



Data Sharing for System Collaboration

Presented by Abt Global in Partnership with
California DHCS and CalMHSA



September 9, 2025





Meet your Presenters



Yareli Salgado
Facilitator



Desiree Blake
Facilitator



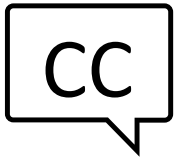


Webinar Housekeeping

Tips to enhance the webinar experience

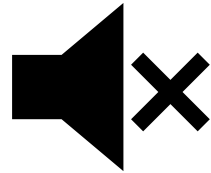
Closed Captioning

Live captioning is available for this webinar. (Click "Show Captions")



Audio

We ask that all attendees remain on mute until the Q & A



Questions

Please type your questions in the Q & A Box



Tech Support

Email info@calmhsa.org for additional tech support during the webinar





Agenda

- HMIS Basics
- Breaking Down Privacy Regulations
 - HMIS Data Sharing
 - Demystifying HIPAA Data Sharing
 - Why Sharing SUD Improves Housing Outcomes
- Knowledge Check
- Community Spotlight
- Getting Started with Data Sharing
- Q&A





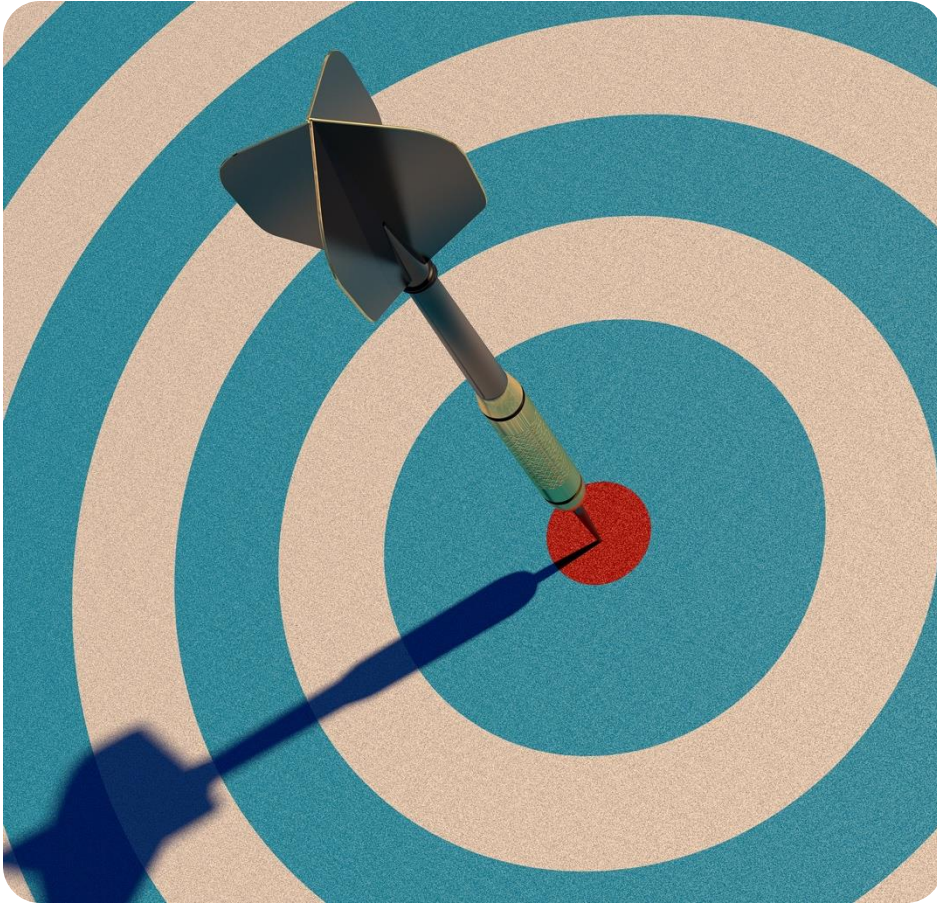
POLL: What is your biggest challenge in coordinating between behavioral health and homeless service providers?

- Options:
 1. HIPAA compliance for cross-system sharing
 2. 42 CFR Part 2 behavioral health restrictions
 3. HMIS data sharing limitations
 4. Lack of standardized agreements between BH and CoC
 5. Informal partnerships without a governance structure
 6. Inconsistent case management between systems
 7. Different funding stream requirements
 8. Other





Our Goal



At the end of this training, we hope you understand what data can be shared while in compliance with privacy laws and have the tools needed to build systems to support referrals and shared care.





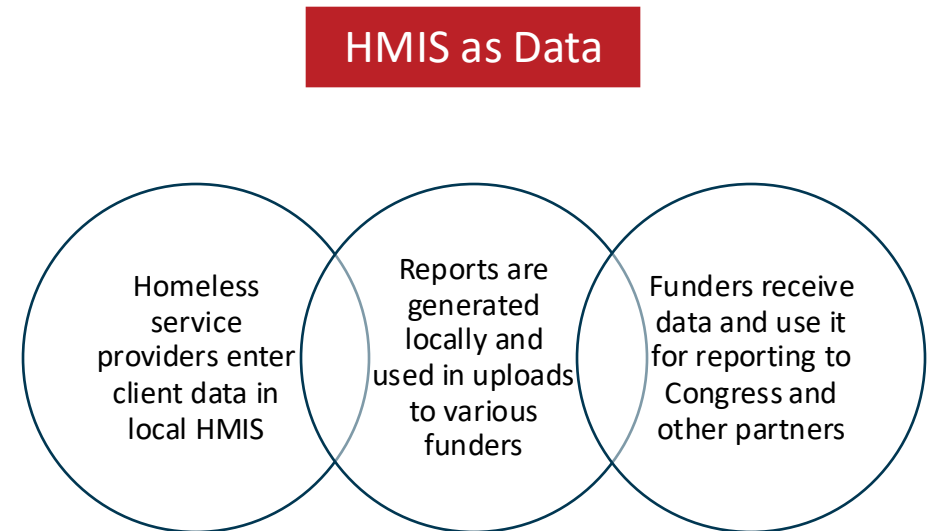
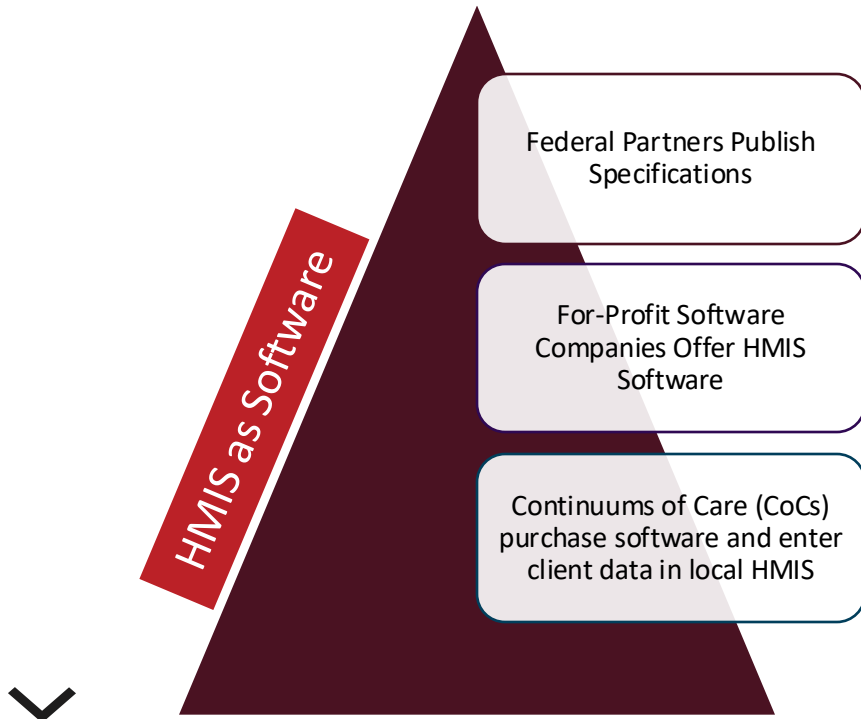
HMIS Basics





What is HMIS?

An HMIS, Homeless Management Information System, is a local software solution designed to capture client-level information, over time, on the characteristics and service needs of people experiencing homelessness.





Value of HMIS

The primary goal of HMIS is to better understand the **scope and dimensions of homelessness locally and nationally** to address the problem more effectively.



INFORMS NATIONAL POLICY



INFORMS LOCAL PLANNING



ENHANCE COORDINATED
ENTRY & CASE MANAGEMENT



DATA-INFORMED DECISION-
MAKING

HUD and the federal partners use HMIS data to ***better inform homeless policy and decision-making at the federal, state, and local levels***. HUD is required to submit Annual Homelessness Assessment Report to Congress.





California Specific Requirements

Any state-funded homelessness program must enter defined data elements into the local HMIS (AB-977)

CoCs are obligated to report HMIS data in a federally compliant manner to the statewide Homeless Data Integration System (HDIS)





The relationship between HMIS and CoCs



Management of HMIS is delegated to the HMIS Lead by the CoC.

CoCs are responsible for designating and ensuring HMIS is administered in compliance with HUD rules/regulations.

Strong CoC and HMIS partnerships often result in more use of the data for improving homeless services, strengthening community planning, and resource allocation.





HMIS Data Sharing





Key Rules, Regulations, and Privacy Fundamentals

HUD HMIS Data Technical Standards

- Establishes standards for collecting, using, and disclosing data in HMIS

Health Insurance Portability and Accountability Act (HIPAA)

- Governs how health care providers, health care clearinghouses, and health plans disclose data

42 CFR Part 2

- Restricts how drug and alcohol treatment programs disclose client records

Privacy Act (5 U.S.C. 552a)

- Requires written consent to disclose client records

Violence Against Women Act (VAWA), Family Violence Prevention Services Act (FVPSA), and Victims of Crime Act (VOCA)

- VAWA contains strong, legally codified confidentiality provisions that limit Victim Service Providers from sharing, disclosing, or revealing personally identifying information (PII) into shared databases like HMIS

State and local privacy laws

- May place additional restrictions on sharing, using, or disclosing data
- When privacy laws conflict, use the more restrictive law and the higher standard





Security and Privacy

Through the oversight of the CoC, the HMIS Leads publish Privacy Notices at each agency and website in their community, so clients are informed about the uses and disclosures of their Personally Identifying Information (PII) data.

Privacy Notices vary from community to community.

Clients have the right to refuse to provide data to HMIS, and they should still be served by the community of providers if they do.





Getting Started with HMIS Data Sharing

Permitted Uses and Disclosures, without consent, if disclosures are listed in CoC's Privacy Notice:

- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions;
- For creating de-identified reporting from PII;
- To avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect, or domestic violence;
- For research purposes
- For law enforcement purposes

If these are not listed in the Privacy Notice, client consent is required.





Uses and Disclosures that Require Consent



Many CoCs currently use a form called a “Release of Information” (ROI).



If a CoC identifies necessary uses and disclosures that are ***not permitted*** without consent per the 2004 HMIS Data and Technical Standards, consent can be obtained through an authorization form or a release of information (ROI).



ROIs are commonly used to gain consent for disclosures, but they might not include uses. If CoCs use an ROI, they must make sure that it indicates both data disclosures and data uses for which consent is required.





Demystifying HIPAA Data Sharing





Status Quo

Communities without data sharing protocols in place between BH and the Homeless Service System tend to see:



People cycling through emergency services



People in housing without the adequate supports



Treatment Programs that don't address housing instability



Duplicate intake and assessment processes





Why Data Sharing Matters

Leads to increased collaboration → Reciprocal care

Reduces the need for duplicate data entry

Reduces administrative burden for staff in both systems.

When providers collaborate to help a client, housing and health outcomes improve.





Common Myths and Realities

Myth: 42 CFR Part 2 prevents all info sharing

Myth: HMIS can't include Behavioral Health Data

Myth: Only a Behavioral Health ROI is valid

Myth: Informal coordination is good enough

Myth: Housing and treatment goals don't align

Reality: There are compliant ways to support integrated care



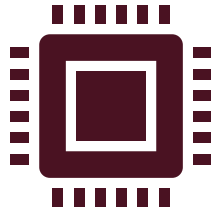


The Intersection: HIPAA - HMIS



Most homeless service providers are not HIPAA covered entities.

Though there are homeless service providers who are also HIPAA-covered entities.



Both HMIS and Electronic Health Records contain personal information.

In HMIS, it is Personally Identifiable Information (PII); In EHRs, it is Protected Health Information (PHI).



Minimum Necessary Rule:

Only share what's needed





HIPAA Uses and Disclosures

HIPAA permits the use and disclosure of protected health information (PHI) for treatment, payment, healthcare operations, public health activities, research, and in certain legal contexts.

These uses and disclosures can be made without client authorization.

If the uses or disclosures are not permitted/required by the Privacy Rule, written authorization must be obtained from the individual.





HIPAA Supplemental State Law

California has more **restrictive rules** on sharing **mental health records**, especially those from **county behavioral health departments** or providers contracting with counties. But that doesn't mean it's impossible.

- Under Welfare & Institutions Code (WIC) § 5328:
 - Client consent is required for most disclosures.
 - **More narrow exceptions** allow sharing without consent
 - When can you share without consent?
 - Emergencies
 - Law enforcement for serious threats
 - Coordination of care between **non-mental health and mental health providers** *is possible* but requires **explicit written consent**.
 - The consent should spell out the type of information to be released





HIPAA Supplemental State Law

California's **Confidentiality of Medical Information Act (CMIA)** provides stricter privacy protections than HIPAA in many cases.

ROI forms in California must:

- Be in **plain language** understandable to the client
- Clearly **identify each recipient or a specific class of recipients**
- State the **specific uses and disclosures authorized**
- Include an **expiration date** or event
- Be **signed and dated** by the client (or legal representative)





Why Sharing SUD Improves Housing Outcomes





42 CFR Part 2: Substance Use Data Sharing



Applies to programs that represent themselves to the public as providing substance use disorder (SUD) services AND receive federal funding, and specifically covers SUD treatment records.

Limits the information that a Part 2 program can share without consent.



Written consent is required before a Part 2 program can disclose SUD records unless there is an exception.

The sharing of information without consent is more limited than HIPAA/HMIS.



42 CFR Part 2 allows sharing without consent (also known as exceptions), but it is limited to:

Medical Emergencies, Court Orders, Research, Audit and Evaluations, Law Enforcement Notifications



42 CFR Part 2 Supplemental State Law

California Health & Safety Code § 11845.5 aligns with federal 42 CFR Part 2, but California law applies to programs not federally funded, thus broadening its scope.



“Confidentiality of Alcohol and Drug Abuse Treatment Records” — prohibits disclosure of any information identifying a person as having, or having had, a substance use disorder (or as receiving treatment for one) without that patient’s explicit written consent for each specific disclosure.



While SUD treatment records are inherently confidential, disclosures are allowed if:

The client gives prior written consent, clearly specifying what is being disclosed, to whom, and for what purpose.

Or a legal exception applies (e.g., medical emergencies, court orders)





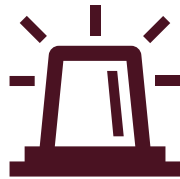
Why Sharing SUD Information (with consent) Improves Housing Outcomes



Continuity of care

Helps housing and treatment teams stay aligned

Reduces gaps when clients move between programs



Crisis prevention & response

Early warning about relapse triggers or health risks

Enables timely support before eviction or hospitalization



Better support planning

Aligns treatment goals with housing case plans

Supports wraparound services (appointments, medication, recovery groups)





Why Sharing SUD Information (with consent) Improves Housing Outcomes



Faster access to housing

Provides documentation needed for eligibility and subsidies

Confirms disability status or treatment participation when required



Client-centered coordination

Reduces client frustration from repeating their story

Builds trust and engagement by showing teams work together



Outcome

More stable housing placements, higher treatment retention, and stronger recovery support.





Knowledge Check





Can this information be shared?

- **Scenario 1: The Unsigned ROI**

- A case manager from a homeless service provider asks the behavioral health clinic for recent treatment notes to help with a housing placement. The client mentioned in session that they're fine with it but hasn't signed an ROI yet.

- **Food for Thought:**

- Can the clinic legally share the notes?
- What laws apply (e.g., HIPAA, CMIA, 42 CFR Part 2)?
- What steps should staff take before sharing?





POLL: Scenario 1

- Options:
 - Yes
 - No





Can this information be shared?

- **Scenario 2: Updating the Provider List**

- An MOU allows sharing between the behavioral health agency and several homeless service providers listed in an attachment. A new outreach team joins the partnership, but the ROI signed by the client still references the older list.

- **Discussion questions:**

- Can the client's data be shared with the new team?
- What must happen for compliance?
- How should the ROI or provider list be maintained to stay current?





POLL: Scenario 2

- Options:
 - Yes
 - No





Scenario 3: Substance Use Information

- Scenario 3: Substance Use Information
 - A client in supportive housing has a co-occurring disorder.
The housing case manager asks for the full treatment record, including substance use treatment history, to help coordinate care.
The client signed a general ROI, but it doesn't specifically mention substance use records.
- **Discussion questions:**
 - Can the SUD records be shared under this ROI?
 - What does 42 CFR Part 2 and California HSC § 11845.5 require?
 - How should the ROI be written to cover these records properly?





POLL: Scenario 3

- Options:
 - Yes
 - No





Community Spotlight

Cross-System Release of
Information





San Luis Obispo: 815 Release of Information Form

FORM 815
(English)



COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

Fax Cover Page
1 of 2
Rev. 08/02/2024

FAX COVER SHEET

INSTRUCTIONS FOR COMPLETING THE MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

- 1) Fax coversheet (two pages). Referring agency completes. The fax cover should *not* contain Health Information. Double check the fax number.
- 2) Authorization Form (two pages). Referring agency completes. Participant initials the agencies they will allow on pg. 1 of 2, and signs at bottom of pg. 2 of 2.

Date:	# of Pages Including Cover:	From:	
To:		Title:	
Program/Title:		Referring Agency:	
Purpose for Referral:		Phone:	Fax:
Email:			

Agencies Receiving Information / Fax Number

Check the box next to the agency to receive this fax. If the agency is not shown, please write in blank at bottom. It is your responsibility to verify the accuracy of the fax number. Faxing protected information to an incorrect number is a HIPAA breach. Receiving agency might also require client/participant to fill out their own release of information.

<input type="checkbox"/>	1. Aegis Treatment Center, LLC	(805) 461-5873	<input type="checkbox"/>	The LINK - Paso Robles	(805) 462-8901
<input type="checkbox"/>	2. Allan Hancock EOPS/CalWORKs	(805) 922-2606	<input type="checkbox"/>	14. Family Care Network, Inc.	(805) 503-6499
<input type="checkbox"/>	3. Comm. Action Partnership of SLO (CAPSLO)	(805) 549-8388	<input type="checkbox"/>	15. HASLO (Housing Authority of SLO)	(805) 543-4992
<input type="checkbox"/>	Child Care Resource Connection	(805) 541-0141	<input type="checkbox"/>	16. Homeless Services	
<input type="checkbox"/>	Family Preservation/ Parent Education	(805) 541-1264	<input type="checkbox"/>	40 Prado Homeless Services Center	(805) 543-4992
<input type="checkbox"/>	Head Start/Early Head Start	(805) 549-0864	<input type="checkbox"/>	5-Cities Homeless Coalition (5CHC)	(805) 668-2380
<input type="checkbox"/>	Teen Academic Parenting Program	(805) 541-1264	<input type="checkbox"/>	ECHO	(805) 460-9162
<input type="checkbox"/>	4. CenCal Health	(805) 681-3071	<input type="checkbox"/>	Salvation Army	No Fax
<input type="checkbox"/>	5. Center for Family Strengthening	(805) 462-8901	<input type="checkbox"/>	17. Hospital	
<input type="checkbox"/>	6. Community Health Centers (CHC)	(805) 931-2521	<input type="checkbox"/>	18. Job Centers	
<input type="checkbox"/>	7. County of SLO Health Agency		<input type="checkbox"/>	DSS - North County Job Center	(805) 237-3339
<input type="checkbox"/>	Drug & Alcohol Services (DAS)	(805) 781-1405	<input type="checkbox"/>	DSS - South County Job Center	(805) 474-2052
<input type="checkbox"/>	Mental Health (MH)	(805) 781-1177	<input type="checkbox"/>	SLOCal Careers Job Center (AJCC)	(805) 439-3937
<input type="checkbox"/>	Martha's Place	(805) 781-4962	<input type="checkbox"/>	SLOCal Careers Youth Program	(805) 439-3937
<input type="checkbox"/>	Public Health	(805) 781-5543	<input type="checkbox"/>	19. Lumina Alliance	(805) 781-6410

Form 815 (English)	COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION	Authorization Page 1 of 2 Rev. 08/02/2024		
Date:	Last Name:	First Name:	Middle Initial:	
Address:	City/State:	Zip Code:		
Home Number:	Cellular:	OK to Leave Message:	Language:	Date of Birth:
		Choose	Other	
Parent/Guardian:	Case Type:	Other	Case Number:	
AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION				
I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialed below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.				
PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:				
Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.				
Initial Here	Aegis Treatment Center, LLC	Initial Here	HMIS Database	
Initial Here	Allan Hancock EOPS/CalWORKs	Initial Here	Homeless Services:	
	Community Action Partnership of SLO (CAPSLO):	Initial Here	40 Prado Homeless Services Center	
Initial Here	Child Care Resource Connection	Initial Here	5-Cities Homeless Coalition (5CHC)	
Initial Here	Family Preservation/Parent Education	Initial Here	CAPSLO- SSVF	
Initial Here	Head Start/Early Head Start	Initial Here	El Camino Homeless Organization (ECHO)	
Initial Here	Teen Academic Parenting Program	Initial Here	Good Samaritan- SSVF	
Initial Here	CenCal Health	Initial Here	Independent Living Resource Center	
Initial Here	Center for Family Strengthening	Initial Here	People's Self Help Housing (PSHH)	
Initial Here	Community Health Centers (CHC)	Initial Here	Salvation Army	
	County of SLO Health Agency:	Initial Here	Hospital: Choose	
Initial Here	Drug and Alcohol Services (DAS)	Initial Here	Job Centers: Choose	





San Luis Obispo: 815 Release of Information Form

I understand that:

- I understand that I have a right to receive a copy of this authorization.
- I have the right to revoke this authorization verbally, or by sending a signed notice to:
 - County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA, 93401
 - Or via e-mail at privacy@co.slo.ca.us ; or call (855) 326-9623
 - This authorization will cease on the date my valid revocation request is received. I also understand that any information released prior to a revocation of this authorization shall not be a breach of my confidentiality.
- A form known as The Notice of Privacy Practices which is given to clients who receive medical services, provides instructions should I chose to revoke my authorization and includes limitations on my revocation. I can access this notice on the internet at: <http://www.slocounty.ca.gov/Departments/Health-Agency.aspx>
- My treatment, enrollment, or eligibility for benefits will not be affected if I do not sign this authorization.
- Upon request, I may inspect or obtain a copy of the health information that I allow to be disclosed.
- Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA); for example, if I allow disclosure to a family member.
- Records and copies obtained relating to outpatient psychotherapy shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.
- I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Pts. 160 and 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations.

Client Signature*:	Print Name:	Date:
Representative Signature:	Relation:	Date:
Employee Name:	Organization:	
Employee Signature:	Employee Title:	Date:

NOTE: A verbal signature may be accepted BUT a wet signature is required within 30 days from date of verbal signature.

Form 815 (English)	COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION	Authorization Page 2 of 2 Rev. 08/02/2024
HEALTHCARE OR PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES		
NOTE: THIS AUTHORIZATION FORM ALLOWS DISCLOSURE OF ALL OF YOUR HEALTH AND SOCIAL SERVICES RECORDS UNLESS YOU SPECIFY A SPECIFIC LIMITATION.		
The identified agencies can share any and all information from your health care records or personal records or from the healthcare records or personal records of the person for whom you are authorizing this disclosure, for the purposes listed below. The information may come from your San Luis Obispo County physical health records, mental health records, or drug and alcohol treatment records. The information may also come from your Social Services records or the records of any other agency you authorized to share your information. The information used, disclosed or shared may be written or oral, and will only include information necessary to achieve the intended purpose or referral.		
Initial Here	Initial here to indicate you understand we will share your behavioral health information.	
Initial Here	Initial here to indicate you understand we will share your Drug and Alcohol Program Information.	
Describe the type and amount of Drug and Alcohol Program Information that can be disclosed:		
Initial Here	Drug and Alcohol Test Results	Initial Here Substance Use Diagnosis
Initial Here	Drug and Alcohol Treatment Plan	Initial Here Drug and Alcohol Program Attendance
Initial Here	Drug and Alcohol Payment Information	Initial Here Discussions with my Drug and Alcohol Counselor
PURPOSE AND LIMITATIONS ON THE USE OF YOUR HEALTHCARE OR PERSONAL INFORMATION		
The information will be used by the identified agencies to refer you to and request services from agencies that you authorized in this document. The information may also be used to coordinate care or to coordinate services between the agencies. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services.		
This authorization to release the above information will expire two years from the date signed or will expire on: _____ (Not more than 2 years.)		





Compliant ROI Checklist Review

ROI Checklist

- ☐ Written in Plain Language, Understandable to the Client
- ☐ Identify Client's Full Name and Date of Birth
- ☐ Specific Names of Parties Involved OR Attach Provider List
- ☐ Clear Categories of Information to Be Disclosed
- ☐ Clearly Stated Purpose of Disclosure
- ☐ Defined Expiration Date or Event
- ☐ Revocation Clause
- ☐ Redisclosure Notice
- ☐ Signature & Date





Getting Started with Data Sharing





Data Sharing Scenarios

Sharing disability
information for
housing eligibility

Sharing whereabouts
when a client's name
comes up for a
housing opportunity

Case conferencing
with homeless
service providers





Data Sharing Checklist

Data Sharing Checklist

- ☐ What do you hope to get out of the data sharing?
- ☐ Who is the data being shared with?
- ☐ What specific data elements will be shared?
- ☐ How will the data be shared, stored, and secured?
- ☐ Who will have access to the shared data?
- ☐ Who needs to approve this data sharing (legal review)?
- ☐ What agreements are needed?





Data Sharing Agreements

A contract with two or more parties that outlines how data will be shared, who it will be shared with and what each party is responsible for.





Agreements That Work



Memorandum of Understanding (MOU): Can be between behavioral health providers and specific homeless service providers or the CoC itself



Data Sharing Agreements: Can also be between 2 or more providers and have clear data sharing terms



HMIS Participation Agreements: Between the HMIS Lead Agency and Participating HMIS Organizations





MOU Template Walkthrough

- Purpose & scope
- Data to be shared
- Security standards
- Consent and documentation processes

Review and adapt for your agency



Purpose

This Memorandum of Understanding (MOU) establishes the terms under which the Parties agree to share client-level information to support care coordination and improve outcomes for individuals experiencing homelessness and behavioral health needs in California.

Parties

This MOU is entered into by and between:

Behavioral Health Provider:

Name: _____

Address: _____

Phone/Email: _____

Homeless Services Provider:

Name: _____

Address: _____

Phone/Email: _____

Collectively referred to as "the Parties."

Points of Contact

Each Party designates a primary point of contact (POC) responsible for managing communications, coordinating data sharing, and addressing questions regarding this MOU. The POC may be different from the individual who signs the MOU.

Behavioral Health Provider:

Name: _____

Title/Role: _____

Phone: _____

Email: _____

Homeless Services Provider:

Name: _____

Address: _____

Phone/Email: _____

The Parties agree to notify each other promptly in writing of any changes to their designated POC.





MOU Elements Beyond Data

Outline Roles and Responsibilities

- Collaborative Housing Case Management
- Assign Dedicated Points of Contact

Coordination and Communication Protocols

- Regular Meetings
- Warm Hand-offs

Joint Performance Evaluation

- Shared Outcome Measures
- Data Review Process





Participant Survey - POLL

1. Overall, how would you rate this training?
 - Excellent
 - Good
 - Fair
 - Poor
2. This training improved my understanding of key topics (HMIS, privacy, data sharing):
 - Yes, definitely
 - Somewhat
 - Not really
3. Do you feel more prepared to collaborate and use tools like the ROI checklist and MOU template?
 - Yes, definitely
 - Somewhat
 - Not really
4. What part of the training did you find most helpful?
 - Open-ended





Templates and Tools

To help
you get
started:

Template MOU

Template ROI

ROI Refusal Guide

ROI Compliance Checklists





Q&A





Thank You!

