**Data Evaluation Committee Meeting Notes**

**Friday, December 6, 2019**   
**9:00 – 10:30**

Michele LaFleur, CoC; Cynthia, CoC; Noemi L,CAPV Youth Programs; Jennifer Hoffman, Greenfield Board of Health; Keleigh Pereira CoC; Owen Wallace, DIAL/SELF; Kathy Keeser, Louison House; Brooke Murphy, CoC

**CoC Review –**

* Everyone has grasp so skipped this

**Committee Scope and Responsibilities –**

* Reviewed list
* Briefly discussed HUD required reports: System Performance Measures, HIC, PIT
* HUD released HMIS privacy and security rules but not final yet, in feedback mode
  + Will release the final rule and we’ll have 6 months to implement
* CoC often asked to provide data to other organizations, people applying for data to apply for grant, inform regional commissions... how are we collecting data that isn’t HUD required? What are other opportunities?

**Committee Calendar 2020 –**

* Meets monthly, first Monday
* Next meeting Friday, January 3rd 9:00-10:30 same room

**Who Should Be at This Table? –**

Who is missing? Who could be brought into the committee?

* Clients
* People with lived experiences of homelessness or housing instability
* Statistician
* Could consult with Green River as needed
* FRCOG??
* Housing authorities or providers (using HMIS and working with clients)
* Berkshire Health Care Alliance
* Franklin Medical Center

Committee is open invite so members are encouraged and welcome to invite anyone to join the committee.

**Overview of Data Systems and Capability -**

* Things have been hard in terms of data systems.
* Funded projects and anyone who enters data into HMIS in 3 county COC is entering into the DHCD statewide ETO system: ETO Assist. ETO = Efforts to Outcomes.
* ETO Enterprise
  + Developed by Social Solutions in Austin, TX
  + Have contracted with them to build a custom platform: ETO Enterprise. Still in production, not being used yet. May have to go backwards, we don’t know yet. Will know early next week. There have been difficulties with implementation so we reached out to TAC and getting recommendations from them for how to resolve.
* Have the Data warehouse in Green River. Amazing and a lot of capabilities. Can combine state HMIS with Solider On and our data. We have options and not sure where to go but resolve will happen over the next week.

*What is the problem?*

* Problem with DHCD system accessibility for the CoC. They do not give us much access. Part of our role is to assist projects in TA when entering data but level of access state will let us see is low. Projects could call and ask a question but we can’t see what is actually happening in the system.
* Kathy: All kinds of stuff was not in the ETO that we entered. We ended up with final report that looks like we didn’t have people in units most of the year but everything from our end looks good. No one could get access to see why this was not showing up in the report. We reentered people (people who have been in few years); real problem with system.
* Cynthia: DHCD is state free system that program can use. The custom system in production is enterprise-wide and we would have more control to help people, assuming it moves out of production
* How accurate do you know data is? How do you check to see if data is duplicated?
  + Can run data quality reports but that’s about the extent
  + Projects getting limited funding from us for HMIS work
  + A lot of work
* You can’t see anything.
  + All we can do is pull CSV files with disaggregated client level data. This can theoretically be used to answer most questions but not without much time + difficulty
* Can you look in each agency?
  + We have funder level access which means we can print and run some reports but many in the system do not work or are not very useful
  + Enterprise was solution to that but the cost of it is so extreme that the CoC is really struggling.

**Talk About Privacy/ Confidentiality -**

Documents are for projects who are using HMIS system to have on hand and guide through use of system, for clients to sign off on

*Release of Information (ROI)*

* Made so that you could customize for agency in limited ways
* Describes why we collect personal info, who we share it with, different confidentiality policies, authorization
* Two different sections: authorization for HMIS and authorization for Coordinated Entry system
* Provide additional protections for health status
* Wanted to make sure we have another set of us looking at it
* ***Anything concerning or missing?***
  + Youth can’t understand this
    - Difficult when have some documents with some sort of legal substance
    - Cleaner and more accessible summary on impact of
    - Possibly comments in margins about each section or separate hand out to say what this means
    - Very challenging to put in format for youth to understand
    - May not have privilege to consider what ROI means
    - In DIAL/SELF version of release, two check boxes for CE to housing and reported to funders, they put parenthesis and in those a condensed explanation of what you are consenting to with each check box to compare... can send that if we will be putting things in the margin in growing document
  + Script? Option might be, we want things to be presented in standard way, can we provide scripting for assessors? Tells staff person how to present documents?
    - See that done differently across accessors
    - Can we ask teachers for help with a script or explaining at an easier to understand level?
  + Provide examples when doing ROI with someone? Does it make sense to do that?
    - Some people have done that
    - Could be included in a script to explain use and value of it
    - Fan of not presuming someone’s facility with language, if talking in language that is understandable by youth it should also be understandable for most adults
* Can anyone see data? Public? Semi-Public? Health providers
  + Agencies can only see who they are working with – this ROI was intended to allow agencies to search for clients in the system to enroll in their program instead of re-entering a client but the amount that someone can see will depend on their access level. Ideally, this would mean they can only see names, DOB, and maybe partial SS# in order to determine if it is the same person but our capability around this will depend on our vendor and how that is.
  + Place that we can see more information is around By Names List
  + In Case Conferencing, we do discuss some relevant health info like if someone is currently in nursing care or cannot climb stairs but not discussing health statuses

*Next steps with documents*

**\*If there are any changes you would like to see, you can email Michele**

* Going to present documents to the Board on 12/19
* This committee may approve these documents
* After hearing from the Board, will bring documents back to this committee and discuss changes we made after this conversation and with Board

*Checklist Document*

* For case manager and clients to look at
* Question: Is there time ceiling on projects entering data?
  + Each project has to do APR and will be scored on timeliness of data
* Question: Didn’t appear to me that data quality scores were factoring in when the data was enters, it was more of looking at all fields in HMIS had appropriate elements filled, so do they score timeliness?
  + Michele will look more deeply into HUD requirements about timeliness for a DQ discussion
* How long is TH data deadline? 5 days
  + May not be able to make that happen- some people are emergency situations for families and if we put in our system, they are dead
  + A lot of questions on that and staffing to get to it in 5 days
  + Guidelines are part of data quality best practices attempts and a DQ policy needs to be created as well
* Why not entered live?
  + ETO not user friendly for that, really tricky
  + Privacy issue of we keep a separate computer to enter data in, not way person first coming in
  + Would need someone entering in
  + When taking someone in intake, intense 45 minutes thing, need to be talking to the person, not just worrying about data
  + DIAL/SELF work with young people under 25, we’re asking questions about housing status, human trafficking, heavy questions
* Timeframe for entering data tricky:
  + As important data is often afterthought, advocate for aiming for numbers but extending ceiling for a bit
  + Data entry will often set aside day of week and enter data in there, separated from the young people/clients
  + CE street outreach only, RRH some of those pieces we want to see happening quickly because don’t want people missed
  + By Names List is not technically in HMIS, data requirements around that HUD is getting really strict about
  + April 2020 will require us to have CE data moving through HMIS system
  + Some programs have limit of who can enter data
  + Case managers are so crucial in data collection, should acknowledge that and present data to them so they can see if aligns with what they are seeing and hearing

Comment

* If committee is going to have to talk about policies and things on checklist, then we have concern about using hours vs days and what is a day

*Privacy and Security training document*

* **Because of time, did not get to look over this document. Please feel free to send any comments you may have before December 19th**

**Intro to the System Performance Measures**

* First federal report coming up for us, Due: 2/28
* Will be talking at next meeting
* Looks at system by looking at individuals on different performance measures
  + 1. Length of time
  + 2. Extent to which people who exit return to homelessness
  + 3. number of people in system
  + 4. job and income growth
  + 5. # of persons who become homeless for first time
  + 6. homeless prevention and placement of Category 3 (can ignore because special category that you can apply for)
    - We have applied for it for DIAL/SELF
  + 7. “successful” housing placement

**Closing & Next Steps**

* Will revisit Privacy and Security documents after making changes talked about here, suggested by the board, and sent via email
* Will look at system and performance
* Will really look at our data quality so want to talk about that