Meeting Minutes
CSP All Agencies Administrators Meeting
June 19, 2018 9:00 am – 11:00 am
Location: CSB Conference Room

A. Welcome and Flow of the Day
   a. Travis went over the flow of the day and introductions.

B. ServicePoint 6
   a. Travis demonstrated SP6 functionality in the current demo mode.
   b. A new addition to logging in is a ‘forgot password’ link, so users will not have to email Travis and wait on him to respond.
   c. Mediware is anticipating SP6 will be ready by this fall.
   d. Travis will setup workflows for data entry based on program type and may be able to setup workflows for admin tasks like creating new user accounts.
   e. In the current SP6 design, households do not exist. Users do not have to create, add, remove, or select a household, just add clients to a household.
   f. Forms are similar to an assessment in SP5 but are different in that it does not have to be linked to an entry/exit. Forms can be used purely for data entry.
   g. Firefox and Chrome are the two best browsers to access SP6.
   h. Training for SP6 will be completed next year by Mediware training staff.
   i. Shelterpoint is currently not completed. Mediware stated it will be ready by the fall launch date.

C. Disabling Condition Changes
   a. The only data collection stage is project start. All disability records should have the same date as project start, even if acquired after project start.
   b. The ‘does the client have a disability?’ question should only be answered, ‘Yes’ if the condition is listed under definition in the data dictionary.
      i. Physical, mental or emotional impairment, which is:
         1. Expected to be of long, continued and indefinite duration and
         2. Substantially impedes an individual’s ability to live independently and
         3. Such a nature that the ability could improve by more suitable housing conditions
      ii. Developmental disability as defined by Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act
      iii. The disease of acquired immunodeficiency syndrome or any conditions arising from the Etiological Agency for acquired immunodeficiency syndrome.
      iv. A diagnosable substance abuse disorder.
   c. HUD’s interest is to know the number of people who qualify as chronically homeless versus long term homeless. One of the differences is that long term does not have a disabling condition. The disability status is determined based on, “Does the client have a disability” question.

D. QA Reports
a. Please let us know when making major corrections after a QA period because we need to know what the change will affect.
b. Please try not to wait until the last day to look at the QA report to avoid too many requests for technical assistance, on the same day. Use Spiceworks to submit your tickets.

E. System Performance Measures

a. Lianna reviewed the System Performance Measures Handout for Federal FY17 (10/1/16 – 9/30/17)
b. Measure 1: Length of Time Persons Remain Homeless
   i. Looks at Average and Median Length of Time Homeless
      1. We saw a significant increase in both the average and median for FY17 for Emergency Shelter and Transitional Housing. This is not a positive change.
      2. The increase is due to a combination of factors in both the family system and single adult system.
         a. The single adult systems ALOT increased, partially due to the transition from the Access Ohio Navigator program to the YMCA RRH program.
         b. For the family system we are seeing a steady increase in the time families spend in shelter due to housing difficulties.

b. Measure 2: The Extent to Which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness.
   i. Compared to last year, we saw a small decrease in the total number of people returning to homelessness within 6 months, from 13% to 9%.
   ii. The only concern at this time is the exit from permanent housing (PSH) over 2 years, which shows an increase from 19% to 24%. We’re seeing more individuals exit PSH and return to emergency shelter/homelessness.
   iii. We cannot show individual project performance for this measure.

c. Measure 3: Number of Homeless Persons
   i. Change in PIT
      1. For the Point-In-Time count we have an overall decrease in the number of homeless persons, but for Unsheltered Count we have an increase of 1. This is still small, but to HUD an increase of any amount is bad.
   ii. Change in Annual Counts
      1. We are currently showing a nice decrease in both emergency shelter and transitional housing. The numbers may be slightly off because of waitlist.

d. Measure 4: Employment and Income Growth for Homeless Persons in CoC Programs
   i. We are looking at income for individuals in continuum of care programs, which is restricted to PSH program that receive HUD funding. HUD is separately looking at those that continue to stay in PSH vs. those that leave PSH. HUD is observing income growth from earned income and other cash benefits.
   ii. The data is showing an increase in both employment income and non-employment income.
   iii. However, the increase is happening for those that continue to stay in PSH. For those that leave PSH, there is a significant decrease.

e. Measure 5: Number of Persons Who Become Homeless for the 1st time
   i. We have a decrease in the number of persons homeless for the first time. HUD defines homeless for the first time if they did not have an emergency shelter stay in the past two years.
   ii. We have successful exits to PSH holding steady at 93%, which is great.
g. **Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**
   i. We have a decrease in successful placements from outreach programs from 75% to 64%. Those numbers are a little tricky because we had lots of data changes specifically in the PATH program.
   ii. We have a small decrease in successful placements from shelter and RRH from 50% to 47% and again we think it is from the single adult RRH transition.

F. **Data Quality Report Update**
   a. Lianna went over the progress on the Destination error rates. The goal was to show a decrease in all destination errors. There is definite progress since the previous year. Emergency shelter shows a decrease from 26.36% to 13.20%. Transitional Housing shows a decrease from 6.51% to 5.58%. PSH shows a decrease from 8.11% to 7.32% and thanks to CHN, because they helped us achieve this decrease. Rapid Re-housing shows a decrease from 27.72% to 23.67%. Street Outreach shows a decrease from 46.15% to 1.75%.
   b. The overall, long term goal is to reach 5% or lower for all.

G. **CSP User Survey**
   a. Overall, we are very happy with the results compared to prior years. We are seeing a significant improvement from the feedback we are receiving.
   b. We are looking for additional feedback on section 9d, ‘CSB is responsive to the changing requirements of participating agencies’ because over the years the rates have been low and is currently at 56%.
      i. YMCA: The QA report no longer has enough information to pull data. Please let Travis know what information was used on the QA report that is not available on the Outcome report. Jeremiah will try to add any elements needed for the agencies.
         a. Follow up: Kevin from YMCA has ART Adhoc and can write reports for YMCA. CSB confirmed data YMCA was looking for is available on the Outcomes report.
      ii. CHN would like to have full access to all the data elements so they can build their own reports. This will be possible in Qlik Sense, but no further training is offered in ART due to cost.
         a. Follow up: Branden from CHN has ART Adhoc access and can build reports for CHN.
   c. Please email Lianna if there is anything you would like to say privately.

H. **Netcare Transition**
   a. As of July 1st, Netcare will be operating the Homeless Hotline and Helen is the primary contact.
   b. The transition will occur at some point in the day on June 29th. The name HandsOn will change to Netcare.

I. **Administrator of the Year Award**
   a. We recognized Cara Cox from LSS this year for her years of dedication to data quality, consistency, and reliability.

J. **Next Meeting is September 11, 2018 at 9:00am**
K. **Adjourn**