

Meeting Minutes

CSP All Agencies Administrators Meeting

January 15, 2020 10:00 am – 12:00 pm

Location: CSB Conference Room

Attendees: VOA- Betsy, Netcare- Tara, LSS- Kara, Joy, HuckHouse- Amanda, VA- Rich, YWCA- Betty, Christina, NCR- Marsha, HFF- Sarah, TSA- Brittani, YMCA- Kevin, Colton, Southeast- Leah, Maryhaven- Taylor, Gladden- Samantha, Kaitee, CHN- Branden, Alvis- Sanleda, Community Shelter Board- Lianna Barbu, Thaddeus Billman, Travis Theders, Jeremiah Bakerstull, Jaynina Manibusan

A. Welcome and Flow

- a. Travis went over the flow of the meeting and introductions.

B. System Performance Measures

- a. Thaddeus reviewed the System Performance Measures for Federal FY19 (10/1/18 – 9/30/19)
- b. Measure 1: Length of Time Persons Remain Homeless
 1. Looks at Average and Median Length of Time Homeless
 1. We saw a decrease for both in FY19, which is good.
- c. Measure 2: The Extent to Which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness.
 1. Compared to last year, the rate of people returning to homelessness within 6 months stayed the same at 10%.
 2. We saw a slight decrease in the rate of people returning to homelessness within 6-12 months, from 10% to 8%.
 3. We saw small increase in the rate of people returning to homelessness within 13-24 months, from 9% to 10%.
 4. The rate of people returning to homelessness within 2 years has increased from 28% to 29%
- d. Measure 3: Number of Homeless Persons
 1. Change in PIT
 1. For the Point-In-Time count the numbers are a year old. We did see a significant increase in the number of unsheltered clients from 288 to 382, 2018 to 2019.
- e. Measure 4: Employment and Income Growth for Homeless Persons in CoC Programs
 1. There is a slight decrease in the amount of adults with earned income growth. Thaddeus identified about a dozen or so cases of potential changes to get it back to the same percentage. Expect an email from Thaddeus for the updates if it applies to you.
 2. For non-earned income there was an increase and for overall income there was an increase, which are both good.
- f. Measure 5: Number of Persons Who Become Homeless for the 1st time
 1. We have more people entering shelter and transitional housing than in previous years. There are also more newly homeless as a result of more clients entering. Measure is not in our control and works hand-in-hand with Measure 1.
- g. Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing
 1. There was a substantial decrease of successful exits. We have identified some possible corrections, but we don't think it will be enough to bring it up to the same percentage as last year. We did expect that was going to

happen. Unfortunately, we're a bit overwhelmed in the shelters, which produced the lower SHO rate.

- h. Thaddeus noted that the average length of stay decreased, by one day. The one day decrease means more clients have access to shelter, because the shorter time people stay in shelter, the faster beds will turn over with more people having access to shelter, this increased the number served for the year and also increased the number of newly homeless. HUD expects us to both decrease the time people spend in shelter and also decrease the number of people that access shelter. These two measures work hand-in-hand when you have a system that is unable to meet demand. Right now, for single adults there is a waitlist for at least six months of the year, because we are unable to meet demand.

C. System Performance Measure Comparison by Award Amount

- a. Lianna went over the 2017 Analysis by Comparable Award Amount, made available from HUD. For 2017, Lianna highlighted Columbus/Franklin County compared to other CoCs with the same award amount.
- b. SPM1: Length of Stay in Days - We can see how Columbus compares to the other similar size CoCs at 55 days. NY, Rochester is low at 32 days, but everyone else is much higher.
- c. SPM2: Recidivism - In comparison to similar size CoCs, our recidivism is high. We can see the chart starts at 12% at 24 months and we are at 28% towards the bottom.
- d. SPM3: Income - The percent of income increase of similar size CoCs, again we are towards the bottom. We see Texas at 71%, Columbus is all the way down at 25%.
- e. SPM7: Successful Outcomes - We highlighted outcomes for shelter exits, transitional housing exits, and RRH exits. Columbus is in the middle at 47%. Kansas City is at 61%, with Texas towards the bottom at 12%. So, Texas has increased income but did not have successful outcomes.

D. System Performance Measure Comparison of Ohio Cities

- a. Lianna looked at the larger cities in Ohio - Dayton, Columbus, Cincinnati and Cleveland - to see how we compare. We see that Cincinnati and Cleveland receive more funding, CoC-wise, than Columbus.
- b. SPM1: Length of Stay in Days - Cincinnati and Cleveland have a higher length of stay, as of 2017.
- c. SPM2: Recidivism - Cleveland is the only city that exceeds Columbus on this measure.
- d. SPM4: Income - Columbus's increase in income is the lowest in comparison to the other three cities.
- e. SPM7: Successful Outcomes - Success wise, Columbus is second to Cincinnati for emergency shelters.

E. System Performance Measure Comparison of Major Cities

- a. SPM1: Length of Stay in Days - This is an analysis of what HUD considers Major Cities. Columbus is deemed a major city. Compared to other major cities for length of stay, we are doing fairly well at number two on the list.
- b. SPM2: Recidivism - We are towards the bottom at 28%.
- c. SPM4 Income - We are again towards the bottom for income increase.
- d. SPM7: Successful Outcomes - We are in the middle of the list, which is good.

F. PR&C & QA Data Changes

- a. Annual Review forms have changed. In the past, most agencies used the HEARTH form to complete the annual assessment, but this did not include all relevant data elements and was outdated. We have now separated the service-related questions from the HMIS data questions. Going forward, agencies need to complete the new HEARTH form, which contains only the service questions,

as well as the HMIS Update & Annual Review Form, which contains the data questions. Both forms need to be completed annually, and the HMIS Update & Annual Review Form needs to be completed and entered into CSP within 30 days (before or after) of the client's move-in anniversary. If it is completed outside of the 30-day window, HUD will not include the data in any of their reports. Angelic distributed the new HEARTH form to all program leads. Both forms are available on our website. Travis will attach these forms to the email when the notes for this meeting are sent. You do not need to use our HMIS Annual Review Form if your agency uses a custom one, as long as that form captures the same data. Travis recommends using the CSB-created form, because it makes CSB's review at PR&C easier and ensures that you are compliant as data changes are made by HUD.

- b. Travis reviewed the monitoring guide that goes over the entire PR&C process. Towards the end of the monitoring guide is the data elements table that lists everything we are checking for PR&C and whether it is required based on the type of program.
- c. We added three new data elements that we will be checking this year.
 1. Housing Move in Date – important for both PSH and RRH, not required until exit for RRH projects. One of the reports HUD is using looks at housing move-in date and right now the report is showing skewed data because this information is missing. If your client has an old value in this field, make sure to update it during the intake. For PSH, this should match project start date. This has also been added to the QA report.
 2. Approximate Data Homelessness Started –This is intended to capture current episode of homelessness.
 3. Homelessness Primary Reason – this is a local field. We are interested in knowing the reason of what prompted this homeless episode.
- d. For QA Reports we also added the date of engagement field, which only applies to street outreach programs. We've noticed that it is similar to the housing move-in date in that it is not being completed at entry for all clients.
- e. In the HIPAA assessment, make sure to complete all data. Data from other programs does not automatically fill in. This also goes for the HUD verification of disability records.
- f. Anytime you are making data corrections, please always select the save option. Make sure you are deleting the incorrect value from the history field so that it doesn't flag errors on your QA reports. Travis will schedule one-on-one time to go over QA issues in future quarters. Travis will add the User Creating data field to the QA Report.

G. Data Visualization Feedback

- a. Thaddeus updated the website based on requests from the last meeting. Thaddeus demonstrated the updated fields.
- b. There is a mobile friendly version available on Power BI, but this will require a redesign.
- c. The possible date range at this time is 7/1/15 through 9/30/19. Once QA is completed, Thaddeus will give Travis the new set of data to upload to the interactive tool.

H. Online Training Feedback

- a. Videos seem to be going well for users. The YWCA plans to use the videos to provide refresher training for their staff.
- b. If you have new staff please inform Travis before creating their account in CSP. The user agreement will need to be completed and sent to Travis and the user will need to complete a certification test - a written test, mock data entry or real data entry. **Don't create user accounts without completing the training videos and signing the user agreement.**
- c. Feedback was given that it would be helpful to have videos focused on entry intake workflow and another that is Case Manager (non-data entry) focused.

- d. Travis will rerecord the entry/exit video to make it clearer to users.
- I. Next Meeting is March 11, 2020 – tentative**
- J. Adjourn**