

HUD Exchange - Implementing and Operating Coordinated Entry System Project, 5/5/20

Meradith Alspaugh: Good morning, everyone. I was on mute there for a second. Sorry about that. We're going to go ahead and get started here with our "Implementing and Operating Coordinated Entry System Project" session.

Before we get into our content, though, we do need to do just a couple of housekeeping items. And you might have already heard these if you've been on some of our other sessions, but we're going to say them again.

This webinar is going to be about 60 minutes long. We are recording and you will be able to access the recording on the HUD Exchange in the very near future. Everyone is in listen-only mode today because of the high volume of participants.

Also want to point out that there is a Q&A box. Oh, I'm sorry. This is the chat. This is the Q&A. We are not going to be using the Q&A box. Please use the chat box for this session today. It just makes it a little bit easier to do some interaction with you all and for Abby and I to do some more engagement. So please use the chat box.

Please also -- you'll see in that two section on the chat box -- make it all participants so that we can all see your questions and comments. If you do it to attendees, we will not see those. So please go ahead and do that for the chat.

Just quickly wanted to put some information up about NHSDC. As you know, NHSDC typically does two different conferences every year. This conference is our first attempt at the virtual conference, since we weren't able to get together in Minneapolis in April. So we're pretty excited about this new format. We appreciate you all joining us and sort of going through this experiment with us.

You will be receiving an email from NHSDC with a survey. They ask that you please submit that information so that they can use that to do some planning and better understanding for future conferences.

Also encourage you to check out the NHSDC website, sign up for their listservs, get some more information there.

Today we're going to obviously be talking about coordinated entry project setup and implementation. So couple things that we're hoping to achieve during this call. Having a better understanding of project data collection and reporting requirements, a better understanding of how to implement the data elements, and then how to set up those projects in HMIS.

Before we get into all of the content, though, we want to have just a couple of quick poll questions so we can sort of gauge who's in the room and where you all sort of are with your implementation of coordinated entry.

So you'll see over on the right-hand side of your screen a couple different poll questions. Please tell us who you're representing today; you can select more than one option. And then give us a sense of where you are with fully implementing HMIS coordinated entry data elements in HMIS. We'll give you a few seconds to do that. (Pause.)

Female: The poll will be closing in 20 seconds.

Meradith Alspaugh: OK. So it looks like we've got mostly HMIS system administrators on here, which isn't surprising. But we've got a number of CoCs represented too, so that's great. With kind of a smattering of some other folks here too. So welcome. Thank you for joining us again.

And then to the question of have you fully implemented, we've got a pretty even split there across the yes, almost, and not yet. So that's good to hear. But we've got more people that have got it implemented or almost, so that's great. Hopefully we're able to help you with any outstanding questions or challenges you're facing today. Maybe learn some new information and we can sort of get you over that hump.

Which leads us sort of to our next question here. This isn't a poll question but we do ask that you put some information in the chat box. I think it would be helpful for us to sort of get a better understanding of what challenges you're all still facing as we're sort of walking through this content, so that we can make sure if there's something we need to pause on or focus on, we can do that.

So please use the chat. Please let us know what challenges you're still facing, what struggles you're having with getting these elements implemented and your project up and running in HMIS.

And as you're doing that, I'm actually going to turn this over to Abby Miller from the SNAPS office at HUD who's going to talk with us just a little bit more about coordinated entry.

Abby Miller: Great. Thank you, Meradith. Can you just confirm you can hear me? OK. I always get nervous I'm double-muted in here.

So we have been getting a lot of questions, particularly in this pandemic, about coordinated entry. And I think rightfully so. It's been quite a headache to implement and I think people are still struggling with it. And so there's been a lot of questions of, ugh, do we have to keep doing this? Well, the answer is yes. Coordinated entry remains a requirement for CoC and ESG-funded projects. And that extends to the ESGCV money that's coming out.

But we believe that coordinated entry can be used to meet urgent housing needs associated with the COVID-19 risk factors, as well as other vulnerabilities. And if the policies are done right, they really have the potential to protect those who are most vulnerable to the virus's severe effects by speeding up those connections to permanent housing for people who are at high risk of COVID complications.

To do that, though, I think the second bullet is something that we probably haven't said as much as we should and I think it's also not been heard in this way when we talk about coordinated entry. But coordinated entry should be set up in a way that allows for regular evaluation and changes to the policies and procedures.

So any time that your community's needs are shifting, which now is a prime example of that, you should be able to revisit your prioritization policies, the types of assessment that you're using, and make quick changes to those things to facilitate the responsiveness that needs to be there for coordinated entry to truly work.

Because what coordinated entry has done is, instead of having individual projects all with wait lists and eligibility criteria and other things, coordinated entry was meant to provide an easier path to that housing, one that promotes fairness and promotes equal access across the programs. And in a lot of cases I think it has ended up creating inadvertent barriers because it doesn't move quickly enough and because assessment has been really burdensome.

So I think we are really keen to use this time to reinforce that coordinated entry is a living thing that can be changed and that now is a really good time to be changing.

So let's see. We're going to talk a little bit -- so I'm going to come back to the COVID changes. But I want to talk a bit about the data elements themselves before going to that.

So believe it or not, our intention was not to create a necessary data collection burden. What we want is for communities to use HMIS data to quickly provide access to those who are in need of services or housing or both. And the elements are intended to improve the consistency of the data that's collected, to maximize the impact and to standardize reporting, which allows us to understand more about what is happening across the country and make solid policy guidance for you all. But we can't do that if we don't have some sort of standardized way to understand what's happening.

So with this approach to the coordinated entry data collection, communities will have information on all households in a housing crisis, not just those who are served by HMIS contributing projects. So if you have low bed coverage, the coordinated entry elements give you space to collect data that you otherwise wouldn't have. And by enhancing that data collection and standardizing the data on assessment prioritization and referrals, you can assess the effectiveness of your coordinated entry, as well as whether the coordinated entry is operating with fidelity to those policies and procedures.

And it helps answer really critical questions that inform your strategies for strengthening your system -- your crisis response system -- and your ability to target resources appropriately. So it should help you answer are pathways to housing as fast and effective as they can be? And so that's from point of identification in the system to move-in, which you can't tell just from a program enrollment.

Are we successfully diverting people from the system? Are we using problem-solving to make sure that people don't have to come into the crisis response system when they don't absolutely

have to? Are we using our resources to house the most vulnerable people? And who is getting left out? What resources are needed to end homelessness and where are the gaps? And finally, which households touch the system and then exit without a funded homeless-dedicated intervention, versus those who are only able to exit with homeless assistance?

So collecting these data supports management reporting on -- beyond these sort of outcome-based questions. It also helps with the management reporting on specific parts of the coordinated entry process. So active client lists, coverage and demand, permanent housing placements and retention.

So I would encourage you, if you're already very familiar with it, HUD's Coordinated Entry Management and Data Guide on the HUD Exchange, on the coordinated entry toolkit page, it outlines how you can use your coordinated entry data for monitoring and evaluation, as well as other things. And talking about privacy and security.

OK. So I want to touch on a couple points about COVID and coordinated entry on this last slide before we dive into nuts and bolts of data.

So like I said, right now is the time to be considering changes to your coordinated entry to make it function better. So we have a lot of new resources through the CARES Act that are arrived and also still on their way with the second round of allocations. So you have to make sure that the prioritization criteria that you're using is efficiently and accurately targeting resources to families and individuals that are impacted by or at high risk of being impacted by COVID-19. This is a really important moment to make those changes.

Systems like Corrections, health care, they're rapidly updating their operations in different ways. But they are doing it quickly in response to the outbreak. And that could have dramatic impacts on the flow of families and individuals into homelessness. And so we need to be prepared to respond and provide what we have to them.

Also, we've developed coordinated entry really in a context of scarcity. Most places in the country have had a scarcity of resources. And with the CARES Act funding, it is certainly not the budget that would completely end homelessness, but it is significant and it is a significant increase.

And so as those additional permanent housing resources are developed and the programs are stood up, this is an opportunity to think about coordinated entry not in a resource-scarce environment, but also think about -- OK, I have actually quite a bit of rapid rehousing. Maybe I can use simpler criteria to assess and prioritize people because I can house a large number of people.

So if resources allow for housing large number of people in unsheltered locations, in congregate shelters, or in the temporary non-congregate shelters, then really sophisticated or nuanced assessment and prioritization might not be necessary.

So consider that and talk with your CoC counterparts. I'm happy to see that there are a lot of CoCs on here today who are also hearing that message. But carry that back and make the changes that are necessary.

I think some of the things that we need to think about with updating prioritization policies and assessments and tools, we have -- it depends on the system, on how you set up the governance of coordinated entry. But you really should have a wide array of people at the table and also be able to move quickly. And so I realize that those are intention and that folks in the communities are going to have to figure out how to balance intention.

But people with lived expertise of homelessness or lived experience of homelessness should be involved in implementing and especially in evaluating your prioritization strategy. So this could require temporary changes or permanent changes to your governance and leadership structure and decision-making process.

We think that to actually respond in this current moment that your system should have the ability to evaluate, update, and implement changes to your policies and procedures within 10 days. And then also have discussed and communicated those changes with organizations who will be directly involved or impacted.

The third point is thinking about determining who gets prioritized. So what we know from the CDC guidance is that people -- there are particular populations who are high risk of developing severe COVID-19-related symptoms. So as of today -- and this guidance has changed as the CDC has learned new things -- but it's those who are 65 and older and people of all ages with particular underlying medical conditions. They're at higher risk of death than most others living in congregate settings or unsheltered.

So rehousing this high-risk population not only gets people rehoused, but it also is a prevention and limiting tactic to spread the impact -- apologies -- to limit the spread and impact of COVID-19. So prioritization policies should support that swift assessment and rehousing for anyone meeting those risk factors.

But because the science is providing new information to us as we go, CoCs should be working with your local health partners as you go to understand changes and be able to then fold those into your prioritization.

And the last thing I want to talk about before going back into the full data is that we need to be using our coordinated entry and we need -- and also our CARES Act funds that are now coming out, to address the inequities in our systems. And not just inequities that our systems have created, but the inequities that have stemmed from a long history of racial disparities in other systems.

So one of our original goals in creating coordinated entry was to ensure that we're not leaving out the most vulnerable. But despite the implementation of coordinated entry, we've found that people of color -- particularly black people -- and LGBTQ-identified people, and all of those

intersections -- so people of color who are also LGBTQ-identified -- continue to have longer periods of homelessness, longer times to be housed, and higher rates of returns to homelessness.

And we also know from the CDC that people of color, in particular black people, also are experiencing disproportionate impacts of COVID-19. And these -- both these health and housing disparities represent high vulnerabilities that coordinated entry should be actively addressing.

So CoCs can't set prioritization based solely on protected classes, but you can and should prioritize the vulnerabilities that are created by that compounding effect of other systems' inequities that contribute to people of color experiencing homelessness and severe symptoms of COVID-19 at higher rates.

So as an example, housing barriers like criminal records, poor credit histories, and histories of evictions, all of those things have roots in -- disparate system impacts on people of color. Those are vulnerabilities. They don't have to be personal vulnerabilities; they can be systemic vulnerabilities because they contribute to difficulties accessing and maintaining housing.

So again this is a moment that we can use what we understand about the health disparities and what we understand about our housing disparities to reshape our coordinated entry to be a more equitable space for the people in our community.

With that I will turn it back to Meradith.

Meradith Alspaugh: Thanks, Abby. I also just want to say real quickly thanks to everyone for all of your feedback that poured into the chat with some of the challenges and the issues that you're facing. There definitely seems to be some themes among those different challenges. And hopefully this is maybe an opportunity to talk about some of those, both with Abby and I or with each other.

The unfortunately very overused phrase right now, we're all in this together. The communities are in this together also, right? Like, with implementing coordinated entry in your systems. And we have a lot of large (balance ?) of state CoCs, some of which have been more successful with developing some different policies or procedures. And I think for peer resources and sharing and learning that information from each other is going to be really helpful.

I want to flag this question real fast from Siobhan (ph), "Is the COVID-19 documentation to support changing priorities to include changes in vulnerabilities specifically surrounding race?" Abby, are there some tools coming out with an equity lens on them?

Abby Miller: Yes, there are. So we are -- I hope that you've all been getting the Daily Digest out of HUD Exchange. We are continuing to send any day that we have any new resources that we've produced, that our TA providers have produced, or that we're finding as we look across our partners' websites, we are sending out that Daily Digest to highlight all of those.

So if you are not signed up for the listserv, please get signed up. Go to HUD Exchange and you will get in real-time -- as soon as we get these approved and posted, they are going out on next day's Daily Digest.

So we are -- we have actually quite a few very short products on equity and what exactly that means in different contexts. How you apply it to coordinated entry, how you apply it to a rehousing strategy.

And we are -- I will just say one more thing about that. We're taking an approach of short and to the point, because we know that we're all overwhelmed by this. And so we're trying to get you resources that are really actionable, really action-oriented, and that you can pick up and use.

Meradith Alspaugh: Great. OK. So let's sort of change direction here just a little bit and dig into some of the nuts and bolts, as Abby mentioned. I know several of you are HMIS sys admins on this call, so you may have seen some of these slides before. But we wanted to talk through, generally speaking, some of the project setup and data collection points to hopefully address some of these questions.

So when looking at coordinated entry project setup, when considering how your projects get set up in HMIS, there's kind of no wrong way to do it. We've been thinking about coordinated entry project setup as sort of a spectrum.

So you can go from the left side of your screen where you have sort of the tightest, neatest, cleanest way of setting up a project in your system, which would be only one coordinated entry project that every entity that is relevant would have access to. So your outreach workers would have access to it, your shelter workers, whomever in your community would be the most appropriate to access those coordinated entry projects.

And then we have all the way to the other end of the spectrum where there is no coordinated entry project in HMIS, where there's not a separate standalone project type 14 -- I think it's 14 -- in your HMIS. But rather, you integrated these data elements into the data collection sort of work flow, so to speak, of those individual projects.

And then we've got sort of everything in between, right? We've got some cases where there's multiple coordinated entry project setup for different sites or different phases of the process. We might have sort of a catch-all project that exists in addition to having just added those data fields to existing projects. That has been used in a lot of cases where maybe coverage is lower and there is a need to have sort of a, again, a catch-all for collecting that data.

The important part here is -- and I know that when we, I think, originally talked about these months ago on sys admin calls, we didn't have a report sort of framework or structure yet for using the coordinated entry data elements, which we do now and we'll talk a little bit more about later.

But I think the message still is true that what we're looking at from HUD's perspective is the ability to generate these reports on all these pieces of the system. So within the HUD-required

reporting anyway, we're drawing these lines, the red boxes, around what's getting picked up to be reported.

So again, it's less important to get hung up on having a single project or having two projects, or whatever it might be. It's OK that it's going to look different in your system if that's what's meeting your community needs. So again, to Abby's point, this wasn't intended to be data collection for the purpose of data collection, or burdensome project setup. It's really to try to work with what's currently working in your systems, right? So setting up these projects, reporting on these projects in a way that works for you is really the goal.

When we start talking about the actual data collection that's required for these coordinated entry data elements, it's important to think about who we're saying has to collect this data. So any CoC that has an SSO-CE grant has to collect this data. It's also strongly encouraged but optional for CoCs without the SSO-CE grant. It's required for the SSO-CE grant recipients to collect that data in the full CoC, because when it comes time to reporting on coordinated entry for HUD they are looking for a system-level report.

As you all I think probably know also, the data collection effective date or go-live date has been pushed back again. It is now on October 1st of 2020. I just want to bug, though, too; there's no reason to wait. If your community is ready to go or can get it up and running before October 1st, there's certainly no reason to wait. You don't have to hold off on doing any implementation until October 1st if you're ready to go.

I think, as Abby mentioned also, we're -- HUD's looking to collect this information about all household members -- I'm sorry, to collect information about all household members into CE projects. However, the specific coordinated entry data elements 4.12, 4.19, and 4.20 only have to be collected on the head of household, not all household members. So only doing that assessment and event -- and current living situation for the head of household.

At the point that these data go live in your system, which is no later than October 1st, you do not have to go back and enter a whole bunch of data on science that you're not working with anymore. There's no requirement to do back data entry. And the point at which your system goes live, you just would want to make sure that you're collecting and updating information on your active clients as needed.

So again, there's not a desire to make this super burdensome and go back to October of, you know, 2019 and start collecting all of this data. Just as soon as you get started, start collecting that data. And there's a link here -- if you're not already familiar -- to the data dictionary and other data standards, resources, that goes into a little more detail with some of this stuff.

So I've got on here to do a deep dive of the coordinated data -- coordinated entry data elements. I don't know that we're going to dive into all of these fields, but there's some that I just want to make sure that I call out because we seem to be -- questions that we're commonly getting. So just want to sort of call these out.

I think one that we get a lot is about what does "community defined" mean? What are we supposed to be doing here? And I think that community defined is really what it is. It is whatever your CoC has determined to be your assessment.

So some communities use a specific tool that's widely available. Some have a localized assessment that they have created themselves. But these assessment questions and assessment answers here are really whatever your CoC wants them to be. So these two are a pair. So the question is, "Where did you sleep last night?" The answer, shelter, or whatever it might be. Those go together.

Similarly with the assessment result type, that goes with the assessment result. So an assessment result type is going to be related to the type of assessment you're conducting. So it might be that you're going to be producing a housing stability score or a total score or a recommended placement, whatever that means in your community. And then again, this result is going to tie to that.

So this is going to be -- if your result type is a housing stability score, well, what's the score? If it's a total score, what's the score? If it's a recommended placement, based on the answers to these questions, what is the recommended placement? Like rapid rehousing, PSH, whatever that might mean.

So this is something that HUD knew would take a while for communities to implement, to work with vendors on getting these things programmed, which is why there has been so much time given.

So again, we get these questions a lot. If you have questions about what fits in here or what doesn't fit in here, please submit an AAQ. We're happy to help you understand that in the context of your community. But there's not sort of a one-size-fits-all here. It's going to be really community-specific.

And then in the additional fields in the coordinated assessment element, there's some -- what we would call HMIS sys admin managed list of locations. There's several of these types of fields in the data standards, and in particular in these two elements for coordinated entry.

The intention here is for system administrators to have the ability to create custom option lists or have standard responses here. We recognize that might not be possible in all systems and so that might be something that the vendor has to work with you on. Or it might just be a text box where a user can enter information. But really, its goal was to make it a standard by the CoC that the sys admin would be able to manage and work through.

Assessment type is fairly straightforward. The assessment level, this is another place we get a lot of questions, the assessment level being crisis needs or housing needs. Again, HUD does not have a defined tool for a crisis needs assessment versus a housing needs assessment.

However, the intention here is to identify, did you do an assessment that was focused on an immediate resolution to address an emergency need? Or were you doing a more in-depth

housing-focused assessment? So were you assessing someone to come into shelter? Were you assessing them to go into housing? Were you assessing, again, a crises need, so diversion or prevention, whatever that might mean in your community? What type of assessment did you do?

If you have only one assessment type or -- I'm sorry, assessment level in your community, that's OK too. HUD's not saying you have to go create a separate type of assessment level. This is again what your community is currently doing.

OK. Let's dig down into the coordinated entry event data element. This one tends to be a little easier for folks. We don't get quite as many questions about this. I think the main point I want to make about the event data element is that you're recording what is happening with a particular person.

So what -- if you made a referral to something, some of the questions have an outcome associated with it. So if you referred them to problem solving -- or they participated in problem solving diversion, rapid resolution, was it successful? Similarly, if they were referred to after care post-placement, were they enrolled? Those are generally pretty straightforward.

Also with the referral to housing location. So they were referred to a shelter, a PH bed, an RRH bed, whatever that might be. It's important, though, to note in the context of this data element what HUD is looking for is that the client was actually placed in the project. So when this says referral, it means that there was actually an opening that the client went to. A bed was available and they went to it.

This is not intended to be a waiting list or referred to -- you know, just giving someone a sheet of -- phone numbers to call and say, try this place. This is literally a bed was available for a person and they were placed into it.

Again, we're going to see this location of crisis housing or permanent housing referral. This again is intended to be a list that a sys admin would manage. Again, may or may not require vendor intervention. If this is a limitation in your software, it can also just be a text box.

The other point here in the referral results, it's going to be really important to make sure that these are recorded. These are being included in the annual performance report that's going to HUD starting in 2021. So making sure that you're going in here and updating the information for referral result. So if a referral was made to a housing program, was it successful? Was it unsuccessful because the client rejected it or because the provider rejected it?

There have been some communities that have been able to work with their software provider to try to automate some of these different dependent fields. So if there was an intake that occurred in a shelter, this could potentially be automated to "client accepted," or there may be some technological way to make improvements on the data collection and ease some of that burden for you.

Susan, I just saw your question pop up on the side here. Referrals are only supposed to be -- oh, and it just moved. "If referrals are only supposed to be made when the client will be accepted,

then why have the result question? I was planning on looking at referrals versus successful referrals to estimate unmet need."

So the referral -- so you would make the referral to the project, right? Like, there is a bed open at this particular shelter. You tell the client go there at 8:00 p.m. to check in for your bed. So that referral is made. Whether or not the client actually shows up is I think what we're looking for at "accepted." Or when the client shows up and for some reason they're unable to stay there, whatever that might be. That maybe they get there, they don't want to stay there, they don't like the bed they're placed in. Or the worker determines that person's not eligible for some reason to be in that project. Then that's what we would be recording with those referral results.

OK. Clicking along here with the current living situation. This one we get tons of questions on and this is one where it feels like in particular people worry about the burden of collecting this data. So the intention here is not to have lots of people collecting this data element, right? The intention was to make it to where you had an idea of where clients are currently living as they're going through the coordinated entry process.

Everyone knows that living situations of people experiencing homelessness, particularly those experiencing unsheltered homelessness, can vary over time. And this is an opportunity to be able to record and track where that client is currently living. That may be recorded by a street outreach worker. That may be recorded when they call the central access point to get assistance with coordinated entry. It can happen at a variety of different places. And I think it's going to really depend on what your project setup looks like also.

So if you're a single coordinated entry project versus a sort of no-wrong-door, for lack of a better word, where every single project is able to record those fields, you might not need every single project to record that they had an interaction with that client if they don't need to record it.

If your outreach workers is recording that they had a contact with a client, there's no -- really no reason to also contact coordinated entry and tell them, I have an updated living situation. It's really -- it's not intended to be -- again, it's not intended to be burdensome. So I think when you're thinking about implementing this particular element and think about how it is meaningful for your community and who is currently collecting it. And if they're already collecting it, can that information be used for coordinated entry rather than collecting it again?

The other part of the current living situation is getting at the different categories of homelessness. So this isn't necessarily always going to be relevant to coordinated entry, but if there is someone who is in a situation where they're going to have to leave within 14 days and they don't have a subsequent residence identified, don't have any other options, haven't had a lease or permanent housing the last 60 days, these different questions can be used then to determine if a particular client may meet a different definition -- or a different category in the definition of homelessness.

So again, this isn't required to be filled out if the person is currently on the street or in a shelter. This is only going to be for those folks that are at risk of losing their housing.

And then finally, on this 4.12 -- which again, the intention was to make this helpful for folks -- was to be able to give some location details.

So if there is a person who is experiencing unsheltered homelessness and they are moving from one camp to another camp, or moving from different parking lots to other parking lots, this is an opportunity for that outreach worker or that coordinated entry worker, whoever's having that interaction with the client, to be able to add that information so that at some point when that person's name comes up for housing or they're ready to be moved in, it may facilitate making it easier to locate that client.

It may also enable your community to know more about where certain people are staying who are unsheltered.

So before we get into that next slide, before we go into challenges that we've heard -- I want to talk a little bit more -- is there anything, Abby, in the chat box that we should pause and address?

Abby Miller: Yeah. So I've been doing some frantic triaging, but we'll see. So I have a couple questions that I will read to you.

Meradith Alspaugh: OK.

Abby Miller: One is, "I might have misread the coordinated entry data elements, but do you really have to enter a new line for 4.12 with every contact that a client has with your centralized intake team?"

Meradith Alspaugh: A new line? So -- sorry, were you going to say something?

Abby Miller: I think the question is, do you have to record every contact. Is that right?

Meradith Alspaugh: Yeah, I think that that's how the instructions are written currently. If there is an interaction -- so if they're calling to check on their status on a waiting list, or some reason they're interacting with coordinated entry, to just quickly update that current living situation. So that if that has changed really, that we know that -- or that your CoC or CES knows that information.

Abby Miller: OK. Let's see. We've also had, "How does funding come into play with project setup? We have one HUD-funded coordinated entry staff, paid for with the SSO-CE grant. And then we have a separate project with non-HUD-funded staff. Do we need to do this --" I'm assuming "this" -- "for the APR, or can we merge it into one project and report out on the whole project?"

Meradith Alspaugh: So that's a good question. And we'll talk hopefully -- I know we're already 11:15. We'll talk a little bit about reporting. But the intention with the reporting for HUD is that it is a systemwide report. So regardless of who is funding different aspects of your coordinated entry, if you have a HUD-funded SSO-CE grant, HUD wants to know about your entire system.

So that means your non-HUD-funded coordinated entry workers, that means -- in a slightly different way -- getting information from your victim service providers who are doing coordinated entry in their comparable databases. Or if there's some other -- I don't know what the other would be. I think it would just be HMIS and comparable databases.

But yes, the intention is to pick up all of the information in your system about coordinated entry and report that to HUD.

Abby Miller: OK. We have some more questions that I think -- let's see. (Pause.) I think we should keep going and then I'm going to keep triaging these, because I think -- or do we only have 15 minutes left?

Meradith Alspaugh: We have 15 minutes left.

Abby Miller: OK. So I'll ask a couple others. "I understand there's no back entry required for clients we are no longer working with as of 10/1/2020. But if we're expected to have all of our active clients in the project, would their data need to be back entered?"

Meradith Alspaugh: To the extent that you can do it. I mean, I think -- and Abby, you can say this too. But the first report for coordinated entry is going to come due October 1st, 2021. So the goal would be that between October 1st, 2020 to September 30th, 2021, that you've got all of these data collected in your system. HUD recognizes that it's not going to be perfect, that this is an evolving and ever-improving process.

And so the goal would be to have all of that data updated for all of your active clients, to the extent that it's applicable for your clients. But if it doesn't happen, there's not -- I don't know that -- (inaudible) -- HUD's not intending to penalize communities. They're trying to work with you on getting --

Abby Miller: That's right.

Meradith Alspaugh: -- this done. Maybe you should say something. I mean, since you're HUD.

Abby Miller: Yes. This is HUD. Always feels a little weird. But yes, we are humans. We understand that this is a really complicated thing to implement. And especially because we're implementing data elements after we've been implementing coordinated entry, that it's a difficult retrofit. So data quality will be understood to be not ideal in the first submission.

OK. I think -- I want to ask myself one -- (inaudible). So here's one, "Our CES prioritization is VI-SPDAT score with a tiebreaker of length of time homeless. How do we collect information needed to do prioritization based on community needs? It's very vague how to do this in the presentations."

I agree. We are always very vague about it. And we are vague because we don't want to prescribe something that doesn't work for your community. But you'll see in the chat I put, for instance,

something that USICH had produced specifically thinking about race and how you can do that analysis.

I think the very best thing that you can do as a community is to look at your data. Look at your data that's in the HMIS and figure out -- and I suggested in the chat using Stella Performance. If you all are not using Stella Performance, you should be. You really should be. Because it takes your data and allows you to see across the system.

Do you have any disparities based on demographic factors. Do you have disparities from key subpopulations? So it's limited. It's not always the same in what you can see. But there is ample information there that you can start to understand how your system is leaving certain groups of people behind and helping other groups in disparate ways or in equitable ways.

And I would say that is the point. If you can understand where your system is leaving people behind, that should become the basis of your prioritization policies and your assessment. So if an assessment is not working for you, if you're using a tool that you then have to extrapolate out or add in a bunch of other information, just if you could wipe from your mind that you have to use an evidence-based tool, this came from HUD originally.

We said, use an evidence-based tool; make sure it's standardized. What we mean by that is you have evidence in your community about who is experiencing homelessness, who is resolving easily, who is not. Use that evidence to create a tool and a process that you apply to everybody. That is the standardization. And only ask for the information that you need to do the prioritization.

So like I said, now with so many more resources, you may not need to do all that much assessment. But it needs to be -- there needs to be a relationship between community need, assessment and prioritization, and available resources.

And I think that we've had is we've gotten really stuck on the assessment and getting it perfect and we haven't been paying enough attention to the relationship between those three things.

Meradith Alspaugh: Yes. Thank you. Abby, if it's OK, I kind of -- there's a number of questions about reporting. Can we jump ahead --

Abby Miller: Yeah, let's do it.

Meradith Alspaugh: Let's talk about reporting just real quickly because I want to make sure we're getting some of this information out here now.

Abby Miller: Totally.

Meradith Alspaugh: So the HUD CoC program is the only federal funder requiring a CE-specific annual performance report at this time. So I say that because I want to point out -- because we get this question a lot -- ESG -- the ESG program does not require a separate CE CAPER. ESG-funded activities that are carried out as part of the coordinated entry process

should be set up in HMIS -- must be set up, rather, in HMIS -- using the project types available for the ESG program. So a straight outreach program, an emergency shelter project, a rapid rehousing project.

Those projects are submitting their CAPER, their standard CAPER, how they've always done their CAPER. They're not reporting information about coordinated entry. It is entirely possible that the staff in those projects -- the street outreach workers, the shelter workers -- are participating in your coordinated entry system. They are providing the screening and assessments. That information may also be getting recorded in that emergency shelter project. But in the context of the ESG CAPER, that information is not going in the CAPER.

That information would get picked up in the bigger systemwide report that we're talking about for the CoC's APR.

Just quickly on the current APR for coordinated entry. We've had this question come up a number of times too so I just want to call it out. There is currently a coordinated entry APR. All SSO-CE grant recipients are supposed to be submitting this APR.

Currently it is primarily a narrative APR. There are two data tables but they're not necessarily -- there's not specifications for them. There's not necessarily an expectation that your vendor has programmed something for you. But that may be the case -- if your vendor has programmed something for you, it also may be the case that this is in HMIS. So you would need to find some other way to get that information.

But I wanted to call out, for those of you that maybe haven't done your APR yet this year, there was a slight change in the table for those two assessment questions -- or for those two data table questions. We previously -- it said "households with unaccompanied youth," which caused a lot of confusion about how the definition of "unaccompanied youth" was being used. So the intention there was actually to say "households with only children." So that table has been updated and now you can see that.

So that's for the current APR in SAGE. That will be the APR that you continue to use up through September 30th, 2021.

At the point that the new APR goes live in October, you'll be required to upload a CSV file for your coordinated entry APR. And again -- and I've said this before -- this is a systemwide report. So the programming specifications that have been released at this point for this report instruct vendors how to search the entire universe of your CoC's projects in HMIS to pull in this data.

And I think someone asked this question in the chat, "4.12 client location is not in the APR." That's correct. It's not currently in the APR. The APR right now is -- or in the future with the CoC is going to be focused on number of people served, household compositions, and then number of assessments completed, number of -- or looking at the referral event and the outcomes of those events. So it's not looking specifically at the client location.

It's also not looking at the details of those assessment elements, right? Like HUD's not asking about specifics that might be in those assessments. Those are really just for your community's use; they're not going to HUD.

So this new APR in October of 2021, it will have these 10 tables in the CSV APR upload. And then a few narrative sort of checkbox kind of questions, really -- hopefully a lot more streamlined than the current coordinated entry APR. We really tried to make it as easy as possible for folks to use.

But with the CSV data it's, again, going to be on all projects in the CoC's coordinated entry system. And if that CoC includes a VSP -- so a victim service provider -- then that SSO grant recipient is going to have to upload to CSVs. The expectation is that they're going to be able to upload the HMIS coordinated entry APR CSV, as well as a comparable database CSV if they're operating coordinated entry.

So again, HUD is interested in looking at the whole picture of coordinated entry, but recognizes there might be situations where -- you know, with comparable database, they can't get that data into HMIS, obviously. So if that system exists, then HUD wants to have two CSVs uploaded.

Similarly, if the victim service provider is the recipient of the services -- (inaudible) -- grant, they're also going to have to upload two CSVs, one from their comparable database system and one from the HMIS. Again, with the intention of HUD having the ability to look at the entire system.

Again, we kind of already talked about this so I'm not going to read this again, other than to say vendors have been instructed to make this report something that is able to be generated by a system administrator. HUD recognizes this is a different way of doing APRs and it's potentially going to be a challenge. But the expectation is that the system administrator is going to be able to work with the CoC and pull this information without vendor intervention.

So we're at 11:27 here. We did have -- we wanted to talk a little bit more about what kind of reports you might be having or you might already have or you might be having built by your vendors. But I think we might go back to -- again, I saw that question panel blow up there. See if there's anything we need to stop and talk about.

Abby Miller: Yeah. So I think one Evan Caster (ph) has written in is, "The current APR put out from the CoC APR guidebook does not include 4.12 current living situation. How will HUD monitor this data element? Will there be a new APR for the first coordinated entry data report? If so, when will this be released so CoCs can prepare?"

Meradith Alspaugh: So that's right. The CE APR that goes live -- well, the current one that's live now and the one that goes live in 2021 -- does not currently -- it does not have the current living situation in it. HUD does not, to my knowledge, have a plan for evaluating that at this time. So that's where we are with that.

Abby Miller: Yeah. And I will say, when we constructed these elements we were trying to balance what communities needed to better manage their coordinated entry and understand who was in the system and what we needed at a national level. So that's one of the judgment calls we made.

Let me see what else. OK. A challenge. Can I give you a challenge? Although we're at 11:29. Do it.

Meradith Alspaugh: Let's do it.

Abby Miller: "Our biggest challenge is being able to pull these new coordinated entry fields into a report that allows us to review the information quickly and on an ongoing basis. Our HMIS solution is straddling two reporting softwares right now. Haven't provided anything to (use ?) and we don't have the capacity to build our own report for this but contract the ever-changing housing status each time the person interacts with an assessor or provider."

Meradith Alspaugh: Was there a question. I mean, I think --

Abby Miller: It's just a challenge.

Meradith Alspaugh: Yeah. So I think that's something to continue to work with your vendor on. And we continue to provide support to vendors and try to make this as clear to them also. I think having two systems that you're working with is a double-whammy of a challenge there. Yeah.

Abby Miller: Yeah. And I did not -- that's not to pin you down. I just -- I think it's an important challenge that probably a lot of people are having.

Meradith Alspaugh: Yeah.

Abby Miller: We are at 11:30, though. And so I feel like we should wrap up. This was not enough time.

Meradith Alspaugh: No.

Abby Miller: But thank you. Thank you for spending the hour with us.

Meradith Alspaugh: Yes.

Abby Miller: And we'll see you all again soon.

Meradith Alspaugh: Submit an AAQ if you have questions. And come to the sys admin calls and raise your questions there also, because we love talking about this.

Abby Miller: Yes.

Meradith Alspaugh: So please don't shy away. Keep coming at us with questions. It's really helpful.

Abby Miller: Yeah.

Meradith Alspaugh: Thanks, everyone.

Abby Miller: Thanks, all.

Meradith Alspaugh: Bye.

(END)