HUD Exchange - Comparable Databases for Victim Service Providers, 5/6/20

Ken Davidson: OK. We're going to get started. Welcome to this session on "Comparable Databases for Victim Service Providers." If this is your first session, welcome. If you've attended other sessions over the past couple days, welcome back and thanks for joining.

Before we get started we have a few housekeeping items we want to go over. The webinar's going to last about 60 minutes and we are recording this session. We're going to post a link to the recording and the presentation slides on the HUD Exchange in the near future.

During the training everyone will be in listen-only mode, so we encourage you to submit content-related questions in the Q&A box located on the right-hand side of your screen. And we're going to be monitoring that periodically. And feel free to submit those questions at any time during the presentation.

If you have technical assistance, please request assistance by using the chat box, and that's going to go directly to the host. If you do have trouble hearing the audio through your computer speakers, please request assistance using the chat box or connect through your phone.

So just to reiterate, content questions should go in the Q&A box and this is going to be sent to the host, the presenter, and the panelists. And the technical questions, submit that via the chat box. That's going to be sent to the host and the host will work directly with you to resolve any of those issues.

So a big thank you to NHSDC for coordinating this event and being able to pivot from a live event to a virtual event very rapidly. After this virtual conference is over, NHSDC is going to be sending out surveys to learn a little bit more about your experience. So please make sure you sign up for emails and look out for that survey coming soon.

So by way of introduction, my name is Ken Davidson and I am with Collaborative Solutions. We specialize in community and organizational development strategies to improve the lives of low-income individuals. We offer technical assistance and community organization, leadership development, for special needs populations. We focus on a variety of special needs issues, including domestic violence, HIV/AIDS, homelessness, mental illness, and substance abuse.

And we are going to go ahead and have my co-presenters, Debbie and Aaron, introduce themselves. And with that I will turn it over to Debbie. And you're on mute, Debbie. (Pause.)

Debbie Fox: All right. I'm in. Thank you. Good afternoon to those on the east coast, and hope all of those on the west coast are having a good lunch. So it's good to be with everybody, even virtually, during this time and keep the work moving forward and talking about the need for data and collecting information as it relates to domestic and sexual violence survivors, and then also for victim service providers receiving HUD Continuum of Care funds.

So I just want to give a quick overview. I'm Debbie Fox with the National Network to End Domestic Violence. I'm a senior housing policy and practice specialist here at the National Network. And so we are a social change organization that is comprised of membership of all the state and territorial domestic violence coalitions. So that is our membership. And then those states and territories then work with the victim service agencies at the local level.

So I work with a bunch of folks that we'll talk about during this presentation, but I'm part of a collaborate project. Specifically in my work at NNEDV I work on TA -- technical assistance -- and training as it relates to the intersection of domestic violence and homelessness. And also from the analysis of a racial equity lens for those most impacted by housing and homelessness.

And then also we work really closely on this work with our -- my partners at NNEDV; it's called the Safety Net Project. And they do a lot of work around the intersection of technology and safety and confidentiality as it relates to abuse. And I just wanted to do a quick overview of the work that we do with -- as part of the DV and Technical Assistance Housing Consortium.

So for those who are familiar with this work and have received TA and training, there's an umbrella of federal agencies -- four federal agencies that saw a need some years ago -- about four years ago -- to look at the intersection of domestic and sexual violence and homelessness. And so those agencies got together and worked cross-purpose and collaborated, very unique and innovative approach to work together to address these issues.

And so the four federal agencies you see on that slide -- the FVPSA office at Health and Human Services; the Office of Violence Against Women at the Department of Justice; the Office of Victims of Crime at the Department of Justice; and our partners on this webinar in this work with NHSDC, the Office of Special Needs Assistance Programs at HUD -- came together to vision for this work and what it would look like to have national assistance -- technical assistance around the issue of domestic violence, especially violence in homelessness.

So we have a bunch of different technical assistance providers, including the National Network, the organization I belong; Collaborative Solutions, which is Ken's shop; and then also we work closely with the National Resource Center on Domestic Violence and they've been really critical on working on their research base around building the evidence base on this issue. And then also the National Sexual Violence Resource Center, who have been really critical at looking at the intersection of sexual violence and housing. And then also the National Alliance for Safe Housing.

So we are just doing this work in collaboration and we'll talk more about at the end where we're here and we can work together on some of the issues that you will hear about today on this call in terms of the presentation. And we can do some deeper community work and organizational work as the issues arise.

And so I think I'm passing it on to Aaron next. It's all yours.

Aaron Dunn: All righty. Thank you so much, Debbie. My name is Aaron Dunn. I'm the statewide database coordinator for the West Virginia Coalition against Domestic Violence. The

WVCADV is a statewide organization that works alongside the 14 other domestic violence and three other sexual assault organizations in West Virginia. They're kind of a nice resource for everybody there.

I've been the statewide database coordinator for domestic violence and sexual assault for three years now. I worked with the product about two years before that. So I'm one of the data nerds. So this sort of thing is passionate to me, so I appreciate everyone for coming out and joining us.

All right. So I believe I'll give it back to you, Ken.

Ken Davidson: Thank you. All right. So in today's session we're going to be reviewing the definition and requirements of the comparable database, why we need a comparable database, and how to know if your agency is required to use one.

We're also going to be looking at some key considerations when selecting a comparable database and working with database vendors. So once you've selected one, what are some of the key considerations in contracts when you're working with the vendors. And then we're going to hear from Aaron on his work in West Virginia.

And then finally, since it is the hot topic now, talk a little briefly about some of the COVID-19 guidance and how that will affect victim service providers.

So before we get started, just wanted to do a quick poll question here. So we'll take a few minutes and if you could answer this question. Is your agency currently using a comparable database? Are you searching for a new vendor? Are you looking to upgrade your existing database? Or are you unsure at this time? So if you guys could answer that so we can kind of gauge the audience a little bit. And we'll give everybody a minute or so to do that. (Pause.)

Chantel Key: The poll will be closing in 20 seconds.

Ken Davidson: OK. So it looks like the bulk of the people that did answer are currently using a comparable database. We've got some unsure. And not a whole lot of people looking to upgrade or looking for a comparable database at this point. So OK.

So what is a comparable database? A comparable database is used by victim service providers to collect client-level data. It's defined by HUD as a relational database that meets all the HMIS data standards as well as the minimum standards of HMIS privacy and security. It must also be able to produce the CSV files required by HUD for APR and CAPER reporting. And the comparable database must have the ability to collect client-level data over time and be able to generate aggregate data for reporting.

So without getting into too much detail on relational databases, just keep in mind that Excel spreadsheets, Google spreadsheets, any type of spreadsheet is not considered a relational database and therefore does not meet the standard to be considered comparable in nature.

Additionally, the comparable database should use more stringent security and privacy standards than the Continuum of Care's HMIS. The victim service provider should be able to control who can access the system, who can see the client information. Should also allow for more flexibility with the questions by allowing customizations to the questions, modifications, so you can better serve the clients.

And finally, it's always a good idea to -- if you are searching for a comparable database, get with the HMIS lead or the CoC and work closely in conjunction with them to verify that the system is actually compliant and comparable in nature. So they're always a good resource to help you with that.

And do we have any questions yet? Doing OK? OK. And again, any questions, feel free to put those in the Q&A box.

Why do we need a comparable database? So the Violence against Women Act and the Family Violence Prevention and Services Act contain strong, legally-codified provisions that limit victim service providers from sharing, disclosing, or revealing victims' personally identifying information. And this includes entering information into a shared database like HMIS. So these provisions in these acts underpin the confidentiality practices that protect the safety and privacy of victims of domestic violence.

Any information generated from a comparable database cannot be shared with third parties outside of the agency unless it is aggregate only and does not have any personal protected information in it. So again, only aggregate level data can be used for shared reporting purposes. And victim service providers who receive funds that require HMIS participation must use a comparable database.

So how do you know if you need a comparable database? Or how does your agency know if you have to use one? If your organization is considered a victim service provider, as defined by the HEARTH Act, you are prohibited from entering personally-identifying information in an HMIS.

If your organization receives funding from OVW, OVC, FVPSA, and those funds are used agency-wide or for overall agency administrative purposes, you are also forbidden from using an HMIS and should be using a comparable database. Now, if your organization receives funding from one of those organizations or one of those agencies for a specific project, then you are forbidden to use HMIS for that specific program.

And then if none of these apply, then you must follow the funding requirements for using an HMIS.

So HUD has provided this comparable database decision tree that kind of goes over what we just talked about and summarizes the conditions for whether or not you need to use a comparable database.

Any questions so far? We doing all right? OK.

All right. So some of the key considerations for selecting a database that we're going to be discussing today are database encryption options -- so there are various options for encryption -- best practices for user authentication, talk a little bit about data purging in a comparable database, and some of the best practices or key considerations when contracting with a comparable database vendor.

HUD has compiled a software vendor capacity checklist. And at a minimum the comparable databases should meet these requirements. And that document is listed on the HUD Exchange at that URL. And again, this system is going to be recorded and you'll also have access to the slides shortly to be able to access these URLs.

Technology Safety also has some great resources for exploring technology in the context of domestic violence on their website as well. So if you're searching for a comparable database, these are some good resources to start with.

Let's talk a little bit about database encryption. First of all, what is database encryption? Basically, it's a process that transforms data in a database into incomprehensible text that cannot be decoded or -- without being decrypted. So you wouldn't be able to see the content of the database without a decryption key.

So there are several options for database encryption. At a minimum, the system should use 128-byte encryption and utilize SSL certificates if you have a database that's web-based. And there are different types of database encryption capabilities. Need to understand the encryption while the data is -- at transmission, which means that's the data that's being requested from the server and then gets generated back to your computer. That's during transmission.

And also whether or not the database is encrypted at rest. And that's just when the database is sitting on the server with no interaction with the database. So is it encrypted? And then who holds the encryption key? Who has access to those encryption keys for an at-rest database?

Another option is zero-knowledge encryption. That's when the encryption keys are actually managed by you as a user or an organization. So not even the database vendor would have access to the database, and that encryption key has to be managed because if it's misplaced or mismanaged in any way, your data would be criminally lost and unrecoverable.

So a detailed understanding of the software's encryption capabilities, encryption key management, and who may either directly or indirectly access the system, those things are essential when developing data security and confidentiality agreements between system administrators, agencies, users, and vendors. And it's also important to note that some vendors also use third-party hosting facilities. So make sure that if that's the case, that any confidentiality agreements also include those individuals as well.

And I don't know if you want to add, Aaron, a little bit about zero-knowledge encryption? I know you've worked with that in the past.

Aaron Dunn: Yeah, for sure. So zero-knowledge encryption is something that, again, as a data nerd I get pretty excited about. So essentially, if you're hosting data in a data warehouse, for example, the people that work at that warehouse, you would expect them to kind of have access to that data.

With zero-knowledge encryption, the people that are maintaining those data warehouses do not have access to that data. Even if they can read binary, which would be kind of an impressive feat, they couldn't read the data. Because the way zero-knowledge encryption works is that it's so encrypted that there's only a master key. And so the individual programs have that master key. And so that's just an extra layer of security so you know that the people that work at these warehouses have zero access to the data being entered.

Ken Davidson: Great. Thank you. Next we want to talk a little bit about user authentication. And that's the best practices for how you as a user log into the system.

User authentications should require complex passwords. And those are generally passwords of a fixed length, minimum length, that use a combination of numeric -- alphanumeric characters, caps, lowercase letters. So at a minimum your system should require complex passwords.

Often times those are required updates to those passwords. So as an administrator you can go in and determine how often people are required to update those passwords and whether or not previous passwords can be used or not when you're updating them.

The system should also support an auto logout feature that will automatically log off an individual when they're idle. So that means that if for some reason a user walks away from the system and there's no interaction with the data, the system will automatically log the individual off.

Additionally, if a user has not access the system in a set amount of time, then it should also allow for automatic account deactivation. That means that maybe if I haven't logged in as an active user in 30 days, my account is automatically disabled and I would have to go back to an administrator to get that account reactivated.

Too many unsuccessful login attempts should also lock out users. So you may set a threshold that after three or four unsuccessful login attempts, that account again becomes disabled and you'd have to go back to the administrator to re-enable that account.

Concurrent logins should not be allowed. That means at any given time two people should not be accessing the system using the same user name.

And some vendors also offer two-factor authentication. And that means that it's going to require a second verification step after you log in. And that could be in the form of a question that only you as a user would know the answer to, or maybe entering a one-time code that is emailed to you or sent to you via text. So that's another option to consider.

And it looks like -- did we have some questions on comparable -- or zero-knowledge encryption there?

Aaron Dunn: Yeah, we had one. I just went ahead and entered it into the chat. So with zero-knowledge encryption, that is something that a vendor could be able to provide. But those are questions that you would want to ask pretty early into your negotiation process. Who has access to the data? How is it stored? These are all questions that really need to be at the forefront as you start that process.

Ken Davidson: Great. I want to talk a little bit about data purge. So data purge is actually a best practice for victim service providers as well. Individual client data should be able to be routinely destroyed as soon as the program no longer needs the information to serve the client or to satisfy grant or legal requirements. And if this is something that's offered by the vendor, you need to understand the difference between a delete and a purge.

Often times delete functionality in some of these software vendors really just means that once a record is deleted it hides the record from viewing but it still exists in the database. And in the event of an accidental deletion often times that data can be restored. So it's important to be certain that any data that is actually deleted is actually purged, removed from the database and cannot be restored.

If you do have the ability to do data purge, is it going to be a manual purge or automatic? And that just means that do you want to be able to define the individual records that are going to be part of a purge? Or should the system purge records automatically based on whatever criteria is set up in the system? So I've seen vendors offer both of those functionalities.

And another thing to consider is do you want to purge all the client data or just select client data? And that would be like a form of a de-identification process. So you can purge all of the data from a client's record from the system. Or you may wish to just purge the specific personally-identifying information from the client record, and maybe the case notes and the contact information, all that information; but still retain enrollment and service history for reporting purposes, if you ever needed to do aggregate reporting.

It's also important to note that the vendor can -- well, it's important to have the vendor provide documentation to you about their backup and retention policies, because any data that has been purged from a database is still going to exist in database backups for as long as that data exists on their backups.

Some other comparable database considerations. Does the system offer other compliance reports, VOCA reports, STOP reports, or other agency reports? Is it customizable? Will it allow you to do any custom reports or queries if it doesn't have the -- if the canned or baseline reports don't meet your requirements, are you able to go in and query the data yourself and create your own reports?

Also, consider the overall cost of the system versus just looking at the licensing cost. Many database vendors offer their systems based on user licenses and the amount of users that are going to be accessing the system.

Be sure to also understand the total cost breakdowns of any additional costs that may be included with a system like that. Does it include upgrades and technical support? Does it include training or hosting fees? Are there annual maintenance fees? Oftentimes there's an initial setup fee as well. So just make sure you understand the total cost of ownership with these comparable databases.

Also, obviously, be sure to check online for reviews as well as ask the vendor for references so you can check with them as well.

So if you have selected a comparable database and are entering into a contract with a database vendor, be sure that your contract deliverables are clearly defined and prioritized. Each deliverable should be assigned to a responsible party with a due date and a completion. And oftentimes with these implementations, you as an organization are also going to have some things you need to do. So just make sure that all of that is clearly defined with timelines.

Contracts should also specify procedures for HUD compliance updates. They may be compliant now, but are they going to be able to remain compliant over time as the systems need to change? Also make sure you understand the process for system updates, software upgrades. What are the timelines for releasing those types of things? Are they included in the contract or is there extra cost? And is there any user acceptance testing protocols that you can go in and look at that, maybe in a training database, before it gets released to production?

Technical support terms should also be very clearly outlined in the contract. That includes what type of support. Is it going to be email, phone support, an online ticketing system? Also be sure you understand the days and times each of these types of technical support is available to you. Also remember your vendor could be in a different time zone.

Training. So if there's training in the contract, that should be clearly defined. Make sure you understand the type of training. Is it live online? Do you have to go somewhere? Is it live on site? Is it train the trainer, where they'll train one or two key personnel in your organization and then those individuals are responsible for training the rest of the individuals in the agency? Will you have access to the recorded sessions? Also make sure you understand if there's going to be any training materials or documentation included with that, as well as what is the frequency of the training.

Should also make sure that your contract includes any language defining protocols for responding to subpoenas, warrants, or law enforcement requests. And also be able to address liabilities in the event of a security breach. So we do -- if a security breach is detected and reported, what are the protocols for that? What if any liabilities are involved there as well?

The contract should also include provisions for contract termination. And you need to be able to define what type of notification you need to give them. Is it a written notification? Verbal

notification? Or what's the timeline? Do you have to give a 30-day, 90-day notice for terminating a contract? Are there any early termination fees if you terminate the contract before the contract time limit?

And then are there any provisions for the transfer of the data? So if you do have to cancel a contract for any reason, or move on to a different vendor, that's your data. What is the provision for transferring that? And how quickly and what format can they give you that data?

Make sure there's also an agreed-upon contract monitoring process. So make sure that that process is clearly defined, as well as the frequency of the contract monitoring, and if there's any fiscal implementations for not meeting expectations. So for instance, if there's any failure to meet HUD requirements or some piece of functionality that was supposed to work and is not, what, if any, are the fiscal implications for not meeting those requirements?

So how are we doing on questions, before we move on to Aaron and his work with West Virginia? Any questions?

Aaron Dunn: We do have a participant that asked, "If this is hosted in a cloud-based system, is a zero-knowledge database possible?" Yes. It depends on who is hosting the cloud-based system. But yes, that is entirely possible.

Ken Davidson: All right. With that being said, I -- let me collapse onto this -- there we go. I will turn this over to Aaron and he can talk about his work in West Virginia.

Aaron Dunn: All right. Thank you so much. All right. So as you all know, I work for the state -- the West Virginia Coalition against Domestic Violence; I'm their statewide database coordinator.

So really, what I'm here to talk about is our use case scenario. What do we do in West Virginia? How are we doing it and why are we doing it well? I say "well" because -- I don't know -- I think we are. (Chuckles.)

Anyway, so our solution is what's referred to as a closed system. So all 14 domestic violence programs in West Virginia do use the same product or program. However, DVA and DVB cannot access each other's data; it's completely siloed. And the reason we decided to go with the same kind of program is so we could kind of standardize data collection throughout all of our programs.

Of course, all of our programs that do agree to this -- and they did -- were just coming up on the end of a five-year contract with this program. And so with everybody being on the same page with that, they were able to kind of generate their -- (inaudible) -- VOCA reports a little easier.

Something else that really helped as well, as HUD made those -- that $50 million in federal funding available for DV programs, they were already collecting that information. The product that we used already had APRs and CAPERs built into it. So being able to pull that data, be aggregated out of our system and being able to report that to our CoCs really, really helped out.

Another benefit of us using this system is that we are able to provide some de-identified client info for collaboration within our CoCs. I'm pretty happy to say that most, if not all, of our DV programs actively collaborate with the CoCs in West Virginia. They participate in prioritization meetings, in NOFA rating and ranking. It's just -- it's a really good environment that's been fostered over the years.

So where my role really comes into it from the technical side is that, as the statewide database coordinator, I provide guidance, technical assistance, training. Essentially, if they have a problem, they come to me. They've got my personal cell phone. So they'll text, they'll call. And the way that I'm able to kind of triage their questions is that I do have access to a demo database.

And so I'll log into that demo database, I'll recreate the problem. That is one of the challenges is that we do have to make sure -- and this is through close collaboration with the vendor. We do have to make sure that the same demo version that I'm demoing out of is the same version that everybody else has as well. That way I am able to kind of recreate those problems, recreate those steps, and I'm able to guide them through that way.

Because it's a demo database, it only has the dummy information that I've entered in. It has no client information whatsoever. So that's how I'm able to kind of provide that screening and that technical assistance to those providers.

So we do have a couple of questions. Yeah, let me see. Yeah. So, "At a super -- (inaudible) -- are you seeing the client demographics?" So yeah, no, I'm not -- I'm not seeing any of the demographics.

And as for how they collaborate with the CoCs in terms of prioritization, things of that nature, my local community that I came from where I was an HMIS admin, the DV provider -- our rating and ranking, our prioritization was done mainly through the VI-SPDAT. And so the VI-SPDAT would be conducted by the case manager at the domestic violence program. And then they would bring that to the prioritization committee, completely de-identified. It was actually a string of numbers that was determined at the DV program. And so we would take that VI-SDPAT score and plug them into our prioritization tool.

Speaking more broadly on the state level, I was actually able to develop a formula that would allow -- I mean, it was basic, but it allowed the DV providers in the rest of the state to be able to enter in de-identified client data at their level. And then that would populate on a form that the (balance of state ?) maintained for prioritization. And that looked at things like the VI-SPDAT score, how long they had been homeless, if they were actively fleeing, if they were in the shelter, if they hadn't been able to find a safe place yet, and also what area they wanted to be rehoused in. so all that kind of factored into that larger statewide prioritization.

This is a long way of me telling you there are workarounds for that. Sorry for being longwinded. But yeah, that's -- I mean, and that's going to require a lot of coordination on the CoCs part and the DV provider's part. So the more you foster those relationships, the better off you're going to be in the long run.

One thing I do want to say -- this is kind of my soap box when it comes to PII or PPI. We always think of name, date of birth, Social Security number, things like that, as being those personally-identifiable information. And that's very true.

But we also have to extend it out a little but further when we're really looking at not only HMIS data but also data that is coming from people fleeing domestic violence, right? Especially when you get into these smaller communities, religious affiliation is a big deal. Gender or racial identity, these are all personally-identifiable information.

In my old community, I used to train people to say that if you talk about a really tall bearded guy that wears funky shirts, you haven't given out any of my name, date of birth, or Social Security number; but since it was a small community you were able to identify me. So that is something that you just want to keep in mind as well. Soap box over, I promise.

So Ken or Debbie, I can't remember who I kick it off to now. Debbie. All right.

Ken Davidson: We did have one other question. Quickly, "Is it one database in West Virginia that blocks information between the programs? Or does each organization have its own database of the same system?"

Aaron Dunn: So each implementation has its own unique ID, its own database that it can access within the same system. I hope that answers. (Pause.) OK.

Ken Davidson: Debbie, it's all you.

Debbie Fox: All right. Can you all hear me?

Ken Davidson: Yep.

Debbie Fox: All right. Great. So we're just wrapping up, getting around the corner here. Thanks to Ken and Aaron for all of the excellent content, all the technical content on selecting and operating and implementing a comparable database.

I just wanted to make sure -- because this is coming up. I'm getting a lot of questions as it relates to collecting data and HMIS data standards as it relates to COVID-19. And so of course, as things are just always every day changing very quickly, I'm glad that I put on this slide guidance could still be forthcoming and no changes to the requirements as it relates to COVID-19.

We'll make -- (inaudible) -- that slide. That was, I don't know, a week or so again, but there since has been a message that was sent out from the HUD Exchange. And maybe it's already been talked about throughout the NHSDC virtual conference. But there is forthcoming guidance that will happen. There'll be HMIS data standards in response to COVID-19.

And HUD just in that email had addressed and recognized that they've received many inquiries about whether HUD will require additional HMIS data elements. They are working with federal partners to determine if changes are needed. And it says from that email that there will be

probably minimal changes that will be added to the project descriptor data elements but no changes to end user data collection.

And specifically for the CARES Act Emergency Solutions Grants, they're developing reporting requirements and anticipate releasing information about what will be collected in the near future. So just stay tuned for additional information from HUD around that guidance.

So things are always changing on a daily basis and I'm sure that NHSDC and the HUD Exchange will be emails around the data collection requirements as it relates to COVID as they pull those together and send them out to the field.

And then just always, just a reminder on those data pieces and just from the victim service side of things and confidentiality perspective, we victim service providers -- are working with our victim service providers and our membership. But those are information that we would ask if it's part of the data standards. But again, it's the choice of a survivor to answer. And then as we talked about earlier, the reports for that data would be aggregate-level data that would be reported and not anything that would be personally identifiable as it relates to someone's health issues or testing for COVID or anything like that.

So I think that is our last slide. And we have been going through the questions as we go along, but I want to make sure we didn't miss anything. And if there's any additional questions, if people want to type anything in the chat box if there's anything we've missed or if you have a burning issue in your community, please put it in the chat box. We're happy to answer.

And here's also our contact information. You can contact any one of us around the issues around comparable databases and reporting for victims and victim service providers. We're happy to be a resource and work on these issues more closely with you all. And we know there's been additional resources with the HUD Continuum of Care money with the DV bonus money for domestic and sexual violence providers.

So there are a lot new projects as it relates to victim service agencies receiving HUD money. There's additional need for ramping up and getting databases -- comparable databases for those providers. So while those conversations are happening, we're always happy to help and look at any sort of contracts or requirements and making sure that everyone is up to the standards of -- (inaudible) -- for those purposes.

So we have a little breathing room. We have 15 minutes. We don't have to stay on the call, but if there's anything else I'll pass it to Ken or Aaron to see if there's any closing thoughts that you have. And I'll wait to see if there's any more questions.

And there is particularly for Aaron. So I'll pass it to you Aaron, next.

Aaron Dunn: Yeah. So DB -- oh, thank you, Debbie. I hope I'm pronouncing that right, DB. But anyway, we are vendor-neutral right now. If you would like to reach out to me or any one of us to talk about any of the database vendors that we've encountered, I would love to be able to talk to you about that outside of the constraints of this call. (Pause.)

Again, we are vendor-neutral here. Sorry to you. So officially, no. No thoughts on sales force. If you would like to talk more outside of the constraints of this call, there -- our information is up on the screen. We'd be happy to chat. (Pause.)

Ken Davidson: And it looks like, Aaron, there's another question from Tahani (ph) regarding reporting.

Aaron Dunn: Oh, reporting. I didn't even see that one. Sorry. Thank you. The question is, "If an agency has problems with a report and can't figure out what's wrong, is there someone who can help a program problem solve? How does this happen if no one outside of agency personnel can access the data?" So yes, that is something that I encounter pretty frequently in my job is people -- my -- the people I work with will come to me saying, hey, I think my account's off for this VOCA report, or something of that nature.

And so in situations like that, I'm a little more constrained than I would like to be in our current platform. But I am able to kind of look into the more back end of the report themselves to make sure that everything is functioning as intended. And then I go through -- because within our current system I know what our system looks at to populate to those reports. So that's something I go over with the individual agencies as well, to make sure that they've got everything pulled in so that they're numbers will show up correctly on their reports.

It is challenging. It is something that you have to work around. But it is something that can be done. I can't stress communication enough. Communication between yourself and the CoC or the vendor that you choose or any sort of system admin or TA that you may employ.

Ken Davidson: Looks like there was another quick question about getting -- client confidentiality as it relates to family size and doing a prioritization. That's certainly an issue. I think the best practice is you're not supposed to share the information about family size, but you can certainly maybe put in how many bedrooms they're requesting or something like that. And that doesn't necessarily tell you how big the family is.

So we've had that question come up quite a bit in some of our coordinated entry best practices. But just knowing the number of bedrooms they're requesting doesn't necessarily give away the size of the family. So that may be a way to get around those issues.

Aaron Dunn: We do have another question, now that you bring up coordinated entry. Excellent time to talk about it. "Do you have any guidance for how your service providers participate in coordinated entry?" So I'm sorry, I'm just going to give another use case and then I'll turn it over to you, Ken. Sorry, I love talking.

But the way our old -- the way my old community handled it is that if somebody presented to our CE intake specialist as needing domestic violence serves or needed placement in a DV shelter, the only way that they track that was refer to emergency shelter. Because at the end of the day, your DV shelters are actually emergency shelters. So do you say that? Do you leave it vague? You don't tell them what emergency shelter? That covered that angle for us.

Ken or Debbie, you may know more as well, more guidance on that.

Ken Davidson: Yeah. There's a lot of guidance on how to get the victim service providers to engage in coordinated entry. I urge you to go out and search for some of the best practices there. That's probably a presentation session all on its own, I think, to discuss those. But there are ways to get victim service providers engaged and ways to get victims of domestic violence on prioritization lists without identifying -- or revealing any personally-identifying information. So there's a lot of best practices available out there. We could spend a lot of time talking about that.

Debbie Fox: Yeah. I can do a plug for the Safe Housing Partnership website. There are a lot of great resources there on coordinated entry and "Confidentiality in Practice" is one document there. But if you go over to the SafeHousingPartnership.org site, there are a lot of resources about how to cross-collaborate across systems, how to engage victim service agencies in point of entry.

And then I'll just do a plug like -- with victim service agencies, if they're receiving funding and are part of the Continuum of Care, that definitely engages them because they have an investment in that regard. I think if they're not receiving funding, then that -- there is a different kind of set of challenges to look at and talk about. And that's something -- yeah, like Ken was saying, that could be a whole other webinar. But there are a lot of great resources on the Safe Housing Partnerships website.

And then there was another question I saw in -- oh, "What is that website again?" It's SafeHousingPartnerhips.org -- dot O-R-G.

And then I do want to answer the question really in terms of the accuracy of the data. So it's one of those things -- the closer that you work with your comparable database leads and your victim service agencies and figure out ways of creating all the data pieces. There's a certain level of trust that needs to be built within that partnership. And just assuming the best that people are doing -- are entering the data.

But if there is -- if you are seeing huge data errors or inaccuracies, that that's something that I think more about a training piece perhaps, and just more infrastructure and capacity. And maybe just (again ?) like how busy programs are versus -- like maybe there's some support around infrastructure on those issues.

Ken Davidson: Right. And we did a question. Looks like Aaron answered that but we'll go ahead and talk about it. The question was talking about best practices for submitting federal reports via the DV databases, the aggregation -- the aggregate reports. We did talk a little bit about that early on, that in order to be a comparable database, an HMIS compliance comparable database, you need to make sure that those systems can generate the CSV formatted APR and CAPER reports.

Any other questions? We've got about six minutes left, so plenty of time to answer additional questions if you have them. (Pause.) Doesn't look like it.

Can we discuss domestic violence and coordinated entry? Yeah, we -- that could be a topic for a completely new or different presentation. Again, there's a lot of best practices. Go out to Safe Housing Partnerships dot -- is it .org or .net, Debbie?

Debbie Fox: Dot org.

Ken Davidson: Dot org. SafeHousingPartnerships.org. There is a lot of best practices out there on how to make sure the domestic violence providers are engaged in the process, as well as making sure that their individuals are being prioritized and have access to all of the community's resources. So there's a lot of guidance out there and hopefully that will help you.

Aaron Dunn: You know, I said I wasn't to get back on the soap box, but I lied. So I'm going to get back on a soap box really quickly.

It just kind of -- in regards to all DV going forward, we may think that, oh, OK, we have to get this person housing or we have to get this person connected with services. They know their situation the best. They're going to be the experts of their own case. And we as providers need to be aware of that kind of going forward. So just kind of keep that in mind.

And then the second thing I will say, if you're asking the HUD question of, "Are you currently fleeing domestic violence? Or have you experienced domestic violence?" And you're asking them right next to their partner, I will guarantee you their answer is going to be no 98 percent of the time. So make sure when you're asking sensitive questions like that, that you are keeping the safety of every individual in mind. Those should definitely be asked separately.

So safety first. And then they know their situation the best. Second soap box over. Last one, promise.

Ken Davidson: Let's see. Anything else? We've got about three minutes left. I think we've addressed all the questions that are out there. (Pause.)

OK. Well, again, thank you everyone for attending. And thank you to the folks at NHSDC and the people who have hosted this. Thanks for -- hopefully if you've attended all the sessions they were beneficial. And I think the fall conference is still on the schedule. So be on the lookout for registration for that coming out some time toward the end of the summer.

So thank you, everyone, and stay safe.

Aaron Dunn: Thank you, everyone. Bye-bye.

(END)