Three County CoC Data Evaluation Committee

March 23rd, 2022

Present: Betty Hakes, Owen Wallace, Amanda Sawyer, Michele LaFleur, Shaundell Diaz, Keleigh Pereira, Eric Gammons, Cynthia DiGeronimo, Phil Ringwood

**3:00-3:10 Introductions**

**3:10 – 4:15 Discussion with Eric Gammons around CAPV Clarity HMIS data sharing options.**

The new HMIS data sharing issue continues to be a problem for many providers. To recap, our data from multiple closed systems was merged in a data warehouse and then migrated to our new HMIS which is also a closed system. Because the client records were imported merged, the first agency which worked with the client is the only agency which can access or even view the client record, even though other agencies may be currently working with the client and need to be able to access their record.

Eric Gammons, a technical assistance provider from the Technical Assistance Collaborative, joined us for the first hour of this meeting to discuss the data sharing/client visibility issues in our HMIS currently. We have received three possible solutions from Bitfocus around this issue and have brought the issue and the three options to the CoC's Board of Directors who asked the Data Evaluation Committee to consider these options and report back our recommendation. Below are the three options presented by Bitfocus along with some of their considerations:

## Option 1

### Adjust Default sharing group from Clients Created Not Shared to Clients Created Full Shared for all agencies

**Benefits & Considerations**

1. Least amount of configuration and maintenance for SysAdmins.
2. Views clients and their records holistically for coordinated care and collaboration.
3. Staff would have capability to view client profiles that other agencies have entered into the system, however, they would not be able to view any programs, services or history from the other agencies.
4. Team needs to consider potential conflicts from current MOUs/agreements/charters/ROIs and whether policy and document updates are required. Updates can take additional time/resources.
5. If the configuration change is made immediately, are there any legal ramifications without larger community approvals.

## Option 2

### Duplicate client profiles from one into multiple for each agency that has information associated with the profile

Manually create new client profiles while logged in under respective agencies for any records that are shared

OR

Complete record duplication process via Bitfocus script applied to system by Data Services

**Benefits & Considerations**

1. If there are a large number of records to be duplicated, a script may be the fastest way to adjust the records so that providers can access needed information.
2. No community agreement/policy updates for system change required.
3. If quantity of records is low, then manual record creation may be more time/cost effective.
4. Long term, potential for lower data quality with duplicate records across the system.
5. Duplicate records associated with higher data entry burden for staff.
6. Siloed approach to client care.
7. Less trauma informed approach; clients can be re-traumatized when presenting to separate agencies and having to repeatedly disclose personal information.
8. Requires Statement of Work.
9. If opening system sharing down the line, duplicate record clean-up considerations/script.

## Option 3

### Adjust Default sharing group from Clients Created Not Shared to Clients Created Full Shared for all agencies AND adjust provider workflows for new record creation

Manually or via script, adjust any client profiles that are not shared by more than one agency to Private. Add provider workflow, when they create a new client profile they mark the profile private, which will limit access to only their agency.

**Benefits & Considerations**

1. Depending on the number of records to be adjusted, may be more or less/time efficient.
2. Allows shared current shared records to be accessible by all agencies, without the need to duplicate profiles.
3. Relies on provider workflow for future records to not be shared, could be missed - might need to implement data quality workflow to address.
4. Policies and procedures documents, training documents may need updates.
5. Still results in duplication of client profiles over time for new records.
6. Temporary solution until the community agrees to open sharing settings.

Phil- first inclination from a legal and HHS service provider standpoint is closer to option 3 in terms of thinking about those in HMIS that aren’t required to be in the system/not covered by HUD standards in the same way like BSP with under 18 youth. There’s a concern about those records being viewable. Definitely leaning towards 3, gives more time for CoC partners to dive into legal nuances and sharing pieces with an interest in multiple layers of sharing groups as we get closer to more open sharing

Keleigh- option 3 sounds like a short-term recommendation. If the ultimate goal is getting to full sharing we need to answer what are the things that would build confidence in that sharing for agencies that are unsure of that right now. Want to be careful we don’t want to implement another strategy that takes just as long to implement and then switch to something else. Would be good to know a list of the concerns around full data sharing and what the pieces we would need to put in place are and if we can’t get to that now then we should consider what the other things are. From the CoC’s perspective- over time, in terms of HUD’s requirements and expectations, allowing someone’s record to move from one agency to another looks to be where we’re going.

Phil- having ROI language matching practices and getting people trained on adjusting privacy statements before any sharing. What are the IT practices and making sure everyone understands across the board. Basic Center Youth, for any specific programs with additional levels of sensitivity, being mindful about that piece. Could go option 3 with sharing groups, staged thing where each agency has its own sharing group to allow for progressive adjustments, not every program will be able to address things at the same speed, could start slowly opening up which sharing groups agencies are in.

Keleigh- we should think through which agencies will open up sharing for agencies that house clients through CE

There will inevitably be some duplicate clients when not all agencies share data. We had a closed system before with duplicate clients and used the warehouse to deduplicate for reporting. We could theoretically still do that with the state’s data warehouse but the usefulness of our HMIS reports would be limited if there is significant duplication.

Amanada- how would we know that a client needs to be shared with another agency or where we would be searching? Would be helpful to have open sharing, think we might need to fast track getting everything in place but being able to know a client has been engaged with or had conversations with another agency would be helpful. Still very important to get proper protections in place! When working with clients, we want to know if they’ve had conversations with another agency, and don’t need to know all of the details. Option 1 seems easier to utilize.

Cynthia- how do sharing groups play into option 1? Could this be a way to go about it?

Phil- could allow for a slower roll out of option 1

Keleigh- sharing groups can be used for option one. Sharing happens in coordinated entry, could be helpful to open up sharing between agencies doing assessments and providers enrolling clients in housing. The ROI needs to be adjusted right away for those going into the CE system

Cynthia- there's a tradeoff between managing lots of sharing groups and managing duplicated data

Eric- love what keleigh had to say about what we need to be sharing is the outreach/crisis service piece along with coordinated entry. Amanda mentioned enrollments and that it would be great to see enrollments, that’s the ultimate goal to be able to see where somebody’s been but you can turn that on in most systems at any point, can make that later on, but sharing the client record is the duplication piece and is so hard to correct moving forward. That piece is really hard to go back on. Enrollment sharing should be the goal eventually, it definitely helps with continuity of care

Phil- what data would be shared with clients shared (and not necessarily enrollments)?

Michele- Name, date of birth, social security numbers, basic demographics

Amanda- maybe two separate groups, fixing it and making it right moving forward and figuring out what to do about existing clients who don’t have an updated ROI.

Keleigh- as we move towards shared aspect of things it really is moving towards a less traumatizing path, ultimate goal is for us to move record in a way that allows us to change our intakes, so if someone has entered in the data system, the intake for the program doesn’t always have to include every question.

Phil- right now, we generally do this with agreements between agencies and then transfer over within the youth and young adult system

Phil- could potentially test out sharing groups with just YHDP first to try it out, etc.

Keleigh- also need to keep in mind that there are children in the CoC in families as well

Phil- good point, unaccompanied youth under 18 are in a slightly different situation

Eric- Are clients shared based on ROI responses at all?

Michele- Unfortunately no, but it does indicate if someone answered yes or no

Keleigh- on release, we need to be able to address what is happening if someone says no to the release of information goes in whether or not they say yes, and how it goes into the data system is the distinction. Want to ensure our release explains that very clearly.

If we were going to be going with choice 1 as the ultimate goal and spell out everything we’re going to do to prepare for that including setting up sharing groups and outlining documents to be updated with timeframes and a planned meeting(s) with providers to demonstrate what needs to happen, would you support that?

Phil- yes, I think so! If we can create privacy buffers with sharing groups to begin with, all for that as long as basic center is private

Keleigh- could be helpful if we all pull our questions with and have an open meeting with bitfocus to ask questions

Owen- follow up question, if we go with option 1, how are we going to ensure that historical data, youth under 18, who signed releases under a different agreement, how do we ensure all of those are private?

Michele- might be able to pay bitfocus to run a script to mark all minors? Or depending on the number could run a report and mark them private manually

Eric- from all times from now until the history of moving forward those minor clients shouldn’t be visible Owen- yes definitely, interested in thinking through how to handle client records when clients age into adulthood

Eric- once clients become adults, better to just create a new client record when they turn as adults even if it causes some duplication of client records

Owen- if we go with 1, will want to make sure everyone understands data sharing around minors

Keleigh- If someone enters the data system and they can see another agency’s clients

Cynthia- if a client is working with one agency and starts working with another, how does that agency know they have a record already?

Amanda- keep in mind that de-duplicating clients can be very difficult and time consuming, even if the system is easy to use it’s difficult to determine which records to keep and which to merge into others, requires a lot of checking to see which data is more accurate

Eric- Good point, de-duplicating clients can definitely be tricky. Think there is also some sharing settings defined by the user role level in clarity?

Michele- unfortunately I think the only sharing settings defined by user role level are whether or not someone can see data marked’ private’ at their agency, but we should certainly double check.

**4:15 – 4:30 Next steps**

Meeting with Bitfocus soon, we can try to plan our next steps there.

Keleigh- want to understand what the mapping would be, would need to think together using sharing groups, what they are, what we need right now to make the issues less of an issue. Start with thinking about providers at entrance points so housing providers can see clients and thinking through process to get us to open sharing. Identify various pieces that need to happen to get to that place, go backwards from open sharing. Definitely encourage us not to have another conversation in order to move to next steps, would recommend deciding together if we think that this plan outlined makes sense. What we are asking is, can we recommend to the board that we move towards open sharing with a number of caveats?

Owen- makes a lot of sense, if we’re able to get concrete information on items Phil brought up, would happily vote for 1.

Read out Kathy’s statement and Betty agreed, statement is posted here:

“I am not against sharing across the spectrum under these guidelines. I would be OK with it and if easier for all the reports, then I am find with that. But think there will be some agencies who will want 3, going back to privacy after initial share. I think we need some kind of share to get it all open and accessible now, and going forward I would be OK with continued share, Or going to making private if other agencies need that. I guess the question comes down to updating data - if not shared. We have common person, was in another program, now with us - they still need the data, but we need to make changes - let's say household members change. That change should be available to others who might work with them. So, without catching all the conversation at meeting, I would say share, but if needed, do 3 but think it might complicate things down the line.”

Cynthia- makes sense to me, next step and before going to the board is getting things tied down with bitfocus, maybe coming to the board with a plan

Amanda- committee has been most successful when reviewing drafts for presenting rather than long conversation to figure out what we’re doing. We were on a roll when reviewing all of our drafts and documents, if we can draft out some of those things to get us on the same page and make sure we’re talking about the same things/on same page

Eric- going to NHSDC, will reach out to folks using bitfocus to see how they handled privacy settings and HIC and departments

Michele is going to be away during our next regularly scheduled meeting, after the meeting with Bitfocus we’ll find a time for our next meeting to start thinking through what we’ll need to accomplish in order to make more data sharing successful.