



# 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  
200 North Vineyard Boulevard, Suite 210  
October 23, 2018

**Attendees:** Zoe Lewis, Morgan Esarey, Carla Houser, Jay King (11:20 a.m.) and Sharon Baillie; **Phone:** Elizabeth Anderson, Daniel Gore, Brian Johnson and Andy Taylor.

Topic	Discussion	Outcome/Action
Call to Order, Approval of Minutes,	The meeting was called to order at 10:04 a.m. All members introduced themselves at this time.	Brian moved and Zoe seconded approval of minutes. Minutes passed as written.
Continuing Business <ul style="list-style-type: none"> <li>- HMIS System Administration Team               <ul style="list-style-type: none"> <li>o Updates</li> </ul> </li> <li>- HMIS User Fees</li> </ul>	We need to discuss strategic vision for HMIS <ul style="list-style-type: none"> <li>- A lot of things were added and patched for specific purposes, some of customizations may not be needed in the system</li> <li>- There are a lot of backend items needed – like how data relations work, merging clients, etc.</li> <li>- Admin will implement solutions – vision and scope of HMIS – prioritize usability – what is a positive user experience for the homeless service providers</li> <li>- Less help requests if more user friendly and will empower providers</li> <li>- 10-15 help requests a day: reporting doesn't come up too often, what tends to come up are issues that something doesn't make sense in the system, something isn't transparent, a lot of duplicated have been merged from legacy data – vendor is trying to work of merging tools</li> <li>- Can vendor run a data base scripts to clean up the duplicates?</li> <li>- Coordinated Entry issues with VISPDAT's – records aren't visible on the list, has to do with the customization was built.</li> <li>- There are a fair amount of training requests</li> <li>- Would like to have online courses or video modules for people to use for training purposes</li> <li>- Looking at carving out separate roles if changes we need to make</li> <li>- The client demographic screen that first pops up is one shared asset no one wants to touch – everything else can be customized</li> <li>- Ohana Health will potentially give \$10,000 for reports on their clients – a letter is being drafted by AUJ – need to go to PIC BOD for approval. – Modifications of reports need to be made in SQL – see Medicaid plans on BNL for families.</li> <li>- Need a final list of report changes to explore scope of work and estimates</li> <li>- Youth are falling off of the BNL – reason is that there is no enrollment to show that they are active – only have VISPDAT shown</li> <li>- Need to get the 12-month auto exit in place</li> <li>- Work on having mechanisms to have a system in place and have a feedback option in place for users give their experiences, potentially get help desk software – “Help Scout” – Daniel will provide information and Carla will present to the PIC Board</li> <li>- Merge functionality is a priority, want to do things that don't cost money, the swoop of duplicated would cost money - Daniel will define and include this information</li> </ul>	Need a final list of proposed changes for the modification to the SQL code. One report file rather than two for the singles and family will be more efficient.  Carla will ask Carlos and others at the next Statewide HMIS Meeting, the policies and procedures behind having multiple buttons for consent in HMIS – hope to condense.  Merging list is a top priority, so is 12 month auto-exit, and so is simplifying the consent button.  Daniel will provide a scope of service and overview of all changes – whether they cost money or do not cost money and work directly with our vendor to start implementing changes in HMIS for user work flow. Will provide information before the next board meeting.

	<ul style="list-style-type: none"> <li>- System should give feedback when you make a mistake in the system, the ability to mark consent needs to be improved</li> <li>- Need to look at shared and nonshared information – why are there 4 buttons to get consent – need to simplify – we need the system to accommodate the providers - simplify consent and talk to Chris our TA provider.</li> <li>- Jay – 40% of no-shared list – we reviewed why they are listed as no-shared – provider was told that it was a reporting problem</li> </ul>	
Next Meeting	November 27, 2018 at PIC – Suite 210 from 10:00 a.m. to 11:30 a.m.	