

**Philadelphia Continuum of Care (CoC)  
Homeless Management Information System (HMIS) Subcommittee  
Wednesday, November 1, 2017, 10 – 11:30 am**

**DRAFT Meeting Minutes**

**Present Subcommittee Members**

Brandon Trombetta – Bethesda Project  
Rachel Yoder – Project HOME  
Dr. Wesley Bryant – Men & Women for Human Excellence

**Absent Committee Members**

David Dunbeck – PHMC  
Susan Brotherton – The Salvation Army

**Present Office of Homeless Services (OHS) Staff:**

Kataney Couamin  
Qilun Li (intern)  
Michele Mangan  
Gina Ruggieri  
Gbolade Okestra Soneyin  
Leah Staub  
Lauren Whitleigh

**Background Materials:** The following background materials were sent to Committee members on Wednesday, October 25, 2017: the meeting agenda; the first two chapters of HUD’s Introductory Guide to the Annual Homeless Assessment Report (AHAR); the Philadelphia CoC Data Quality Plan as approved by the CoC Board in September.

**Materials Distributed at Meeting:** Meeting agenda; “Data Summary All Persons” and “Data Summary Veterans” based on the draft AHAR submitted to HUD on 10/30; Backgrounders on the AHAR and the Data Quality Plan.

**Welcome and Introductions:** Gbolade Okestra Soneyin (OHS Director of HMIS) began the meeting at 10:09 am with a welcome and introductions. Everyone present shared how HMIS relates to their work and why they want to be a part of the subcommittee. The general interest was in collaborating to apply best practices to our local context and ensure we have the best, most accurate, most useful data to support our programs and tell our CoC’s story.

**Overview of Subcommittee purpose and responsibilities:** Leah Staub (CoC Board Program Manager) reviewed the responsibilities of the Subcommittee as articulated in the HMIS Governance Charter:

“The HMIS Subcommittee will work with the HMIS Lead Agency to:

1. Annually review, and, as necessary, make recommendations for Philadelphia CoC Board approval of the privacy, security, and data quality plans, as well as any other HMIS policies and procedures required by federal partners;
2. Develop for Philadelphia CoC Board approval, and implement, a plan for monitoring the HMIS to ensure that:
  - a. All HMIS Participating Agencies consistently participate in HMIS;
  - b. HMIS satisfies the requirements of all regulations and notices issued by federal partners;
  - c. The HMIS Lead Agency fulfills the obligations outlined in its HMIS Governance Charter with the Philadelphia CoC, including the obligation to enter into written participation agreements with each contributing HMIS organization.

3. Oversee and monitor HMIS data collection and production of the following reports:
  - a. Sheltered Point-In-Time count (PIT);
  - b. Housing Inventory Chart (HIC);
  - c. Annual Homeless Assessment Report (AHAR);
  - d. Annual Performance Reports (APRs);
  - e. Data Quality Monitoring Reports; and
  - f. System Performance Measures

Okestra emphasized that we are not just having a committee because we are supposed to and that OHS is interested and excited about engaging with providers to get feedback about ideas and proposals for policies and always-evolving procedures. OHS needs to know how proposed policies and procedures will fit into the work on the ground – and how to refine both the proposals themselves and the plans for implementation.

**New Written Consent Requirement:** In the new HMIS policies and procedures approved in September (effective October 1st), OHS requires providers to get signed consent from participants in order to share their data. The subcommittee spent a significant amount of time discussing this new requirement. Providers need: (1) specific guidance on how to enter the data for these participants into the system without including identifying information; (2) suggested language to support why it is important for participants' data to be shared. It was recommended that providers avoid talking about "the City" and share that the data is important for getting funding to keep the program running. Also, Okestra noted that consent refusals can be revisited at a later date.

The Subcommittee wrestled with the issue of what it means to "share" data—providers sharing data with OHS when the participant has not consented would be a violation of their trust. It was noted that records can't be connected if providers don't know that the John Does are the same person – but that connection is the definition of sharing data.

OHS will look into whether ClientTrack has the capacity to collect data without sharing it with the HMIS Administrator (OHS) – can it be kept at the agency level?

Brandon did not believe this to have been a large issue so far in practice, but with Winter Initiative beds coming online, he thought numbers of non-consenting participants might increase. He will report back to the subcommittee at the end of the week.

However, we also know of cases where the individual has consented at Intake, but then refused consent when arriving at the provider. Then the program can't confirm that the individual is there – in the system, it looks like they never showed up.

Since this topic was not on the planned agenda, the subcommittee cut off the conversation with plans to follow up.

**Review and discussion of Data Summary for draft Annual Homeless Assessment Report (AHAR) submitted to HUD on 10/30:** OHS staff briefly talked about what the AHAR is: a report to Congress on the extent and nature of homelessness in the United States. Our understanding of homelessness and the direction of our policy and planning are based largely on AHAR's counts of people experiencing homelessness and descriptive data regarding demographic characteristics and service use patterns.

AHAR data are reported in separate tables for each of the following categories:

- Emergency Shelter for Families (ES-FAM)
- Emergency Shelter for Individuals (ES-IND)
- Transitional Housing for Families (TH-FAM)
- Transitional Housing for Individuals (TH-IND)

- Permanent Supportive Housing for Families (PSH-FAM)
- Permanent Supportive Housing for Individuals (PSH-IND)

Tables of data for each of these reporting categories are submitted separately for all people in these programs and for veterans only. The CoC receives points in our application for CoC Program funding for AHAR tables accepted by HUD (meeting data quality thresholds).

The draft data meet the AHAR threshold for bed coverage – at least 50% of the beds in each category are included in HMIS. However, several of the bed coverage rates are quite low and will be recruited to get into HMIS. When coordinated entry comes online, that will be the only way to access most housing resources, so that may help. Also, in the CoC Consolidated Application, we are expected to have or exceed bed coverage rates of 85%, which we only had for one program type this year.

The second data quality standard considers bed utilization rates. Many of the rates in the draft AHAR are well over 100%, which most likely indicates participants who were not exited from the system.

The final AHAR must be submitted by December 1st, which means that we have an opportunity to improve our data before our final submission.

**Data Quality Monitoring:** Okestra and Michele Mangan (OHS Director of Performance Management) shared about efforts currently underway to support improvements in data quality.

The OHS HMIS team has created spreadsheets for each provider that details all records for a project that have a data quality error for any measure included in the AHAR, indicating what data quality errors each record has. These spreadsheets were sent to OHS-contracted providers, accompanied by step-by-step instructions on how to resolve each error. The team would like to extend this to all providers and include all data elements.

All OHS contracts for FY18 included a requirement to submit monthly data quality reports and set performance targets for data quality. The OHS Performance Management team will soon be sending all OHS-contracted providers their first quarterly progress report. The team has seen significant improvement in just 2-3 months.

The subcommittee discussed how to implement the CoC Data Quality Plan for CoC-funded projects that are not under OHS contract. Providers supported implementing the same process across the board – monthly submissions whether or not a project is subject to an OHS contract, with quarterly progress reports to providers. Less frequent submissions might cause more concern/panic/need for support. This process helps providers build their capacity for working with their data: knowing using, and understanding it. After the data quality reports are submitted, OHS can send the detailed spreadsheets with the detailed instructions for how to fix each error, to support the providers in fixing their data. Over time, OHS may not need to provide as much support.

Brandon requested that all seven data quality spreadsheets be merged into one in ClientTrack. The OHS HMIS team will talk to Eccovia about ClientTrack capabilities for automation.

**Next steps:** The subcommittee decided to start meeting bimonthly, with the next meeting scheduled for early December, after the final AHAR data is submitted. More provider participation would be great.