Meeting Minutes
CSP All Agencies Administrators Meeting
September 12, 2017 9:00 am – 11:00 am
Location: CSB Conference Room
Attendees: Colton Sray, Kevin Wampler, YMCA; William Franklin, Betsy McGraw, VOAGO; Taylor Keating, Maryhaven; Christina Phalen, Paula Jenkins, YWCA; Leah Tuttamore, SEMH; Courtney Elrod, Andrea Ropp, Kristina Elkins, Equitas; Branden Woodward, CHN; Eman Albash, GCH; Amanda Glauer, Huck House; Brianne Benevento, Nichole Hunt, HOCO; Marsha Zimmerman, NCR; Tiffany McCoy, Sarah Spaner, HFF; Rich Agnello, Jason Wetzel, VA; Cara Cox, LSS/FM; Tom Jeffire, CHN; Lianna Barbu, Travis Theders, Jeremiah Bakerstull, Becky Hamilton, Thaddeus Billman, Community Shelter Board.

A) Welcome and Flow of the Day
1) **Introductions and Agenda** – Travis walked through the day's agenda. The group did introductions.

B) CSB Update
1) **CSB Data Dictionary**
   ⟨ Travis went over the HUD Data Dictionary updates through slides shown at the Mediware conference last month. The quick reference guide was also passed out as a handout at the meeting, and will be included in the Data Dictionary. The full Data Dictionary has been uploaded to the website.
   ⟨ There have been a few changes to the collection stages. Project start is a significant one which is replacing project entry. Also, annual assessment review is now based only on the head of household's anniversary date, so the whole family will be completed at the same time. There's a new stage called post exit. There are not a lot of programs that this applies to except the runaway and homeless youth programs. There are some after care questions that are post exit.
   ⟨ Travis tried to match up the numbering of our dictionary to the HUD Data Dictionary. If you see elements that skip, for example, 3.8 to 3.10 it's because HUD removed 3.9. He wanted numbers to correspond.
   ⟨ The changes begin with data elements 2.0 which are the Project Descriptor Elements. 3.0 are the HUD Universal Data Elements. 4.0 are more Project Specific Elements. After that there are some elements that are specific to different funders, such as HOPWA, PATH, VA, and Runaway Homeless Youth. 5.0 is more project specific data. Some elements are required by HUD and some are not. 6.0 and 7.0 are specific to some of our projects like CPOA.
   ⟨ Project Descriptor Element changes include:
      o Section 2.2 Project Identifiers has an addition of two new fields - Operating Start Date and Operating End Date.
      o Section 2.5 New Federal Funding Sources has dropdown value changes.
      o In section 2.7 Bed and Unit Inventory, each list is going to be associated with a CoC code and there is a removal of Youth Bed Age Categories.
      o 2.8 Additional Project Information has combined the old fields of 2.8 and 2.9 to a single field that will be used to help facilitate generation of HIC and AHAR data.
      o CSB will take care of everything in 2.0 Data Elements.

- ❬ There are just a few changes to the wording of gender under section 3.6. These values are now clarified under the dropdown list of "Trans Female," "Trans Male," and "Gender Non-Conforming."
- ❬ 3.10 Project Start Date replaces Project Entry Date. This actually won't affect most projects. It will remain the same for Street Outreach, Emergency Shelter Transitional Housing and Rapid Rehousing. For Permanent Supportive Housing it will reflect the date the tenant signs the lease and it may be different than the move in date.
- ❬ In the Destination field (3.12) the previous "Permanent Housing for formerly homeless persons" is now "Permanent Housing (other than RRH) for formerly homeless persons." "Rental by client, with RRH or equivalent subsidy" has also been added.
- ❬ 3.15 Relationship to Head of Household states that if there is an adult in the household, the adult must be marked HOH.
- ❬ Betsy thought during the last meeting it was discussed that the Project Start Date is the same as the Move in Date for Permanent Supportive Housing. Travis said for current tenants it will be, but not for new people coming in. The Project Start Date will be the day the client signs the lease. Betsy asked if that should also be the date when the client moves in. Lianna explained that HUD wants to show the time gap between when a client is admitted to the PSH program to where they actually enter the unit. The Start Date and the Move in Date can be different. The option that was decided on will avoid creating incorrect data. Betsy asked if the occupancy will be pulled for PSH using the Move in Date. This item has not been determined yet. Betsy then questioned if once the update is completed programs should go back into HMIS and put the move-in date. Travis explained this will be handled by Mediware for current tenants. Betsy also asked if the new field will be on the entry screen. Thaddeus commented that CSB hasn't seen it yet, but that is a possibility. Travis stated that Mediware sent an email saying that they are wrapping up some of these changes and most items will be available on the training site hopefully by this Friday.
- ❬ Rich with the VA asked to what degree they will be held accountable for recording new data for their next annual cycle of auditing. Travis responded saying agencies would be given a year to be held accountable, like with most new PR&C items (CSB will not ask for new data fields prior to them being effective).
- ❬ 3.2 Housing Move in Date is a new field to replace Residential Move-in Date. It was previously for just RRH projects, but is now for all Permanent Housing projects. This should be collected as soon as the client enters the unit.
- ❬ Residence Prior to Project Entry in sections 3.197 Living Situation has a few new options similar to the exit destination fields "Permanent Housing"(other than RRH) for formerly homeless persons" and "Rental by client with RRH or equivalent subsidy."
- ❬ HUD has retired a lot of fields such as 4.1 "Housing Status," "Section 8" "Temporary Rental Assistance"; for 4.3 "Non-cash benefits," "Documentation of severity on file"; for 4.5-4.10 "Disability Types." Under section 4.12 for Outreach, the Date of Contact field says it's being retired, but it is actually being changed. The field will just be called "Contact" now. There is a new field regarding whether a client is contacted on the streets, ES or SH which will replace the "Contact Location" field.
- ❬ Several of the funder specific fields, such as HOPWA and PATH, are being numbered differently. HOPWA will be W1-W5, and PATH is now P1-4.

- ⟨ VA element numbering is now VA 1-9.
  - o Section 4.49 "Use of Other Crisis Services" is retired for the VA.
  - o VAMC Station List will become a dropdown instead of typing in the code. Typos will no longer be a concern.
  - o There is a new VASH Voucher Tracking field which asks for the date of voucher and reason for voucher change.
  - o The new VASH Exit Information field is very similar to the exit reason that already exists. This field previously was not required to be collected, but is needed now to show why the client is exiting case management.
- ⟨ Runaway Homeless Youth fields are numbered RYH1-20. 4.14B Referrals Provided By and 4.38 Family Unification Achieved have been retired. Other changes include Referral Sources, BCP Status, Family Critical Issues, Services Provided, Project Completion Status changed the wording of some of the responses or reduced the number of options. There are two new fields: "Counseling" and "Safe and Appropriate Exit." Counseling refers to if clients received counseling, how many times or what type was received. The element Safe and Appropriate Exit is asked to the client and case manager about whether the destination the client is exiting to is safe. Lastly, the "Aftercare" field is what type of care client received and when it was provided after exit.
- ⟨ Travis mentioned that the full reference guide will be uploaded to the site soon. He will also send a link via email when it is available. All changes have been highlighted and marked "new" or "updated" next to the fields.
- ⟨ October 1 is the effective date of when all changes have to be made on Mediware's end. Jeremiah added that it probably won't take effect until the data refresh around 9:30 a.m. the next day.
- ⟨ New intake packets should be updated by the October 1st date.
- ⟨ Jeremiah stated that he does not know how the updates will affect the Outcomes Report. He will add in all new data elements, like Move in Date, to make sure that is available. The QA Report will then be updated.
- ⟨ Lianna commented that every single data element has been looked over and updated in the Data Dictionary. If there are questions after reviewing your program, please email Travis so there is no confusion.
- ⟨ Rich asked if Quarterly QA reports will be at the same time even with the change taking place. Travis said there will not be a change with QA timeline.
- ⟨ Travis concluded saying he will send out all the updates that he went over today in an email.

2) **Qlik Sense Introduction**
- ⟨ Thaddeus provided a quick overview of Qlik Sense. He briefly went over some of its capabilities. As of this morning, Mediware has not made Qlik available to agencies.
- ⟨ Some of the new features include: it is much faster than ART, the system recalculates the data when you click on something, any filtering applied to one report will apply to another report, any report items can be viewed at full screen by clicking on an icon in the box, exporting to an Excel spreadsheet can be done by right clicking.
- ⟨ Betsy asked if certain browsers should be used. Travis confirmed that any should work, and he has tested Chrome and Firefox.
- ⟨ It was asked if database rebuilds are done like we have with ART or does it take info that is currently in the system. Jeremiah said rebuilds could possibly be done hourly instead of once a day.

3) **Data Quality**
   a) **Review Data Quality Report**
   ⟨ Lianna stated that during the last meeting everyone was given a summary of destination errors of data that went through the federal fiscal year which ended September 2016. The data quality for the destination field was poor.
   ⟨ Travis was asked to look at the current federal fiscal year that started 10/1/16 and goes through the end of September of this year. We wanted to see a decrease in the destination error rate.
   ⟨ HUD requires that we give them data quality reports with the federal reports that we submit with our continuum care application. This was the first year to submit the quality report.
   ⟨ If we have a high error rate, HUD will not accept any type of performance reports. We don't want this because it impacts our competitive scoring and the money we receive. Ultimately, it impacts everyone's program.
   ⟨ We are looking at data quality trending and we want to see improvement. The destination errors which are "don't know," "refused," "missing information," "no interview completed" increased for all programs. Emergency Shelters increased from 27% to 29%, Transitional Housing is currently at 18% (last year 6%), PSH is at 10% (last year 7%), RRH is at 32% (last year 27%), and Street Outreach is at 71% (last year 46%). All program types are going in the wrong direction.
   ⟨ We still have time to correct these destination errors. We need to show we are improving from year to year.
   ⟨ The data quality reports were made available to all programs after the last admin meeting. The HUD Data Quality Framework report is available in each Providers Folder in ART.
   ⟨ Travis reviewed a report for TSA. There are 7 questions on the report. The destination errors are listed in question 3 on the report. TSA has 568 leavers, and only 2 fall into the error category. TSA is doing very well with their data quality. Under the details tab, the last column says "destination data quality." It will just say "error" if it is being counted in that category so you can get the client ID and look it up in the system.
   ⟨ YWCA had difficulty running the HUD Data Quality Framework report. The number of clients was extremely high for the 30 day timeframe Paula ran the report. Travis will take a look.
   ⟨ Given the importance of the report, we have to make it part of the QA. For the next QA everyone needs to send CSB this data quality report.
   ⟨ The question was brought up if CSB data team could produce a report to see if people ended up somewhere else within 2 weeks of exit. Thaddeus said he can work on this report. This report could assist with going back and correcting data. The report would be right after exit and up to 2 weeks.
   ⟨ Lianna asked all the agencies what destination error rate goals everyone would like to accomplish for FY18. She asked that every program type set a realistic goal, below what was achieved the prior year. Emergency Shelters agreed to 20% or below for FY18, Transitional Housing set a goal of 6% or below, PSH agreed to 5% or below, RRH is set for 20% or below, and Outreach said they want to meet 40% or below. The ultimate goal is to accomplish a 5% error rate and we will get there progressively.

- ❬ Lianna summarized what was just discussed. First of all, 1st quarter QA will include the data quality report available in ART. Compliance is expected at the above rates or below. Also, please go back and correct as many errors as possible in the entire prior fiscal year. Work will be completed internally to see if we can obtain data on where people went within 2 weeks after exiting programs. Hopefully this will be helpful when looking back at data and correcting it retroactively.

   b) **Sub-assessment End Date Clarification**
   - ❬ Travis said that for sub-assessment updates he is still seeing the Start Date for new entries and End Date of previous records on the same day. The dates should not be overlapping. Instead, the previous record should have an end date of 1 day prior to the new record's Start Date.

4) **Spiceworks review**
   a) **Open/Long term-cases**
   - ❬ Some people are waiting on report changes.
   - ❬ Travis thanked everyone for using Spiceworks, rather than just sending emails to him. It is helpful for Thaddeus and Jeremiah to answer tickets if Travis is out of the office.
   - ❬ Betsy addressed an issue she is having with the End Dates for the sub-assessment QA report. If she runs just the August data and there is a September exit that didn't have an End Date, it pulls that error. Thaddeus said it is pulling everything that is active unless the Start Date is in September. Thaddeus will look more into the QA report.

C) **CSP Administrators Update**
   - ❬ The next All Agencies Admin meeting is December 5, 2017.

Meeting adjourned.