BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name:	Community Services
Department No.:	057
For Agenda Of:	July 25, 2017
Placement:	Departmental
Estimated Tme:	30 minutes
Continued Item:	No
If Yes, date from:	
Vote Required:	N/A

TO:	Board of Supervisors	
FROM:	Department Director(s)	George Chapjian, Community Services (805-568-2467)
	Contact Info:	Dinah Lockhart, Deputy Director (805-568-3523)
SUBJECT:	**Informational Presentation on the Santa Maria/Santa Barbara County Continuum of Care's Homeless Management Information System**	

County Counsel Concurrence	Auditor-Controller Concurrence
As to form: Yes	As to form: N/A

Other Concurrence: **Risk Management**
As to form: N/A

Recommended Actions:

That the Board of Supervisors:

A) Receive and file an informational presentation on the Santa Maria/Santa Barbara County Continuum of Care's Homeless Management Information System.

B) Determine that the recommended actions do not constitute a project subject to environmental review under the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15378(b)(5), as the actions are organizational or administrative activities of governments that will not result in direct or indirect physical changes in the environment, and direct staff to file a Notice of Exemption (Attachment A).

Summary Text:

On March 14, 2017, the Board of Supervisors requested an informational presentation on the Santa Maria/Santa Barbara County Continuum of Care's Homeless Management Information System (HMIS). Accordingly, this Board Letter provides a concise explanation of the background and current implementation of HMIS. The emergence of HMIS is linked to the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program (CoC Program), which provides federal grant funding to homeless service providers across the country. Since 1998, the County of Santa Barbara

(County) has applied for funds under the CoC Program. Currently, the CoC Program provides approximately $1.67 million per federal fiscal year to fund providers that deliver housing and supportive services for homeless persons throughout the county.

HUD requires that communities establish a Continuum of Care (CoC) to receive funds under the CoC Program. In order to comply with HUD regulations, the county's homeless service providers established the Santa Maria/Santa Barbara County CoC in 2014. The CoC functions as a local planning network (composed of various stakeholders such as nonprofit homeless service providers, faith-based organizations, governments, businesses, advocates, school districts, hospitals, and law enforcement) tasked with promoting county-wide coordination and the strategic use of resources to address homelessness. In an effort to improve data collection and performance measurement, the CoC Program also requires that the CoC (or its HMIS Lead Agency designee) operate a database known as HMIS to record, analyze, and transmit data regarding provision of the aforementioned housing and services to individuals and families who are homeless and at risk of homelessness. HMIS provides information for policy makers and homeless service providers on the extent and nature of homelessness. Recipients of CoC Program funding must participate in HMIS by entering client and service data into the system. Furthermore, other funding sources (such as the Emergency Solutions Grant Program, see Figure 1, on page three) also require participation in HMIS; these programs provide approximately $4,261,750 in additional funding to homeless service providers throughout the county.

Since 2005, Housing and Community Development (HCD), a division of the County's Community Services Department, has administered the County's role as the HMIS Lead Agency. In this role, HCD oversees day-to-day system administration, provides technical support and training, manages data quality and security, provides reporting, and ensures system integrity and availability. To be clear, HCD is responsible for operating HMIS and functions in a data management capacity; it is not responsible for entering HMIS data or providing homeless services. Some homeless service providers do not participate in HMIS; these providers receive funding that does not require the use of HMIS (e.g., HUD's Community Block Development Grant Program and philanthropic and foundation funding). Accordingly, HMIS only captures a portion of the county-wide effort to address homelessness. Challenges regarding the operation of HMIS include increasing data sharing between providers, improving data quality and security, and assessing the CoC's performance in addressing homelessness. HCD is working to address these challenges, as specified in the discussion below (see page five).

For reference, the following initialisms are found in this Board Letter:

- CES – Coordinated Entry System
- CoC – Continuum of Care
- HCD – Santa Barbara County Housing and Community Development Division
- HMIS – Homeless Management Information System
- HUD – U.S. Department of Housing and Urban Development
- PP –Participating Providers
- SPM – System Performance Measures
- HEARTH Act – Homeless Emergency Assistance and Rapid Transition to Housing Act

Background:

The CoC Program and Other Grant Funding Requiring HMIS

The CoC Program is designed to promote community-wide goals to end homelessness; provide funding to quickly re-house homeless persons; promote access to, and effective utilization of, mainstream resources; and optimize self-sufficiency among homeless persons. The CoC Program was administratively established by HUD in 1995 and then codified into law by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in 2009. HUD began directing recipients of CoC Program funding to implement HMIS in 2001. However, regulations addressing the CoC's use of HMIS were not in place until the HEARTH Act and the publishing of HUD's 2012 CoC Program Interim Rule. The HEARTH Act requires that recipients of CoC Program grant funding participate in HMIS; specifies data to be entered into HMIS; and, identifies the CoC as the de-facto implementing body for HMIS. The 2012 CoC Program Interim Rule set forth HMIS operational standards. Additionally, it required that the county's homeless service providers establish a CoC by 2014 and set forth CoC operational regulations, which include creating a board with HUD-imposed composition.

The CoC Board must include representatives of relevant organizations (such as nonprofit organizations, faith-based organizations, governments, advocates, or homeless/formerly homeless individuals) and is tasked with carrying out the responsibilities of the CoC, including implementing HMIS. The CoC Board may designate an "HMIS Lead Agency" to operate HMIS on its behalf. From 2005 until 2014, HCD informally served as the HMIS Lead Agency because regulations at this time did not require the establishment of a CoC. In 2014, in order to comply with CoC Program Interim Rule deadlines, the county's homeless service providers formally established the Santa Maria/Santa Barbara County CoC; the County and the CoC then entered into a memorandum of understanding formally designating the County as the HMIS Lead Agency. HCD continues to fulfill this role on the County's behalf and anticipates doing so for the foreseeable future.

As previously mentioned, the CoC Program provides approximately $1.67 million annually to fund providers that deliver housing and supportive services for homeless persons throughout the county. Funds are competitively awarded to CoCs that demonstrate comprehensive planning and coordination of housing and services for homeless persons. In order to qualify to receive funds, a CoC must submit a consolidated application (reliant upon HMIS data) that provides information about its planning body, governance structure, efforts to address homelessness, strategic planning processes, and use of HMIS. In addition to the CoC Program, a number of other federal funding programs for homeless service providers require participation in HMIS. As shown in Figure 1, below, county homeless service providers rely on HMIS to currently secure $5,929,551 of grant program funding.

Figure 1 – County Homeless Services Grant Funding Requiring HMIS Participation

Program	Funding
Continuum of Care	$1,667,801
Emergency Solutions Grant	$821,000
Projects of Assistance in Transitions from Homelessness	$58,093
Runaway and Homeless Youth	$292,450
Supportive Services for Veteran Families	$3,090,207
Total	**$5,929,551**

Using HMIS

HMIS functions via a privately owned, web-based software system called ServicePoint which meets all HUD HMIS requirements. HMIS is used to record, analyze, and transmit client and service data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness. HMIS data can then be used to assess the quality of and identify gaps in homeless services, thereby informing sound planning and decision-making to prevent or reduce homelessness.

In order for a provider to participate in HMIS, HCD creates a profile for the provider in HMIS based upon pertinent provider information (e.g., operating name, number of beds, services provided, location, contact information). There are currently 17 providers accounting for 1,118 beds in HMIS. In this way HMIS creates an inventory of homeless service resources. Select provider staff members then complete new user training provided by HCD, are assigned a unique ServicePoint user license for security purposes, and begin entering data for their respective providers into HMIS on a client-by-client and service-by-service basis. Currently, 57 provider staff members enter data into HMIS.

Upon receiving services, a client's identification information (i.e., name, date of birth, social security number) is entered into HMIS to create a unique client profile. Provider staff members are also required to periodically assess clients to obtain information regarding disabilities, mental health issues, history of homelessness, income, veteran status, and insurance and other non-cash benefits and enter this data into HMIS. The nature of this assessment varies by a provider's funding source. Only a client's identification information is shared between providers and a release of information must be signed by the client prior to being entered into HMIS. Providers must also comply with confidentiality protections such as the Health Insurance Portability and Accountability Act. In this way HMIS maintains a secure and unique record and service history for each client. Using this data, HMIS can:

- Produce an unduplicated count of persons experiencing homelessness for each CoC;
- Describe the extent and nature of homelessness locally, regionally, and nationally;
- Identify patterns of service use; and,
- Quantify services provided (e.g., how many clients a provider served in the last year, how quickly a homeless person finds shelter in Santa Barbara County).

The CoC uses HMIS to track its progress and run reports in order to satisfy HUD data collection requirements. For example, the CoC relies upon HMIS to produce the Annual Homeless Assessment Report, which is used by HUD to analyze homelessness on a national level and is presented to Congress. On a smaller scale, local CoC-funded providers rely upon HMIS to submit their mandatory Annual Performance Report to HUD. Furthermore, the CoC uses HMIS data to support community-wide planning and to identify how best to direct resources to prevent and end homelessness. Providers with other grant funding sources that require HMIS participation (see Figure 1, on page three) also use HMIS data to track their progress and submit required reports.

HMIS coverage

The greater the coverage of HMIS the better it can convey a systemic understanding of homelessness in the county and inform sound policy and decision-making by the CoC and HUD. HMIS coverage is calculated by dividing the number of beds participating in HMIS by the total number of beds provided to

the homeless throughout the county. Currently, there are 2,227 beds provided throughout the county. Of these beds, 1,118 participate in HMIS (for details, see Attachment B – HMIS Participating Beds). Accordingly, HMIS coverage is 50 percent. All beds that are required by funding source to participate in HMIS are covered by HMIS. The 1,109 beds not covered in HMIS are not required to participate. Recruiting providers into HMIS will require trade-offs between the desire to include as many providers as possible and the feasibility of obtaining and maintaining high quality data based upon the provider's and HCD's organizational resources. The CoC and HCD are exploring ways to strategically expand HMIS coverage following implementation of a coordinated entry system (CES) in January 2018 (see data sharing discussion, below). Accordingly, HCD will provide an update to the Board of Supervisors on HMIS expansion efforts in late winter or early spring of 2018.

Funding and Operations

The operation of HMIS is funded by $169,050 of annual grant funds awarded through the CoC Program to HCD and $42,263 of grant matching funds from the County's General Fund. These funds pay for all costs, including personnel, software, space and operations, and equipment. As the HMIS Lead Agency, HCD will continue to apply for the aforementioned grant funds through the CoC Program to sustain HMIS operations.

Discussion:

Data Sharing

The extent of data sharing between providers in HMIS is determined by the CoC Board. Currently, data sharing in HMIS is considered "closed" and is limited to client identification information (i.e., name, date of birth, social security number) to avoid creating duplicate clients in the system. In January of 2017, HUD published notice CPD-17-01, requiring that recipients of CoC and Emergency Solutions Grant programs funding implement a coordinated entry system (CES) consistent with HUD requirements by January 23, 2018. Furthermore, HUD and the CoC Program direct the CoC to expand CES coverage to include as many additional providers as possible. A CES requires that all CES participating providers (PP) use the same, standardized assessment to prioritize people who are most in need of homeless service assistance and then match those in need with the most appropriate provider. In this manner, CES PP will use the CES to provide referrals to one another (something currently done on a limited and informal basis). On May 4, 2017, the CoC Board formally decided to incorporate the CES standard assessment into HMIS. The CES assessment will be required in addition to any other assessment required by a provider's funding source. The CoC and its Board are now in the planning stages of the CES to meet the January 2018 HUD deadline. This is a complex and time consuming undertaking, involving strategic planning, training, resource allocation, revision of the existing CoC governance charter, and the CoC's development and approval of operational policies and procedures.

In order for the CES to effectively function, data sharing in HMIS must be expanded to include assessment data. This expansion of HMIS data sharing constitutes a move to an "open" HMIS. The CoC will need to decide exactly what data will be shared in HMIS to allow for an effective CES. As HMIS data can be very sensitive in nature, reaching a consensus on this topic may prove challenging. Open HMIS policies and procedures and a new release of information form (for clients entered into HMIS) reflecting an open HMIS will then need to be established. Additionally, the existing CoC Governance Charter and the memorandum of understanding between the County and the CoC

designating the County as HMIS Lead Agency will need to be revised. All of these deliverables will be developed by HCD and reviewed and approved by the CoC. As these efforts constitute one component of the CES implementation process, HCD anticipates that an open HMIS will be in place by late fall or early winter of this year.

Data Quality and Security

Sound decision-making requires access to reliable, valid data. Without access to such data, decision makers do not have the proper basis to make the informed choices necessary to guide planning processes, prioritize resources, and measure performance to reduce homelessness. As such, is it critical that HCD and the CoC develop and maintain the proper policies and procedures to ensure high quality HMIS data. "Data quality" refers to the reliability and validity of client-level data as collected and maintained within HMIS. Where data quality is high, it will accurately reflect the circumstances of persons experiencing homelessness, thereby enabling CoC leadership to make data informed decisions. As 57 provider staff members currently enter data into HMIS and this data accounts for the service activities of 17 providers with an associated 1,118 beds, data quality management requires constant attention. Moreover, many of these beds provide emergency shelter and can be occupied by a new client on any given night, thereby generating large amounts of data and attendant data quality management. To ensure high data quality, HCD is updating data quality policies and procedures, to be reviewed and approved by the CoC and adhered to by HMIS PP. The data quality policies and procedures will establish expectations for capturing reliable, valid data by:

- Identifying the responsibilities of all parties within the CoC that affect data quality (e.g. HCD, the CoC Board, HMIS PP);
- Establishing specific data quality benchmarks for timeliness, completeness, and accuracy;
- Describing the procedures that the HMIS Lead Agency will take to implement the policies and procedures and monitor progress to meet data quality benchmarks;
- Establishing a timeframe for implementation to monitor the quality of data on a regular basis; and,
- Requiring the execution of a Memorandum of Understanding between the HMIS Lead Agency and HMIS PP to ensure adherence to data quality policies and procedures.

Data security is of great importance because sensitive personal information is collected in HMIS. Accordingly, access is limited to HMIS PP staff members who have completed the new user training. Furthermore, as the HMIS Lead Agency, HCD is updating HMIS security policies and procedures, to be reviewed and approved by the CoC and adhered to by HMIS PP. These policies and procedures will inform best security practices by:

- Identifying the responsibilities of all parties within the CoC with respect to data security (e.g. HCD, the CoC Board, HMIS PP);
- Ensuring data confidentiality by tightly controlling access to client information, ensuring people with access to such information clearly understand their personal responsibility to maintain its confidentiality, and ensuring data collection sites provide adequate privacy;
- Ensuring data integrity by physical and technical safeguards (e.g., secure data collection sites, anti-virus software, password protection); and,

- • Requiring the execution of a Memorandum of Understanding between the HMIS Lead Agency and HMIS PP to ensure adherence to security policies and procedures.

HCD is currently working to develop the aforementioned data quality and security policies, procedures, and memoranda of understanding. To streamline HCD and CoC efforts, the implementation of these policies and procedures will be folded into the implementation of the open HMIS. Accordingly, HCD estimates that these policies and procedures will be formally approved and in effect by late fall or early winter of this year. Once implemented, HUD requires that the CoC annually review, and if necessary revise, these policies and procedures. Therefore, HCD will continue to provide HMIS policy and procedure support to the CoC in its role as the HMIS Lead Agency.

Performance Measures

The CoC is intended to facilitate local homeless providers functioning as a coordinated system as opposed to operating independently in the county. In order to measure the progress of the CoC's effort to create a coordinated system of providers, HUD requires that the CoC annually submit System Performance Measures (SPM) data. The SPM data is aggregated from all HMIS PP and provides insight into how well a community is preventing and ending homelessness. SPM data also provides HUD with information to gauge the state of the homeless response nationally. The SPM were developed by HUD and consist of the following:

1. Length of time persons remain homeless (as defined by HUD);
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program funded providers;
5. Number of persons who become homeless for the first time;
6. Homeless prevention and housing placement of persons defined by HUD's homeless definition in CoC Program funded providers; and
7. Successful housing placement.

Measure number three directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

The submittal of SPM data is a new annual requirement, enacted by HUD in 2016. Thus far, CoCs have twice submitted SPM data. In order for the SPM data to provide meaningful insight, additional years of data must be accumulated to create a baseline against which to compare future performance. Accordingly, the implementation of the SPM is considered to be in its nascent stages and SPM data cannot yet be used to assess the systemic performance of the CoC. The SPM data will eventually be considered by the CoC Program when awarding grant funds, but HUD has not yet indicated when this step will be taken. Achieving high quality SPM data will require significant work. SPM data only captures information from HMIS PP. Because some providers are not required to and do not currently participate in HMIS, the SPM data does not capture a complete picture of the county's homeless services providers. As previously mentioned, the CoC and HCD are working to expand HMIS coverage. Furthermore, SPM data is only as good as the data being entered by individual providers. Therefore

HCD's ongoing efforts as the HMIS Lead Agency to implement data quality policies and procedures, as well as provide HMIS data quality monitoring, technical assistance, and training to providers are critical.

Fiscal and Facilities Impacts:

None.

Special Instructions:

Please email an electronic copy of the Minute Order to Ryan Cooksey (x3503) at rycooksey@sbccsd.org.

Attachments:

Attachment A: CEQA Notice of Exemption
Attachment B: HMIS Participating Beds

Authored by:

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