North Carolina
Balance of State Continuum of Care

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Coordinated Assessment Exchange Meeting Notes
March 14, 2017

Attendees: Brian Fike, Melissa Eastwood, Candice Rountree, Faye Pierce, Melissa McKeown, Thadeous Carr, Monica Frizzell, Chris Hoover, LaTasha McNair

Staff: Ehren Dohler, Nicole Purdy, Tia Sanders-Rice, Brian Alexander

Topic of the call: Preparing Coordinated Assessment for HMIS

- Ehren announced that every regional coordinated assessment system will be moving onto HMIS this year. The goal is to have every Regional Committee's CA system on HMIS by the end of the year.
- He listed some reasons for and advantages of moving CA onto HMIS:
    - Communities can more efficiently and accurately make and track referrals
    - HMIS will increase data quality
    - Using HMIS will make it easier to evaluate outcomes of coordinated assessment
    - Moving all CA systems onto HMIS will bring us into compliance with the recent HUD Notice, which sets a deadline of January 23, 2018.
    - More transparency: data will be shared across the community and with NCCEH staff.
- Tia explained that Coordinated Assessment is a data-driven process, therefore HMIS is a very important part of it.
- There are four main areas at which Regional Committees should look to get their CA systems ready to move onto HMIS:
    - HMIS participation
    - Data Entry and Quality
    - Monitoring
    - Referrals
- HMIS participation
    - Tia said that HMIS participation is one of the most important areas: getting as many providers as possible onto HMIS is extremely important to your success. If there are still agencies that do not participate in HMIS, the community needs to decide who will enter their data into HMIS.
- Data Entry + Quality
    - Tia highlighted 5 questions to ask about Data Entry and Quality in CA systems:
        - *Which agencies will enter VI-SPDAT data into HMIS*? Communities can have a central system where just one or a few agencies do it, or a decentralized system where many agencies enter VI-SPDAT data in HMIS.
        - *Do users selected to enter VI-SPDAT data have an HMIS license?* If they do not, they can get one, but it will take 2-3 additional weeks to set them up.
        - *What is the current data quality of the agencies selected to enter VI-SPDAT data into HMIS?* If that agency is currently missing more than 10% of its data, that would be cause for concern.

- *Where will VI-SPDAT data be entered?* Communities could have a separate coordinated assessment page or module set up, or each agency could enter VI-SPDAT data and then run a report for coordinated assessment.
- *Will data be entered live or collected on paper?* Live is probably faster and easier but only if all agencies involved are trained and able to enter the information live.

- Monitoring
  - Tia said that monitoring is extremely important for the on-going health of coordinated assessment systems. Systems won't be perfect right away, so communities need to monitor their systems and tweak things as needed.
  - Tia asked communities to consider their monitoring process.
    - Will there be a committee that monitors the system?
    - Who will run the reports?
    - Who will be responsible for troubleshooting as necessary?
    - What data will the community use to evaluate their system?
- Referrals
  - Tia said referrals are one of the key things HMIS can help streamline in the coordinated assessment process.
  - Communities need to figure out how they will make and track referrals.
    - Will referrals be made through a coordinated assessment page in HMIS or directly between shelter providers and other housing providers?
    - Are there some providers that only serve certain populations, so we can streamline referrals to those organizations and not create extra work? For example, SSVF may have engaged a Veteran through street outreach, then move them into housing – it doesn't make sense to exit them from SSVF, put them into coordinated assessment, then re-enter them to SSVF. We will find ways to minimize the work with HMIS.
    - Are communities using other information or assessments to prioritize or refer clients? It is important to know how successful referrals are. If there are several unsuccessful referrals, for instance, we can look at what how other assessments might be putting in barriers, or we can add other assessments to help make the process more successful.
  - Tia also mentioned that HMIS can help evaluate the referral process: you can look at how long it takes someone to move through the process and get into housing, and identify bottlenecks along the way.
  - Brian mentioned that streamlining referrals through HMIS is a big selling point of moving CA onto HMIS – In HMIS, the VI-SPDAT and other materials can be attached. This helps the agency accepting the referral by having the paperwork that has already been completed.
  - Brian said it's important to work this year to get more participation in HMIS. At a minimum, all agencies administering VI-SPDATs and any permanent housing programs should be on HMIS
  - Discussion: How do we deal with referrals from domestic violence agencies, which cannot be on HMIS and may be concerned about the confidentiality of their clients?
    - Tia: One way would be to do unnamed records in HMIS
    - Follow-up: would this potentially affect our data quality?
    - Tia: It shouldn't. If we set up a new program type in HMIS called Coordinated Assessment, HUD doesn't have a lot of data element requirements for that type of program, so limited records won't mess up data

quality.

- A community discussion needs to happen with DV providers about what they and their clients are comfortable sharing and what the community needs to do good referrals.
- Once someone is enrolled in a housing program, the housing provider will enter them into HMIS like anyone else.
- Tia: one important item to think about when creating unnamed records for Coordinated Assessment is that someone needs to keep the key to the records, and that key needs to be maintained so the records aren't just lost.
- Concern expressed about the resistance of DV agencies to sharing client information and having this information input into HMIS.
    - Some DV clients will be entered into HMIS once enrolled in a RRH or PSH program, but if DV agencies won't allow client info to be entered into HMIS before that, anyone who doesn't score high enough for RRH/PSH will be lost to the system
    - This should be a community conversation. Some communities have found a solution with limited records or other privacy protections.
    - HUD is pushing CoCs to get CA onto HMIS
    - NCCEH staff are happy to provide guidance or other help to have those conversations with DV providers about HMIS.