Meeting Minutes
HMIS All Agencies Administrators Meeting

December 7, 2022 9:00 am – 10:30 am
Location: Virtual
Attendees: CHN – Katie, Stan; Equitas – Janet; GCH – Jayde; HFF – Crystal, Melissa, Tiffany; HH – Erin, Kyra; HFL – Jen, Theresa; LSS – Cara, Joy; MH – Jennifer; NCR – Marsha; Netcare - Tara; SE – Mathias, Tyler; TSA – Brittani, Josué; VA – Bonnie; VOA – Betsy, Lori, Stacey; YMCA – Cheri, Kevin; YWCA – Amber, Betty; CSB – Lianna Barbu, Thaddeus Billman, Travis Theders, Jeremiah Bakerstull

A. **Welcome and Flow**
   a. Travis went over the agenda of the meeting.
B. **Data Dictionary Changes**
   a. Travis reviewed changes to Project Start Date and Housing Move-in Date data elements for PSH projects.
      1. New policy wording: "For Permanent Supportive Housing the client should only be entered into HMIS once they are housed. Project Start Date should be back-dated to the date the provider enrolled/completed intake for the client in the program. The Housing Move-in date should reflect the client's first date occupying the unit."
         1) A question was asked about documentation for Project Start Date. Lianna stated that documentation currently being completed during intake is sufficient and said it is not the intention to add additional requirement burdens to partners.
         2) A question was asked about whether this would affect existing clients. Travis stated it would only affect clients going forward. There is no expectation that start dates or move-in dates be changed for existing clients.
         3) For the late data entry calculations, CSB will use Housing Move-In Date rather than Project Start Date for PSH programs so that partner agencies will not be penalized for back dating Project Start Date.
         4) Annual reviews should continue to be based on the HoH's Project Start Date, not the Housing Move-In Date.
   b. Travis reviewed upcoming proposed changes to HUD data standards regarding race, ethnicity, and gender.
      1. HUD proposed guidelines were provided along with the meeting agenda. Admins were encouraged to review this information and share with staff.
      2. Proposed changes would go into effect in FY24 (October 2023) if implemented.
         1) HUD is proposing that Race and Ethnicity will be combined into one field as a multi-select field allowing the client to choose any number of races and ethnicities. There will be an open-ended follow up question allowing clients to supply additional/different answers not found in the default choices.
         2) A new Preferred Language field is also proposed. This will be a multi-select field with an open-ended follow-up question to allow for additional/different languages not listed.
         3) HUD is proposing to alter the wording of the gender question with a multi-select main question for preferred gender identity, including a "different identity" option that will trigger an open-ended follow-up question, plus a secondary question on transgender experience.
      3. We have until the end of December to provide feedback to HUD. Admins should email Travis with any suggestions. Feedback by meeting attendees on these proposed changes was positive.

4. Data entry forms and reporting will be updated if and when changes are made to data standards.

C. HMIS Updates

    a. BitFocus has made changes/additions to coordinated entry tracking which are now live in HMIS.

        1. Previously, most events were automatically inferred. New additions will require manual entry in some cases. A training video has been prepared by Travis.

        2. Referrals from one program to another will be automatically tracked (no end user action required), with the exception of referrals to prevention programs - these will need to be entered manually.

        3. Crisis Needs Assessment and Housing Needs Assessment referrals will need to be manually tracked by creating coordinated entry events. Events are created from the Events tab within a program record.

            1) Netcare should create a Crisis Need Assessment Event for every client who is enrolled (completes a phone call). The only thing required is a date. If the client is referred to a shelter, that Event will be automatically created by the system.

            2) Gladden should create a Problem Solving/Diversion/Rapid Resolution Event for every client who completes an in-person or over-the-phone assessment. (Not needed for no shows.) "Client housing in a safe alternative" should be answered "yes" for diversions and "no" for clients referred to shelter. If the client is referred to prevention, an additional Referral to Prevention Assistance Project Event needs to be created.

            3) CARR should create a Crisis Needs Assessment Event if they have a client call the homeless hotline to obtain shelter. Direct referrals will be handled automatically by the system.

            4) For all other projects, a Housing Needs Assessment Event should be created anytime a HAST or SSNA is completed. (If multiple are created, then multiple events should be created.) For PSH, a USHS transfer request also triggers the need to create a Housing Needs Assessment Event. In the rare case a client is asked to call Netcare, a Crisis Needs Assessment Event should be created.

        4. A question was asked about data correction for exited clients. Travis demonstrated how to clear just the Exit Date from a client's record, using the "reopen client program" button on the exit tab. This will allow for data entry/correction on enrollment information without deleting and recreating data.

        5. A question was asked if Events are needed for all household members or just the HoH. Travis responded that just the HoH is sufficient.

        6. A question was asked about internal PSH transfers. Since these go through USHS, they will also need a Housing Needs Assessment Event.

        7. A question was asked about a report for admins to track completion of event records. This is not yet available, but CSB will look into creating such a report either as part of the QA or as a stand-alone report.

    b. Travis gave a basic overview of how data collection will work for the new Crisis Prevention and De-escalation Program. A training video has been released which provides the full details. The purpose of this overview was to get people comfortable with the process, not provide training.

        1. Crisis Prevention and De-escalation will be a new agency without a program. Data collection will be done via an assessment at the client level Assessments tab.

        2. Specialists will have access to only that agency and no access to edit client/program data. Likewise, regular end users will have read only access to crisis prevention data.

        3. There are two options for each assessment – prevention and crisis.

            1) Prevention is used for conversations that do not end in the need to call the police or EMT.

            2) Crisis is used for incidents where the police or EMT may be called.

        4. A new assessment should be created for every contact, even if on the same day as the previous one.

        5. Private toggle should NEVER be used.

        6. A question was asked about reporting. The goal of the project is to reduce the number of police and EMT calls coming from the homeless system. This will be monitored

based on data coming from the 911 system, so won't be derived from HMIS data. Lianna agreed to share this data with partner agencies once it is given to CSB.

       7. A question was asked about the training of specialists. In person training is happening this week for initial hires. An online training video has been released for data training. Crisis Prevention Specialists will not be required to complete the full HMIS training, but rather a slimmed down overview of the system plus the video on their specific assessment. A full training playlist has been uploaded to the training section of the CSB website.

D. PR&C

a. Travis reviewed changes to the PR&C process.

    1. There are no changes to what data elements we are checking.

    2. The test run of using source documentation instead of data forms went well, so we will be moving forward with this new method. For RRH and PSH, such documentation will be required (i.e., a data element will be counted wrong if it cannot be verified from source documentation). For all other projects, source documentation will be used when available, but a data form can be used when such documents aren't available. (Identity verification is required for clients receiving DCA regardless of project type.) Possible source documentation includes:

        1) Birth certificates, driver's license/state ID, and social security cards

        2) Doctor's note or similar for pregnancy status (only for programs that serve only pregnant women)

        3) Case notes

        4) Discharge summary with verbiage on exit (i.e. more than a generic check box of destination)

        5) Pay stubs, SSI reward letters, or client self-certification of income/no income

        6) Certificate of disability

    3. Additionally, answers will be checked for internal consistency (e.g., employed and having earned income) and with known project norms (e.g., usually a prior living situation of emergency shelter for RRH projects)

    4. A question was asked about using data forms as backup when source documentation is not available. Travis clarified that PSH and RRH need to have source documentation – a data form cannot be used as substitute for missing documents.

    5. Refer to the PR&C Monitoring Guide on the CSB website for full details on data element documentation requirements.

E. Reporting

a. Jeremiah talked about the drill-down functionality of Looker and how it relates to the QA report

    1. He explained that BitFocus is dependent on the Looker corporation for reporting tools. Recently, Looker itself decided to remove drill-downs for custom functions, impacting both CSB and BitFocus.

    2. Right now, we have 5 different QA reports – client profile (demographics), general (enrollment questions), assessments (income, health insurance, disability), YHDP, and diversion.

    3. To restore drill down like functionality, we'll need to develop additional reports. Agency administrators were provided with two options:

        1) A "drill down discrepancy report" in Looker. This would only show the number of discrepancies for each element (i.e., not percentages). That number would be clickable and would allow the admin to pull up the clients in Clarity, as was done in the previous drill-down.

        2) A "client discrepancy details download" in Excel format. This would show all the data at once, with errors clearly marked, but would require the admin to filter it down to what they want to see and then copy and paste the client ID into Clarity.

        3) In both cases, a QA report showing compliance percentages would be separate and required as part of QA submission.

4. The consensus of the agency administrators was to go with the second option – a details download – for now, with the possibility of developing an additional drill down report later as time allows.
5. It was mentioned by a couple admins that they are using the client details download of the QA report for outside reporting purposes. Lianna encouraged admins to use the Outcome Report details download instead.

b. Thaddeus went over the rates of late data entry observed during quarter one and the reasons for doing this report.
1. Thaddeus reviewed the standards.
    1) For ES, the expectation is that the client should be entered by 9am the following morning. For the analysis purposes, 4 days were used to allow for potential data delays due to weekends/holidays.
    2) All other programs have through the 4th day of the following month to enter all data. Going forward PSH timeliness data will be compared to move-in date rather than entry date to reflect the change in how those fields are being determined.
    3) For exited clients, CSB also monitors whether data changes were made after the end of the QA period.
    4) All clients (not just HoH) are being looked at for family programs.
2. Thaddeus reviewed the results observed in quarter one:
    1) For Emergency Shelter, we observed a 4% late rate on initial entries. For all other programs (combined), we observed an 11% rate. Intuitively, these rates are less than ideal, although we don't yet have enough experience to establish a standard.
    2) Across all programs (excluding CPOA), we observed a 2% late rate in corrections/changes to exit records. Ideally, this number should be very close to 0% as it represents changes a minimum of one month after exit.
    3) For CPOA, would expect a 0% late rate as there is no reason to edit a record. We observed error rates of 0-6%, depending on what precisely was being examined.
3. Thaddeus reviewed the reasons for monitoring these results
    1) Late changes call the overall data accuracy into question.
    2) Additionally, late changes inhibit the ability to accurately report out on data collected.
4. This data is being monitored (no specific compliance standard) and reported on quarterly as part of the QA process.
5. A question was asked about a report for agency administrators to monitor these numbers on their own. Thaddeus will work on making a report for this. For now, to obtain specific information about which clients were late/which users were responsible for these errors, admins should email hmis@csb.org.
6. A question was asked about outreach records, which are often (correctly) back dated. CSB will discuss internally.

F. HMIS Administrators Update
a. Travis encouraged agency administrators to review their active user list. We are close to maxing out in licenses, so we would like to reuse no longer needed license before buying more.

G. The next Admin meeting is scheduled for March 8th, from 9 – 10:30 AM.