

## Meeting Minutes

### HMIS All Agencies Administrators Meeting

February 1, 2022, 9:00 am – 10:30 am

Location: Virtual

Attendees: VA- Bonnie; Netcare- Caleb; LSS- Cara, Joy; YWCA – Amber, Betty; NCR- Marsha; HFF- Crystal G., Melissa, Tiffany; TSA- Brittani; YMCA; Kevin, Colton, Cheri; Southeast- Matthias; Maryhaven- Taylor, Jennifer; Gladden- Samantha, Jayde; CHN- Katie; Equitas: Kelsey, Homefull – Jennifer, Theresa; Community Shelter Board- Lianna Barbu, Thaddeus Billman, Travis Theders, Jeremiah Bakerstull, Katie Goehring

#### A. Welcome and Flow

1. Travis went over the agenda of the meeting and introductions.

#### B. Admin Roles and Responsibilities

1. Travis reviewed the expectations of HMIS agency administrators.
  - A. Admins serve as the single point of communication between the End Users and the CSB Database Administrator around HMIS issues.
    - (1) The HMIS Administrator should serve as a funnel for anything HMIS related within an agency.
    - (2) Lianna emphasized the need for administrators to reach out to CSB via the [hmis@csb.org](mailto:hmis@csb.org) email address for anything they may need.
    - (3) For new user requests, send an email to [hmis@csb.org](mailto:hmis@csb.org) and copy Katie at [kgoehring@csb.org](mailto:kgoehring@csb.org) to schedule certification testing. Results will still come from Travis.
  - B. Admins ensure the stability of the agency connection to the internet and HMIS, either directly or through communication with other technical professionals.
    - (1) Technical issues should go to the agency's IT department, unless it is directly related to HMIS.
  - C. Admins train End Users and make sure that all users have proper HMIS licensing and certification.
    - (1) New training videos will be released soon, and the testing process will change accordingly.
    - (2) End Users should be trained in the specific rules and procedures for the requirements of their program within the agency.
  - D. Admins ensure the quality of data entered through routine quality assurance processes and ongoing collaboration with the CSB Database Administrator.
    - (1) Quarterly QA reports are included here and should be run at least monthly, if not more frequently.
    - (2) Investigate the other Data Quality reports that are available in Clarity.
  - E. Admins provide support for the generation of agency reports.

- (1) There are report trainings that are available on CSB's website
  - (2) Explore the Explore feature within Clarity, attempt to create your own reports to become familiar with the system capabilities.
  - (3) Submit special request reports to [hmis@csb.org](mailto:hmis@csb.org). Response time will vary based on how complicated the request is and CSB availability.
- F. Admins maintain agency user licenses
- (1) In the Data Analysis tab, there is a User Licenses Report that displays all relevant license information. Admins are encouraged to use this to ensure that licenses are up to date.
  - (2) Please notify Travis as soon as possible when an End User leaves your agency to ensure timely account deactivation for data security.
- G. Admins monitor compliance with standards of client confidentiality and ethical data collection, entry, and retrieval.
- H. Admins attend and participate in quarterly Administrator meetings.
- I. Admins make sure program staff and End Users are informed of all relevant HMIS changes.
- J. Admins serve as the data expert for all of their agency's HMIS projects.
- (1) The updated Data Dictionary is available on [csb.org](http://csb.org), Admins should be familiar with the information.
  - (2) HMIS office hours are held on the first Tuesday of every month. Admins are encouraged to attend to raise their questions there.

### **C. Historical Data Migration Status**

1. BitFocus has been migrating the data in steps, where they import the data to a test site, provide it to CSB for checking, and then move it to the live site
2. Custom Assessment Data, Notes, and Services have been approved for transition to the live site. All of the data should be in the system within the next few weeks.
3. Files and Attachments will be imported next, followed by HPRP data.
4. Duplicates will be merged once the historical data has been fully imported. Admins will be notified once this has been completed, at which point the typical process for reporting duplicates to Travis will resume.
5. Duplicates are included in QA reports, but their presence should not affect program counts. Admins are encouraged to make corrections on the profiles that have the longest program history.

### **D. Data Quality**

1. Timeliness of Data Entry
  - A. Shelters are to enter data by 9 AM the following morning for all entries from the previous night during the work week. This is necessary to ensure accuracy of the Daily Bedlist Report. Weekend data should be entered by 9 am the following Monday.
  - B. Non-shelter programs are to have data in no later than the 4<sup>th</sup> business day of the following month.

- (1) One exception is for rapid re-housing project move-in date as HUD uses this data to determine program occupancy. Please enter this data as soon as possible.
  - (2) Lianna provided an example of HUD requesting this data to emphasize the significance of timeliness.
2. Short-term disability monitoring
  - A. Travis reviewed the discrepancies in the data for short-term versus long-term disability for data collected between December 2021 and January 2022 across the different program types in the system.
    - (1) The error rate has dropped significantly since November across the system
    - (2) But the percentage of short-term disabilities recorded has not noticeably changed since November
  - B. Travis asked for the Administrators to provide feedback about the potential challenges in collecting this short-term disability data.
  - C. Thaddeus used the YMCA's disability data as a positive example. Colton explained the YMCA intake process differentiates short-term and long-term disabilities by providing examples of the former, which the clients then self-reports.
  - D. Jeremiah provided an explanation for data standards.
    - (1) If a client reports a developmental disability or HIV condition, those conditions are automatically considered long-term. The disabling condition field has to be marked as YES.
  - E. Lianna noted the challenges between collecting the data and case management issues.
    - (1) The data should be self-reported and should not be interpreted from a data perspective unless it falls into the above example of HIV/developmental disability.
    - (2) Administrators should discuss the intake process with the appropriate agency staff to determine whether the questions around disability are clear to the clients. Administrators are encouraged to bring this presented data to the conversation.
    - (3) CSB will continue to collect data around short-term disability monitoring and report the findings at the next quarterly Administrator meeting
3. Data Element Changes
  - A. Secondary Homelessness Reason has been removed to decrease ambiguity for clients at intake
  - B. Vocational Training has been removed because the education field has an option for vocational certification.
  - C. Zip Code Data Quality has been removed. If the client doesn't know, refused, or the data was not collected, leave this field blank.

D. Pregnancy status is now required by HUD to be collected for all adults (over age 18) regardless of gender for clients entered from October 1<sup>st</sup>, 2021, onward.

(1) For youth programs, this is required for heads of household.

(2) Travis has input conditional logic for this field to only appear for adult clients. If an Administrator finds that this is not the case, let Travis know.

#### 4. Release of Information

A. Client Acknowledgement forms are to be uploaded in HMIS.

(1) This can be done either through the “Manage” button in the warning message that appears at the top of the client's profile (when the ROI is missing) or in the Client Privacy Shield in Clarity under the client's profile. The form can be signed directly in the system or uploaded as a PDF.

(a) For children in a household, their guardian's ROI can be uploaded to the child's profile or the “Household” document type can be selected if an ROI is already present for the guardian

(2) Clarity shows a warning message at the top of the client profile if the ROI hasn't been updated.

(3) Any client open in the program or enrolled as of February 1<sup>st</sup>, 2022, must have the ROI uploaded. The entry date of the program should be used as the start date for this form.

B. The ROI has been added to the QA report under the top section under total counts served for the quarter.

C. Long-term programs (PSH or RRH with clients in the program for more than 1 year) aren't required to sign a new ROI each year.

(1) Once the ROI is signed and uploaded, that is sufficient.

(2) The ROI end date can be set out as far as Clarity allows for long-term programs.

D. For verbal consent received due to COVID, please specify either in the uploaded form or write “Verbal Consent – COVID” directly in the signature line.

#### E. QA Report

##### 1. Common issues

A. Travis walked through how Administrators are to download the QA report as PDFs. The instructions are listed at the top of the report.

(1) For the report dashboard, navigate to the drop-down menu with the 3 dots, at the top right corner of the dashboard. Click Download, choose PDF, choose Fit Page to Dashboard

(2) For the QA Client Data Download, navigate to the lower drop-down on the actual data table, click Download Data, choose Excel, expand the Advanced Data options, click Include All Results, and Download.

B. For most of the measures, you can click on the null number of clients and generate a list of those clients. From there, you can click on the client's ID to

open a new window with the client's Clarity profile and correct the errors without leaving the report itself.

- C. If updates aren't being applied to the report instantaneously, attempt to clear cache and refresh under the top level drop-down menu with the three dots. If the updates still aren't visible, wait 2 hours.
- D. If there are questions, Administrators should email [hmis@csb.org](mailto:hmis@csb.org) or attend the HMIS office hours.
- E. Travis provided an example for correcting long-term disability errors.
  - (1) The disability fields appear in an Excel table in columns AM-AS. Finding these errors is best done by filtering the clients using columns AM-AS.

## 2. Feedback

- A. Travis asked for any pertinent feedback for the QA report.
  - (1) The data for number of times homeless and number of month homeless fields will be corrected via a future data import.
  - (2) The previous issues loading the QA report should have been largely resolved.
    - (a) BitFocus seems to make major updates to the system on Tuesday mornings, reports may lag. Travis recommended running reports earlier in the day.
  - (3) Discrepancies between the errors and percentage rates appear because the percentages round.
- B. For any additional feedback, please email [hmis@csb.org](mailto:hmis@csb.org).

## F. Document updates

- 1. Travis reviewed the updated documents on the CSB website and how to access them. Admins should download fresh copies of these forms every year.
- 2. The HMIS training videos are also on the CSB website under the HMIS page directly above the Chase logo.
  - A. The videos can only be accessed by Admins.
  - B. If End Users need to access the training video, Admins should log into the training access and send the link to the End User.
  - C. The report training videos are also accessible on this page.

## G. System Performance Measures QA - due to HUD at the end of February.

- A. Thaddeus will begin to send requests for System Performance Measures corrections going forward.
- B. Thaddeus reviewed the System Performance Measures QA for Federal FY21 (10/1/21 to 9/30/22).
  - (1) HUD considers the following to be errors – client refused, client doesn't know, data not collected, an actual blank, or no exit interview completed.
    - (a) There is a small discrepancy in numbers from the previous year after the data was rerun in Clarity. CSB will investigate the reason behind the differences.
    - (b) Overall, the numbers look pretty good. Thaddeus will send correction requests when appropriate.

- (i) For Emergency Shelter in FY 2020-2021, the percentage is 5.40%, only slightly different from the previous year of around 5.33%.
  - (ii) For Transitional Housing, the percentage was the same at 0%.
  - (iii) For PSH, the percentage of unknown exit destinations increased substantially from around 1% to 5.29%.
  - (iv) For RRH, the percentage increased slightly from 3.74% to 4.30%, though corrections should be simple.
  - (v) For Outreach, the percentage decreased from 2.11% to 0.56%
- (2) Thaddeus will also contact PSH provider Administrators for income corrections going forward.

H. Next Admin Meeting is currently scheduled for March 23<sup>rd</sup> from 9:00am-10:30am