

# Meeting Minutes

## CSP All Agencies Administrators Meeting

June 27, 2017 9:00 am – 11:00 am

Location: CSB Conference Room

Attendees: Colton Sray, Kevin Wampler, YMCA; Dreysha Hunt, Betsy McGraw, VOAGO; Christina Phalen, Paula Jenkins, YWCA; Leah Tuttamore, SEMH; April Harvey, CAIHS; Courtney Elrod, Andrea Ropp, Equitas; Branden Woodward, CHN; Brittani Perdue, TSA; Eman Albash, Kevin Ballard, GCH; Amanda Glauer, Huck House; Leena Scott, HOCO; Marsha Zimmerman, NCR; Tiffany McCoy, Sarah Spaner, HFF; Rich Agnello, Jason Wetzel, VA; Cara Cox, LSS/FM; Lianna Barbu, Travis Theders, Jeremiah Bakerstull, Becky Hamilton, Thaddeus Billman, Community Shelter Board.

### A) Welcome and Flow of the Day

- 1) **Agenda** – Travis walked through the day’s agenda. He introduced himself as the new Database Administrator, and the group did introductions.

### B) CSB Update

#### 1) CSP Survey Results

- ⟨ Lianna reviewed the 2017 CSP Survey Results beginning with question 4 of the results. 90% of users believe the CSP Data Quality Standards and Policies and Procedures manual minimally address the uses of data, protocols for proper collection, standards for relevancy, accuracy, completeness, and timeliness. CSB will not be updating the P&P manual until HUD issues the new technical standards on security. 95% answered positively regarding the CSP User Support being provided by the CSP Database Administrator or other CSB staff. Question 7 asked users if the CSP Database Administrator or other CSB staff is treating you or your staff in a courteous and respectful manner. 95% responded yes to this question. Lastly, 85% said yes in regard to the CSP Administrator meetings being a valuable avenue to give feedback and improve the CSP operations. Agencies should let CSB know if there are any ways to make these meetings more beneficial. Question 9 is one CSB has had difficulty with in years past. This year’s results are better. We do still need to improve, however, on our flexibility since we only scored 38%. Question 10 asked if extracting data from the system meets the agency and your individual’s needs. This question has 80% of users responding yes.
- ⟨ The additional comments section was also reviewed. The comments have improved since last year.
- ⟨ The “survey trends” part of the results displayed charts which provide the progression of answers since FY09. Many of the questions show a positive trending.
- ⟨ Feedback from the agencies included Spiceworks being a big help. Travis suggested using Spiceworks exclusively in case he is out of the office, so Thaddeus or Jeremiah can see any tickets.
- ⟨ Summer one-on-ones are scheduled for July, August and September. Travis will reach out to any agencies we have not heard from yet. These meetings are not mandatory, they are just a way to meet one on one with the data teams from our partners to express any concerns.

## 2) ServicePoint Upgrade & CSP Reporting Tool Timeline

### a) QlikSense

- ⟨ We recently received access to QlikSense and went through some training. Everyone that has an ART license will receive a Qlik license and will have the ability to create reports as well. There isn't a differentiation between licenses, i.e. no "viewer license;" everyone will have the same access. Some security issues are still being worked out. The plan is to roll QlikSense out late summer-early fall. QlikSense and ART will be side by side until we make the full transition to ServicePoint 6.

### b) ServicePoint 6

- ⟨ Will be released in modules in stages. We have decided to wait for the transition until all the modules are available on an estimated date of March 2018.
- ⟨ We had the opportunity to view the Alpha version of ServicePoint 6. It has a new system called Workflows. The workflow can be customized at a project level. Data entry errors shouldn't be as much of an issue with the customization. You may not be able to advance until a section is complete, but that still isn't clear since it's in the early development stages.
- ⟨ Agencies that have previewed the Alpha version gave their feedback. Betsy said that it is different, but she liked the Workflow. Leena said there are a lot of changes to get accustomed to. With the Workflow it will be easier to follow the information through. Kevin said the only problem he had with Workflow is that its' like a credit card transaction – once you start it, you can't stop it. You have to keep on going even if you are missing some information. Travis stated that there is supposed to be an option to save the work and come back.
- ⟨ Since this is a major change, we will contract with MediWare to come in and train everyone. This will be a different level of training since we have to find computer labs that accommodate 300 users. We will probably also link SP6 training to Qlik training. DeVry and Columbus State are possible training sites during the months of May or June. Rich also suggested the Fawcett Center at OSU or Learning Tree. This will be a substantial time commitment for everyone.
- ⟨ The training will happen for a week or two and the transition to ServicePoint 6 will happen afterwards.
- ⟨ Rich expressed concerns with M Standard changes. Lianna said there won't be any impact on the M Standards. Data fields and data requirements won't change.
- ⟨ The question was brought up if Bowman would be kept as a vendor. This was a concern before because the data team didn't know if we could replicate reports from ART. Now we know that it is possible. We can still explore other options.
- ⟨ We hope we will have additional testing opportunities. YWCA expressed interest to test.

## 3) Data Quality

- ⟨ In the QA reports, the bulk of errors have been in the sub-assessment records of income, non-cash benefits, health insurance and disabilities. Even if there is a record that matches the income the client is reporting to your agency, you need to create an income record that is specific to your project. The same thing applies to non-cash benefits, health insurance and disabilities.
- ⟨ If the income changes during the client's stay and you are not sure of the exact date of change, end date the old record one day prior to the actual project end date because we know the income change occurred sometime before the end date. Showing a distinction creates less reporting errors when records are pulled at exit.
- ⟨ There is not a threshold as to what dollar amount should be inputted; even a \$1 increase in income should be reported.

- < There is a decrease in the number of records we are getting for income and non-cash benefits, especially at annual assessments for PSH projects. Clients need to be asked these questions, even if there is already a response from another agency. Please make sure the client is being asked the amount, rather if the amount is the same.
- < Shelters should be very diligent tracking client's cash and non-cash income because we are seeing a significant decrease overall in income. We know it has to do with the data quality since we are not in a recession, income is increasing, employment is increasing and unemployment rates are low. There should also be an increase in SSI due to cost of living increase and this is important to track.
- < HUD requires the Annual Assessment for PSH clients be within the 30 days of the anniversary date. You can meet with a client earlier as long as the effective date is entered within the 30 day timeframe of their anniversary. This is the effective date of the assessment. The assessment can be done up to 120 days in advance of the anniversary, if projects have tax credits or Section 8 vouchers. In general they should be done within the 30 day timeframe.
- < Travis stated that there has been significant improvement in PR&Cs from last year across all the agencies. Special recognition goes to the VA who put together an electronic copy for each M Standard. For example, there is a link to their privacy policy, and the specific section where the standard is addressed in their privacy policy. This improvement has made reviewing their M Standards much easier.

#### **4) System Performance Measures**

- < HUD requires us to submit a System Performance Report based on HUD established measures (Please view the attached performance measurement handout). HUD is comparing this year versus last year's performance. HUD is expecting we show improvement on the prior year's performance.
- < The average length of time homeless for emergency shelter decreased by 3 and 4 days respectively. The median length of time, however, increased by 1.
- < Section 1b shows the time the client reported he or she was homeless. This is the first year we are reporting on this measure, so we don't have a comparison.
- < Measure 2 focuses on recidivism. Six months and 12 months increased, at two years the recidivism decreased.
- < Measure 3 looks at the number of homeless persons. There is overall decrease in the shelter count and a significant increase in the unsheltered count for the PIT count. In 2016 there was a major change in the way we counted, which explains the unsheltered count increase. The number of homeless individuals for the year increased.
- < Measure 4 - Employment and Income is what we are seeing in annual assessments. This measure is not system wide, it relates to programs that receive HUD funding from CSB. The charts show a decrease in earned income, non-employment cash income, and total income. For the reports to capture the income data, this information needs to be within 30 days of the client's anniversary date. If data isn't collected correctly, it can affect the measures and our ability to bring in new HUD funding or keep current HUD funding. HUD will open up the new continuum care application the beginning of July and these results are part of the application.
- < Measure 4.4 on page 6 of the handout measures income for adult system leavers. People had an increase in employment income, but an overall decrease in income.
- < Measure 5 - number of persons who become homeless for the first time. The measure is the direct result of HandsOn's diversion work.
- < We are not reporting on Measure 6. Measure 7 reflects Street Outreach and Permanent Supportive Housing successful exit rates. The successful exits are improving.

- < In Measure 7 we show mixed results. Shelter successful exits show a 2 percentage point improvement and permanent supportive housing shows a 2% decrease. PSH is still at a 93% success rate, which is very good.
- < The next item we have to submit to HUD is the Data Quality Report. The data chart provided in the handout is broken down by Emergency Shelter, Transitional Housing, Permanent Supportive Housing, Rapid Re-housing and Street Outreach. The most important category HUD reviews is the destination errors. We had to report for four years. There is a significant negative trending for the destination error rate. Data completeness is very important. Please remember the discussion we had at the previous meeting regarding missing/not reported destination (don't know/not collected/refused). It is important that a valid destination is collected, even if it is only included in the client's case file, not specifically at exit. Jeremiah will make this report available to run at the program level.

#### **5) HUD Data Dictionary**

- < All revisions HUD made in June will be reflected in the Data Dictionary Travis will send out soon. The changes won't take effect until Oct.1<sup>st</sup>. Our vendor will make the changes in the database to accommodate the updates.
- < The handouts highlight the bigger changes and some minor changes. Travis reviewed these changes.
- < A significant change is the "Project Start" date. Project Entry is going away. The group agreed to change the criteria listed under "Admitted to a project" section of the handout provided. The "Project Start" date will be the date a client signs the lease.
- < "Housing move-in date" will be added for PSH projects to track when the client moved into housing.
- < With the wording changes, it may take a few days to update the Outcomes Report.

#### **6) Spiceworks Review**

- < There are still a few outstanding tickets we are waiting on feedback from our vendor.

### **C) CSP Administrators Updates**

#### **1) FY18 Training Schedule**

- < Travis provided the updated FY18 schedule. New training documents are being worked on, along with training videos so people don't have to wait to be certified.

#### **2) FY18 QA Schedule**

- < The handout provided is for the next fiscal year. Just a reminder that there is Q4, semi-annual and annual QA coming up.
- < If the annual QA is perfect (100%), you are not required to submit quarterly or semi-annual reports

#### **3) Issues/Concerns**

- < Jeremiah updated the group that the APR report has been fixed. When running the report for multiple projects, you will need to select a Reporting Group from the provider drop-down. CSB can help setting up Reporting Groups.

#### **4) Next CSP Administrator Meeting is 09/12/2017, from 9-11 a.m.**

- < The group complimented Travis and Thaddeus on doing a great job, and stated that the transition from Catherine to Travis was smooth.

### **D) Outstanding Admin Award**

- < Taylor Keating from Maryhaven is this year's recipient. Taylor has done a great job improving the direct entry/exit process at Maryhaven. Congratulations, Taylor!

Meeting adjourned.

