

DATA SHARING IN HMIS TESTIMONIALS

CLOSED TO OPEN

Below are testimonials from CoC and States that went from a closed HMIS to a either a Statewide or HUD CoC sharing of their HMIS data.

BOISE:

“Oh, let me count the ways in which I love the open system. I can elaborate more on any of the following points as you need!

- 65% of our population suffers from severe and persistent mental illness, and an untold percentage suffer from active substance misuse. It does not feel ethical to place a (in our case) 3 page long ROI in front of them, and expect them to read and/ or understand it.
- Far more clients agree to the open system over opting in with an ROI. As I mentioned above, our HMIS ROI was 3 pages long, and it was intimidating. Many clients would not agree to sign it. Currently, we do a verbal at the beginning of every appointment and agreement is very high. I've attached the script we use for that verbal agreement. It's much more organic and can turn into a conversation about consent, over the very formal ROI, which I have also attached for reference. It also allows us to use plain language that is more understood by our population.
- Minimizes duplicative clients in the system because people are not hidden by default. Now, they are open by default, and based on how info is shared among folks in your specific system, it is easier to see someone's interactions (open and closed projects) in HMIS. This makes it easier for me to obtain things like homeless verifications for PSH program vouchers, as I can see their shelter stays, transitional housing stays, sober living, attempts at prevention, housing program entries, PATH entries, all in the Client Information Summary, and this is super helpful for CE and working on housing solutions for folks. With the closed system, I couldn't see anything. It would become frustrating especially if we struggled to get things like accurate LOTs and shelter stays.
- Our assessment is self report. This, honestly, helps with accountability. Clients who have figured out the formula get surprised when I can remind them they spent 9 months in a PSH program when calculating LOT.
- COVID. We are doing as many assessments as possible over the phone. The open system makes it easier for us to do that. If we needed the HMIS ROI signed we wouldn't be able to do that as easily.
- It is so beneficial to have as much info as possible in one place for clients because it helps with collaboration between partners, and we treat all our clients as if we will only ever see them one time. This is how we can best help them get connected to the resources they need. Since we default to an open system, this makes it that much easier”

Testimonial from: Sara Busick Program Director, Boise CoC. Two (2) HUD CoCs.

COLORADO:

- **Please describe the HMIS sharing settings you were using prior to switching to Clarity Human Services**
Prior to switching to Clarity, Colorado was only sharing client profiles between agencies associated with our three Continuums of Care. This helped reduce the number of overall duplicate client profiles in the system, but since users were unable to see enrollments/services provided to clients that were occurring outside of their

home agency, it resulted in a very siloed approach to our homeless response system. There was also the pervasive notion that the individuals experiencing homelessness were only associated with “my agency” instead of “our community”.

- **Please describe the HMIS sharing settings you implemented at the time you switched to Clarity Human Services**

The HMIS Leads across the state of Colorado used our switch to Clarity to fundamentally rethink our approach to just about everything to do with HMIS, including revising our Policies & Procedures, our Agency Partnership Agreements, our posted Privacy Notice, and our client Releases of Information. By and large, these policies were applied statewide to agencies in every CoC. These updated policies allowed us to change our default sharing settings for most of our provider agencies to allow high level visibility of which clients had worked with which agencies, seeing row level details in the Client History section of Clarity that provided details about enrollments, services, and assessments provided (i.e. “Basic Sharing” for the Services/Programs/Assessments Placed option in Clarity). While we updated sharing settings to increase visibility surrounding enrollment information between agencies, we did continue to keep client notes private to the agency who created them, as these often contained clinical case notes. We did, however open up our sharing settings for both Client Files and Client Location/Contact info, as this would help providers more easily access housing ready documents and contact info for clients. We viewed these changes as necessary in achieving a more holistic approach to our homeless response system.

- **How did you feel about these changes prior to making the switch?**

Change is always scary, but in this instance, we viewed the updated sharing settings as necessary in order to better serve our most vulnerable populations. Opening things up was an exciting prospect to us at the HMIS Lead level, and truthfully, one of the major reasons we decided to go with Clarity had to do with the way providers could easily see which agencies and intervention types clients had previously connected with, which case managers were working with clients, etc.

- **How did your providers initially feel about these changes?**

Some of our providers were initially apprehensive about opening up sharing settings, but thankfully, most of them were on board with increased visibility/sharing. We did have some mental health & youth providers who requested that we continue to lock down their agency specific enrollment/services data, due to the sensitive/protected nature of the work that they do, which we were able to accommodate via Clarity’s sharing settings. We still shared client profiles for these agencies, unless the client in question was an unaccompanied youth, in which case we instructed users to manually mark those profiles private but none of their agency specific data was shared. We have also worked with our non-mental health providers to use abbreviations/codes for service names that may be of sensitive nature due to the increased visibility of our new sharing settings.

- **How do you and your providers feel about the changes now?**

We have been encouraged by the renewed sense of collaboration between our providers and buy-in to our new HMIS after our switch to Clarity. We’ve been able to increase cross-agency communication, with users utilizing the secure direct messaging functionality offered within the system to send messages to each other about clients they are working with (ex: I see that you’re working with client x, would you mind letting them know I’m trying to reach them). This increased sharing and collaboration has been especially critical for us and our providers during the age of COVID-19. Additionally, the increased visibility associated with our new sharing settings has been absolutely crucial for our Coordinated Entry processes and associated case conferencing sessions. Being able to see where clients have previously presented in the system has been a huge help to our providers as we work to identify clients with the longest homeless history.

MAINE:

- 2004: Maine started entering data in to ServicePoint
- Sometime between 2004 and 2015, the database was locked down and no data was shared between Agencies. Data for projects in the same Agency was shared.
- 2015: Client records for some Emergency Shelters were shared. Historical data was not and sharing only existed between Shelters. Only the UDE's were shared.
- 2016: All Emergency Shelters began sharing data.
- 2017 – 2019: A Data Sharing Workgroup was formed to begin work on “opening” the database to all providers that are legally able to share data.

- The workgroup completed the following tasks:
 - New Authorization to Disclose Document and a list of providers that share. Both of these documents are posted on the website.
 - Created a new Agency Participation Agreement that included the language for sharing data. (There were two documents previously – a separate Data Sharing Agreement). The Agency Participation Agreement is signed on a yearly basis.
 - Decided that the UDE's and Common Data Elements should be shared.
 - Decided that records should be opened historically.
 - Developed contract with WellSky to merge as many duplicates as possible and open the records, going back to record creation.
- 2019: The HMIS team “opened” all the providers by sharing Static and Dynamic visibility in Service Point. We also started using as many WellSky created/maintained assessments as is possible and stopped using custom assessments.
- All providers share at least the UDE's. (Except Youth shelters and our Substance Abuse shelter) In order to accommodate this, we use the HUD UDE's for all Other Projects assessment (and share it) but use custom assessments for Program Specific and Common Data Elements. (This applies primarily to VA projects)
- The providers have expressed that they like data sharing – they believe it is easier for their data entry but is also better for the clients. They also see a more complete picture of a client's homelessness. (Within HMIS)
- If a client does not want their data shared, the provider faxes us a copy of the Authorization to Disclose that includes a check mark in the box stating not to share their data. We remove the visibility from this point forward. We also have an “Anonymous” process for clients that absolutely refuse to have their data entered in to HMIS. We encourage providers to make that as rare as possible.

Testimonial from: Mary Wade, HMIS System Administrator, Maine Housing. One (1) HUD CoC

ICA SITES THAT SHARE

Here is a list of sites that ICA works with who share data with Statewide or by HUD CoC.

STATEWIDE DATA SHARING:

- Wisconsin – 4 HUD CoCs
- Minnesota – 10 HUD CoCs
- Alaska – 2 HUD CoCs
- South Carolina – 4 HUD CoCs
- Georgia – 9 HUD CoCs
- Missouri – 8 HUD CoCs
- Wyoming – 1 HUD CoC
- New Hampshire – 3 HUD CoCs
- Nebraska – 3 HUD CoCs

HUD COC SYSTEM WIDE DATA SHARING

- Boise, Idaho
- Dallas Texas
- Iowa
 - IA-500 and IA 501 share together
 - IA-502 shares within itself.
- Rockford Dekalb IL
- North Carolina
 - NCCEH = NC-502, NC-503 and NC-513
 - NCHMIS = NC-500, NC-501, NC-504, NC-505, NC-507, NC-509, NC-511, NC-516,

OTHER SITES IN THE USA THAT SHARE

Here is a small list of sites that we were able to connect with and confirm how they share their HMIS data.

STATEWIDE DATA SHARING:

- Colorado
- Maine
- Rhode Island
- Ohio
- Connecticut

HUD COCS SYSTEM WIDE DATA SHARING:

- DuPage IL
- New Jersey – all CoCs with each other except one.