Meeting Minutes

HMIS Team, County of Ventura
Present:
Marissa Mach, Rosie Walker, Eddie Rodriguez, John Cortes, Karol Schulkin, Tara Carruth, Mike Medina, Jean Anger

Steering Committee Members:
Present:
- Heidi Marine, Many Mansions
- Kate Mills, VC One Stop
- Alicia Morales, Salvation Army
- Tim Hawkins, CAVC
- Randolph Brown, VC Behavioral Health
- Melissa Ramirez, Interface
- Nicholas Starkey, SVDPLA
- Dennis Dulen, Turning Point Foundation
- Becky Spring, Turing Point Foundation

I. Review of Agenda
- Open Meeting/Introductions.
  - Marissa welcomed new representatives and provided HMIS history.
  - No comments were received on the Minutes from January’s meeting.

II. HMIS Updates:
- Strategic Planning for new contract year 2015/2016
  - The proposed Strategic Plan (1-5 years) will be reviewed at the July meeting. HMIS year is October – September 30 (Federal year).
- MOU/License Renewals (July through September)
  - The 2nd year billing/invoices and MOU will be sent the end of July and will be due September 30. Billing will be based on current licenses, and if not accurate, please let us know. MOU will be updated with Coordinated Entry to eventually have its own policies & procedures. Bowman fees will increase slightly. Contract & agreement with Bowman will be reviewed in July. Members will have an opportunity to review. Some grants allow for HMIS expenses.
- Training Dates for new and existing HMIS/ART users
  - Future courses to develop soft skills will be offered for social workers. Data integrity is dependent on how the social worker interfaces with client.
  - Training was completed in February by approximately 20 attendees. The next training will take place May 12-14. Eddie sent out an email today with the schedule and option to enroll. Users are required to attend once per year as part of HUD compliance.
- New Membership
  - Roughly, twenty-six agencies use HMIS. Committee makeup is now a representation of service throughout the county by type and geographic area.
Function of committee is one of four sub-committees for the Continuum of Care. This is a governance group. We created an Operations Committee made up of actual HMIS users that prioritize Help Desk requests. They will move things though the Steering Committee, which will approve changes. Significant recommendations will be moved up to the Continuum of Care Alliance for a decision. Steering Committee members will be kept up to date on our strategic initiative, data quality, and security.

III. Review of Performance Metrics

- **Data Entry/Integrity – Upcoming deadlines/trends**
  - Agencies participating in HMIS adhere to performance metrics based on the principle that HMIS reports are only as good as data managed in HMIS. The goal is to run a community wide report of aggregate data.
  - Recommend social workers enter data weekly and agencies run reports monthly. Quarterly data integrity reports, the baseline requirement, can only measure data entered in HMIS. The report card is based on how complete the data is with a present average grade of A – C.
  - Eddie – presently having issues with 252 & 243 reports (gives report card grade). He recommends 631, which will show if data is there or missing. Bowman has not made update to include new HUD standards that are not represented in this report. Use CoC APR 631 report to look at data integrity. No ETA.

- **HMIS Security**
  - Licensed users only, no sharing licenses. Check worksites to ensure appropriate compliance with proper security measures. Private identifying info (PII) must be secure.
  - Dennis – if there is no formal diagnosis made, they can be accommodated anyway due to obvious disability (OR entered unconfirmed in HMIS) with the understanding that there is 30-45 days to get verification of disability. If they remain unconfirmed after 30-45 days without verification, it can impact chronically homeless status. If this team is unable to handle can it be elevated to the CoC (Housing & Program) subcommittee? This is all tied to how details being entered into HMIS. The County needs to approach HUD and ask for a position on this. Operations Committee report is very complex. Work within programs first. A program analyst will be added in the summer to support the HMIS team.
  - (Kate Mills) If client was seen or treated in past – gather records. If not, send to One Stop for evaluation by Star Engager. If rises to level of interview then that goes down Behavioral Health track. If does not rise to that level, client will be seen through homeless clinic. Clinic physician will make presumptive diagnosis and continue to see at clinic until can get into overall system. Diagnosis will probably take more than 45 days. Tara – there may be HUD guidance to get around 45 days. These are types of questions would make recommendations and this committee would approve.
  - How do we safeguard against the release of private identifying information known as PII? When merging data through email, need to insure secure email being used. How to address in open system?
  - What is the process for insuring program specific questions are routed to appropriate subject matter expert/decision maker? Help Desk inundated with program/policy questions. Ask your team to seek out internal guidance first before going to HMIS.
  - Can IT change records entered by other agency? Eddie - Yes, however, not allowed. Operations will coordinate between users to have changes made.
  - Kate – Data Control Dept. in order to speed up process – something to look at. Limited level of staffing & funds. Has to have some way to know if changes made. Some fields are open to change. Data is Meta tagged. Coordinated entry will drive open system. Research will be done by Operations Committee and proposals made to Steering Committee.

IV. HMIs Operations Committee Updates (HMIs Support Team)

- Committee recommendations (Report)
  - HMIS team will propose recommendations and this team will decide whether to move forward or not. What is process when no evidence of diagnosis is available for cases of obvious disability? Disability diagnosis criteria read.

V. Update on Coordinated System
• Pilot (Tara)
  o HUD’s eventual mandate will be that service providers work together and coordinate how they provide services using a universal assessment to determine need. Clients would then be routed to the proper program knowing that resources are finite.
  o There are many layers to developing and implementing a coordinated entry system. Pilot phone is just one piece of implementing coordinated system...piloting a vulnerability tool.

• Release of the VI-SPDAT (via HMIS)
  o Targeting VI-SPDAT with chronically homeless individuals. VI-SPDAT is a fifty question survey to prioritize those who have been homeless the longest and who are most vulnerable based on service needs. HUD wants to target people we are already working with – not seeking new chronically homeless.
  o The pilot phase includes four weeks of case managers using VISPDAT and evaluating the reporting mechanism. Those most vulnerable will be matched with units from Community Action. Pilot phase will take place over several months to allow a live opportunity to work through kinks and develop policies & procedures prior to next phase. Pilot will assist with prioritizing those with greatest need. The first reports will be run following the four week period from March 26-April 24 and continue for 90 additional days for a total of 120 days.
  o Other piece of survey is confidentiality. Survey has private information and is kept secure. Working to eventually make HMIS an open system. An open system will enable agencies to see info from other agencies. Client will not have to repeat information unless updates are needed. Presently, we share only baseline info. Dennis informed agencies they can now see if VI-SPDAT is already done; however, not until after completing the survey. Knowing ahead of time would be nice. Marissa stated the issue is in the platform in which it resides.
  o Additionally, it is a community advocacy and awareness tool for getting more resources dedicated to these populations and additional pilots for other needs. HUD doesn’t want to administer grants to overlapping agencies, so they are narrowing down what they do to allow local jurisdictions to make decisions. It also drives providers to work more closely...gap analysis. HUD wants to fund the agencies that are meeting the gaps.
  o Heidi inquired about line item for HMIS and if they can draw down funds for user fees? Tara replied “Yes” and will confirm.

VI. HMIS Steering Committee – Roundtable discussion

• Concerns/Needs/Questions/Updates
  o Kate – When healthcare involvement within HUD system? On Tier 2 level. Will stay focused on foundation first, which is Tier 1. Other committees working on other county homeless issues. County is a pilot for VBMIS.
  o Karol – Results from homeless count coming soon. How many are getting served? HMIS system in future might turn out. When will service related data be available? Ties to 10 year plan to end homelessness. Goal is 100% utilization by homeless service providers whether using HUD funds or not. Report today would not provide accurate data because 100% of providers not using HMIS. Even those using are not using to capacity.
  o John Cortes is new Sr. Manager. He is shadowing for quarter and stepping in as administrator on July 1, 2015.
  o HMIS team made up of BTD team – Eddie, Rosie, Tisha, Mike. Karol is on team as program expert. Chris Russell is a super user. Contracts & grants team to manage all contracts and reporting.
  o Heidi – measurement scale...is that useable/working? Are there any guidelines on that? Yes, replaced SSOM more for internal use. VI-SPDAT – once complete will open to other agencies to see (testing environment). Eddie – VISPDAT available in PDF format if would like to view.

VII. Review of Action Items and timeframes

• The next coordinated entry meeting needs to be scheduled.
• Marissa hoping to have Lutheran Social Services (LSS) representation at next meeting.
• The Operations Committee reflects the Steering Committee. If a staff social worker would like to be a part of the Ops Committee, please let Marissa know. Joan Aska, Behavioral Health, is welcome to attend Ops Committee. Randy will let Marissa know. Meetings are 1 ½ hours every other month.
VIII. Conclude

- Next Meeting: July 15, 2015, 9:30 – 11 a.m., Human Services Agency, 855 Partridge Dr., Ventura, Spruce Room (1st Floor)
- Meeting adjourned at 11 a.m.