

NATIONAL WOMEN'S SHELTER NETWORK

Afternoon Workshops on: Thursday, September 7, 2023, 3:00-5:00pm

Tailoring HMIS and Electronic Health Record Systems to Meet Your Needs

- 1. What software systems do you use for data collection, monitoring, management and reporting?** Are you using HMIS? Have you adapted HMIS for Case Management, Resource Coordination and/or Performance Outcome's purposes?

1) Homeless Management Information System (HMIS)

The Homeless Management Information System (HMIS) is a Federal and local data tracking, management and reporting software system used to collect, store, manage and report client, selected groups or continua of care, and national level information on the provision of homeless services, shelter and housing to individuals and families experiencing or at risk of homelessness.

How many of you know and already use the HMIS System and can you share its benefits and challenges for your organization?

HMIS allows organizations to better understand the needs of their clients. By collecting data on the demographics, housing history, and service needs of homeless individuals, organizations can tailor their services to better meet the needs of their clients.

HMIS can help reduce duplication of services. By tracking the services that clients have received, organizations can ensure that services are not duplicated unnecessarily and are properly coordinated.

HMIS can help measure performance outcomes, for both internal and external tracking and reporting. By tracking client progress over time, organizations can measure the effectiveness of their services and make adjustments as needed.

HMIS can help with funding. Many funders require grantees to collect and report data on their clients. An HMIS can streamline this process and make it easier for organizations to demonstrate the impact of their services.

Utilizing HMIS on a county level has numerous benefits. It allows for more effective coordination of services between agencies, resulting in improved outcomes for individuals experiencing homelessness. HMIS also provides valuable data on the homeless population, helping to identify trends and inform policy decisions. Additionally, it can streamline administrative tasks and reduce duplication of services, ultimately leading to cost savings. Overall, implementing

HMIS on a county level can greatly enhance efforts to address homelessness and improve the lives of those affected.

2) Electronic Health Record (EHR) *How many of you use an Electronic Health Record System and can you share its benefits and challenges for your organization?*

For example, Lotus House uses an entirely electronic health record (EHR) system through WellSky - Service Point System which replicates the Homeless Management Information Systems (HMIS) complying with HUD's data collection, management, and reporting standards. The EHR system is HIPAA protected and records are safely and securely stored in the cloud, and no additional backup is required.

The EHR system is accessible through the internet with a unified login and password. User accounts are created for applicable employees within the first week of hire, following training on HIPAA and other counseling and resource coordination guidelines.

Customization is invaluable. This means that the system can be tailored to meet the specific needs of each individual or group of individuals, allowing teams to customize assessments. By having a system that is personalized, homeless individuals can receive more targeted and effective support services. This can lead to better outcomes for homeless individuals, such as increased access to housing, employment, and healthcare. Additionally, a personalized system can also help service providers to better track and analyze data, leading to more informed decision-making and improved overall service delivery.

The value of data for training your team. The Data Team provides training to new employees in the usage and input of information into the EHR system.

All Lotus House participants' data is entered into EHR by those providing direct services,(i.e. Resource Coordinators, Therapists, Housing Counselors). In addition, all services provided are documented through the guest Action Plan, specific Assessments and Case Notes for the ongoing meetings with their assigned Resource Coordinator, Therapists and Housing Coordinators.

The data entered into EHR is analyzed using the SAP, the Business Objects component of the system. Within SAP, along with the assistance of WellSky, you have the ability to create a number of reports to meet data needs for internal and external purposes. For example, to keep track of guests count, demographics, victimization, exits, individual and group participation, etc. The analysis of these data helps Lotus House operate more efficiently and supports the application for new grants.

In addition, within SAP you can create reports that collect grants' specific deliverables and performance outcomes. At reporting time, the Grant Manager assigned to the grant runs the collected data and submits it to the Director of Grants Management for quality assurance. Then

the Director of Reporting and Compliance prepares the grant's report for review and approval by the Shelter Director.

2. How does your organization benefit from data collecting, tracking, monitoring and reporting data? What are the challenges?

Minimum standards of care.

Case Management/Resource Coordination. We have a team of clinical staff that includes resource coordinators who provide direct services to each person who enters the shelter. The role of the resource coordinator is to meet with the individual to develop a person-centered plan that focuses on individual needs (housing, obtaining benefits, obtaining immigration assistance, medical attention.) while here at the shelter, with the ultimate goal to empower such individuals to exit the shelter to permanency and independent living.

Quality Assurance. Lotus House is fully accredited by CARF, therefore, has an obligation to follow guidelines provided by this accreditation body for how to maintain its clinical files. The role of the quality assurance individual is to ensure that staff is following these guidelines when documenting interactions with persons on their caseloads. Regular file audits are conducted of clinical files, and ongoing feedback is provided in areas that fall short of these established standards.

Ongoing staff training in the usage and input of information into the EHR system, as well as running reports for services provided. All staff who onboard with the foundation get fully trained in the importance of and usage of the EHR system. This is to ensure staff is comfortable adding valuable data for the work that they complete with their individual caseloads. Additionally, annual refreshers are provided as well as one on one support for the staff who need it.

Ongoing quality assurance checks (CoC report, Intake assessment QA, data auditing, report cards). The quality Assurance director pulls reports regularly to verify data accuracy, data inputting and translating errors/areas of missing information to the appropriate staff for corrections.

Tracking performance outcomes for grant purposes Accurate data tracking and reporting allows us to disseminate quantitative data to complement qualitative data, painting a picture of the impact of the program. Continuous reporting and QA of grant outcomes during monthly meetings, and in between, allows us to identify and address gaps in data in a timely manner, helping ensure that services are rendered as intended and working towards meeting grant outcomes. Hard data accurately and responsibly tracked strengthens your messaging. Look at the data often, involve direct service staff who are on the ground collecting and entering data often. Train everyone who is entering data - consistency in data entry is key. If you see a trend in specific data points not meeting expectations or facing human error during input, develop a monthly QA report and share with all those involved.

3. What are the challenges to and opportunities for improving your software systems?

Customizing HIPAA compliant data systems to function in the way that best fits your needs (both programmatically and for reporting to external funders) can be a costly investment, but a worthwhile investment. If done right, your systems will be in place for many years without costly yearly maintenance unless required for new large scale programs and reporting requirements. A system that allows for the organization team to customize freely and without limitations, to the extent possible, is preferable as it will give you the freedom needed to update data systems as needed based on changes in your data collection needs and requirements.

Staff training and cross training is vital to the continued success and quality of your data collection. Empower your staff to view data in a more in depth and robust way. Does this data make sense? Is there a pattern? Are we collecting the right type of information and are we doing so accurately? Is there a gap in our data and how do we address it? Empower them to think outside the box, to take a step back and really analyze the numbers they are looking at as it paints a picture of the program in a very concrete way.

Ensure that your team is cross trained! Turnover is costly to your pocket and your data!

Proposed sample reports for hadouts

Enrollment report from EHR
Victimization report from EHR
CoC report from HMIS
Report Cards from HMIS
YTD data Powerpoint