

HUD Exchange - HMIS Project Setup 101, 5/4/20

Joan Domenech: All right. I'm going to go ahead and get us started right on time, because we have a very limited time with you guys. I'm going to make sure that you guys have enabled your chat feature, because I do want to make sure that you can tell us if you can hear us, if you can't and just go through all that.

So it's going to be the -- [audio cut out] -- [inaudible] and I think this is the first session, an online version of NHSDC and we're going to be hosting three days, jam-packed -- thank you, Randy -- three days full of session. Can you hear me now, Brian.

Brian Roccapiore: Yes. You're back.

Joan Domenech: Okay. Perfect. Three days where you're going to have sessions all day long. Two parallel sessions are going to be 60-minute sessions, the same for NHSDC, This Turnaround is Working Together Across Systems to End Homelessness.

And if there is two sessions you really like in there together, do not worry because you're going to have access to the recorded versions that you can go back and take a look at and they're going to be posted in HUD Exchange and NHSDC in the near future. So Brian and I are going to do some more formal introductions but first I wanted to go over some housekeeping items.

The session today is going to be 60 minutes. You're going to have access to everything, the PowerPoint, chat, absolutely everything. We are actually not going to be using much of the Q&A box. We want to encourage you to chat really and make sure that you select everyone when you want to just participate in peer learning and we're going to have some questions throughout the session.

So just make sure that when you do chat you're selecting everybody and then for specific technical difficulty questions, we have Nicole [ph] in the background, which you will probably see as -- I see as event host and if you have questions, just technical, make sure you send to host presenter and [inaudible] in the chat.

So all of the housekeeping items out of the way. A little bit about NHSDC, really, I'd like to think it's the place where magic happens. I think it's an amazing conference that allows us to do some peer learning and collaborating and it's focused around homelessness services and data and I like to think about the first time I went to NHSDC five or six years ago and I was brand-new to the HMIS world.

And just being able to be there and participate and listen to everybody ideas just really left super encouraged and it's also that place where you can talk about data and people don't really look at you with a glazed-over look or like they're about to sleep, you can have really meaningful conversations.

So NHSDC is going to be sending you a survey. So watch out for that as part of your emails. We are going to pull up a poll. Nicole's going to do that in the background. You're going to see that

in your panel on your right and while you answer this poll Brian and I are going to do some quick introductions.

So that is me, I'm also the person in the camera talking. This is me in Peru, in Machu Picchu and up there, that super big mountain, is Huayna Picchu and that is where I discovered I do not really like heights.

I am currently a program manager for CHS and part of their federal TA team and I do a lot of work on HMIS and data quality and SPMs and before that, I worked locally in Central Florida and was the coordinated entry program manager and the HMIS program manager, not at the same time, because that is a lot but did a lot of work there. So I'm going to pass it on to Brian so he can introduce himself.

Brian Roccapiore: Thank you, Joan. Brian Roccapiore. I am a TA provider with the Cloudburst Group. If you have taken part in any of the HMIS sysadmin webinars, you probably recognize me from there. I have a wide portfolio of homeless programs and data analytics work and prior to coming here I spent six years in the great State of Connecticut as their HMIS lead.

You'll see the picture of the left side of your screen, those are the people who you will probably hear yelling in the background throughout the course of this presentation, whether it's a Nerf battle or somebody got hurt in the backyard, I'm just going to apologize in advance that I'm going to ignore it and just keep moving.

And I just want to say that I know we are in HMIS Project Set-up 101, which is real edge-of-your-seat kind of content here and we're going to do our best to keep everybody engaged as we go along. So when presenting things like this, it's always nice to have a live audience and the real benefit of the NHSDC Conferences is the ability for people to share peer-to-peer and jumping in with what best practices they've learned.

So we're going to do our best to create that virtually today. So if we ask you to hit up the chat box or take part in a poll, if you all could participate that would be absolutely awesome. And I think Joan said this before, but this is the first session of NHSDC this year, certainly the first virtual session of NHSDC.

So you all get to be our participation guinea pigs today and appreciate you taking this ride with us.

And here's what we're hoping to accomplish today, go over the fundamentals of HMIS Project Set-up and why it's important to set it up properly, not just for reporting the right data but also for the required reporting that goes along with reporting that right data, get a better understanding of HUD and the federal partner Project Set-up and data collection for all of those various acronyms you see on your screen.

We're not going to go into every little piece of that, but I will certainly give you a general understanding and most importantly, learn about the resources that are available, where you can go, what kind of documentation exists and who are the people you can lean on when you have

those questions. So with that, I'm going to throw it back to Joan for the first half of the presentation.

Joan Domenech: Awesome. So I have the poll answers and it seems like we have the majority as HMIS system admin, some HMIS lead and trainers, but really, the bulk is HMIS system admin which is probably the right audience for this. And how long have you been in that role? It's a little bit mixed.

A lot of people between six months and a year and then we have a few people that have been in HMIS three-plus years. We are going to cover very basic things, but it would be really good if you stay and share best practices with the rest of us, because I'm sure three-plus years and you have a lot of good stuff to share with us.

Brian Roccapiore: And that's where all the hard questions are going to come from, I can almost guarantee it.

Joan Domenech: Yes. But we don't know your name, so we're not going to be able to call on you. Okay. So we wanted you -- and using the chat function, again, what do you see as your biggest challenges with Project Set-up? And I'm going to let you -- Brian, if you can read some of those that come in.

Brian Roccapiore: So it looks like some folks don't have the option to send it to all participants. So if that's not there, you could just send it to all panelists and I'll just rattle off the answers as they come in, those -- Joan and I will be able to see those. If not, you can switch the two box -- hopefully to all panelists, we'll have the tech folks in the background check on to why that might not be the case.

So -- but what you're seeing on the screen right now is what Joan and I did at the last NHSDC Conference when we were in person where we figured out in real-time that people could put emojis into the response boxes for the poll we were doing so you could see the crazy-eyed face or the thinking face or the brain exploding face that people associated with Project Set-up.

Joan Domenech: Brain exploding face, definitely my favorite.

Brian Roccapiore: My biggest challenge is ensuring that all HMIS users are properly trained in data entry. Chelsea [ph] says, "Figuring out definitions." Definitely a big one especially when you're new to this world.

I came into my role as HMIS lead after working in employment services for a decade and I thought that knowledge base would transfer over, but that was certainly not the case because this is an entirely different world of different acronyms. Link shelter voucher projects communicating the need for details and Project Set-up to programs, that's a good one.

All the difference in software specifics, new agencies and projects not knowing how to complete HMIS set-up forms or understanding HMIS requirements. Often, people who are filling out those forms HMIS is the 15th hat they wear in their position. So I feel you there.

And projects that serve multiple CoCs, we're actually going to talk about that in a little while. Then you've got new Project types like Project Roomkey. For those unfamiliar with Project Roomkey, that is the non-congregate shelter situation going on for the FEMA-funded shelter beds in California.

Hyper-specific on that question, but we'll cover some of that stuff later. Project data entry challenges surrounding everyone speaking the same language, program, funding, HMIS, etc. and selecting the right type of project for different programs. So those are the biggest challenges, you guys hit it on the head.

Joan Domenech: You're in the right place then. So really wanted to talk a little bit about why we do Project Set-up and why doing it correctly matters and throughout the years we have been moving more and more to a data-informed homelessness world where we're actually really being intentional about data in using it.

And the correct set-up is going to allow us to ensure that we're collecting the right pieces of information and that we can ultimately report on how our system is doing over time and really dig into and answer crucial question about the people we are serving and the services that we're providing them.

So before I go really deep into why data is amazing rant, which I tend to do, I'm going to back to the slides and really talk about why this is important to me. I'm a super visual person and we're going to be using Project type programs, UDEs, all these types of words and acronyms where it just really seems like when I started it was like a complete new language.

So here is how I visualize these terms in a way that was relatable. For me, Project types, when I talk about that, it's the different types of services that we're providing on the ground, street outreach, transitional housing, emergency shelter. When we talk about programs, we now start thinking about how those different services are being funded and then UDEs --

If anybody knows what UDE is, type it in the chat, you will get a virtual high-five. And UDEs is going to be what we want to know about participants is those characteristics. There you go, Jody Lego [ph], Pat Frey [ph] got it, virtual high-five. It's really those characteristics that we want to know about participants.

Next slide. And this here we're going to dive deeper and actually formally define these a little bit better. For the programs, again, it's how they're funded and you're going to have different sysadmin programs, CoC, Continuum of Care, ESG, HOPWA, PATH, VA, RHY and then you're going to have a really large list of program components.

The ones you see on the screen, they're just like a list of when we combine all the different programs, the ones that fit into this page, some of those program components, Safe Haven, street outreach, supportive services. And then HMIS project type is how we translate these program components into what I call HMIS Speak and it's how you're going to be able to set up these projects in HMIS.

And there's really slightly different program components and translation in HMIS and that's why we are going to really be honing in talking a lot about the manuals, because --

I'm going to get to the manual in a second, but it's just very complicated, which I thought would be a really beautiful way of showing how programs translate into project types, but just to acknowledge that what we're doing is complicated and we should always be really referencing those manuals.

So in -- because we do have time limitations and are not going to be able to go into the 40-plus different program components, we are going to take the CoC as an example and really just want to talk about why it's important to set them up correctly.

So what you see in your screen is going to be six of the seven different program components under CoC, supportive services, homeless prevention, transitional housing and for permanent housing, you have PSH Rapid Housing, then you have the joint component.

And I'm not going to define these, but wanted to mention that all these programs ultimately want to do the same thing where they want to serve homeless persons but how they do it is different. The intensity of the service, the eligible cost and the length of the service is different for all of them.

So when we set up a project and we're going to go back and look at reporting, if we don't select the right program components, we're going to have flags all over the place.

For example, in terms of length of homelessness, if you see somebody that is in permanent supportive housing project and they've been there 10 years, that seems normal, however, if you have a person in transitional housing and they've been there for 10 years, that would likely raise a flag and it's something that you would want to look into.

So really want to hone in and -- like all of these programs in front of you are meant to do different things. So how we set them up really matters. And so what you see here we've pulled directly from the manuals and we'll have links to all of these manuals for all of the six programs.

And you can see the different program components and then what they will translate to in terms of HMIS. The CoCs specifically, they kind of tend to stay fairly similar.

So you have permanent housing and then you have two options, which is, in HMIS, the PSH or Rapid Re-housing and then supportive services only is one that's a little bit different and you'll be able to reference a chart below that'll talk about how you can specifically set up those SSOs and acknowledging that that one is one of the most complicated set-ups for this.

And we are going to talk a little bit about that today and we also have a session tomorrow, we'll go into supportive services online. And then you have the joint TH and Rapid Re-housing which you set up as two different projects, but overall, the CoC program components, they kind of stay close to what the translation in HMIS is.

For HOPWA, this is one of the examples where they don't necessarily -- the program components don't really realign with what they translate into -- in Project Set-up for HMIS. You can see the bottom one, the short-term rent, mortgage, utility assistance, that is going to translate when you set it up in HMIS as a homeless prevention project.

The permanent housing placement is going to translate as services only. Housing information, services only. I'm not going to keep reading this slide to you, but you're going to have one of these for absolutely all of the programs. Here's the one for RHY, here's the one for PATH, here's the one for ESG and then you have the VA one.

And I was three years into my HMIS role and I still pulled the manuals up and used them to help me set up projects. Things are changing, evolving all the time and you really want to just go back and look at them. They're one of those papers where you spill coffee and you just -- or if you're online, it's one of the ones you want to really keep looking at.

So what we've done here is we've kind of put up all those resources together for you. The HUD HMIS main page, if you don't have it bookmarked, I suggest you put a bookmark. It's kind of that resource where you want to go before like you do any search and just go in and take a look at it and then you have the six -- like general information on the six programs and the specific manuals for each here.

And you'll get access to all of the slides. This is not supposed to be like this, but I guess we are not going to ask you what PDDE stands for because you can already see it. It's Project Descriptor Data Element. So there goes that. I think I'm like -- the animations I don't think work, we figured that out. That's what we're figuring out right now.

So we're going to talk a little bit about PDDEs and why they're important. PDDEs stands for Project Descriptor Data Elements and they're the -- they're critical in terms of studying of projects.

I think about it as when you really want to know something about a -- anything outside of HMIS and you create an assessment and you're very intentional about these are the questions I want to collect and you usually aren't thinking about those questions because you have a specific idea of what you want to report on.

And PDDEs are set up in a similar way that allows us to identify the organizations, the specific project details and attach that to a client record in HMIS. The PDDEs, I'm not going to read the slides, but they allow you to do all of that and in our next slide we're going to go into the overview of them.

One thing to mention is you want to update these regularly. At a minimum, you want to update them once a year and usually people do that close to the housing inventory time, take time, but I really suggest and find it easier that you are making the changes as they happen and that you have specific people designated to make those changes because it can get really messy if you have a bunch of people making changes to the same projects and their data elements.

And so here is the list of the PDDEs. You have the organization information. That's going to be the name of the agency, the project information which is going to be the project name, the operating start date, end date.

This one is one of the ones that I always suggest that you think about having a very intentional naming convention, because when you go back and they're looking at your housing inventory count and you're comparing year to year, I learned this the very hard way, when you're comparing those two sheets and the names are different, it becomes really messy.

So just if this is something that you're new at, really think about having a name convention and being very intentional about that. 2.03 is the Continuum of Care information and here's where you're going to do -- set up the CoC code and geo code. I am a fan of mapping and all of those sorts of -- this one's a really interesting one.

Specifically, if you have multiple CoCs, this is one of the ones where you can kind of take that field and sort and filter out your CoCs by that specific geo codes. And then you have the funding sources which is going to be the grant identifier, grant start date. And then the bed and unit inventory information which is where you're going to put all your take information.

So PDDEs and HMIS Project Set-up we want to make sure that if you leave with something today you leave with all of the resources that you're going to need to correctly set up a project and that you leave knowing that how you set up your project is going to impact your reporting.

Some examples, SAGE, if you're familiar with SAGE, is not going to accept your CSDAPR or your CAPER if the HMIS project type does not match the project type funded. The same applies to the RHY repository. Another example is when you incorrectly set up projects, SPMs and LSA, you're going to see flags all over the place.

An example is let's say you set up a TH as an emergency shelter, you're going to look at your list of homelessness and your SPMs and say, why did this go up so much and it's going to be because you incorrectly set up a project and that's just one of the very, very many -- and I'm sure that you all can testify and give us a lot of other examples.

But really want to hone in into we want you to take your time and set them up correctly. And I'm going to pass it on to Brian to talk a little bit about UDEs.

Brian Roccapiore: Thank you, Joan. You are now on chat box monitoring as I go through this stuff. So HMIS Universal Data Elements, they're required to be collected by all projects participating in HMIS regardless of their funding source. So projects that are funded by one of the federal partners that we went over or other projects that aren't funded by a federal partner source.

Example being like a rescue mission or one of the Project Roomkey projects, non-congregate shelter situation that might be like a state-funded thing. Anybody that chose to participate in your

HMIS is required to collect those universal data elements. And why? Because they're the basis for producing unduplicated numbers out of your HMIS.

For people experiencing homelessness, the counts that we do, people who are accessing services, the demographic information that we all produce from our systems, we can use that to figure out patterns of service use, how long folks are staying in the system. It is the fundamental data that HMIS collects on absolutely everybody.

The universal identifier elements, the name, date of birth, social, race, gender, ethnicity, those are required one time per client as many times as that client stays in the system, just one time. However, if upon a project start, if you identify that any of those information are incorrect or maybe outdated, you can go back and update those in the system.

So if Brian, for example, was in a street outreach project and I didn't want to give any of my information, then I went through and as time goes on I'm enrolled in a Rapid Re-housing project and all the sudden that information is there, you can go and update that client information. The remaining universal data elements, the Project Stay elements, those are updated once per project stay, which makes sense because it's things like project start date, project exit date, destination, relationship, head of household, things like that, things that are more dynamic and are going to change for each project stay.

Again, this is like a 10,000-foot version, maybe even a 100,000-foot version. If you want to get more in the specifics on any of this stuff, the HMIS standards manual is the way to go and will provide you with all of that extra level of detail. So Joan, am I presenter or are you still controlling things here?

Joan Domenech: You are the presenter, but I can change it for you.

Brian Roccapiore: Thank you. I don't see the controls on my screen. Welcome to the first presentation of NHSDC folks.

Nicole: Hey Brian, if you just hover onto the left of the screen you should see arrows. If not, Joan and I can help you control the slide.

Brian Roccapiore: I do not see it. So Joan, if you could drive for me, I would appreciate it.

Joan Domenech: I got you, I'm driving.

Brian Roccapiore: I will -- okay. Fantastic. So someone had mentioned before about projects that serve multiple CoCs. So I just wanted to take a quick second and talk about 2.03 and 3.16. In HMIS terms, that is the CoC code and the client location and how they work together, which is both wonderfully simple yet somehow infinitely complex at the same time.

So there are instances where projects can operate in multiple CoCs and each project can be set up with multiple CoC codes to record where those projects operate. And 3.16 is about where that client is tied to in terms of reporting purposes, because we're going to have to run the system

performance measures in the LSA, what have you and we need to make sure that those clients are being pulled into the proper client universes in all those reports.

It really helps for accuracy in reporting. So I just wanted to give two quick examples of what that might look like. Joan, if we could jump to the next one. This first one is example of like a regular Rapid Re-housing project. So CoC B was awarded Rapid Re-housing project.

That client was enrolled in that Rapid Re-housing project, was housed by that Rapid Re-housing project and recorded in that project's HMIS. However, that client's market rate apartment was found across that CoC border. So you're in CoC B, you happen to find a room in CoC A.

In this situation in HMIS, everything is just recorded in CoC B's information. There is one project, there is one client code, it's all in the HMIS, nice and easy. Regardless of where that market rate apartment was found, it's all going into one HMIS. The second example, Joan, if you can jump to the next one, is a little bit more complicated.

This is what we call the SSES scenario where there are -- there's one project being entered in one HMIS that spans multiple continuums of care. So this is where things can get a little stickier when projects cross CoC boundaries. So if one project is funded in multiple CoCs, both of those CoC codes would be recorded in the Project Set-up for that project.

Both of those CoC codes would be available for client location. So depending on which project that client was served by they would be recorded in the correct CoC. Now, if that was all being entered in this diagram into the HMIS of CoC A, there would have to be some kind of agreement in place to get that data into HMIS of CoC B.

So when their system performance measures are run or whatever that case might be, it would pull in the proper number and CoC A's clients wouldn't seem artificially higher because it was really in the CoC B. Now, those are two scenarios out of potentially thousands. I'm sure I did not cover every one that you might have been looking for today.

That is where the AHU desk is going to be your best friend in terms of asking those more specific scenarios. So we can go to the next one. And PSDEs, not to be confused with PDDEs, because we like acronyms for everything. The Program-Specific Data Elements are to provide information about the characteristics of clients, the services that are provided and the client outcomes associated.

So these were all developed cooperatively with the HMIS federal partners and some of the program-specific data elements are across all projects -- or all federal partners, I'll say. Others are limited to single federal partners. Just -- and can even get more specific in that they're only for certain program components of certain federal partners and all of this is outlined in the manual that Joan was speaking about before.

Program-specific guidance is issued through HUD with the cooperation of the partner programs and for everybody that uses HMIS. Ideally, an HMIS must have the ability to enact and restrict visibility of these elements based on the funding needs of the program.

Now, this is where things get a little different and I can't get too specific, because each HMIS kind of does this a little bit differently and it can do it by whatever means you choose, whether that's hard-coding in the system or customization by your system administrator, but vendors should know that no federal partner expects that any project would have all the data elements visible to users at any time.

The preference of the federal partners is that they only use the program-specific data elements visible by the people who are actually using those. And it also includes the coordinated entry data elements which we're gifted that they were pushed back until October 1st. So we all have a little bit more time to figure that one out.

Joan, if we can jump to the next one. So the common data elements are on the left side of your screen but there's some differences by the funder component, example being like HOPWA requires a T-Cell count, the RHY projects ask about sexual orientation at entry and VA projects get very specific on veteran stuff.

So I wanted to talk about the coordinated entry side of things real quick. What they are is they were intended to standardize -- and they are intended to standardize data collection on the components of coordinated entry, like access and assessment, referral and prioritization and there's a bunch of differently ways that you can implement these.

Again, I'm not going to go over them all but I wanted to give you like a high-level view of how those coordinated entry data elements could be implemented. So Joan, can we jump to the next one?

Joan Domenech: Yes.

Brian Roccapiore: So just four very basic examples. Again, this is a spectrum here. So it could be one of a thousand different ones in between. So we're going to start on the left with only one coordinated entry project in HMIS to all the way on the right with no coordinated entry projects.

The one on the left is a single front-door approach. So everybody comes in, everybody is having all of their assessments recorded, all of the prioritization is done in one single coordinated entry project. What I will note is that if you have a coordinated entry project, there are no PSDEs associated with it. So you don't have to collect like the income and the non-cash benefits for anybody coming into those project type 14 projects.

The second one over multiple CE projects. If you think about a CoC, that's like a large balance of state where one kind of coordinated entry project doesn't make sense, it's possible that you have multiple hubs or regions or counties or whatever and all of those can be set up individually and you can collect all of that information so you can aggregate it up into one big coordinated entry report.

Third one in is all of the projects are all participating in coordinated entry. So they're all gathering those coordinated entry data elements and then for the ones that aren't participating,

maybe you have a street outreach project or two that's not directly into your HMIS, those can go into like a catch-all kind of coordinated entry project and have those reported there.

Or the one on the right, if you have 100 percent participation in your HMIS and that are firing on all cylinders, you don't even need a coordinated entry program because your system is your coordinated entry and everyone is reporting all of the data elements that they need to in those projects.

The next slide shows a visual of what that looks like in terms of like that single coordinated entry project. I don't want to go too deep into the specifics, because we only have an hour together and I wanted to leave some time at the end for questions and answers, but this is like the [inaudible] scenario; right?

And so there's a centralized model, all the crisis beds are prioritized by the triage phone line that comes in, all of the assessments and referrals are all recorded directly within that project. So you can see kind of that entire continuum if someone stayed within their -- in the coordinated entry project.

So the way that works is the entry data and the prior living situation are collected at the point where they initial hit the system on triage. All of the UDEs are collected there and the assessments and events are just recorded throughout the system. Now on the next slide you could see that it gets more complicated in real-world situations where you might have some projects participating and some not participating.

This was the third scenario on the last slides where maybe you have a couple street outreach projects that aren't participating and while everybody else is and they're reporting all of those coordinated entry data elements you can use that on a coordinated entry project to make sure that you have that full look at the universe of everybody who is in need of a housing subsidy or whatever that looks like in your system, whether that might be a light-touch intervention, just some diversion or remediation, whatever that is.

You really have that universal look of everybody who is in need of assistance. So jumping into the next one.

Joan Domenech: Brian, I'm going to -- there's a question --

Brian Roccapiore: Oh, yeah. [inaudible]

Joan Domenech: -- in the chat. How are UDE's different from PII, Personal Identifying Information?

Brian Roccapiore: So they're not, UDEs or PII. PII is defined as Personally Identifying Information which is what is collected in the universal data elements. Specifically, the personally identifying information, the name, the date of birth, the social security number, the race, gender ethnicity, it's HMIS talk for personally identifying information is the universal data elements.

So now here, little interactive here, we mentioned throughout the presentation that some reasons why the Project Set-up is important is because of the reporting. I was hoping we can get some of you folks to share your experiences in the chat box, any examples of experience of how Project Set-up has impacted your reporting.

I'm a particular fan of where things have gone wrong. I think those are the best examples that we can all learn from. If not, I've got plenty of examples from my time as an HMIS lead that I can share with you while they're coming into the chat box. So hopefully you are all diligently typing down there and as you are, I can fill what will be dead space by some of my stories.

We had a transitional housing project in our system that had gone offline and they didn't bother to tell anybody about it. So there were a bunch of clients in a -- they told the people who are in the project and they were all moved to the appropriate housing, however, HMIS was the last thing on their mind while this crisis was happening, understandably so.

And in terms of like system performance, you could just see the time that those individuals were spending in that housing project just getting bigger and bigger and bigger and bigger until the point where everyone was in that project for over two years and it finally raised that red flag for the HMIS sysadmins to make that phone call and figure out what was going on.

And Pat in the chat box, the geo codes not being set up caused a lot of errors in the LSA, yes. So my LSA story, I was the lead during the first round of the LSA submission and I was in the trenches with you when I got my 4,000 errors back on my report from HUD. So I feel the pain of the initial LSA process and it will be much, much easier this year.

There was a lot of lessons learned last time. I see a question that says what Susan Walker [ph] asked but I don't see Susan Walker's question.

Joan Domenech: Yeah. I do not either.

Brian Roccapiore: So Susan Walker, if you want to send that to all attendees, unless you are just sending it to the participants in the room, which is also a thing that I might not be seeing.

Joan Domenech: We have a new question.

Brian Roccapiore: Oh, thank you. "How do you handle unsheltered coordinated entry clients who do not have street outreach or emergency shelter entries?" Oh, there we go, thank you, Susan and thank you, James. How do you handle them.

Is the question how are they enrolled in a coordinated entry project or -- I guess I need a little more information on the question, because if you're enrolling them in a Type 14 coordinated entry project, you would enroll them as you would anyone else.

If you could think about it like they're -- let's say they're associated with a street outreach project that's not in HMIS, they could still be enrolled in the project type 14 with their current living situation being unsheltered, which would, in your system, allow you to understand where that

client is and be able to track them for the purposes of prioritization and rehousing. I hope that makes sense. If not, keep typing.

Joan Domenech: And Brian, we'll let the questions keep coming in and we'll talk with them at the end. Let's move to the polls, because we're at 12:40 I think. So that side of it.

Brian Roccapiore: Oh, okay. Sorry. I have a tendency to ramble on. So we have a couple questions based off of commonly asked questions coming into the HMIS AAQ Desk for Project Set-up stuff. So if your organization is an ESG-funded shelter and street outreach project, can that be set up as one project in HMIS?

The poll is now open. And I'm just going to let there be uncomfortable sounds for a few seconds as a -- James said, "Would you suggest setting up a catch-all program for individuals like that?" Yes.

So coordinated entry is a little different from what we have become accustomed to in terms of HMIS data standards in that it is extremely flexible with your community and you can kind of make them what you need to be based on the compliment of how your coordinated entry system works.

It's not as prescribed as a lot of what we have experienced in HMIS. So if that works for your community, absolutely, you can create that coordinated entry project and you can have them in there for your coordinated entry purposes. And the correct answer is, no, you cannot set them up as one project.

So good job, everybody. The next question is, "Are all projects required to collect universal data elements?"

Nicole: The poll will be closing in 20 seconds.

Joan Domenech: Thank you, Nicole.

Brian Roccapiore: Thank you. So Susan's, "Clients in coordinated entry who are housed but you don't have an ES or SO entry do not count as exits to permanent housing the system performance measures because they didn't exit from an emergency shelter street outreach." That is correct.

Coordinated entry data is not in the system performance measures and yes, good job, everybody. And Susan, I'll get back to you in one second. And the next question is, "Can a CoC-funded VSP or Victim Service Provider use your HMIS is no other project can see their data?"

And back to Susan's question is, "The solution to make sure that all coordinated entry clients have an emergency shelter or street outreach entry." The solution for sure is to have 100 percent coverage in your HMIS. That is the gold standard; right? I'm sure that's not the answer you were fishing for there, but ideally all projects serving individuals who are experiencing homelessness are in your HMIS.

So then you'll have that full and complete picture outside of the victim service providers, I just gave away the answer to the poll, would be participating in your HMIS. The goal is not to have your coordinated entry system create another emergency shelter project of which you would be entering and then exiting people from.

I think that data entry version is unrealistic. The catch-all coordinated entry project would be for those who are not in any of the HMIS participating projects if that's how your coordinated entry was set up. And that is correct, no, the comparable databases need to be completely separate from HMIS.

They can't be HMIS, I don't care how strong your security is, I don't care what level of encryption you have, it needs to be a separate database for your victim service providers. We have 18 minutes left. I am going to barrel through the last of my slides here of things to consider. Joan, I believe this is back to you.

Joan Domenech: Yes. So a few things to consider that we want to make sure that you leave knowing, when you are setting projects in HMIS, you should not be setting them up by yourself. Communication is going to be super important and key. You are going to want to consult with the organization that's actually doing the -- like is funded for the project with the CoC lead and HMIS lead.

It's almost like a triangle. So the agency, CoC lead and HMIS lead. And the reason why is that you really want to collect the right information from the get-go. At one point, I was creating projects like if they were coming out of a Pez dispenser and quickly figured out that you do not want to do that.

You want to be super intentional and we'll talk in a second about having a process for that, but as a rule, you really want to have the communication with the CoC lead and the agency. Just something that you should always know is that when you're setting up a project, because we talked about this earlier, they have different eligible costs, they have different intensity of services.

You cannot really set up a project that has two different project types within the project. Each Project Set-up has to have their own different -- own project types. They have -- they can be connected and there's nuances in how you do that, but really, one project type. Project reporting requirements, if you are setting up a project, you should be talking about what the reporting requirement is from the beginning.

You want to know what are those questions. I am one of those persons that will really advise you to maximize the use of your existing reports. There's so much out there already.

You have Stelopy [ph], you have SPMs, APR and CAPER. There's a lot out there and there's a lot we can do with what's out there and get creatively about how you disseminate that information, but if there is something that is just not in your reports and you really, really need to

have it because the person funding you is telling you you have to them or there's another really good reason, make sure that that is part of the conversation when you are doing the set-ups.

And if you have custom fields, which again, I advise that you really want to think through and be very intentional when you do have those custom fields, you want to make sure that they're mapped correctly and you want to make sure that you keep up with them.

So that's a few things to consider. This is an example of very -- a very, very high-level example of a procedure and we really just want to mention that having a procedure to set up a project is going to save you a lot of time and it should be a simple, very clear procedure that doesn't have to take a lot of time, but having something where you have these are the steps to set up my project.

And I think Brian's going to walk you through the example that Day [ph] used in Connecticut as a Project Set-up procedure.

Brian Roccapiore: Thank you, Joan. I was just answering stuff in the chat box, but -- so Connecticut is a single-state multi-CoC open-ish data sharing implementation of HMIS and it wasn't always that way. It used to be six different implementations that were all merged together.

So like Joan was saying before, setting up a proper naming nomenclature for your project is super important, because when we had multiple instances getting merged together, we had half a dozen projects that were just named shelter which is totally not useful when you're running a system [inaudible] report to figure out like what shelter that person was actually involved in.

So we set up a new agency form which is filled out by the organization requesting a new project to be set up in the system. The way that it functioned in my old state was that each organization would have what was known as an HMIS data coordinator, sort of like the lead data person at that agency so we could filter all communications at that organization through that person and that is the person that would fill out this form.

And these are the PDDEs that we were going over before in more of a plain English version so we can get the level of information that we need in order to set up that project properly.

This gets submitted to the system administrator who then usually facilitates a phone call with those organizations, because even though all of the information here is what we need to set that project up, someone had said it before, people not requesting the right information in their things when they set it up properly will lead to incorrect data collection.

So if we didn't know that the emergency shelter you're requesting was actually like an RHY basic center project, we wouldn't be gathering the RHY level of information. So the phone call goes into play when we need to know specifically more details about what's going on there.

It is an involved process for sure, but putting in that extra legwork in the front end has yielded hours and hours and hours saved on the back end of cleaning up that data or going back and

adding in the extra project data elements after the fact when you've already been collecting data for six months and then we figure out what was going wrong.

We can jump to the next one. Just want to talk real quick about what is available out there. The HMIS data dictionary is -- so you can see the dependencies of the data elements if I answer this question this way, then what are the questions that come up is very text-specific, gives you the details on the .xml and the .csv's that come out of the system.

The data standards manual is more of, again, I'll say the plain English version which explains like the rationale behind why things are being collected and then the -- those two documents together create the entire world of what HMIS is going to be collecting and then all of the federal partner manuals are available to help with the federal partner-specific data collection, because just because there's a Rapid Re-housing program exists over here doesn't mean it's collecting the same information as the SSVF Rapid Re-housing program.

So all of those manuals exist to help you -- help guide your Project Set-up as it goes. And the other resource, Joan, if we could jump to the next one, is the HMIS Project Set-up tool -- oh, no, we have one more slide here before I get to the Set-up tool, which there are videos available for - from HUD about HMIS Project Set-up.

If you have that kind of time, I suggest you go and watch that, it's actually really good. It goes into explicit detail about how to set up the projects and again, if you hit that my project doesn't fall cleanly into one of these buckets situation, access the AAQ Desk, that's what it's there for.

And the Rapid Re-housing bed and unit inventory information is there for you. That can get a little tricky, because there's not like a set amount at all times, but that is a really good resource for you to set that up. So now the Project Set-up tools, it's available on the HUD Exchange.

It guides you in setting up your projects in making sure that one, you can set up the projects the way that you want them to be set up and two, that you're collecting the necessary data in all of those projects. Joan said before it's a good idea to kind of revisit that once a year.

It really is a good idea to revisit that once a year, because things do change and you want to make sure that your HMIS is collecting the right information, because ultimately, yeah, your vendor should be taking care of that, but it is the CoC's responsibility to make sure that it's functioning the way that it's supposed to be.

So as the HMIS leads, you should review all that once a year. So I'm going to go through two quick examples on here. Number one is if you have two different Rapid Re-housing projects, a CoC-funded Rapid Re-housing project and an ESG-funded Rapid Re-housing project.

What the Project Set-up tool does, I was just pointing at my screen so you can see what I'm pointing at, but the green box and the blue box, program one and program two, you can select different federal partners and the different project types there and what it does at the bottom is it lets you know if you can in fact set those up as one project.

And in this instance, you're good, you can go ahead and you can set up both the CoC Rapid Re-housing project and the ESG Rapid Re-housing project in one project. Just because you can doesn't mean you should. It really depends on the reporting needs of your system and how your system can report out on things.

So always keep that in mind if you're setting up projects of multiple funding sources into one project. Just make sure that you're taking your funder's reporting needs into consideration when you're doing that.

In the second scenario on the next slide is if you have an ESG Rapid Re-housing program in an ESG Homelessness Prevention program, just because they're both ESG programs they're inconsistent project types -- inconsistent program components, as it says on the screen with multiple explanation points.

And whenever you fill out a form and you get letters in all red with multiple explanation points it's never a good thing. So it lets you know exactly that you cannot do that and do not set these up as one project. And if you find that you disagree with the tool, again, throw that to the AAQ Desk.

This has been pretty well tested. So we'll say, yeah, sorry, the tool's right, but you could always go ahead and use that as a resource. We can go to the next one, Joan. Some resources for you real quick. The SNAPS data strategy, so we can see like the bigger vision of where CoC should be in like three to five years.

That's available right there. HMIS lead series tools, there are some great checklists available for working with your vendor or working with your HMIS lead making sure that everybody is covering all of the things that they are supposed to be, there are more on the way.

If you are not part of the HMIS lead and sysadmin hub, you can get yourself added by going to that site right there, which will be available on the PowerPoint after we wrap up here or send an email to hmis@cloudburstgroup.com and ask to sign up, we're more than happy to have you.

There's monthly meetings that take place and there's a lot of resources that go out from there. So it's good to be clued-in and just another means of communication. I know we all get a billion emails, especially now that we're all working remotely and have nothing but time on our hands to send emails, but there really is a lot of good information that comes out of there.

I think I have one more after this which is the COVID resources, yes. So why we are all at home today, as we're all aware, is the current pandemic and there's a lot of questions about how to properly set up your projects or privacy concerns in relation to COVID-19.

That all lives on this page on the HUD Exchange along with a number of community examples about how communities have gone about setting up collection on symptom screening or their non-congregate shelter set-up, Project Roomkey was one of those. So that is all there for you to use.

It's going to be updated as more and more becomes available and as like the new ESG-CV guide is available. It will all live on the HMIS resource page. And we can go to the next one. And Joan is the lucky one who is going to be doing HMIS Project Set-up 201. So I will let her talk about what is coming up in that session.

Joan Domenech: Yeah. So tomorrow we are going to be having the 201 version of this and we're going to dive deeper and our whole presentation is basically this slide. We're going to be talking about all of these common challenges and give you best practices and solutions for them.

So if any of these are things that you want to talk more about, including comparable database, I saw some questions in the chat, reporting, all those things, multiple funding sources and how you set up multiple funding sources, the new demo funding sources, tune in for tomorrow where we'll have a lot more time -- well, 60 minutes to talk about these specific examples.

And so we have -- we talked a little bit about the AAQ. I am sure we did not really address every question that you might have.

If you do have questions that aren't answered, we have, I think, like five minutes now where we're just going to -- if you have questions, put them in the chat and we'll use the rest of our time to answer those questions, but if there's something that we didn't get to, just make -- like really know that you can ask questions in the AAQ, there's people behind it.

Brian is one of those people. So they are very intentional about making sure that they get you the answer that you need and you're not alone when you're setting up these projects, there's people that are out to help you. So we are going to use the last five minutes of our time -- if you have any questions that you want to put in this chat, we're going to use the rest of our time for that.

We did have one, Brian, from Bethany [ph], "What does mapping custom fields mean?" You probably can explain it way better than I can. I'll leave that one for you.

Brian Roccapiore: Mapping custom fields. Okay. So I believe that was about coordinated entry data elements. So coordinated entry became a thing well before the coordinated entry data elements became a thing.

So different systems were recording their assessments in HMIS however it is they were recording them and making sure that when you are mapping those assessments in your system and the outcomes associated with those assessments that they are mapped properly to the coordinated entry data elements.

And there's a lot of flexibility in there for you to record different questions, different assessments, different outcomes with those. So working with either your sysadmin or your vendor to make sure that the way that you were doing it is mapping to the way that is going to be required when the ultimate coordinated entry APR is going to be produced.

That is, I believe, the nature of the question. And before I was talking to myself on mute, as I often do, there was a question about the victim service provider and when they can and can't be

added to HMIS, I put a link in the chat box to the comparable database section of the HUD Exchange and that has a really good decision tree for when you should or should not use a comparable database.

So it runs down the different scenarios about what makes a victim service provider, what percentage of the population you're serving are people who are experiencing domestic violence and it goes down the list and it's pretty easy to follow and it's another one of those things where, again, if you don't fit cleanly into that box there's the AAQ for you.

Joan Domenech: Mm-hmm. We have a question around when the slides are going to be made available. We're hoping that within the next few days they're going to be made available for you guys. Also, Maddi [ph] shared a resource that she thinks is going to be helpful. So that's in the chat if you guys are interested in clicking that.

And then we have a question, "Can you repeat when HUD Universal Data Elements is required? Are there any conditions at all when they would not be required?"

Brian Roccapiore: So they're required of all projects that are participating in your HMIS at time of project entry.

That doesn't mean that let's say Brian is going into an emergency shelter and I say I don't want to give you my name, you're not supposed to -- you have to take that for what it is and are options of data not collected for things like that, however, the data quality of your system is measured and uploaded in a number of different ways at this point.

So it will negatively impact the quality of your information, not just from that one project but it's going to eliminate the ability to duplicate Brian across multiple projects. So it's to everybody's best interest that data is recorded accurately. So there is no you can't record the universal data elements, it's expected of everybody that's participating in HMIS.

Joan Domenech: I have a question. "How do you encourage clients to give those UDEs if they are unwilling?"

Brian Roccapiore: So with one minute left I will tell a quick story about when we switched from an extremely siloed version of HMIS to when we started sharing that client-level information across all projects.

And it was a big concern amongst a number of our providers that it was going to be negatively impacting all of the projects participating and when we made that switch to the either you're in our system or you're not in our system, instead of only this project can see it 99 percent of the clients who were coming into the system opted to come into the system and it was one or two projects that were the holdouts, the legacy projects, as I like to call them, who refused to kind of do business in any way and it was how the information was being relayed to the people who were enrolling in the project.

So it's not just turning a piece of paper around and saying these 100 projects are going to have access to your data, do you want this to happen but making it a positive of this helps facilitate housing and expediting your ability to be housed at the end of it is where we kind of landed in our trainings to help the people who are sitting down and conducting those interviews, the intake specialist, the case managers, about what the benefit of HMIS is and not just selling it as big brothers coming after you but the ability to more quickly and readily have access to your information to your benefit so we can ultimately provide that housing resource.

Not that they wouldn't have the opportunity to have all those housing resources without their information in the system, because that's totally fine, but it makes things a lot easier if it is. And we are one minute past time. So thank you all for hanging out with us today. There -- at the end of this, I believe, our email addresses are on the screen.

So when the postings go up, there they are, you can find us. And Joan, did you want to talk about the certificate of completion real quick, being one minute past the hour?

Joan Domenech: Yes. There -- if you completed this, you are a part of the completed sessions for the HUD certificate. So there is going to be more information on that, but you need to make sure that you enter your contact details, were included in the beginning of the session, and then you would receive basically credit for participating and there is four -- you have to complete four out of the seven on the foundations track.

Well, thank you everybody and thank for you participating. There's a few things in the chat. If your question wasn't answered, send it to AAQ. And we're going to go ahead and end this and enjoy the rest of your afternoon and make sure to catch some of the other live sessions.

Brian Roccapiore: Great. Thank you, everyone.

(END)