Interagency Council on Homelessness (ICH) - Strategic Plan Implementation
Workgroup #4 – Coordination of Data and Resources

MINUTES
December 15, 2015

Via Teleconference with Public Access Located At:
4126 Technology Way,
Second Floor Conference Room
Carson City, NV 89706

1. **Introductions, Roll Call, and Announcements**

   The Chair, Michele Fuller-Hallauer, called the meeting to order at 10:00 a.m. A quorum was determined by roll call.

Members Present	Others Present
C.J. Manthe	Sarah Yeats Patrick
Michael McMahon	Soni Bigler
Michele Fuller-Hallauer	Tauri Royce
Steve Fisher	
Stephen Shipman	Staff Present
	Meg Matta

   There were no members absent.

2. **Public Comment**
   There was no public comment.

3. **Review and Approve October 13, 2015 Minutes.**
   Ms. Manthe moved to approve the minutes and Mr. McMahon seconded. The motion carried with one abstention.

4. **Discuss and Review Goals and Strategies.**
   Ms. Fuller-Hallauer reiterated the three goals for the Workgroup as defined in the ICH Strategic Plan:
   - Work with Bitfocus to develop a system that is integrated, streamlined, promotes data sharing and is captured consistently in the Homeless Management Information System (HMIS).
   - Implement a centralized/coordinated intake assessment and access for all housing programs throughout the state for homeless and those at risk of homelessness.
   - Regularly identify options to coordinate resources.

   Under each goal there is a list of particular strategies. Ms. Fuller-Hallauer shared information regarding the vulnerability assessment tool and coordinated entry for southern Nevada. Home Base, a Housing and

Urban Development (HUD) funded technical assistance (TA) provider is currently assessing the assessment tool based on approximately one and a half years of data for coordinated entry, and utilizing the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) in the community. They are utilizing data from HMIS and looking at the outcomes for programs that clients have been referred to through coordinated entry. By January, Home Base should provide a report on potential changes or modifications to the assessment tool. Ms. Fuller-Hallauer suggested Workgroup #4 review that information to determine if communities and continuums of care should adopt the changes. Mr. Shipman and Ms. Manthe agreed.

Ms. Fuller-Hallauer said there is currently a contract with Home Base to provide a gap analysis, which should be done be the end of January. Home Base will be assessing the gaps in the system for the continuum of care in southern Nevada. Once that assessment is finished, it can be reviewed by Workgroup #4, and shared with other workgroups.

The two Home Base assessments will enable the group to move forward with goals 6.2.1, to implement a statewide assessment tool by 2016, and 6.2.4, to establish policies for all community providers to utilize centralized/coordinated intake by 2018.

Ms. Fuller-Hallauer said she will touch on the other goals at future meetings if it met with member approval.

5. **Presentation on Capabilities of Bitfocus System**.
   Ms. Royce provided a general overview of Bitfocus and Clarity Human Services Case Management Software. Bitfocus is the administrator for the state of Nevada for HMIS. Ten years ago, HMIS was a basic data entry system. The mandate was for Continuum of Care (CoC) funded programs to enter their data, which came in slowly in the beginning. As the data began to be looked at by HUD, more guidance was provided and Bitfocus began capturing universal data elements for every client in the database, and program-specific data required by HUD for reporting purposes. Federal reporting out of the HMIS is now a requirement, as well as annual performance reports for each participating community.

   The program data elements require deeper information on the clients, such as income, non-cash benefits, domestic violence, and disability types (physical, developmental, mental health, chronic health conditions, etc.). In 2015, federal partner demographics were added to include specific fields for Projects for Assistance in Transition from Homelessness (PATH), Runaway Homeless Youth (RHY), Supported Services for Veterans (SSVS), settings for the Emergency Shelter Grant (ESG) and more specific veteran data.

   They were excited when the Veterans Administration (VA) began entering assessment data. It evolved to the creation of a master list to identify all the veterans in our community and the ability to target clients that needed housing. HMIS produces weekly lists of those clients who identify as veterans, who are being visited in a shelter, and/or have had any sort of outreach or benefits provided. Fields were added to capture that the client's veteran status was verified by the VA, and they had an active DD214 on file, and to determine their eligibility for some level of veteran housing. Going forward, the VA is in the process of moving their entire referral system into HMIS. It will follow the same process as the state's coordinated entry where the client is assessed, goes on a waitlist if a bed is not immediately available, then referred within the system when a bed becomes available.

   There has also been more inclusion statewide from non-mandated parties, such as food pantries, rescue missions and faith-based organizations, which is a rare occurrence nationwide. In southern Nevada especially, there is increasing participation by the medical community and law enforcement who look for

the larger picture on cost per client: how many times they are picked up, spend the night in jail, or visit the emergency room. They see the benefits to seeing collaborative data to make evidence-based decisions.

As the Bitfocus team has been working on data integration work with CABHI, they are beginning to see this as a central hub for pooling data and providing aggregated data statewide. Nevada is fortunate to have a statewide system as it prevents barriers to information sharing between the various cooperating entities.

Bitfocus produces the Annual Homeless Assessment Report which is compiled from data from all three of Nevada's CoCs (southern, northern and rural), and if accepted becomes part of a nationwide report on homelessness which is presented to Congress.

Because of the many clients across the state who contribute to an integrated HMIS, the shared database may evolve into a Community Management Information System, rather than only for the homeless. Community and federal clients are entering client information from sources such as food pantries, faith-based groups and law enforcement partners, whose clients are not necessarily homeless. Based on what is being captured, decisions can be made on ways to pull the data for broader use. Another way the system is being widely used is for the coordinated entry process for all three CoCs. A third party tool, the VI-SPDAT, together with the scoring system, has been built into the system. The assessments are able to be completed directly within the system and will produce an auto-generated score tied to individual clients. The referrals are also tracked when beds become available.

The progress in HMIS from its beginnings to where it is now is phenomenal. The entire team at Bitfocus is on board to assist communities by providing data to help steer their decision-making processes. As the vendor as well as the administrator of HMIS, Bitfocus is also in a position to build the necessary tools to support the work of the community.

Mr. Shipman asked if the system could be tweaked to show documents verifying the disability of a client for eligibility purposes prior to placement. Ms. Royce replied that the capability is already in the system and she will work with him to identify what documents need to be uploaded, and then create a view to show the client is document ready.

Mr. Fisher asked what the community members whose clients were not necessarily homeless were using the system for; e.g. food pantries. Ms. Royce explained that entities that rely on donations to support their charity need to be able to verify that benefits such as rent/utility assistance to a client are not being duplicated or abused. Entering their data also assists them with reporting capabilities. For the state, when opening up the client's history statewide, they can see a clearer picture of where and how the client is being served and can offer more targeted assistance. The system offers somewhere between 50 to 60 reports that can be run on a client.

Ms. Manthe asked if the Workgroup could review consolidated reports that would show utilization broken down by agency and service type. Ms. Royce responded that if the information was aggregated, with no specific client information, they could pull out whatever information was needed. Ms. Manthe asked if perhaps 90 percent of the providers were participating in the data collection. Ms. Royce confirmed that there was definitely over 90 percent participation. On a nationwide level, our state is in an excellent position and ahead of the game in many ways.

Mr. McMahon reminded the members that within the CABHI Extension grant, there are monies available which would allow other stand-alone, not-for-profit enterprises providing services to the homeless community to connect to HMIS and provide further data. As an example, he identified Salvation Army as one such enterprise who is not currently using HMIS, and their information could greatly expand the database, if the communities so desired. The dollars could be used to gain them access to the system.

6. **Review and Discuss Existing Data.**
   Ms. Bigler asked what kind of information was being provided by the jails and hospitals using HMIS. Ms. Royce answered that the Healthy Living Program works with the hospitals in southern Nevada to house the medically fragile, chronically homeless clients. The hospitals provide verification that the client is medically fragile and chronically homeless, along with additional information such as the hospital room, if they are ambulatory, the projected discharge date, etc. When verification is received, a referral is generated through the system directly to the Healthy Living Program, who then goes to the hospital to conduct the housing assessment rather than requiring the client to go to a hub. If eligible, housing is arranged for the client upon discharge. This avoids a scenario where the client would be discharged from the hospital back onto the street. There are currently six entities in southern Nevada participating in this program.

   Fire and rescue teams are entering data on the homeless who have been treated and released, or transported to a hospital, and which hospital. Most importantly, they enter location information for that individual, so when a bed is located for them, they can be found within the 7-day time limit. The location information is also entered by medical and law enforcement. Law enforcement has outreach teams on the street who have interactions with homeless individuals on a regular basis; some of those officers are passionate about assisting to find housing. There is an updated Memorandum of Understanding (MOU) to assure that, for legal reasons, clients entered into the system are not targeted for outstanding warrants. Law enforcement can pull information from the wait list and see that beds are available if they encounter those clients on the street. Bitfocus has been working on integrating a system with the law enforcement system so that if they pull up a client, it will be pinged if there is a bed waiting for them. Law enforcement also has a missing person detail and with limited access, they can log in to HMIS to determine proof of life. If the client has been served, that becomes proof of life and law enforcement can close the case. No information is being given out; families are not being notified of the whereabouts of the missing person. Law enforcement posts a public alert in HMIS, however, so that if the client shows up in a shelter, the management can let the client know that a family member or someone is looking for them, and provide them with a contact number. This function not only helps to reunite families, but it also helps law enforcement to close a significant number of cases. The public alert portion of the system provides contact information and location as well which may be used for other assistance, such as providing a bus ticket home. The more collaborative the information, the broader the benefits.

   Ms. Bigler commented on the HMIS monthly utilization report that is a summary of the clients served which is emailed to some agencies. She noticed that on the report she received on the same day as this meeting that one agency in Reno has 28,000 unique identifiers. She asked if "unique" meant brand new clients, or data entered in general for the month. Ms. Royce replied that if it is the provider she thinks it is, it is for food pantries and outreach services. She said "unique" meant the unduplicated clients served, not necessarily new. Either files were updated or they were served within the month; but if a client was served three times, they should only be entered once.

   Ms. Fuller-Hallauer commented that it brings up a good point regarding what kind of data this group as well as the other workgroups would like to see. Ms. Manthe suggested extending requests to the workgroups to provide information on the specific data they would find helpful to move their work forward. She requested to see some of the "canned" reports available in HMIS so the Workgroup could familiarize itself with ways to filter the data.

   Ms. Royce said one of the most used reports on the community level was the Annual Performance Report (APR) containing data from Supportive Housing Program (SHP), Shelter Plus Care (SPC) Program,

Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program and the Continuum of Care (CoC) Program. The APR provides a great starting point for all progress data and service provider information. She can pull the APR for January 1 through December 31, 2015, which can be broken up by continuums as well as program data.

Ms. Royce also suggested last year's Annual Homeless Assessment Report (AHAR), which is a HUD report to the U.S. Congress highlighting, housing. Through an ad hoc reporting system, she could pull service provider information as well.

Ms. Manthe moved to pull an aggregate data report for the state of APR data from January 1 through December 31, 2015 broken down to the CoC level and the statewide level; also the AHAR reports for all three CoCs in the state. Mr. Shipman seconded and the motion carried.

7. **Review and Discuss Designation of Oversight Committee.**
   Workgroup #4 members will serve as the Oversight Committee, which will be reviewing data as it becomes available. It was decided the Oversight Committee should meet separately from the regular Workgroup #4 meetings because of the volume of data they will be looking at. It will meet every other month, in the month Workgroup #4 is not meeting, beginning March 15, 2016. Ms. Bigler asked if the committee should be named the Oversight Committee or the Data Committee. Mr. Shipman replied that the major focus of the committee is to become familiar with the data available from HMIS and ask the right sets of questions, such as the penetration rates for permanent supportive housing, or how fast the vacancies are filled. However, the committee will be looking at that data from the perspective of the Strategic Plan and providing data oversight to the other workgroups. The committee will also provide direction to move forward with the development of data fields, how to gather data, what the priorities are; there are many aspects of oversight and decision making that will be informed by the data. It is not only a data committee, but a very large macro oversight committee that will feed back into the ICH process in general.

   Ms. Manthe suggested remaining consistent with the ICH Strategic Plan and calling it the Oversight Committee, with a specific agenda item to review data.

8. **Discuss and Assign Additional Participants in Oversight Committee.**
   Additional participants suggested were Soni Bigler, Amy Jones, and Barbara Gage.

9. **Review and Discuss Applications from Three Continuum of Care Groups.**
   Mr. Shipman reported that the northern Nevada CoC had a solid application, maximized points and accomplished a substantial reallocation of funding to ensure they are hitting the proper programs, including the Clark County HMIS Program. They also increased the permanent supportive housing program from approximately $40,000 to about $85,000; and maximized the value of the different programs. In the future, they will strive to better solidify the numbers related to transitional housing; there were programs in northern Nevada that did not input their data into HMIS, resulting in artificially low numbers.

   Ms. Bigler reported that the rural CoC submitted eight applications; reallocated funding from some agencies in Churchill County to rank HMIS number 1; Churchill County then applied for a new bonus for the rapid rehousing program. Unfortunately, they had to rank a transitional housing program in Douglas County last because it is not a priority of HUD. Ms. Bigler said this was the most challenging grant applicationshe has experienced. HUD has many expectations and are now requiring formal documentation and excerpts from policies and plans as proof of execution. She was not sure of the final score as they cover 15 counties and included participation of jails and hospitals at the CoC level. It was a huge challenge.

Ms. Fuller-Hallauer echoed Ms. Bigler's comments and said this application was the most competitive and very different from former applications. It was very detail oriented and required proof across the board. Southern Nevada CoC maximized everything they were eligible to apply for. They reallocated three projects and utilized the permanent housing bonus opportunity. They have 7 new projects that will bring an extra 93 units of permanent supportive housing and 80 units of rapid rehousing; a total of 38 applications and asked for just over $14.6 million for southern Nevada.

Ms. Fuller-Hallauer said the questions in the application served to highlight important areas that needed strengthening. First, the number of exits from rapid rehousing and transitional housing to permanent destinations was lower than they would have liked, with positive outcomes at 66.3 percent. The HUD standard is 80 percent.

Second, there is a question on how continuums coordinate and collaborate with Temporary Cash Assistance for Needy Families (TANF). At the national level, there is a push to use TANF dollars more flexibly, with some communities using TANF for rapid rehousing look-alike projects and more robust diversion and prevention. She suggested posing the question to the broader ICH to find ways to engage our Health and Human Services partners in a discussion on breaking out of historical patterns and using TANF more effectively.

Third, there were specific questions focused on homeless youth trafficking and other forms of exploitation. They asked what strategies are in place to address homeless youth trafficking, diversions from institutions, decriminalization, and increasing housing and service options. Ms. Fuller-Hallauer said some statewide strategies are being put in place under the Attorney General's Office, and suggested that through the broader ICH, an attempt be made to try to engage those people.

These are areas that Ms. Fuller-Hallauer thought were not as strong as believed, and through the workgroups and ICH, they can be improved.

10. **Discuss Date of Next Meeting and Discuss and Propose Agenda Items**.
    The next meeting is on February 16, 2016.
    Standing item to review and discuss data
    Annual Performance Report
    Annual homeless Assessment Report
    Webinar demonstration of Bitfocus and Clarity Human Services Case Management Software
    Data standards and uniform performance measures

11. **Public Comment**
    There was no public comment.

12. **Adjournment**
    The Chair adjourned the meeting at 11:30 a.m.