

3-21-05 PEER-TO-PEER CONFERENCE CALL

ON THE CALL

1. Karna Wong, SF HUD field office
2. Matt White, QED
3. Gina Allendorf, HomeBase
4. Bill Hanneman, Housing Authority, Stanislaus County
5. Annette Krammer, Napa County
6. Traci Torres, Glenn county
7. Patrice Thomason, CA Dept. of Housing and Community Development, Sac
8. Larry Risser, Placer County
9. Janice Critchlow, Placer County
10. Bryan Tosi, (or Bill Cobin) Nevada Partnership with Homeless Youth
11. Roy, Las Vegas HUD office
12. Gloria Rodgers, Chico, Butte County
13. Gail Goldman

AGENDA

Introductions with name, county from, status of HMIS (30-45 mins)

1. Karna Wong, SF HUD field office
2. Matt White, QED
3. Gina Allendorf, HomeBase
4. **Traci Torres**, Glenn county – 4 counties, in process of picking their software and moving forward
5. **Patrice Thomason**, CA Dept. of Housing and Community Development, Sac—in call to keep abreast of what is happening in progress
6. **Larry Risser**, Placer County—using access data base, paper based.
7. **Janice Critchlow, Placer County – have a paper based excel HMIS for the funded partners**, (2), and have others coming on. Looking at trying to have a more sophisticated system
8. **Bryan Tosi** Nevada Partnership with Homeless Youth – Clark County, IV NEv. Up and Running since late last year. Trying to get usage issues with providers coming on line
9. **Gloria Rodgers**, Chico, Butte County – I process of getting software program. In position of not having a CoC doing HMIS, so looking at maybe being lead agency
10. Gail Goldman & Rebecca Jaqueline
11. **Leona Jull** – selected software, negotiating contract, Family Resources purchase software so in process
12. Tony Gardner

A. QED National Perspective, resources available, and how to ask questions and get TA (10-15 mins, plus 5 mins for Q&A)

National consulting company in DC that got HMIS contract to provide TA. First thing they did was hire people from communities that have struggled through the issues to provide the TA. Try to coordinate at the local level.

Broad TA categories: 1. Communication and info sharing. Making sure they are getting info out and it is easy and accessible. Making sure people can ask questions, etc. 2. Conference they put on each year, a national conference. 2nd one will be in St Louis. 3. General TA documentation; making sure they are documenting the resources avail. Like guides, TA materials., etc 4. Targeted TA where may go out into community, SAE.

1. QED put together a website, www.HMIS.info Meant to be essential site for anyone interested in current info, publications, resources, anything related to HMIS. Should be first point of contact when need info. There is a process to ask a question on that site, called an e-request. All these requests managed across the country to look at what are the issues, what are people struggling with, etc.

2. Sept. 13th and 14th, national conference in St. Louis. Will cover implementation strategy, technical track, people struggling with getting up and running, kind of a little for everyone. Participation limited to 1 or 2 people in an implementing jurisdiction. One CoC planning person and one HMIS coordinator. Room and board paid for by HUD. No registration fee.

3. TA documentation—all resources available on the website. Also info about interagency partnerships, integrating data from a couple different sources, resource paper on project management, white paper on matching (one thing applies specifically to DV providers), local uses of HMIS, etc.

4. Targeted TA—may initially be through phone or email. May eventually be a person coming in to the CoC to provide the TA.

5. SAE—QED visited many communities, or at least contacted over the phone, to collect information on where each community is, what are the challenges, barriers, etc. Informs where we are as a country re HMIS implementation. In response, QED designed training materials. SAE also informs congressional reps. HUD officials, and local officials about status, barriers, how well the initiative is being implemented. Some of this is available on the site; can run queries. Can look at financial, management, whatever issues.

QED interested in setting up conference calls like this one. There has been one already.

Also looking at regional calls, not just national. Like this one, to talk about specific issues. Example: software selection. It's a very technical decision, tough for service providers.

B. Key Issues (30 mins)

- a. Obtaining the buy-in of all agencies
- b. Reconciling the use of pre-existing data collection systems with HMIS
- c. Funding
- d. Consensus building among HMIS participants
- e. Others? -- integration of other systems

What is preventing you from moving forward?

Leona- most challenging – who holds the contract, how everyone functions together. Family Resource purchased the software and wanted a contract with the coalition, but coalition not 501c3, so one of the organizations would have to pick up the contract. No one wanted to do this because none of the individual agencies wanted to be responsible for making the other agencies in the coalition pay the money, follow the agreements, etc. No one wanted to be the police. So they shifted to looking at doing independent contracts with the Family Resources Center, but then they lost participants because those agencies had no requirement to do HMIS to begin with. Contract piece is their biggest challenge.

Janice-- several major initiatives in Placer, each requiring their own data management system. Is there a way to piggy back onto something that is already happening? Have a very collaborative county, so it's not possible to just say "We are going to do this." We want to get something that would work for all the providers, not just the HUD funded programs

Larry—confidentiality issues also a big draw back. We want a system where you can share info among various providers.

Janice—Human Services system just went with CalWIN, so all Human Services folks are working overtime to run that system. To now make people do another system is a lot to ask.

Larry-- They are also implementing a mental health system at the same time. Lots of time it's easier to create the database that just has the information you're looking for, but that's not really Placer's goal. Placer is paper-based, but then entering it electronically into an access database.

Janice—of the 2 providers that have to do HMIS, one is a DV provider. So working through the DV issue thing too.

Bryan- We are implementing. There is an issue with DV and HIV agencies. Has prompted them to generate a lot of info and write a letter to HUD asking about these

issues. We've scheduled DV agencies to come on later in the year. Biggest problem—getting providers that have come on line to actually use the system.

Traci—got HMIS money to move forward. Looked at 4 or 5 systems. Don't anticipate being on line. Our concern is finding someone who is on-line and working with the system. Would like to incorporate one system into doing multiple tasks. Glenn, Colusa, Trinity and the County.

Gloria-- We're a big agency with lots of other programs and lots of other requirements. So we're trying to figure out which system will suit their needs the best. Also, continuum mostly based in Chico, so not much participation from the County. Hard to get non-HUD funded groups to participate. County not involved. Agency has to do it but have to get cooperation of others. Have to make their reporting requirements easier and doable. So how do we involve the continuum more? Interim system before can get continuum wide system.

It's a new continuum with a new director. Buy-in on reporting requirements—don't see that happening yet. Only one section of the county is participating in CoC meetings. So we need buy-in to whole process, as well as the requirements. It will be important for future monies to be able to report how agencies were brought in to this.

Who is using Sparrow? Marin and Napa. Rural part of Tennessee.

May be useful because it is free, includes data collection paper tools, consent forms for confidentiality. Forms to collect basic universal data. Then you have to create bigger database to produce reports on clients, service needs, demographics. It's HMIS at its basic and most simple. All it does is generate reports, and only if you build the database to do so. It is not a software tool. May not meet HUD requirements. QED did site visit to Marin – aware of standards and making changes. HUD not endorsing products, so can't say if product is meeting the standards. Also, Sparrow very easy to adopt for paper based CoCs.

Issue—system integration

Issue—consensus building?

Gloria—lack of understanding of why they need to buy-in.
Buy-in because they don't have the info?

Have buy-in from Chico as far knowing there is an issue. Hard time from rest of County regarding whether there is even a homeless issue. Trying to get County to buy-in to the whole idea. To those agencies who are participating, it has a lot to do with resources

Not enough staff and not enough money. And another layer of priority.

Leona-- continuum members don't have a lot of concern about sharing info. More an issue around those non-direct service providers and how they do not benefit directly. There may be a CoC benefit and benefit for the county, but not direct.

Janice—10 year plan work, started first shelter this year?? All the same people doing all this work.

Bryan- there's a lot of concern from the providers regarding sharing their info. Try to assure them that this info will only be shared in the aggregate, but they are scared of the technology.

Janice— they are shifting governance models and priority setting. Almost every Board member wrote down getting HMIS up and running.

C. Preferable methods of providing the TA (30 mins)

- f. Frequency and length of conference call
- g. Training by geography or subject matter
- h. On-site training
- i. One-on-one training
- j. Any other suggestions

Traci-- agendize the issues, see if anyone can move over the issues, 30-60 minutes, month to month

Gloria—1 hour, month to month

Janice-- monthly, 1 hour

Leona—1 hour, monthly

Bryan—1 hour, monthly.

Should we have a TA segment, or should it just be peer-to-peer?

Hearing from other communities is important. Bryan- documentation; he had to write it himself because he couldn't get reasonable assistance from any providers.

Janice—depends. If something comes up in a call that is a joint issue, then good to have TA on it the next time, if not then and there.

Leona agrees. At some point will all have a similar issue that would benefit with some TA.

Matt—could do presentation in first 15 minutes. Then discuss about that.

Should it be issues-based calls, or regionally based?

Leona--Issues based at this point.

Janice—they have relationships with neighboring continua, but they see them Quarterly. So it would be better to have it be more issues based. Enjoyed the last year of HMIS conferences because it's not all huge metropolises. Yolo and Placer, there are real similarities. If it is geographic, it should be based on similar issues, not contiguous regions.