Data Quality 201: Bed Coverage and Strategies to Improve It

00:00 Speaker 1: Thank you for joining us, I'm very excited about this session. We're gonna be talking about bed coverage today. I'm excited to have several speakers with us. My name is Fran Ledger, I'm with HUD. We have Joan Domenech today, and we also have Allyson Thiessen. So we're gonna... We'll do a little bit... Have a bigger introduction in just a few moments. We have a chat feature going today, and you'll see folks are introducing themselves. And you'll go ahead... You can go ahead and talk with other communities, we can do some peer-to-peer sharing, and also feel free to ask us questions throughout the presentation in there, we'll try to pull some of those out and respond to those as we go. And thank you for joining us for our virtual event. Hopefully, you've been to some of the other sessions that have occurred over the last few days. I think we're winding down, which we're... So I think maybe we have one more session of the day. Today, we're gonna give you a brief overview about NHSDC and HUD. So HUD and NHSDC for many years now, partner together to bring all kinds of content around homeless data systems, but NHSDC in particular, we just wanted to let you know a little bit about them. They're a nonprofit organization, and they're really focused on building effective leadership around information technology and human services.

01:30 S1: And so they are... It's exciting that they've put on two conferences a year focused on our area of interest, and they're gonna have a conference coming up in the fall. And you can find more information by going to nhsdc.org. You can also go there to check out a survey that they're doing about this virtual event to see how that went. We encourage you to head over there to let them know what your experience was like. Today's learning objectives for our session is gonna be to learn more about this mass data strategy. You may be familiar with that, or if this is... If you're new to this work, this will be new, so you'll get a little bit of an introduction to the data strategy. But we'll talk about its relationship to bed coverage. We're also gonna talk about what is bed coverage? What does that mean? How do we define that? Some of the core features of it. We'll talk about strategies to increase bed coverage, that's where we really wanna focus today. We're excited to have Allyson joining with us, and talking about real-world experience in doing this.

02:41 S1: You're not just hearing from HUD or from technical assistance providers talking about providing technical assistance in this area, you get a community that's actually working on this. And then we'll be discussing the connection between bed coverage and data quality in general. So who am I? I'm with the SNS office at HUD. My area of focus is HMIS. And in the HMIS team, I do a lot of work around capacity-building, data governance, compliance work, and I also do a lot of disaster recovery stuff. You're gonna get a poll now. In the poll, "What I learned more about who is joining us today." So we're asking a question about who's in the room, something you would typically see at a conference if we were live, in person. So we'd like to know who you are. We have a couple of options there, you can choose more than one. We also wanna get a feel for what are some of the big challenges that you may be experiencing with that coverage in your community. So what is the biggest one? You can go ahead and select that. That would be great, too. I'm gonna turn this over to Allyson for a second so she can introduce herself.

03:58 Speaker 2: Hi, I'm Allyson Thiessen, I am the Director of the HMIS for Cares of New York, we are a collaborative HMIS, and I've been doing this since 2006, we serve 13 CoC's with 25 counties in New York State. I am on the board of directors for NHSDC, and we also are a HUD NOFA, HMIS-NOFA recipient to bring the New York State [04:24] ____ state into the collaborative HMIS, which means that we have full state coverage for the first time. Very exciting.

04:37 Speaker 3: So, hi everybody, my name is Joan Domenech, and I am part of CSH, Corporation for Supportive Housing, and I generally do a lot of work on data quality, HMIS, I'm that person that thinks everything data-related is cool. That's a little bit about me. I think that we can close the poll and see who do we have in the room. Do we get to broadcast the results? Alright, so it seems that we have a lot of systems admins, yup, HMIS lead agency, we have some CoC and CE leads as well. So you have the option to select more [05:19] ____ probably a few there that are in multiple places. Alright, so let's check out what you selected as your main challenges. So this is hard to read. We had 52% saying, "It not being a requirement," be the biggest challenge. We had 28% saying HMIS data entry, pardon limited computer skills. So I guess those were the two big ones.

05:55 S3: Alright, well, thank you for participating in that poll, we'll have a few more interactive exercises as we go through. So we really wanted to start with just the basic, basic of bed coverage. What is bed coverage? And when you think about bed coverage, it's gonna be your HMIS homeless beds, the ones that you do have in your HMIS system. That number divided by all of your homeless beds in your continuum of care or your geography. And that's gonna give you your bed coverage. And so it'll look a little bit like this. So let's say, for instance, you have 45 homeless beds that you've managed to get into HMIS, but there's a total of 150 beds that serve homelessness in your community. So that would mean you have a 30% bed coverage. And this is the most simplistic way of doing this. You can also do it by project type and you can sort and dice in different ways. But wanted to just start on the same page, this is what bed coverage is. Then if you have any questions about this, just type it in the chat as we go...

07:03 S1: So I wanna talk to a bit about some analysis that we've done and talk a little bit about the strategy that I spoke about when I first started opening up on this session. So what we've done is we've looked at all of the APR, so HMIS, APRs that are submitted over time and have looked at that coverage rates that are reported. I have some information, to share there. I think it's helpful to think about your community and then look at this information in general to get an idea of where you sit. So approximately two-thirds of all the HMIS, implementations in the country, their coverage rates sits at around 80% or higher for each of the project type. One of the things that you can do is you can actually go and look at the system performance measures which has information about emergency shelter and transitional housing programs as well as the type of geography, the CoCs mainly serve. So you can go and look at that information and compare yourself to like communities to see how you're doing to assess your bed coverage. So that can be nice to take a look at if you're trying to set benchmarks for yourself, and improving your coverage to see, "Okay where am I at in context to other communities and then how do I wanna incrementally increase and then how am I doing over time?"

08:38 S1: The other thing to note, that we've learned from the HMIS APR analysis, is that with the exception of a [08:46] ____ HUD-VASH that the federal partner programs all have indicated a utilization rate above 90%, which is very interesting. And so we'll talk a little bit about that more in just a few minutes. But I do wanna talk for a moment about the strategy that we have, so we have a data and performance strategy, that is really key to the work that the SNAPS office does around data efforts. So as everyone knows, we are keenly interested in understanding what initiatives that we do, what we fund. How is it working to help in homelessness? And so we wanna make sure that those things that are working well that we're listing those off and that we are finding best practices that we are sharing with communities. We can't really understand what these are unless we have good information that helps us see, are these things being effective. And so to do that, we have to

have good data systems that have good data and that we have good coverage, so we know that we have good quality data to look at.

10:01 S1: The SNAPS office developed a strategy that looked at a series of metrics that we felt like, these are data quality improvements that need to happen, so communities can feel confident about the information that they're looking at, to be able to use that information to inform decision making. And part of that, one of those pieces in there, is that coverage. And initially, we thought okay, where are we at now, where do we wanna be in three to five years, and where do we wanna be in the future? And so currently, the focus has been, get all of those projects that are CoC funded, so get them on and get them entering 100%, get on a system entering all of the information that they need to be entering that they're required to enter. And then let's work to get all of the homeless service providers then entering, that's the next step, 100% of all homeless service providers and then down the road a little further out, get all of the providers that are contributing data, that are sharing data, give them a 100% contributing so we get full cover, so we can understand what the full... The spectrum of what's going on for an individual, what that looks like, who are not missing any pieces of data.

11:22 S1: So what happens when we have low bed coverage, it means that it prevents accurate reporting. It also prevents the ability for communities to have good decision making. It takes away that opportunity for community to come at a problem with good information and be able to strategize around what is going to be effective. So you cannot build up a culture of informed decision making and that's something that we're very interested in doing, is why we've invested in things like Stella, if you're unfamiliar with Stella, you can go on to HUD Exchange and search there and learn more about what we're doing around Stella. So yeah, I think all of these pieces, I think hopefully, you'll start to see how they connect together, as we go through this presentation, but what it's missed, if you start to lose people when you don't have complete bed coverage, so they only get part of the client story where you get only one piece of where they're hitting your system and you don't know all the places that they might actually be utilizing services. And for a coordinated entry system, then it looks like chunks of that coordinated care is missing. You're not getting, again, the whole picture, so you don't get to see movement or flow through the system, which is really important to be able to see when you're trying to make decisions about what to adjust in your system to make it more effective. Let's turn it over to Joan.

[pause]

13:19 S3: If I unmute myself, you can totally hear me way better. Yeah, so I think that after this picture we can all relate to it at some point. If you're an HMIS admin, you've reached that point where you're like, "What else?" And I think that it applies to our agencies as well. And one of the biggest challenges that we hear of, in terms of bed coverage, is just not having the staffing to do it, whether it's that emergency shelter or whatever project type, they're already overworked, the intake staff is already doing so much. So there's a lot of other issues like technology barriers, having limited access to internet, or having limited computer skills, and then there's other unstated issues, like that agency not wanting to be held accountable, or having differences in the philosophy of how you provide services. And what we wanna do today is we really wanna tackle some of those challenges and move to those.

14:20 S3: And the first thing that we wanted to do is... Because I truly believe that people on the ground, doing the work, trying new things, being creative is how we learn. We wanted to allow, in

the spirit of NHSDC, some pure learning opportunity, where if you have encountered this challenge of that agency just not wanting to be a part of it because they do not have enough staff to do data entry, but you have to tackle through that and you have some strategies. Wanted to allow a few minutes so that you can chat in the box, and give us some of your ideas, and I promise you that we are gonna give you some ourselves, too, and we have a handout to share with you later on, but wanted to get a feel of what's happening on the ground.

[pause]

15:33 S1: Alright, so we have an example from Aaron, thank you, Aaron. We have offered to do data entry for non-CoC-funded agencies, but they did not get that to work.

[pause]

16:00 S1: Alright. Robert Stevens tried a similar approach, and that actually did work for them. We were not all on you, I would ask you to share more, Robert, thank you for sharing that.

[pause]

16:24 S1: Gwen says, "Some shelters now do data entry straight into HMIS, that intake, instead of copying it in forms and doing it later, and that helps with timeliness and cuts down on intake time."

[pause]

16:50 S1: Alright, we have a few people typing in more in the chat, and I want you guys to keep that going. I am gonna read this last one, but keep it going while I keep the presentation. Len says, "They offered to do one-on-one training, an assistant with initial client entry allowed to get agencies on board often." Alright. So keep that going in this chat. We wanted to share some strategies, your... The strategies that you guys covered are great, and I'm sure we'll keep that going. And some of the strategies that we have here is really making it simple. A lot of the times people just don't have the time, don't have the interest. And when we have those one-on-one meetings at the emergency shelters, I like to think about, about it like they're your customers. If you're the HMIS systems admin, the different agencies that you're gonna be talking to are your customers, so you should have like customer service approach. And when you really have those first engagements you wanna avoid, "HMIS speak," I call it. 'Cause it's hard, not a lot of people understand it, sometimes I have difficulty and have to go back into understanding it.

18:03 S1: So really avoiding technical terms, jargon, acronyms, and making it as simple as possible. And you also wanna use technology solutions when possible. If there is a way that your vendor or that you can think of creative solutions to make the data-entry burden less, we wanna maximize on that. Sometimes technology can be amazing, and I'm hoping, as I say that, we do not get caught up or something crazy happens, but sometimes it could be really helpful. But ultimately, you want to see the little guy in the picture, you wanna make people an offer that they can't refuse, and you wanna meet people where they're at and go that extra mile. And I know that Allyson will give us some examples on that. And as I'm saying that, I know that it sometimes results... Generally is gonna result in more work for us as HMIS, as you... For you guys as HMIS representatives. But that is truly where we wanna be moving towards. And so another place where we can maximize our opportunities is by creating partnerships. And so you have a little picture here of a dustpan and a

broom, and the dustpan is on the broom, "You're nothing without me, and you know it." And this is definitely not how you wanna have that conversation with your partners or people that you're trying to get on board, for sure.

19:18 S1: But you wanna maximize on the role that you guys have. Look at the potential, look at the value on each side, and then come together, so that if you're the broom, you don't have to pick up the stuff with your hands, and if you're the dustpan you have some things to pick up. And ideally, that generally results in explaining HMIS and seeing how HMIS can benefit the other person. And a lot of the times people just don't see the benefit 'cause there's not that communication, but there's a lot of examples of partnerships, and I think, Fran's gonna touch a little bit on those. But when you do create those partnerships, really just identify those common goals and figure out how you're gonna work with each other, and have clear responsibilities, goals, and responsibilities...

20:04 S1: Alright. We actually have a pretty cool hand-out for you guys. When we post this presentation it'll be with that. And I'm actually gonna go back and look at this chat, and feel some of the awesome ideas you put here and make it even more useful. But we... It's gonna look like this, I know that you can probably not see this at all, there's a little for arrow thing that you can make it full screen, but the intention is not that you read this that you know that we're actually working on giving you this handout. And it's gonna have two tapes like two columns and you're gonna have all of the scenarios that we could think about and some possible strategies and we'll make that available to you guys.

20:51 S2: Alright.

20:53 S1: That's sort of the plan.

20:55 S1: So I wanna talk to you a little bit about the things that HUD has been trying to do to improve bed coverage. I started off as assistant administrator, a really long time ago, and I faced issues around how to improve bed coverage and that issue still exists today. And so, in the SNAPS office, we talk about what kind of things can we do on our end somehow be innovative and improve things in this space. And so, I'll talk a little bit about that and some of these things you may have heard about before, but one of the things is we're having a big push around data integration, so we are working with vendors and folks who are doing some amazing research work and working in other spaces like around social determinants of health and with the State, State government around how can you do integration with HMIS. And why the integration piece is so important is, as you bring in these other partners, you actually start touching into other systems that may then be able to pull along some of those folks that may have been resistant to join into the HMIS.

22:30 S1: You also may then have a... You may have other champions with you, to help you engage those providers that may not have wanted to join HMIS. So it can be helpful in that way and it also can help you sometimes get at the data in a way that you might not have been able to get at that data before. So the integration piece is like one aspect that we are looking at. It's like how can we use data integration to improve the space? Another thing that we're doing is trying to point a light on the relationship building with face-based organizations. So, a little bit ago, HUD did a in-focused message with an organization that's kind of a higher organization that coordinates a lot of rescue mission, and that in-focus message has a lot of interesting content too, we'll post up that link in just a bit. Anybody, you go and take a look at that. I think that that's very informative.

23:45 S1: It's a quick read, but we are engaging with FaceBase partners trying to bring them at the table and also educating around the importance of HMIS and gaining important buy-in from that perspective, which I think is helpful. And then the other piece I wanted to talk about is the work that's being done around the HUD-VASH data from homes and getting that in the with CSE. So this has been... This information has been out there for a little bit, so you may have heard about this if you've been working on this stuff for a while. This is a pilot project, that's been underway and what the idea around this is, we're trying to get the HUD-VASH data from home into the HMIS, it's gonna be an import. So communities will have to work with their HMIS vendor to get the information imported into the HMIS but it'll be a standard export out of the home system.

24:46 S1: So part of that work is gonna be... We're working to get part of the stuff standardized so that we'll help communities move along in this process. So you'll hear as we get that piece of the work done and the pilot completed, then more information will come out as that gets rolled out in a more general way to the public, so we're excited about that. We... This is a really key piece of work that SNAPS is focused on is trying to think in creative and innovative ways about how we can help communities increase bed coverage. That's something we're very committed to and supporting communities, we know that it's a very difficult thing for communities to increase bed coverage and you're gonna hear in just a little bit, Joan's gonna be talking about ways to be thinking about this and some other tools that are available. And you're gonna be hearing from Allyson in just a minute.

25:57 S3: Alright. So we have this little quote here, "Most valuable resource that all teachers have is each other and without collaboration, our growth is limited to our own perspectives." And I think that applies to us. And that's why we wanted to have Allyson here with you guys so that she could share some of her experience and lessons learned around bed coverage. So, I'm gonna pass it to you, Allyson.

26:22 S2: Thank you. Alright, so good afternoon. I see some familiar names, so some of you might have been with me this morning while my system administrator Kelly and I were talking about bridging some gaps. So you'll recognize this slide, but I work for CARES of New York, and this is our regional HMIS coverage and scope in New York City. New York has six implementations of HMIS, which we are one and the largest. We cover 26,416 square miles of territory. We have over 600 projects in 171 agencies and that slide is actually out of date as of last week. So we have grown since then. We have over 500 users in 13 CoCs. And we have seven staff. So while we do all of this with seven staff, we also do training, reporting, technical assistance, data management, database maintenance, project management, policies and procedures, monitoring, and grant management. So it is quite a bit that we do with those seven staff. And without the cooperation and collaboration of our communities and our agencies, we wouldn't be able to do it.

27:43 S2: So yes, we're underfunded. Yes, it's a problem. And just like all of you, we deal with it. And then we have to work with other workflows. So one of the things that I wanted to show you was our, sort of, our breakdown of our projects. Again, this is for your reference so you know what we're dealing with and can relate to it. So the projects that we do in HMIS, pretty much everything that is an HMIS eligible project, is something that we do. And over the years we've been able to attain a 98.9% HIC coverage, so 99% of our beds overall are in the HMIS. Of those beds, 61% are mandated and 39% are voluntary, and I think that's a really important deal that 39% of our beds are voluntary. And here's... What's the... Flip around, there we go.

28:44 S2: This is our breakdown. So 37% of the beds in the HMIS are actually privately funded and

have no impetus whatsoever to join into the HMIS. And I think that it's our relationship building which has allowed us to get them in. Of our beds, we actually only have five agencies that are not participating in our HMIS, out of hundreds, like we have, at this point about 200 agencies in the database. We have one Social Services Department that's not participating. And since New York State is a right-to-shelter state, that county doesn't actually even have a shelter. So all the shelter goes to the Department of Social Services. So that's a large impact, not having that... That one. We also have one city rescue mission that does not participate, and they're over 50% of our transitional beds and our largest single male shelter in that city, so again a large impact. And until tomorrow, we have one small Salvation Army transitional housing project that doesn't enter, but it's just a handful of beds and two very small faith-based projects.

30:07 S2: So we're pretty happy overall. We were able to use our information about the other projects to fill in gaps and understand our communities very well. So how did we get here? We have 16 years of relationship building. And that's really what it comes down to, and a lot of coffee. But 16 years of working with our communities and not just HMIS working with the different agencies, but with the community at the CoC level with our collaborative applicants and our planners to build these relationships. We have some techniques we've used. And they all work around, active listening, engaging the community, we go to meetings and events. We do live trainings whenever possible, even with that very large area.

31:09 S2: Even if they're remote, we try to make them live. We offer help whenever possible. I saw a lot in the chat bar about people who are going in to look at workflow or who are going in to do data entry, particularly when we first bring on an onboarding agency, getting them caught up is so overwhelming to them. So we offer our assistance either on-site or remotely to do some data entry. And we make monitoring practices a place for folks to grow instead of something that they're afraid of. You can't build relationships from behind a desk. It's a time commitment that you have to make, to actually go and physically be present. But it's one you'll get back in the end because you'll build personal relationships with users and they'll do the work because they trust that you're doing it with them.

32:04 S2: We also need to make sure that we go beyond what's required and we listen. We help with workflow, we go to the agencies as often as we can. And we assist our agencies with workflow, data integration, the agency-level reporting, grant writing, case management, collaboration. We offer technical assistance, we customize reports, we support non-HMIS software features. We offer as much real-time support as we can. We get tours, and we attend their events. We make sure that the users know that they are as important to us as their data is, because they are. Also the better we know an agency, the better we can help the community use their own data. Sometimes we'll have to suggest a different workflow, and that can create issues at first but the more folks get into using HMIS as a main part of their workflow the better it is and coordinated entry has certainly shown how important that is. Our goal is always to make sure that the system saves our users more time than it costs them. The end-users won't see it, but management will. If management doesn't have to keep going back and asking for more spreadsheets and more parsing and more data, then it saves everyone so much time.

33:38 S2: We also had to break down our barriers with the collaborative applicants and planning. We can't do this ourselves. If an agency isn't at the CoC table, they're not gonna to care about the HMIS data. It's really as simple as that. So we need to work with our collaborative applicants to make sure that the data we're giving them is useful and usable, but also that we get the CoC

agencies that are participating in HMIS, at the table to see that data. We work with our collaborative applicants to actively use HMIS, and I have five collaborative applicants. We actively use HMIS for their HIC and the PIC, for data committees, for strategic planning, for coordinated entry, discharge planning, rank and reviews, systems analysis, coordinated entry monitoring, racial disparities studies, community priorities, and predictive analytics. Now, it's taken us a long time to get up to this point, but it's all community-driven. It's things that the community sees and wants. We offer ideas, and then we follow their lead. And once other members of the community see that the data is being used this way and that funding decisions are being made with data, I want the word... The words, the acronym HMIS in every conversation around funding, because it really helps people understand that this is a data-driven process. And once the agencies understand that, they want their data in there and they wanna be represented too.

35:10 S2: We can't let HMIS become an afterthought. If people don't know what the system is, and what it's capable of, we have to let them know. And that's why it's important to be there and to work together. Some examples of how we've used the HMIS in a way that maybe is a little outside the box, but it's really been helpful is we have looked at HOPWA and viral load, and we have added some information so that we could show that housing impacted the health of our HIV AIDS community to the point where their viral load drops to undetectable and made it so they couldn't transmit the virus. And we were able to make direct correlations between housing and healthcare through that study and using HMIS data. And that has led to more Medicaid redesign in New York and more HOPWA funding. And it was probably, 'cause this happened maybe five years ago we started this, was our first really great hands-on project using HMIS data to inform the next step. So when we have these community connections, then we can design reports that the community will use. You'll be amazed by how excited people get about data when it's understandable and applicable.

36:38 S2: But you have to be willing to customize that reporting to the community needs. It's easier when you have one community. The more we grow, the harder it is to customize those reports. Because we do need to automate things, we need to make the push button. So we work with our communities as a collaborative to design reports that will help everyone and then do little tweaks for each community. Right now, for instance, our quarterly report has recently been redesigned to incorporate the system performance measures that the community members want and our monthly report which is a data completeness report has incorporated some measures that help the coordinated entry lead, monitor, what's going on in the community with discharges and intakes into projects so that if they see a CoC funded permanent housing project had three intakes in the last month, but they hadn't gotten any calls from the coordinated entry person, they can take action. So it's those little things where attending meetings, you hear and your brain can work to help. No one ever thought to use HMIS for that kind of low level, but constant monitoring.

37:49 S2: And you design these reports with the community, not for them. So just like that coordinated entry report, you need to remember that you are part of the process, but not the entire process. No one's gonna care about the reporting if they're not at the table, again. So make sure you work with that collaborative applicant with your planning team to get people to that table. A lot of times, the collaborative applicant can use the HMIS to reel people in and say, "Look, we're publishing these reports, we go to the media, it's on our website, and you're not part of it, would you like to be part of it?" And that brings them into both processes. We've gotten a lot of buy-in from our community, and we have a few things that we've done specifically to get that buy-in. And that is pro bono work. I know we all do it anyway because we're generally underfunded. But we start out

with a lot of pro bono work to get people invested. Again, it's overwhelming when an agency first comes into HMIS and our communities, so we do that entry with and for them. We give technical assistance, but we don't charge for it. We just go and we do it. We work off hours. One of our customer service reps who has done so many hours in the evening for our nighttime shelters. And it's really, really, really helpful for getting people invested and onboard.

39:25 S2: We do so much peer to peer work with evaluations of the current each of our HMIS-systems through our technical assistance work, and we've talked to so many other HMIS system administrators inside New York and outside. I recognize a lot of names on the list of participants we've had those conversations. I wanna keep having those conversations that peer-to-peer network is so important 'cause reinventing the wheel is never gonna work. And we engage the people who pay and influence our stakeholders. The reason we have 24 out of 25 of our Departments of Social Services entering data is because we have a partnership with our Office of Temporary Disability Services, who pay the Department of Social Services. And we have worked with them to find ways to make the HMIS feasible for those departments. They had to fund those departments at a different level for people to have the time and the staffing to enter HMIS data and that was a really big conversation. But they also are now requiring reports that can only be pulled out of the HMIS. There's a give and a take there. We will go to boards of directors and show the board of a non-profit that is community-based, how we can pull in reporting, and help the community understand the problem. And boards are often made up of businessmen and women and people in the community who understand how all of that links together and then they can be that bridge for us.

41:04 S2: And lastly, we are available in volunteering to assist in grant writing and funding efforts. If an agency needs data, to write their grant, we help them pull it, we don't charge, we don't wait, we will go into their database with them and we will pull whatever we can and if they have a new grant coming and they know they're gonna need to collect data, we help them modify the database immediately so they can collect that from the beginning. So get on the agendas, create your volunteer, and volunteer workers and sub-committees, offer presentations and trainings, ask committees, and sub-committees to take on work, especially your collaborative applicant and see how much farther you can go.

42:01 S2: It's really just about being a huge part of that community and breaking down all those walls, where HMIS people are just data people. We have to be an integral part of the process. And now I think they've built in some time for me to take questions that you guys might have and I'm looking through, not seeing any particular ones. But if you have some let me know, you can also email me if you go to caresny.org all of our mailing information is there rather than trying to remember how to spell my name. That seems to be a better way to do it. Also, we have our training materials, our reports, our forms are all on caresny.org, so if you want to look through how we're set up and ask any questions about that, please feel free. And with that, I will turn it back over to Fran and Joan, thank you, ladies.

43:10 S1: Alright, you have one question there that just popped up, if you wanna take it from Tyler, what's your method for making sure... Yeah, go ahead.

43:20 S2: Okay, what's our method for making sure the HIC is accurate considering there are so many programs. It's an expensive method actually Tyler, thank you for asking. So with 13 CoCs, some of which have up to 100 projects, we do a lot of using Access to create cross-walks where we go back and forth, back and forth, and we work really closely with all of our collaborative

applicants to make sure that the information they're getting from the agencies and the information we're getting from the agencies mesh-up because sometimes they don't. We've had problems with things like the HMIS name is different than the name on the GIW and so it could be either on the HIC, we don't even know what that is, or we have three agencies that are actually working on the same project, but it's one project in HMIS and three on the HIC and we've had to really go in there and break it apart.

44:17 S2: So four times a year, we actually do a HIC HMIS cross-walk in Access using the system information and the HIC information, and then during that housing inventory time, our collaborative applicants review it with us agency by agency, project by project. It takes a lot of time, but it definitely is worthwhile. The first few years, we did it, probably the first three, were excruciating and now it doesn't take much time at all, but only if we keep it up because that's also where we find out, "Oh yeah, that project got unfunded and stopped two months ago." We're like, "Well, it would be nice to make sure all those clients are discharged and close that one down then," because nobody thinks about how having 30 rapid re-housing clients hanging out in the project impacts your reporting. But boy does it. And so those quarterly checks are really important for getting all those little bits and pieces too.

45:26 S1: Right. I'm not seeing any more questions so we will move forward. You have any questions type them in and Allyson can use the Chat to address them.

45:35 S3: Thank you, Allyson. We really appreciate your experience in coming, and being able to share some great advice and ideas for us to try. So we are hoping that you are leaving here today with at least one or two, or maybe more than that, ideas that you can really go out and try in your community, and we'll have more of those in the hand-out that we're sharing. And a lot of the times we go back into our community and we have all these ideas, and we know that increasing bed coverage, we have to talk to that one emergency shelter and convince them to join. That's like our strategy. But we really wanna push us past that and start thinking about bed coverage. Like in a project management approach where you're setting clear goals, clear deliverables, that you have clear responsible parties and you have a timeline, and pretty much the same way you would measure success in any other project we do, we want you to apply that lens to bed coverage. And I'm gonna show you guys an example, but before that, I wanted to just, if you have any concrete examples that you're using right now that you wanna share that go past just that conversation that are actually actionable, that's a lot of action stuff.

46:50 S3: We wanna move you to action. Action is... That you can share with us. Go ahead and type that in the chat for us. Alright. So what you have here is a template, and it's just a template so you can take some things [47:08] ____. But what we wanted to highlight, is that this template has a goal, it has a baseline, it has an objective, it has strategic action, responsibilities, a deliverable, and timelines. And when you start thinking about what you're gonna prioritize, what you're gonna be targeting in terms of bed coverage, we want you to have this lens in mind. So I'm gonna run through this example real quickly. But really just wanted you to have those kind of buckets that you're thinking about. So in this example particularly, we have the goal to increase our bed coverage by 95%. Right now, we're at 25% emergency shelter bed coverage. And our objective is gonna be, we're gonna get data collection, reporting requirements, and we're also gonna get an MOU stating that we are gonna use HMIS as a requirement. And so that's a big objective, and we have to make it into strategic actions. And you might have a bunch more than this. This was just what did not look really excited in the slide for you. But our strategic action is we are gonna meet with that local

funder. Because that's how we get that to happen.

48:20 S3: We have to have those meetings, but we're gonna go beyond making that pitch and making them that offer that they can't refuse, and we're gonna have agreements in place. So that's our goal. And if you look at your deliverable, the deliverable is gonna be, you're gonna have a signed MOU by a date that includes language on the data collection, the reporting, and the requirement of using HMIS. And so part of the responsibilities, and what I wanted to highlight about the responsibilities, is that you have two different people or buckets of people that are gonna be doing that. And it's not just the HMIS lead. And I think Allyson mentioned this a few times. You really do also need the COC lead, and you're both gonna play a crucial role like the dustpan and the broom.

49:07 S3: The COC lead has their role, they're gonna bring the funders together, they're gonna be pushing that conversation, setting the agendas, knowing who to contact, who to talk to. And then at us as HMIS people in leads, we're gonna be there more on in terms of technical, in the technical aspect. So what is it that we need in terms of data? Do we actually need to go back and map certain things, the requirements? What is it that the COC lead is gonna need in terms of a more technical approach? So I wanted to leave you with this example. If you like it, you could totally steal this template, and we're hoping that you do, and implement something very similar to this. Alright. And I'll pass it off to Fran to talk about collaboration.

50:01 S1: Yeah. I think this piece is so important, the collaboration part. The evolution of HMIS, often in communities, has been that the HMIS lead has taken the heavy... Has taken the heavy lift on this, and just generally has been the one that has been focused on increasing bed coverage. This is not true with all communities for sure. But in many communities, the HMIS lead has been the one that's been fully responsible for making sure that these HMIS requirements get met. And here's a place in particular where it is difficult to have success without the HMIS lead. As Joan was just discussing, and certainly, if you listened to Allyson, you could hear that it's helpful to have the COC leadership involved in bringing in the right stakeholders into these conversations around how do we bring in everybody so that they're contributing to the HMIS that we're getting good round-about coverage in our HMIS? And so the collaboration part is so important between the HMIS lead and the COC lead. So you wanna be thinking about in a... On a high level is...

51:49 S1: If you don't have that, how do you get that? How do you get to a place where you can sit down and talk about that coverage? And what does that look like, and what is the roles and responsibilities that you guys will be taking on? And what are the clear goals around increasing? And who is gonna be taking on those responsibilities and champion that increasing? What does that look like? And then how are you gonna hold yourself accountable for doing that? I see in some, the agencies are full. That's always great when the HMIS lead and the COC lead are one and the same. Not true for all communities, but it is true for some. So that you have a step up in that respect. But you'll still need to think about even when it is both, even when your organization is the COC lead and the HMIS lead. You'll have to think about who are the right people to bring into the conversation to build your bed coverage, and is it... Maybe there is a COC board leadership that maybe it's someone on your board that's the right person to have a part of that conversation and bring in the right funders to the table to make that happen.

53:13 S1: So think really strategically about what you want to do, and then make sure you're getting very actionable about how you're gonna do it. I think that that's the key pieces here. And then make

sure that it's very transparent, that everybody's clear about what their roles and responsibilities are around making that happen. This is something that cannot be successful in silos. So I think that by having that conversation up front, using the document that you just saw that Joan. Went through, I think that typically can be helpful to get concrete about what steps you're gonna take, about what the benchmark is gonna look like for improvement. It can be iterative. You can start off small and do increases over time. Maybe you're picking subsections of your bed coverage to focus on and do it in bite-sized pieces and increase it over time. And maybe low-hanging fruit first and then build up. But be thoughtful and be concrete about those things. And then on the HUD's side of things, we will continue to work on making this easier also for you in trying to build partnerships with the federal partners and doing things that are innovative to help improve the bed coverage. I think that you got a lot out of the presentation that Allyson provided. They're doing a lot of great innovative things. So do we have any more questions that have come up that we wanna cover?

[pause]

55:22 S1: A few questions come in, but Allyson did a great job at sharing some experiences and examples. I don't see any unanswered ones right now. Yeah.

[pause]

55:42 S1: So we'll have a few more minutes. Go ahead and use the chat before we wrap up.