



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

PIC Data Committee Meeting

Minutes Tuesday,

Date: 4/26/2022 Time: 10:04am

Location: MS Teams

Staff Present: Joshua Roach, China Moreira, Elliot Woods, Joshua Fuentes, Julia Wolfson, Laura Thielen, Michael Kleiber, Morgan Esarey, Pixel Richardi, Wallace Engberg

Members Present: Charisse P Solomon, Claire Fujita, Emma Grochowsky, Richard Kaai, Tristan Bones, Zoe Lewis, Scott Morishige

Topic	Discussion	Outcome/Action
Call to Order, Approval of Minutes		1 st : Richard Kaai 2 nd : Claire Fujita
Continuing Business	<p>No new Access Requests HPH has began their access work Ho'omanu has submitted & ready to begin</p> <p>HMIS Dashboard review with Wallace Inflow – Outflow Dashboard Questions/concerns: Emma: #13 Avg # of days to from 1st intake to PH exit? It is from their 1st ever enrollment in HMIS to the current PH enrollment being reported during this time. Why is PSH so high in question 14? Wallace: This is from when they entered a PSH that is not when they moved in, then to when they left to a PH. This includes time they were housed with the PSH. Laura: We can wordsmith these titles Wallace: Auto Exiting - ~600 records to manually edit. Auto Exiting would give a 90 day inactivity flag to exit the client. – if they entered in TH – if they have a move-in date (PHS, RRH), - deceased – engaged with another outreach worker – outreach worker cannot find client for set period of time. Auto Exit Destination would be 'Data Not Collected'. Providers would need to go in and edit or update the client enrollment/exit. Scott: Have any of the funding agencies been consulted?</p>	<p>Motion to approve Auto Exit: 1st: Claire F 2nd: Scott M</p>

Laura: Met with Harold, he had questions but no concerns. We also spoke with the city folks.

Scott: Dept of Health? When these things are proposed that we should always reach out to the funders.

Laura: Pass with the caveat that we speak to DOH/AMHD about any concerns about Auto Exit.

Wallace: Monitoring Dashboards have been updated. Timeliness as a CoC has improved! Feb 2021 average 6 days to enter 11 days to exit, Feb 2022 2 days to enter 4 days to exit, great to see these improvements! Duplicate Client ID's created: Slight increase in the past 3 months, Would like to propose a solution: for repeaters/consistently creating duplicates, to minimize this we propose if 10 duplicates are created within 12 months (or 3 in 1 month), they would be recommended for one-on-one training with Josh R. If the training is not completed within 1-2 week period, their HMIS access would be temporarily blocked until completion.

Claire: Cut 'em off, make them do training!

Pixel: 2% of the users are creating over 30% of the duplicates system-wide.

Laura: When we reach out to the providers about duplicates do you reach out to the individual & the supervisor?

Pixel: Only if they are not responding. All the emails include the video on how to avoid creating them.

Scott: Restrict access for multiple errors. Is there a Lead Data? Maybe we can work directly with them to train?

Pixel: I do cc them on these emails and do not receive any feedback. I'm looking to get people to pay attention. Providers are not reading my notification emails.

Emma: Some agencies have auto upload to HMIS. Can that be related? Maybe the auto-upload system is not working?

Josh F: There is only the GHP. Between the data bridge we identify matches to avoid duplication. We have not seen any problems with the bridge.

Emma: Your proposal sounds great, 10 in 12, 3 in 1, I don't think there should be a window, just lock it and make them do the training. Restrict access immediately.

Scott: Would you take action against organizations?

Laura: We add this as a standing item to our next data meetings and review that.

Wallace: Ok, we will do the 1 week training requirement, the reconvene to see if there has been any changes.

Josh F: 21 clients in AMHD Outreach

Laura: VI workgroup?

Michael: Timing has not been determined. Discussing the reassessment of the VI individual. Contact CES with any questions.

Motion to pass:
No motion needed at this time

	<p>Laura: Hopefully getting this started in May.</p> <p>Scott: HMIS question: State MedQuest creating CIS program, does HMIS think it could create separate service only program to track CIS data separate from Homeless Outreach?</p> <p>Laura: HMIS team please discuss this with Alex and bring this info back to the next meeting.</p> <p>Morgan: CES navigation page,</p> <p>Michael: Would like a form available in CM role that would display VI score, disabilities, chronicity, access to resources, or suggested resources, we are asking for it as it is not available now.</p> <p>Wallace: Bringing this to the committee because CM's do not have access to the VI score</p> <p>Josh F: Roles are meant to have functions/responsibilities.</p> <p>Claire: Any objections on creating this form?</p>	<p>Motion to approve: 1st: Claire F 2nd: Scott M</p>
New Business		
Meeting Adjourn	@ 11: 21am	Claire
Next Meeting	May 24 th , 2022 @ 10am	