

# Strategic Technology Analysis of the Homeless Management Information System (HMIS)

October 31, 2023 Provider Conference

## Notes:

Facilitators: Min Chong and David Lynch from Gartner Consulting

Moderators: Emily Gardner and Doc Ramblings

- HMIS Strategic Analysis
  - Seeking to understand current and future state of HMIS system for users
  - 14 week project
- This session aims to gather information from participants
  - How is HMIS used (what works and what doesn't)?
  - How can it be improved?
- Session moved to Miro board from here (feedback provided via individual post-its)
- Major discussion points:
  - ETO and Apricot are supplemental softwares providers are using to manage their data
    - This requires double entry on behalf of users
  - Major pain points
    - Duplicate entries (no ability to merge records)
    - Reporting challenges (restrictive)
    - Not user-friendly or intuitive
    - Inability to upload data from other systems
  - Discontinuity between counties assessments
  - Differences in basic terminologies between programs and counties
  - Reporting is challenging and not useful for providers
- Users want integrated data systems that are user friendly and provide insightful reporting

## Selected Chat from Zoom session:

OJF uses HMIS for reporting: ES programs, HUD Programs, STRA & MSI programs, & PSH programs.

Path Home uses Apricot duplicated with HMIS

CCC is using Apricot

We're looking to switch from ETO though. It's very buggy and not flexible enough for us.

UL CHAT uses HMIS and Apricot Daily.

In our scoping we're looking for something that can integrate with and/or function as a CIS as well, which we hope our HMIS ends up being. I'll put in the vision bit, but FYI with respect to ETO.

Thank you to all of the current participants - as a staff at the Joint Office we appreciate your candor here. We know there are pain points around the HMIS we use locally and appreciate your specific thoughts.

The VI-SPDAT is also inherently problematic.

We would LOVE to have a different assessment for vulnerability.

We wanted to thank everyone for feedback on the assessment process and the VISPDAT. We understand it is a serious pain point. The JOHS is working, currently, towards overhauling their assessment process and using a new vulnerability tool.

For culturally specific providers may not be able to find staff with high level technical skills and speak English - so not linguistically flexible

It was explained to me - they may want monolingual staff to work with participants but HMIS is in English

Unite Us, also known as Connect Oregon, is a closed loop referral system. It is utilized mostly by the medical system <https://uniteus.com/>

Duplicated trainings are a big drain on capacity, but at least HMIS trainings are good.

There are many CIS solutions, but capitalism is causing compatibility problems across agency-specific solutions. We need legislation to encourage cooperation among those solution providers, at least in the form of APIs.

Thank you for attending and sharing your perspectives! Just want to make sure you are aware of both Coordinated Access in Multnomah County (<https://johs.us/coordinated-access/coordinated-access-2/>) and the PPR report within HMIS (which allows you to report on your specific program(s)).