


National Human Services Data Consortium **2016 Spring Conference**
Los Angeles, CA
April 13-14, 2016

Early Outcomes from San Diego's Person-Centered Trust Network

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Advancing a Technology Culture in Human Services

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Advancing a Technology Culture in Human Services
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Presentation Overview

1. CIE Overview, Challenges & Evaluation Results
2. CIE Connection to HMIS
3. Using CIE to Address Homelessness and Health
4. Creating a CIE in Your Community

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Setting the Stage for Data Sharing

HMIS Universe

- ✓ Program-Centric Structure
- ✓ UDE and PSDE Fields
- ✓ Standard Reports

Person or Client-Centric Framework

- ✓ Multiple Cross-Sector Data Sources
- ✓ Client Consent for Network Data Sharing
- ✓ Case Manager Role-Based Permissions


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Thought-Starters

1. What has been your experience with data sharing across homeless providers in your local community? Beyond HMIS? With other Infrastructure organizations?
2. What barriers or hurdles have you encountered on your journey?
3. What resources or capabilities have facilitated your work?

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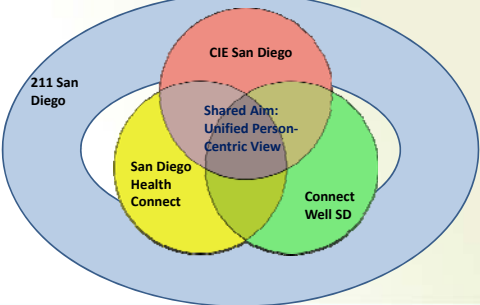
Enhancing Seamless Care Coordination To Improve Health and Social Outcomes



- Connecting data silos
- Transforming care models
- Improving service delivery

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San Diego Infrastructure Organizations



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Beyond Electronic Health Records to Social Determinants of Health

Problem List	Medications	Provider
Length of Stay		Diagnosis
Target Release Date		Laboratory
		Imaging

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CIE San Diego Network Participants



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Data Exchange Process

- ✓ Agreements for Data Exchange and Privacy/Security
- ✓ Universal and Program Specific Data Elements
- ✓ Data Transfer Request for HMIS
- ✓ Written Client Consent for Care Coordination (Separate from HMIS)
- ✓ API to CIE Client Dashboard
- ✓ Other Data: Sheriff Booking, EMS Transports, Senior Services, Medical Home
- ✓ Single Sign-On Within Source System
- ✓ Messages and Alerts To Enhance Care Coordination
- ✓ Client Dashboard Updates By Any Network Participant
- ✓ Aggregate Data To Identify Trends/Patterns

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Dashboard Basics

- Data Fields
 - ✓ Discrete Elements
 - ✓ Assessments
- Displayed Across 12 Tabs
- Hyper Links
 - ✓ Notification
 - ✓ Data Quality
 - ✓ Opt-Out
- Email Message Alerts
 - ✓ Ambulance Transport
 - ✓ Jail Booking
- Custom Reports
 - ✓ Agency Specific Clients In Common

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Step 1: Embed CIE San Diego Into Source Case Management / EHR System

Homegrown HMIS System



User Experience / Technology

- User selects a client WITHIN your native system
- Auto-quick Search
- Validate view rights by user role
- Real-time API Integration
- Single Sign On
- Press CIE icon
- View client record in CIE

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Step 2: View Client Online Dashboard

Client Basics | History | Care Provider | Program History | SMC Targets | Health Information | Assessment- ASLUC | Assessment- Additional Risk | Emergency Contact

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Client Notification

Client Data Quality Issues

Client Contact

Agency	Role	Provider Name	Status	Phone Number	Email
Father Joe's Village	Case Manager	Mickey Mouse	Former	(619)234-5678	Mickey@svdp.com
SD EMS / Fire Rescue	eRAP Coord.	Anne Marie Jensen	Former	(619)234-5678	AJ@sandiego.org
Serving Seniors	Case Manager	Alfonso Serrano	Current	(619)407-1234	alfonso.serrano@serving seniors.org
Serving Seniors	Primary Physician	Dr. Ana Garcia	Current	(619)662-4321	

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Step 3: Notify Cross-Agency Care Team

From: Info@CHSData.org

To: Steve Spivack/Steve.Spivack@univofcalifornia.org

Sent: 4/13/16 6:38 AM

Subject: CHS Data Portal - DF

Hi Steve,

This message (for you and all other cross-agency care teams) is contained here:

Steve Spivack (www.univofcalifornia.org) is transported by email to the CHS Data Portal.

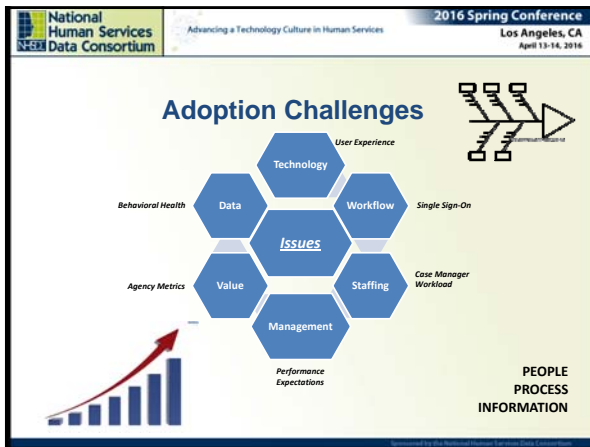
Sign in at: www.chsdata.org - System Account Information.

CHS Data.org

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Building Cross-Sector Bridges

Agency	Client Eligibility	Social Support	Housing Stabilization	Nutritional Support	Healthcare Delivery
Alpha Project	Homeless	Case Management Street Outreach	ES, RRH, PSH	Snacks	
City EMS/Fire	Frequent EMS User	Case Management Street Outreach			Pre-Hospital
Elderhelp	Living Independently at Home	Case Management Phone Outreach Home Visits	Roommate Matching Safety Check	Grocery Shopping Homemaker Help	
Meals-On-Wheels	60 years old Homebound	Home Visits	Safety Check	Home Delivered Meals	
PATH	Homeless	Case Management and other social services	PSH	Congregate Meals	On-Site Clinic
St Paul's PACE	Living Independently at Home and join PACE Health Plan	Case Management Home Care	PSH	Congregate Meals Home Delivered Meals	On-Site Clinic Home Health Rehabilitation
Father Joe's Villages	Homeless	Case Management and other social services	ES, RRH, TH, PSH	Congregate Meals	On-Site Clinic Addiction Treatment
Scrrips Mercy Hospital	Homeless, Complex Patient	Case Management	Leased Beds	Snacks	ED, Clinic and Hospital
Serving Seniors	55 years and older	Case Management Classes/Activities	Permanent Housing	Congregate/Home Delivered Meals	On-Site Nurse and Dental Clinic
UCSD Medical Center	Homeless, Complex Patient	Case Management	Leased Beds	Snacks	ED, Clinic and Hospital



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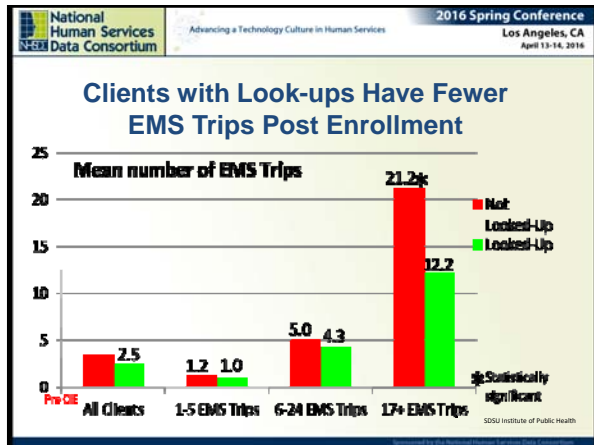
Evaluation Questions

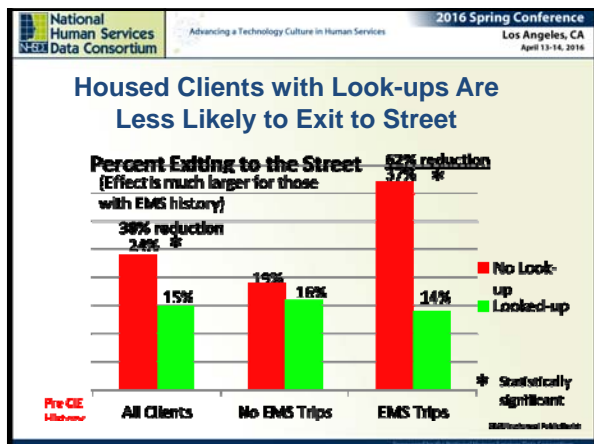
Question #1: Is CIE enrollment associated with a reduction in the number of EMS transports before and after enrollment?

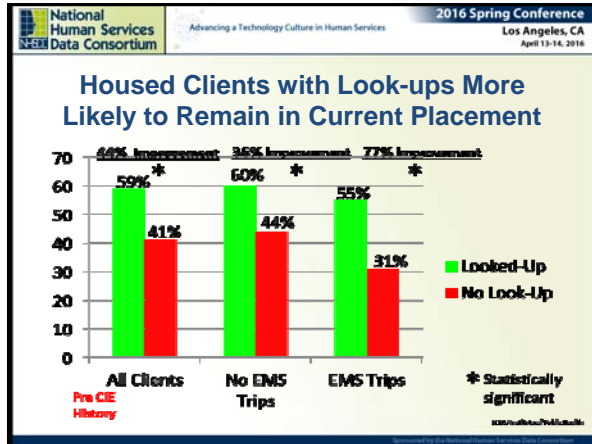
Question #2: Once enrolled, are CIE look-ups associated with fewer housed persons returning to the street?

Question #3: Once enrolled, are CIE look-ups associated with clients remaining in their current housing placement?

Evaluation performed by S Lindsay, PhD, Associate Professor of Epidemiology, San Diego State University, Institute for Public Health







Evaluation Results

- 26% reduction** in mean number of EMS trips pre and post CIE enrollment for 233 CIE enrolled clients with a history of EMS use. Largest percent reduction (42%) for clients with highest EMS risk
- 38% reduction** in the percentage of housed clients who exited housing and went back to the street (24% vs 15%) between those that were not looked up compared to those that were looked up. Largest effect seen among clients with EMS history (62% reduction).
- 44% improvement** in percentage of housed clients who remained in current housing placement between those who were not looked-up and those who were looked up. Largest effect (77% improvement) seen among clients with EMS history.

Regional Task Force on the Homeless

- ✓ HMIS Lead in San Diego County
- ✓ Bowman Systems Service Point
- ✓ 45+ agencies participating
- ✓ 250+ unique programs
- ✓ 350+ users
- ✓ Serve as collaborative applicant
- ✓ Conduct annual Point In Time Count

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RTFH History with CIE

- ✓ Central to original CIE vision
- ✓ Joint applicant for initial foundation grant
- ✓ Continuous membership on board of directors
- ✓ Guardian of HMIS system of record
- ✓ Promote HMIS as first priority with CIE as close second
- ✓ Familiar with participation and adoption challenges

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RTFH and CIE Workflow

Past Process	New Process
✓ ServicePoint Data Sent Via Batch Weekly	✓ ServicePoint Data Sent Near-Real Time
✓ Data Deposited Through Secure File Transfer Protocol	✓ Data Deposited in CIE Middleware Translation Layer
✓ CIE Software Vendor Retrieves File and Populates Dashboard for Opted-In Clients	✓ CIE Populates Dashboard

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Service Point Single Sign-On

- ✓ Embedded CIE icon in source system
- ✓ Icon lighted when CIE data available
- ✓ Brings case manager to CIE dashboard
- ✓ Ensures 100% yield in quick search
- ✓ Facilitates technology adoption

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Using CIE to End Homelessness

- San Diego cost-benefit studies
- Efforts on the horizon
- Implications for coordinated entry
- Roommate matching



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Project 25

In 2010, 28 people cost the community **\$3.5 million** (Avg. \$125,000 per person)

Public Service Costs: Baseline vs Y1 and Y2

Year	Expenses (Millions)
2010 Baseline	3.5
2012	1.5
2013	1.1

- Goal was to save money and save lives
- Identified using administrative datasets (911, hospital, jail, county behavioral health)
- Father Joe's Villages and County ACT model
- Total Cost Savings = \$3.7 million over 2 years
- Only exits due to death
- Currently expanded using combo of SAMHSA and Medi-Cal \$

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Point Loma Nazarene University

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Registry Week Program

110 people cost the community **\$1.23 million** (Avg. \$11,182 per person)

Public Service Costs: Baseline vs Y1 and Y2

Year	Expense (Thousands)
Baseline year post intervention	813.9
Y1 post intervention	447.6
Y2 post intervention	404.4


- Goal was to take most vulnerable off the streets of DT San Diego
- 100K Homes Campaign
- Identified using Vulnerability Index
- County ACT model and HUD VASH
- Although decreased public sector costs, when factoring in the cost of the program (housing and services), there was no net savings


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Efforts on the Horizon





1. Identification and Targeting
2. Care Coordination
3. Evaluating Performance (Cost Savings)

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Implications for Coordinated Entry

Identifying Frequent Users through Coordinated Entry

- Piloted Coordinated Entry tool to identify frequent users
- Administered VI-SPDAT followed by CIE enrollment
- Piloted with 208 single adults in Father Joe's Villages emergency shelter
- Results:
 - 23% (48 individuals) had at least one ambulance trip in year prior to assessment
 - 48 individuals accounted for 141 ambulance trips in one year
 - 4% met frequent user criteria of 5 or more ED visits in a year or 8 or more in 2 years

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Identifying Frequent Users

Does Frequent Use = High Vulnerability? | Does High Vulnerability = Frequent Use?

Frequent User	911 Rides in Prior 12 Months	911 Rides in Prior 24 Months	VI-SPDAT Score	Homeless Individual	VI-SPDAT Score	911 Rides in Prior 12 Months	911 Rides in Prior 24 Months	Frequent User
Client 1	30	36	9	Client 1	14	0	13	Yes
Client 2	14	35	12	Client 2	14	0	0	No
Client 3	9	11	14	Client 3	13	0	0	No
Client 4	9	9	9	Client 4	13	0	0	No
Client 5	8	10	12	Client 5	13	1	1	No
Client 6	6	13	12	Client 6	13	0	0	No
Client 7	5	6	12	Client 7	12	14	35	Yes
Client 8	4	9	8	Client 8	12	5	6	Yes
Client 9	0	10	3	Client 9	12	0	1	No
				Client 10	12	0	10	Yes
				Client 11	12	1	1	No
				Client 12	12	6	13	Yes
				Client 13	12	0	0	No
				Client 14	11	0	0	No
				Client 15	11	2	2	No
				Client 16	11	1	1	No
				Client 17	11	0	0	No
				Client 18	11	0	0	No
				Client 19	11	0	0	No
				Client 20	11	0	0	No
				Client 21	11	0	0	No

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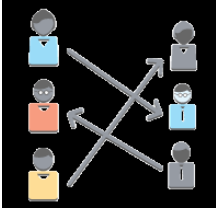
Implications for Coordinated Entry

Locating People Post- Assessment

- Like other communities, San Diego struggles to locate individuals post-assessment
- If enrolled into CIE at the point of assessment, could assist with locating:
 - Alerts if used the ambulance
 - Alerts if used the jail
 - Hospital ED staff would know who to call
 - Outreach staff would quickly know who to call

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Roommate Matching



- ✓ Identify preferences
- ✓ Pair home seekers
- ✓ Match clients with home owners
- ✓ Link seekers with housing inventory

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Building a Community Information Exchange

- ✓ Community Relations
- ✓ Legal and Regulatory
- ✓ Finance
- ✓ Technology
- ✓ Operations
- ✓ Evaluation



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Community Relations

- ✓ Identify (CBO's) interested in "whole-person" care
- ✓ Cultivate relationship with nucleus of CBO's with common clients
- ✓ Target CBO's who would benefit from enhanced care coordination
- ✓ Assess political feasibility of public/private data sharing
- ✓ Outline overarching aims, goals and use cases

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Legal and Regulatory Compliance

- ✓ Explore leveraging existing infrastructure for exchange hub
- ✓ Create new legal entity if necessary to house data exchange
- ✓ Recruit interested stakeholders for Board of Directors or Advisory Group
- ✓ Develop legal agreements with CBO's to govern data sharing
- ✓ Develop business associate agreements for info privacy and security
- ✓ Create client consent forms for data sharing and regulatory compliance

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Technology

- ✓ Identify data fields, sources and alerts to enhance care coordination
- ✓ Review hardware, software and staff capabilities with targeted CBO's
- ✓ Survey technology alternatives for make, buy or leverage options
- ✓ Acquire technology access for data viewing/sharing
- ✓ Pursue Application Program Interfaces and Single Sign-On
- ✓ Develop display format for client-specific data and aggregate reporting

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Operations

- ✓ Identify Exec Sponsors and Site Administrators at each CBO
- ✓ Clarify data fields that CBO's want to view and share with others
- ✓ Develop implementation guide for planning, testing and tech launch
- ✓ Process map CBO workflow for tech integration and user interface
- ✓ Convene User Group to review tech issues, operational needs and system enhancements
- ✓ Create usage metrics for governing/advisory board and CBO reports

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Moving Forward

- ✓ Leverage new opportunities
- ✓ Identify interested coalitions
- ✓ Broaden target populations
- ✓ Add participant agencies
- ✓ Expand data sources
- ✓ Pursue shared aims across infrastructure organizations

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Questions?

How might you go about developing a community information exchange in your area?

Contact Info:

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