

Meeting Minutes

CSP All Agencies Administrators Meeting

March 23, 2022 10:00 am – 12:00 pm

Location: Virtual

Attendees: CHN – Katie, Stan; Equitas - ; GCH – Jayde, Samantha; HFF – Crystal, Melissa, Tiffany; Homefull – Jen, Theresa; HH – Erin, Kyra; LSS – Cara, Joy; MH - Taylor; NCR - Marsha; Netcare - Caleb; SE – Mathais, Tyler; TSA – Brittani, Josue; VA - Bonnie; VOA - LaRaun; YMCA - Kevin; YWCA - Betty; Community Shelter Board- Lianna Barbu, Thaddeus Billman, Travis Theders, Jeremiah Bakerstull, Katie Goehring

A. Welcome and Flow

- a. Travis went over the agenda of the meeting and introductions.
- b. Admins did a breakout session and discussed their biggest challenge working with Clarity HMIS.
 1. Generally, the positives are that Clarity is more user friendly and the inability to edit data outside of a user's specific agency.
 2. Some common challenges are the issues with the data migration and the variety of reports that are available without in-depth descriptions or training.
 3. Travis and Jeremiah encouraged Admins to use the monthly HMIS Office Hours to address issues or questions. Travis will also investigate ways to clarify Clarity's reporting capabilities.

B. FY20 System Performance Measures – submitted at end of February to HUD

- a. Thaddeus reviewed the System Performance Measures for Federal FY20 (10/1/20 – 9/30/21)
- b. Measure 1: Length of Time Persons Remain Homeless
 1. We saw a slight increase in average number of days and a decrease in the median length of stay, likely related to COVID
- c. Measure 2: The Extent to Which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness
 1. The rate of people returning to homelessness within 2 years has stayed the same at 30% with a significant increase in recidivism for people exiting PSH
- d. Measure 3: Number of Homeless Persons
 1. There was no unsheltered Point-In-Time Count in 2021.
 2. For the sheltered portion of the 2021 PIT, the number of individuals counted in shelters for the year decreased by about 900 people, which was expected, a COVID impact
- e. Measure 4: Employment and Income Growth for Homeless Persons in CoC Programs
 1. Change in earned income has decreased to 4%, which is at the lowest for the past 5 years, likely due to the impact of the pandemic.
 2. Total increase in income is 35%, slightly lower than last year.
- f. Measure 5: Number of Persons Who Become Homeless for the 1st time
 1. We had 4,702 newly homeless individuals, which is the lowest historically, proportional to the overall decrease in the number sheltered.
- g. Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing
 1. Street outreach success rate: 39%, increasing from 31%
 2. Exits from ES, TH, RRH have a 35% success rate, lowest measured historically, a pandemic impact.
 3. The housing retention rate for permanent housing was approximately the same at 97%.
- h. Data quality
 1. Unknown destinations for ES, TH, and Outreach decreased, which is good, PSH saw an increase.

2. Lianna reminded the group that from a data quality standpoint, the standard is to have below 5% data errors. This has been difficult this year due to COVID and the data transition, but it will be addressed more thoroughly this year and during agency 1-on-1s.

C. CoC Performance Profiles – HUD-issued report for each CoC, data from 2016-2020

- a. Housing Inventory Count by Program Type, the ES, TH, and PSH capacities have increased, which is positive. The total number year-round beds have also increased for the system.
- b. The Homeless Population via the Point-in-Time Count (PIT) shows an increase in the homeless population counted across the board. The number of homeless families in the system has also steadily increased.
- c. Length of Time Homeless has increased, which is related to the impact of the of COVID pandemic for 2020. The same will be seen in 2021.
- d. The Returns to Homelessness Over Time is generally consistent overall. However, the percentage of returns in 6 months has increased. This relates to the SPM increase of PSH return to homelessness to 32% within 2 years, from 24% in 2020.
- e. Exits to Permanent Housing by Program Type - ES, SH, TH, and RRH has been decreasing, due to the lack of availability of affordable housing. For PSH, this number has been slightly increasing.
- f. Lianna asked the Admins for their thoughts on these trends.
 1. Kyra shared her thoughts for TAY programs on the barriers to housing clients face, particularly mental health or substance abuse disorder. Marsha shared similar thoughts for NCR clients.
 2. Lianna shared about CSB's plan to interweave mental health crisis intervention staff into the system for facility-based locations.

D. Data Quality and Timeliness

- a. Thaddeus reviewed the disability data (short-term and long-term) collected since October.
 1. The error rate in disability data has steadily improved, down to 1-4% depending on the program type.
 2. Overall, the data collected by most agencies (other than the YMCA) for short term disability is around 0%, which must be inaccurate. The data is either not being reported at all, or it is being categorized incorrectly as a long-term disability.
 3. Thaddeus and Travis reminded the Admins of the importance of differentiating between the nature of a client's disability.
- b. Thaddeus reviewed an analysis on demographic data changes.
 1. Overall, the data is not changing significantly, which is good. However, Thaddeus reminded the Admins that changes should be reported to CSB.
 1. Admins should notify Travis of the corrections that need to be made for Head of Household demographics
 2. For children only entered in one program, Admins can make changes themselves.
- c. Thaddeus went over the trends of late data entry.
 1. Generally, 20-30% of records are being entered late. CSB will discuss these trends with the agencies specifically during 1-on-1 meetings. This data will be collected and reviewed more regularly moving forward.
 1. For ES, the expectation is that the client should be entered by 9am the following morning. For the analysis a delay, 4 days were used to allow for potential data delays due to weekends.
 2. All other programs have through the 4th day of the following month to enter all data.
 2. Thaddeus also noted that 10-20% of records are being updated after the end of the QA period, which is problematic for data accuracy.
 3. Lianna emphasized the importance of timely data both for partners individually and for the system.
 4. QA compliance letters will be delayed due to these trends.
 5. Travis encouraged the Admins to share the data timeliness standards with end users.

- d. Travis reviewed how clients with DCA but unsuccessful exits should be noted in Clarity.
 1. In the program exit screen, there is a Notes field at the bottom of the screen. Travis recommends that Admins provide an explanation to the client's exit record. CSB will have to reach out to the agency for an explanation if one is not entered in the notes.

E. Data Entry

- a. Travis shared the newly created fillable electronic data forms. He asked Admins what would be more helpful – checkboxes or a shortened form with drop-down menus. The consensus was for the check-box version. The new forms are now available on the CSB website.
- b. The USHS Severity of Service Needs Assessment (SSNA) will be completed in Clarity starting April 1st, 2022. There will be an official announcement sent out to partners.
 1. Navigate to the Program Record, then the Assessment tab, then the Severity of Needs Assessment.
 2. Fill out the assessment, make sure to select Housing Need Assessment on the Assessment Level drop-down menu
 3. **Do not** toggle “on” the “Private” option at the bottom of the assessment
 4. Once complete, click Save.
 5. Then toggle on USHS Pool and click “Refer Directly to Community Queue”.
 6. On the next screen, click Send Referral.
- c. The RRH Pool Referral will be renamed Housing Assistance Screening Tool (HAST) in Clarity. The assessment functionality will not change otherwise.
- d. There is now a Coordinated Entry Event assessment under the Services tab to record referrals that aren't otherwise captured by the system. The situations include the following:
 1. Referral to emergency assistance/flex fund/furniture assistance
 2. Referral to non-coc services: ineligible for continuum services
 3. Referral to non-continuum services: no availability in continuum services
 4. Referral to post-placement/follow-up case management
 5. Referral (back) to scheduled Coordinated Entry Crisis Needs Assessment (Netcare)

F. New Training and Certification Process

- a. Travis reviewed how to access the new end user training suite. The new training videos are organized into playlists with a series of topic-focused videos that are meant to be watched in the given order by new users
 1. Admin logs into HMIS Training Access section of the CSB website and opens the correct playlist.
 2. Admin shares the playlist link with the new user.
 3. New user completes viewing of all videos in the playlist. Following along in the Clarity training site is highly encouraged. Each agency has a single login for the Clarity training site – login info has been sent to admins.
 4. New user completes any additional internal training with admin or other agency staff.
 5. New user completes certification test. Test instructions are found in the final video of each playlist and involve completing a mock entry/exit on the Clarity training site.
 6. Once the user has finished the test, please email hmis@csb.org and say that the user has completed the certification test. Provide user's full name.

G. Suggestions for FY24 Data Standards

- a. Travis encouraged Admins to consider changes they'd like to propose for the HUD FY24 Data Standards. Changes are due by the end of the year, 12/31/2022. Send any suggestions to hmis@csb.org.

H. Next meeting is June 8th, 2022, 9:00 AM to 10:30 AM