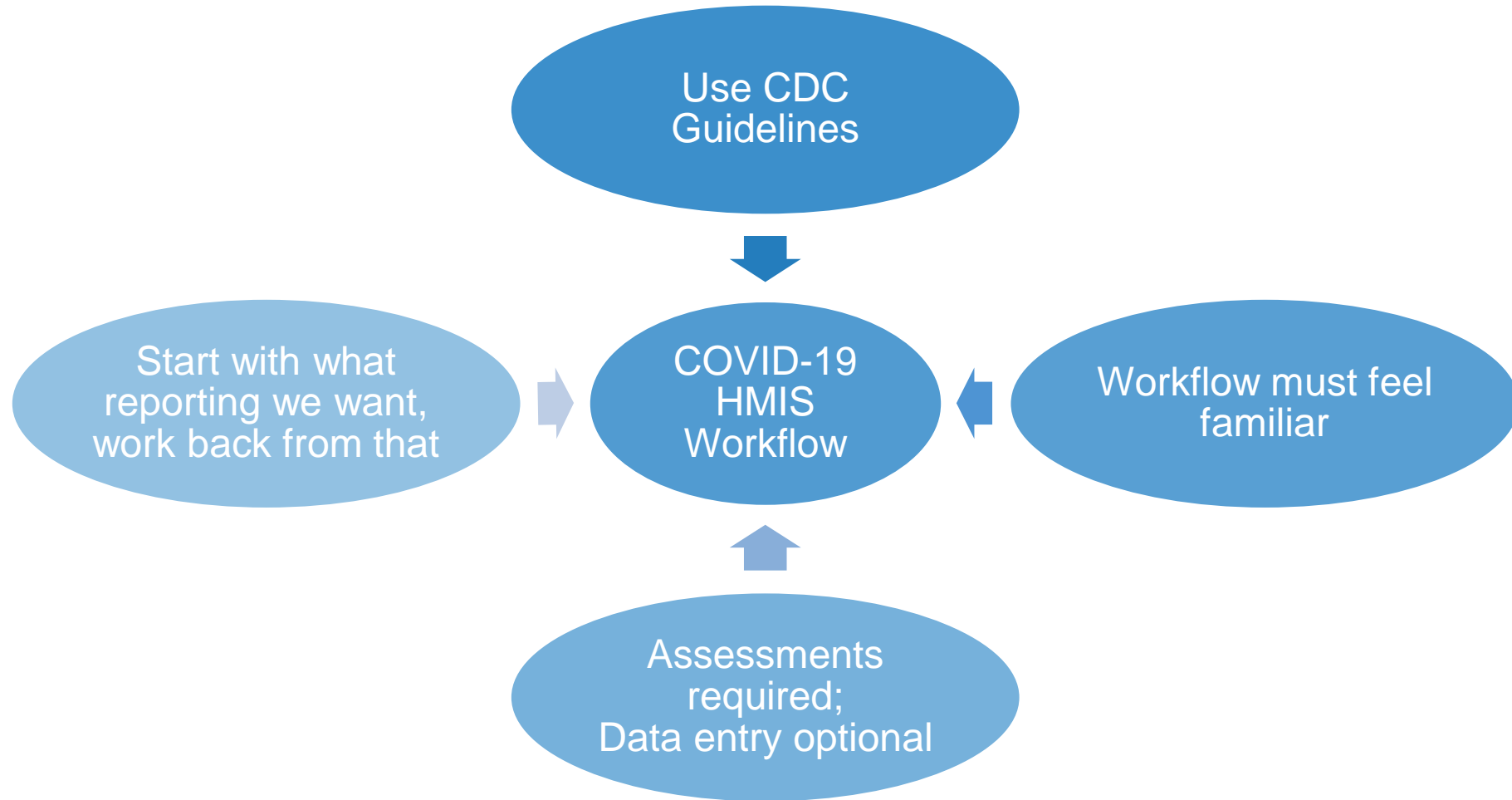
**Amanda  
Wilson**  
HMIS Support  
Coordinator



**Carolyn  
Hoffman**  
CoC Technical  
Assistance &  
Training  
Coordinator

Together, we created our [COVID-19 screening tool and workflow](#).

# Building Workflows: a collaborative process



# The Problems

(BESIDES learning to live in a pandemic!)

- We felt out of our element and simultaneously underwhelmed and overwhelmed with information.
- The perfect is the enemy of the good.
- Reporting goals shifted from when we started.
- CDC Guidelines shifted from when we started.

# COVID-19 Reporting

What reporting are we planning to create?

1. Add column to our existing Prioritization report that helps inform Prioritization meetings about which clients need to be moved immediately to non-congregate housing.
2. CoC-wide and county-level reporting on positive cases, to help with planning and technical assistance.
3. Racial equity reporting, taking ideas from the NAEH spreadsheet on Racial Equity and COVID-19.

These plans informed what data elements we added to HMIS.

# Ohio Balance of State CoC's Data Collection

- Most of the data is yes/no data
- Dates are really important
- Qualifiers like “new” and “today” are important to add to your questions.  
Do you have a cough? vs Do you have a new cough?
- If we do not plan to use a data element in reporting, we drop it.

### Coronavirus (COVID-19) Screening Tool

These questions may change frequently. Please check regularly for the updated Screening Tool here: <http://hmis.cohio.org/index.php?pg=kb.page&id=201>

COVID-19 Assessment Date


/  /     G

#### Vulnerable Clients


Are you 60 or older?

-Select-  G

Do you have a history of respiratory issues?


-Select-  G

Do you suffer from heart disease, diabetes, lung disease, or other serious chronic illnesses?


-Select-  G

#### Diagnosis

Have you been tested for COVID-19?

-Select-  G


If yes, COVID-19 Test Results

-Select-  G

If yes, Date Tested for COVID-19

/  /     G

Has a medical professional deemed that you are/were "Under Investigation" for COVID-19?


-Select-  G

If yes, Date of Determination


/  /     G

#### Symptoms


Do you have a new or worsening cough today?

-Select-  G


Do you have difficulty breathing or shortness of breath today?

-Select-  G


Have you felt like you had a fever in the past day?

-Select-  G


Do you have chills?

-Select-  G


Do you have repeated shaking with chills?

-Select-  G


Do you have muscle pain?

-Select-  G


Do you have a headache?

-Select-  G

Do you have a sore throat today?


-Select-  G

Do you have a new loss of taste and smell?

-Select-  G

#### Potential Contact


Have you had close contact with a confirmed COVID-19 patient while that person was ill?

-Select-  G

If yes, Date of Contact with Confirmed COVID-19 Patient

/  /     G

Have you had close contact with an ill person who is "Under Investigation" for COVID-19?

-Select-  G

If yes, Date of Contact with Person Under Investigation for COVID-19

/  /     G

Non-confidential Notes

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# Prioritization Report

## How to decide who needs “Immediate Non-congregate Housing”

- Working with Angela Hetrick MPH, a doctoral student of Epidemiology at the Ohio State University, to help me with this
- Our Homeless Planning Regions rely on our custom Prioritization report to move households to permanent housing

## CURRENT Criteria:

### Isolation

- Positive diagnosis (within 14 days)
- Symptoms (ongoing or ended less than 10 days ago)

### Quarantine

- Contact with positive and Under Investigation (over the past 14 days)


### Prevention

- Risks (always changing!)

# Prioritization Report




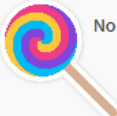









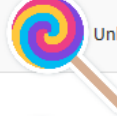




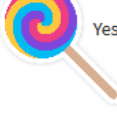

Literally Homeless Clients as of 05-22-2020

Select County/-ies



Download

Show 10 entries

| HoH Client ID                                                                       | Project Name          | Entry Date                                                                               | County                                                                              | Current Situation<br>(Entry, Referral, Perm Housing Track)                                                        | Veteran | Fleeing DV | COVID-19:<br>Priority for Immediate Non-congregate Housing | Transition Aged Youth | Chronic Status | Eligible for PSH<br>(Disability in Household) | Household Size                                                                        | Income  | Score                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------|------------|------------------------------------------------------------|-----------------------|----------------|-----------------------------------------------|---------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------|
| All                                                                                 | All                   | All                                                                                      | All                                                                                 | All                                                                                                               | All     | All        | All                                                        | All                   | All            | yes                                           | All                                                                                   | All     | All                                                                                   |
|    | Unsheltered in County |  2020   |    | Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track | No      | Yes        | High                                                       | No                    | Chronic        | Yes                                           |    | No      |    |
|  | Private House - ES    |  2020 |  | Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track | No      | No         | High                                                       | No                    | Chronic        | Yes                                           |  | No      |  |
|  | Unsheltered in County |  2019 |  | Has Entry into RRH or PSH                                                                                         | No      | No         | Not Assessed Recently                                      | No                    | Not Chronic    | Yes                                           |  | Unknown |  |
|  | Unsheltered in County |  2020 |  | Has no Entry into PSH or RRH, no recent Accepted Referral into RRH or PSH, and no current Permanent Housing Track | No      | No         | Not Assessed Recently                                      | No                    | Not Chronic    | Yes                                           |  | Yes     |  |



# Transparency & Reproducibility

- In this era of misinformation and confusion, it is especially important to be open about how you are bucketing clients.
- Describe your logic in layman's terms at the very least. Sharing your code gives people who want to know a way to see how your code (and thinking) has evolved over time.
- COHHIO uses GitHub to share our code under a free and open source license. Our repository can be found at <https://github.com/COHHIO>.

# Contact Info



<https://github.com/COHHIO>



[genelledenzin@cohhio.org](mailto:genelledenzin@cohhio.org)

# WHAT HAS THE DATA REVEALED?

Margot Ackermann





EXPANDING AND IMPROVING  
HOMELESS SERVICES DURING  
A GLOBAL PANDEMIC

MARGOT ACKERMANN, PH.D.

HOMEWARD

RICHMOND, VIRGINIA

Photo by [Matt Collamer](#) on [Unsplash](#)

# Greater Richmond Continuum of Care (GrCoC)

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Established in 1997

Homeward was created in 1998 to facilitate the CoC funding program

More than \$4.6 million in HUD funds targeted to homelessness each year; \$1.6 million in state funds

2020 Point-in-time count = 547 (down from 1150 in 2007 & 2009)

Region = approx. 1.3 million individuals (560K households)

Poverty rate > 20%

AMI= \$69K



Map retrieved from  
<http://www.richmondregional.org/>

# Our Data Strategy

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Up until very recently, we have been driven by urgency, playing catch up, and dealing with the unexpected.

Our initial focus was on getting clients entries done.

We took on some of the data entry for temporary programs (+ we weren't prepared to train new staff online right away) and worked with staff from other agencies to make sure that we knew when clients left.

Added COVID assessment and more ways for service providers to find out if someone is COVID positive to address concerns of outreach workers.

Some data has been easier for us to track outside of HMIS (e.g., motel stays) and integrate through reporting.

Hold near daily meetings with outreach and staff to reconcile data and check on test results.

# HMIS – COVID Assessment



We added several data elements and added a caution profile picture for anyone who has been isolated due to symptoms or a positive test (both visible with or without Rol)

## COVID-19 Information

|                                       |                                                                    |                                                                                                                                                                                                                                                                     |
|---------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case manager assigned                 | <input type="text"/>                                               | G                                                                                                                                                                                                                                                                   |
| If client is in hotel, which one?     | <input type="text" value="-Select-"/>                              | G                                                                                                                                                                                                                                                                   |
| Hotel room number                     | <input type="text"/>                                               | G                                                                                                                                                                                                                                                                   |
| Date of hotel check in                | <input type="text"/> / <input type="text"/> / <input type="text"/> |    G    |
| If tested for COVID-19, date of test? | <input type="text"/> / <input type="text"/> / <input type="text"/> |    G |
| What is test result?                  | <input type="text" value="-Select-"/>                              | G                                                                                                                                                                                                                                                                   |
| Date isolation began?                 | <input type="text"/> / <input type="text"/> / <input type="text"/> |    G |
| Recovery date                         | <input type="text"/> / <input type="text"/> / <input type="text"/> |    G |



# HMIS - Projects

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New projects were created for new programs:

- R Street: temporary space for people who are older or have medical vulnerabilities; there is also a services only project for people who formerly stayed in congregational spaces but are being case managed by the original provider
- 2<sup>nd</sup> St.: temporary site for homeless families
- RUMI: temporary residential workforce program

New projects were created to account for people placed in hotels:

- Isolation project for people isolated for symptoms or a positive test (services only)
- Isolation project for people slated to move into traditional or temporary shelters (emergency shelter)
- Project for people moved into hotels who are not awaiting a space in traditional or temporary shelters (emergency shelter)
- Project for people receiving meals only (services only; typically used when SSVF or our behavioral health authority pay for the room)



# Other Data We're Collecting

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Tracking motel stays in an Excel spreadsheet

- Client ID
- Household ID
- Household type
- Name
- Entry date
- Exit date
- Site
- # of people

Clients in motels in Google Sheets – color coded with test results (yellow = tested, green = negative, red = positive)

# Providing Information for Partners

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Weekly metrics (example)

Weekly activity reporting to the state (simplified requests for hotel/meal reimbursement)

Details for case conferencing (e.g., which clients have income?)

Coming soon:

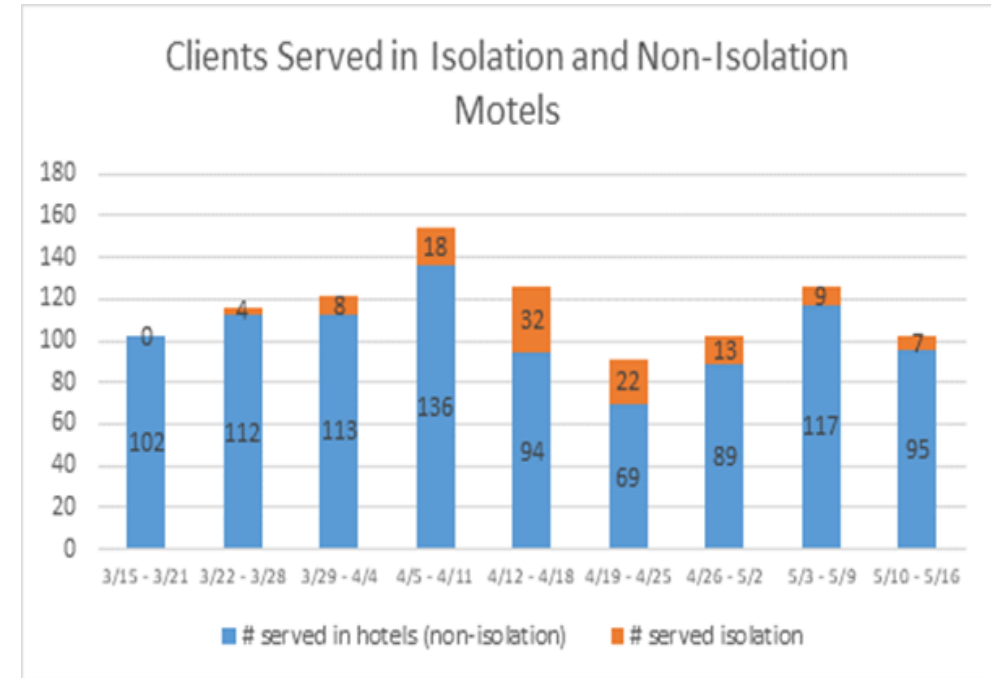
- How many people would we need to house to end unsheltered homelessness?
- Exploration of system capacity and use by people who been in the system for years but have not been engaged
- Focused exploration of racial equity

# Weekly Metrics

How many people are being served in hotels, and how many of them are being isolated because they are symptomatic or tested positive?

Where are people going when they leave the motels?

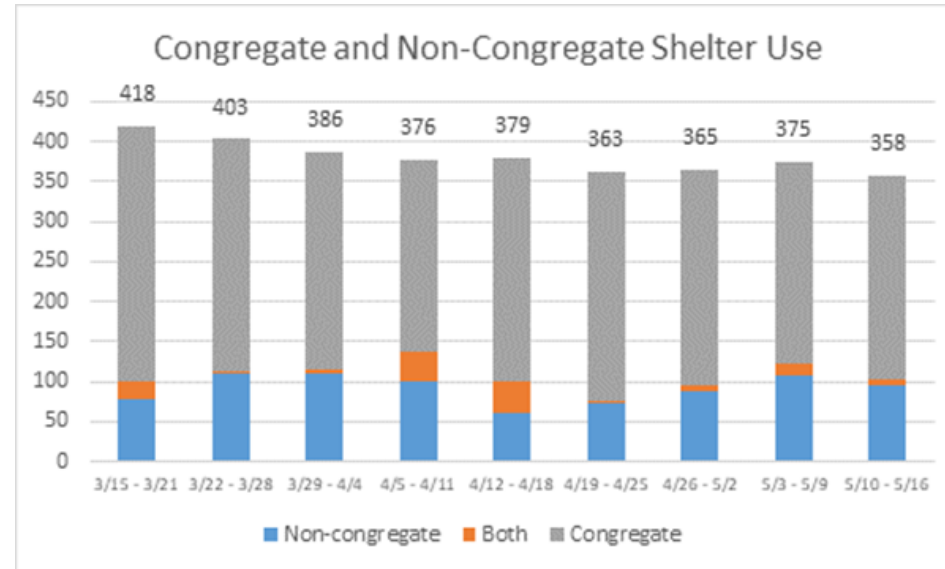
We also look at people in rapid rehousing projects (in the project and housed), which doesn't change that much from week to week.



| Destination                                               | Number (%) |
|-----------------------------------------------------------|------------|
| Permanent destinations                                    | 22 (9.8%)  |
| Emergency shelter                                         | 93 (41.5%) |
| Transitional program/Substance abuse treatment/Safe Haven | 41 (18.3%) |
| Other temporary destinations                              | 4 (1.8%)   |
| Institutional settings (jail/hospital)                    | 6 (2.7%)   |
| Hotel paid by self                                        | 6 (2.7%)   |
| Place not meant for habitation                            | 11 (4.9%)  |
| Other/don't know                                          | 41 (18.3%) |

# Program Capacity

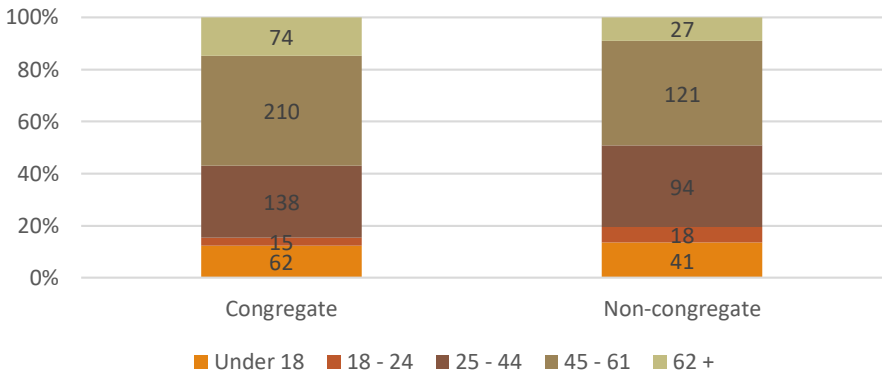
Have we been able to offset the loss of capacity with new programs?



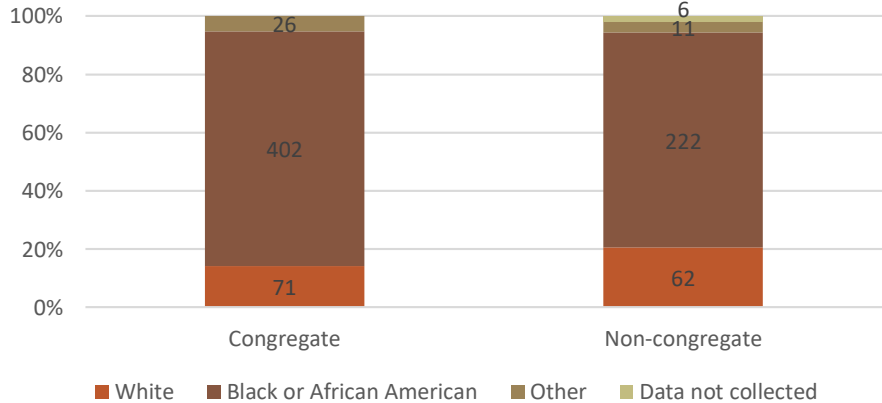
# Age and Race Breakdowns

We have also started looking at age and race breakdowns of people served. Some of the differences can be explained by the programs developed (e.g., a congregate shelter that serves vulnerable people taking in more older adults) or population characteristics, but we will be looking at this in greater detail with university partners soon.

Ages of People Served in Congregate (N = 499) and Non-Congregate Shelters (N = 301)

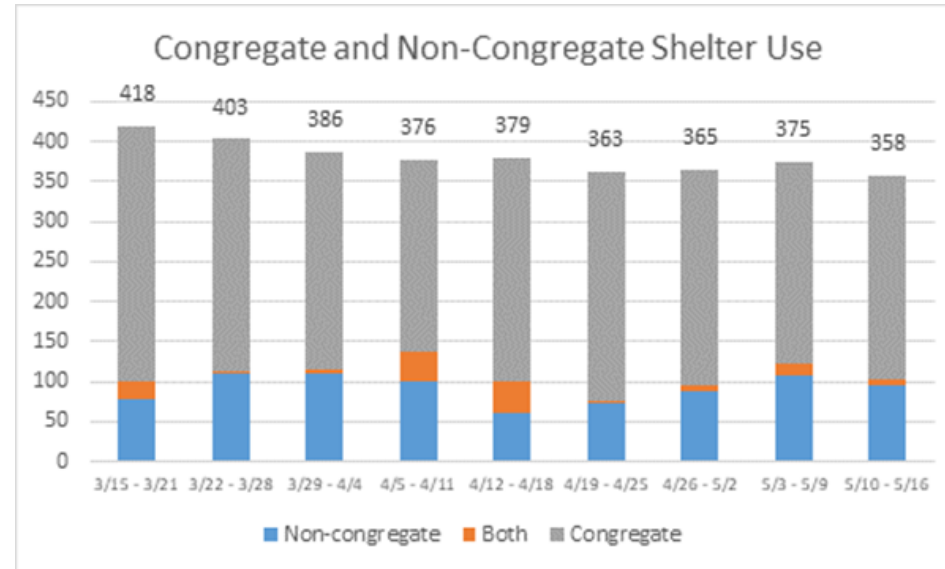


Races of People Served in Congregate (N = 499) and Non-Congregate Shelters (N = 301)



# Program Capacity

Have we been able to offset the loss of capacity with new programs?



# What Success Looks Like Right Now

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Exits to permanent destinations, as well as exits to other shelter programs (i.e., people are being exited to actual programs with case management)

Low number of positive COVID-19 cases in shelters (we've had 17 positive cases out of 52 people tested for symptoms or exposure; more people are tested for entry into shelter)

Engagement of people who been in the system for years but have not been engaged (we housed client 100!)

Enhanced connections with other systems of care (e.g., the residential workforce program, older adults, healthcare)

Housing-focused case conferencing

A better sense of how a coordinated system works

# Thank You For Attending the Webinar

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