Mid-Willamette Valley Homeless Alliance
COORDINATED ENTRY COMMITTEE and HMIS USERS WORKGROUP
April 9, 2020 Meeting Notes

PRESENT:

Coordinated Entry Committee	Yes
Ashley Hamilton, MWVCAA/ARCHES (Chair)	X
Kim Carbaugh, CHS	X
Scott Eastburn, MWVCAA/ARCHES	X
Tricia Ratliff, MWVCAA/HOME	
Kim McBeth, SHA	X
Dominique Schoessler, Shangri-La	X
Dana Schultz, MWVCAA/BFZ	X
Staff: Jan Calvin	X
Staff: Breezy Aguirre	X

HMIS Users Workgroup	Yes
Hunter Belgard, OHCS (Co-chair)	X
Jimmy Jones, MWVCAA (Co-chair)	
Tara Stephen, CHS	X
Tricia Ratliff, MWVCAA/HOME	
Amy Hatfield, MWVCAA/ARCHES	X
Robin Winkle, Shangri-La	X
Breezy Aguirre, MWVCAA/ARCHES	X
Jill Tucker, St. Francis Shelter	X
Hilary Dumitrescu, Sheltering Silverton	X
Staff: Jan Calvin	X

Carol Salter, Easterseals	X
Catherine Todd, Easterseals	X
Andrew Rice, Easterseals	X

Renata Wakely, MWVCOG	X
Carla Munns, MWVHA	X

WELCOME / INTRODUCTIONS / AGENDA:
Ashley Hamilton facilitated the welcome and introductions.
Ashley moved that the agenda include approval of the minutes from the previous meeting and acceptance of the CE Membership Statement; Kim Carbaugh seconded the motion; <u>approved unanimously.</u>

MINUTES:
Dana Schultz moved approval of the 3/11/20 meeting minutes; Kim Carbaugh seconded; <u>approved unanimously.</u>

CE MEMBERSHIP STATEMENT:
Scott Eastburn moved approval of the proposed CE Membership Statement; Kim Carbaugh seconded; <u>approved unanimously.</u> The statement provides a vision for the membership of the committee and will be used in recruitment of additional members.

CE Membership Statement

The Coordinated Entry Committee desires that its collective membership be inclusive of both smaller and larger organizations; be geographically representative of the two-county region; and possess skills and abilities to think critically and creatively about how best to fulfill its purpose, and the capacity to do so. The Committee welcomes participation from those who have relatively little experience with Coordinated Entry/Assessment, along with those who have more extensive experience.

WHY ARE WE HERE?
Hunter Belgard provided background on the purpose and evolution of HUD's requirements around the *Homeless Management Information System (HMIS)*, which began in 2004 as a means to document outputs funded by HUD's CoC Program dollars. Over time, HUD's vision shifted from 'outputs' to 'outcomes,' seeking a better way to measure the impact of funding on homelessness in the community. HMIS is no longer about what one agency does with their CoC dollars, but about how the infusion of CoC dollars might be contributing to community-level improvements, known as "System Performance Measures" (e.g., how long people are homeless, if they return to homelessness after being housed, etc.). Community-level System Performance Measures factor into HUD's annual score for the CoC, which determines the level of federal CoC Program funding that HUD awards to the CoC.

So…it's not about the money, but it's about the money. And it's about performance, which relies on quality data.

When asked if there was a CoC that scores particular high, it was noted that the Clackamas CoC scored highest in the nation. A number of decisions made during the formation of our new 2-county CoC were informed by the work of the Clackamas CoC.

Breezy Aguirre provided background on the purpose and evolution of HUD's requirements around *Coordinated Entry (CE)*, noting that CE is the first place where data goes into HMIS. When HUD first required Coordinated Entry, they provided very little guidance or structure. Since then, HUD has created a self-assessment tool, which CE system staff at ARCHES completes annually. Breezy shared the "CE mission statement" created for the ROCC/Balance of State CoC and suggested one be developed for the MWVHA.

> ROCC CE Statement:
> *"Coordinated Entry (CE) is a system that allows for coordinated entry into a local homeless services system, as well as coordinated movement within and ultimately exit from the system. Coordinated Entry increases the efficiency of a homeless assistance system by standardizing access to homeless services and coordinating program referrals.*
> *The Rural Oregon Continuum of Care (ROCC) and ARCHES are committed to sustaining a CE system that will help to advance our goals of helping households quickly access appropriate services to address housing crises, increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness."*

CE & HMIS BENEFITS
The group noted the following benefits of using CE and/or HMIS:
- The client doesn't have to retell their story to every service provider/agency because the information is in HMIS.
- Standard questions ensure the same information exists for each client.
- The CE/HMIS system helps shift the concept of "my agency's client" to "our community or system's client" by using the same assessment to prioritize clients based on need.
- Agencies can get good data from HMIS – to help with system improvements – and for grants.
- HMIS tracks the client, regardless of which agency provides services. Therefore, each agency that provided a service can see how that contributed to client outcomes.
- HMIS reports can be run anytime and can help assess how individual programs are doing.
- Easterseals, Sheltering Silverton, and St. Francis Shelter expressed eagerness to be more engaged with CE and HMIS.

MAPPING THE EXPERIENCE

The group discussed where and how a client first comes into contact with Coordinated Entry, recognizing that ARCHES is doing the vast majority of CE work. Staff at other agencies have been trained on how to conduct CE assessments, but not all have incorporated the formal process in their work. Breezy has provided the introductory training and conducted follow-up training at individual locations.

The group discussed what the CE experience might be like for the client. Beyond the practical completion of an assessment, it was noted that the experience of telling their story can be emotional for clients. Kim McBeth noted that her experience with Salem Housing Authority clients tells her that it is a 'tough day.'

The group discussed what CE data goes into HMIS. Breezy explained that it is more than just the assessment score; the whole assessment is analyzed to determine service level.

The group discussed how HMIS is used to match clients with services. It is the service provider's responsibility to contact ARCHES and ask for a list of clients with needs that match the types of services the agency provides. Dominique Schoessler of Shangri-La noted that they have had really good experiences when asking ARCHES for clients, but have to ask for more names than they can serve, because phone numbers change and it is difficult to contact/locate clients.

There was agreement that a **graphic representation** would be helpful, not only to show a client where they are in the process, but also to engage other agencies in CE and HMIS. Breezy noted her intention of creating a work flow chart, now that we are a 2-county CoC.

Breezy spoke to the unique nature of working with three sub-populations (Veterans, DV, and families), noting that there are additional assessments for each of these populations. While there are customized services for clients in these groups, these clients can also access all other services.

AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)

The group recognized that the current ROI clients sign is to release information into Service Point (the HMIS database), but does not include agencies who need to see that information in order to do better case management. Hunter noted that clients often have to sign multiple ROI's and that best practice is to have one comprehensive ROI.

The group agreed to work on a universal ROI for the CoC. Staff will include a copy of the current ROI and an example of a universal ROI with the meeting minutes.

COVID INFORMATION IN CE/HMIS

Breezy reported that they have added the COVID Assessment to CE and Outreach assessments to gather information about how novel coronavirus is impacting the homeless population - has their homeless status changes because of COVID diagnosis or symptoms? (e.g., lost their job and then housing, can't couch-surf anymore because of self-isolation).

Hunter reported that data is now being collected for current OHCS-funded programs (EHA, ERA, etc.) about how many people are being served because of COVID. Similarly data will be collected when CARES funding is distributed.

NEXT STEPS:
Jan will send a Survey Monkey to determine the best dates/times for joint meetings over the next few months.

NEXT MEETING:
      Wednesday, May 6, 2020
      9:00-10:30 a.m.
      by Zoom video & phone
      Mid-Willamette Valley Council of Governments
      100 High St. SE, suite 200 in Salem

Attachments:
      Goals and Objectives (pp. 5-6)
      Current ROI (pp. 7-8)
      Example of Universal ROI (pp. 9-10)

GOALS AND OBJECTIVES

The following goals and objectives (generated at the 3/11/20 meeting) provide the basis for the CE/HMIS work plan, which will be discussed at the 5/6/20 meeting:

Goal: Geographic coverage
Objectives/Tasks:
1. Map the access points throughout the region (where people connect with services, as well as where there are assessments being done)
2. Develop a coordinated outreach plan
3. Map which agencies are entering what data into HMIS

Goal: More agencies doing Coordinated Entry/Assessment
Objectives/Tasks:
1. Develop a coordinated plan and materials for engaging agencies new to Coordinated Entry/Assessment
2. Work with/through the BFZ Strategy Team to engage agencies in Coordinated Entry/Assessment to address Veteran and chronic homelessness
3. Align additional engagement activities with BFZ activities.

Goal: Quality Coordinated Entry/Assessment, By-Name List, and Collaborative Case Management
Objectives/Tasks:
1. Use the Built-for-Zero (BFZ) Scorecard to guide the work toward a Quality By-Name List.
2. Expand the BFZ Strategy Team to focus on:
   a. Coordinating community outreach plans;
   b. Engaging community providers with BFZ (utilizing Coordinated Entry, the Quality By-Name List, and Case Conferencing); and
   c. Launching Case Conferencing

Goal: More agencies using HMIS
Objectives/Tasks:
1. Develop a coordinated plan and materials for engaging agencies new to HMIS
2. Identify any other software agencies are using; explore data migration options (to HMIS)
3. Develop "HMIS User Levels" (and a system for training and support)
4. Provide access/distribute HMIS Manual and subsequent revisions
5. Determine protocols for how we will use parts of HMIS (e.g., case notes capability)
6. Match "user levels" with appropriate license
7. Obtain a document that describes the reports that can be run, based on each type of license
8. Assess current licensing (Is it collectively what we need? Can we get "view only" licenses?)
9. Confirm funding sources/plans to assure adequate licensing for the region

Goal: Quality data
Objectives/Tasks:
1. Review the OR-504 Data Quality Report; identify areas and develop plans for improvement
2. Put shelter beds in HMIS
3. Develop/update plans to provide adequate training for data quality
4. Develop data collection and assessment protocols

Goal: Ensure quality HMIS vendor services
Objectives/Tasks:
1. Learn about State (OHCS) plans related to HMIS
2. Review most recent software vendor (PHB) scope of work, contract terms and conditions
3. Review HUD's HMIS Vendor Monitoring Tool
4. Learn about other CoCs' experiences working directly with WellSky for ServicePoint licensing
5. Research "Apricot" software

I understand that Mid-Willamette Valley Community Action Agency may enter my information into a web-based Homeless Management Information System (HMIS) called ServicePoint.

HMIS is a computer data system that collects and stores information on individuals and families using services. The data will be used to describe the number and characteristics of program clients. It tracks the type of service given and how often services are used. HMIS is used to assess local service needs and to assist our community to make informed decisions about the most effective service delivery models.

I understand that information I provide will be entered into ServicePoint and that my record will be updated as I receive services. I am aware that information shared includes name(s), social security numbers and dates of birth of all household members. This information may be used for administrative, operational, and funding purposes. Reports and data will be aggregate and statistical information only.

I am aware that the Mid-Willamette Valley Community Action Agency and ServicePoint adhere to a stringent set of privacy and security standards to protect the personal information it contains. I understand that I can request a review of the Notice to clients of Uses and Disclosures at any time.

STRIKE THROUGH any agency/organization to which you DO NOT want information released or shared

Center for Hope and Safety

Rural Oregon Continuum of Care

Salem/Keizer School District

NW Human Services

Portland VA Health Care System

OHOP

Oregon Housing and Community Services

Salem Housing Authority

Salem Family Promise

WestCare Veteran Home

Salvation Army

Shangri-La

St. Joseph Shelter

YMCA /YWCA

_____ I agree that photocopies of this authorization may be used for the purposes stated above. This release/waiver shall be valid until ____**REVOKED**____.

_____ I agree to share Client Record [Name, SSN, and Veteran Status] and Demographics [including DOB, Gender, Race, and Ethnicity] information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

_____ I do not agree to share any information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies. I understand that this may affect my involvement with
The shared Coordinated Entry, shared wait lists, and accessing services at other partner agencies.

I understand that the information provided will be used to place my name and demographics on a Coordinated Entry by name interest list. This interest list is used by Mid-Willamette Valley Community Action Agency and community partners to refer households to appropriate housing programs.

_____ I agree to allow Client Record [Name, SSN, and Veteran Status] and Demographics [including DOB, Gender, Race, and Ethnicity] information to be used for placement on the Coordinated Entry by name interest list.

_____ I do not agree to have my name and demographics added to the Coordinated Entry by name interest list.

I, the undersigned, herby release MWVCAA, and all individuals connected with this organization, from any liability for acts performed in assisting and advising me in good faith. MWVCAA will not be liable for any personal injury or loss of property during my program participation. By signing this release, I recognize that MWVCAA is a non-profit agency which is providing a service, advice, and assistance to me at my request.

_____ _____ _____
Client Name (print)   Client Signature   Date

_____ _____ _____
Client Name (print)   Client Signature   Date

Names and DOB of minor children for whom I am parent or guardian and am sharing information (as identified above)

_____ _____ _____
Guardian Name (print)   Guardian Signature   Date

_____ _____ _____
Agency Witness Name (print)   Agency Witness Signature   Date

EQUAL HOUSING
OPPORTUNITY

Member Counties: Baker, Benton, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill

Rural Oregon Continuum of Care (ROCC) HMIS
Client Consent to Release of Information for Data Sharing in Rural Oregon Balance of State

Rural Oregon Continuum of Care Homeless Management Information System (HMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Rural Oregon Balance of State. The information gathered by agency name and HMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

Maintaining the privacy and safety of those using our services is very important to us. The HMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS in order to avoid creating duplicate client records.** Authorized HMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

Please read the following statements and consult with your agency staff if you have any questions:

I UNDERSTAND THAT:
- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because of our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written

statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS.
- I have the right to receive a copy of the HMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Rural Oregon Balance of State HMIS partner agencies.

____1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I agree**

> **to share** additional demographic information (including Race and Ethnicity), program enrollment and exit Information, information about the nature of my situation, services and referrals I receive, and contact information via the Rural Oregon Balance of State HMIS with other Rural Oregon Balance of State HMIS partner agencies.

____2). Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT**

> **agree to share** any additional information through the Rural Oregon Balance of State HMIS with other Rural Oregon Balance of State HMIS partner agencies.

Please list the names and dates of birth of all household members participating in services:

_____

Client/Parent or Guardian Name *(please print)*   **Client/Parent or Guardian Signature Date**

_____   _____

If applicable:

Additional Adult's Name (please print)   *Additional Adult's Signature   Date*

_____   _____   ___

Agency Personnel Name (please print)   *Agency Personnel Signature   Date*

_____   _____ _____