CEO Response to the City of Dallas Audit of Homeless Response System Effectiveness

MDHA – March 2015 Forward

The Continuum of Care General Assembly, made up of service provider member agencies serving the homeless in Dallas and Collin Counties, the Continuum of Care Board of Directors which also serves as the Metro Dallas Homeless Alliance Board of Directors, and the staff and leadership of the Metro Dallas Homeless Alliance began a dramatic transformation of the Dallas area homeless response system in March 2015. I am passionately proud of our work to date that has resulted in a performance driven, accountable, coordinated system that is breaking down more than silos of data, but silos of knowledge and service. As in any collective impact design: we are agreeing to best practices, and utilizing common tools, rules and measures, and the results of these new and enhanced collaborative initiatives are improving access to housing and quality of care. All our work is squarely focused on one driving goal: to house persons experiencing homelessness as rapidly as possible.

About MDHA Leadership

As the President and CEO of MDHA, I am beginning my 15th year in a Continuum of Care leadership role that started when the Collaborative Application process was housed with the Tarrant County government. That year HUD published its first 2004 HMIS Security and Privacy Standards, which I was tasked to master. From there I became the first Executive Director of the Tarrant County Homeless Coalition. And then to MDHA in March 2015. I have watched, learned, participated in and implemented homeless initiatives from the days of ten-year plans to end homelessness, through passage of the HEARTH Act in 2009, participating in roundtables that led to the development of the United States Interagency Council on Homelessness 2010 Federal Plan to End Homelessness "Opening Doors," to the publication of the Continuum of Care Interim Rule that went into effect in August 2012, and is still the prevailing Code of Federal Regulation that guides our work and responsibility. I have monitored grantees, I have been monitored, I have assisted agencies in responding to their monitoring reports. I am a data person. I am a regular active user of the HMIS system and analyzer of data. I am the last person to hit submit to any federal reporting for the community through its many information portals. As a CoC leader, my peers around the country would tell you that I am far more hands on within the space of HMIS than most leaders. Metrics matter. We have a saying in the nerdy wonky CoC world:

"If it isn't in the HMIS, it didn't happen."

MDHA has a very competent, talented and seasoned staff that collectively have direct experience in four different HMIS software systems and have worked relentlessly with our new HMIS Information Solution provider PIECES Tech, Inc, and with our user agencies to continue to build a robust HMIS system. The HMIS system is how we tell the story of the experience of homelessness. The HMIS system is our primary accountability tool for the effectiveness of our work.

We continue to grow into a data-driven system. We produce as much information as we can from the our growing data set community dashboards. Our weekly housing priority lists generated from our

Coordinated Assessment System that is embedded in the HMIS tells the most important community message: the demand for housing.

What is an HMIS System?

It is a client data base of persons at risk of or experiencing homelessness. This includes programs that provide homeless prevention, supportive services, street outreach, day shelter, emergency shelter, safe haven housing, transitional housing, rapid rehousing, and permanent supportive housing in Dallas and Collin Counties. It is a required reporting system for federally funded programs for the HUD Continuum of Care Program, Emergency Solutions Grants, Housing Opportunities for Persons with Aids (HOPWA), HHS SAMHSA PATH, Runaway Homeless Youth (RHY); VA GPD, HCHV, SSVF and VASH programs (there is no avoiding acronyms at this point). It is required for Texas Department of Housing and Community Affairs Housing and Homeless Services Program (HHSP), and the Texas Department of State Health Services Health Community Collaborative (HCC) funding. Dallas Housing Authority Project Based Voucher programs dedicated to the homeless are also in the HMIS. The HMIS is open to all homeless service providers, including those who don't receive public funding. These represents tens of millions of dollars in housing and homeless services.

In total, as of December 13, 2017, there are 38 user agencies, 271 active users, and 238 projects within the HMIS ecosystem of IRIS. I reference HMIS now as an 'ecosystem' because the HMIS system is now a subset of a larger Dallas data system of human services that continues to grow. This is the innovation. This is what could not be put 'out for bid.' We have removed the silo of homeless data and connected it to a larger network of 98 organizations.

HMIS Coverage or Participation

This terminology is referenced in the City of Dallas audit of the Homeless Response System. The first time these phrases became serious topics was during my interview with the CoC Board hiring committee in January 2015. One of the reasons I was hired, was to address HMIS issues.

What is coverage/participation? I'll try to keep it simple. Assume the entire homeless system (every bed we have) is 4 programs of 25 beds each. Here is the critical participation question: do they enter every person that sleeps in those beds in the HMIS? And, if they do, do they regularly record them 365 days a year, recording the new clients that come in that year, record clients that stayed, and record when clients exited and where they went?

This will tell us three very basic things: how many people you served, what was the length of stay, and if anyone repeated homelessness. (Hence the phrase "to make homelessness rare, brief and non-recurring".) These questions and how a community answers them, form the backbone of the now required System Performance Measures. HUD told CoC's these were coming and to get ready since 2011.

During my interview, in my first reception with CoC, City of Dallas, and foundation leaders, in board briefings, and in each State of the Homeless Address in May 2015, March 2016, March 2017, I have talked about HMIS Participation. HUD asks for 86% participation to score the highest points in the CoC Program Grant competition, because more data makes for more critical information, regarding performance. If only 1 of the 4, 25 bed programs are in the HMIS, we don't know if someone ever was enrolled in the non-participating agency, and so the recidivism data is less reliable, and you won't know

if they are newly homeless. If exit data is not entered, we don't know when people left or if they found housing. Length of stay is questionable, and we don't know if a specific program was successful in getting clients housed. Without majority participation covering use of beds over the year, performance is very difficult to estimate.

Coverage is reported to HUD annually. The HMIS data year is October 1 through September 30. Here are our numbers as reported to HUD in the HUD Information Exchange system (Dallas has been reporting since 2008).

AHAR Summary Data Year	Emergency Shelter Families	Emergency Shelter Individuals	Transitional Housing Families	Transitional Housing Individuals	Permanent Housing Families	Permanent Housing Individuals
2013	0%	0%	93%	51%	99%	98%
2014	N/A	N/A	96%	51%	99%	98%
2015	7%	18%	100%	69%	100%	98%
2016	15%	30%	100%	74%	100%	100%
2017	33%	57%	100%	71%	94%	100%

You see the improvement in the table above. Emergency Shelter data is the most critical data set to System Performance. And to measure performance, you have to compare one year to the next. What we call this in HMIS is the 'look back year.' We can't report length of stay in homelessness, repeats in homelessness, first time homelessness, etc. until we have three solid years of 50% or more in the Emergency Shelter categories. When I came on board, we had nothing to 'look back' to.

In early 2015 I gave one of my most sobering presentations to my board and the Continuum of Care General Assembly, regarding what the HMIS history of emergency shelter non-participation was going to do to our ability to provide system performance measures. I estimated we would not have complete look back years until 2019. And, HUD was going to start collecting and scoring System Performance Measures in the upcoming FY2015 CoC Program Grant Competition.

That was the year HUD asked for 15% of our CoC renewal funding to be put in Tier 2, making it very vulnerable to being cut if we did not score high in the national competition. And there we were. And, yes, we got cut, big time. In FY2016, we took a little less harsh. And, we are awaiting the decisions for 2017. Here is CoC Program Grant Funding History in Dallas:

	Total Competitive Award	Housing Programs	HMIS	CAS	Planning	Change	$ Change
2005	$11,354,501	$11,354,501					
2006	$11,820,908	$11,820,908				4.11%	
2007	$11,936,956	$11,936,956				0.98%	
2008	$13,211,272	$13,211,272				10.68%	
2009	$13,944,973	$13,944,973				5.55%	
2010	$14,888,299	$14,888,299				6.76%	
2011	$15,218,628	$15,218,628				2.22%	
2012	$15,663,757	$15,483,070	$180,687			1.74%	
2013	$16,793,178	$16,612,491	$180,687			7.29%	

2014	$17,099,270	$16,708,668	$180,687		$209,915	0.58%	
2015	$16,629,599	$15,381,074	$409,588	$332,256	$506,681	-7.95%	-$1,327,594
2016	$15,979,190	$15,237,346	$409,588	$332,256	$481,327	-0.93%	-$143,728
2017	NOT ANNOUNCED	$16,481,280	$409,588	$332,256	$491,693		
						TOTAL:	$1,471,322

*CoC Planning dollars are non-competitive. However, in 2014 the CoC elected to put CoC Planning in Tier 1. This resulted in moving housing dollars into Tier 2 but there was no impact on funding.

Fixing HMIS participation

The city auditor interviewed many cities and offered interesting ideas. Many, MDHA had long ago implemented. The best business model to gain followers into the HMIS are value, service, and innovation. We have been working on this since March 2015. The first action I took was to make a swift change of staffing to a leader that I knew to be deeply *customer focused* and set a very new attitude. Before I made this change, staff was afraid to even buy a new mouse. From that day forward, whatever training and technology they needed, they got.

HMIS is a federal mandate. The CoC Program Grant for HMIS was too small for a major urban Continuum and MDHA was billing what I knew to be prohibitive fees. The prior billing rate was a set flat rate for all grants of 5.78% of a grant total for HMIS. For example: When Family Endeavors got its first Dallas SSVF VA grant for a $1 million, the previous MDHA administration invoiced them $57,800! I had worked with them at Tarrant County Homeless Coalition, a few months prior, and had billed them around $1,200.

In the FY2015 CoC Program Grant the allocations committee prioritized in Tier 1 the HMIS grant at an appropriate funding level. Once the grant was secured, we completely restructured the fee schedule. We added an innovation to HMIS user fees to infuse more users and more data quality: One flat fee per project, a sliding fee for number of clients and a sliding fee for bad data quality scores which better applied costs to the size of an organization and HMIS staff time to clean up data. Many communities charge per user which can be a disincentive to everyone using the HMIS system to assure more accurate and timely data entry.

Now with the new IRIS system, the HMIS Governance Committee recommended, and the Board of Directors passed another reduction in HMIS user fees that takes effect January 1, 2018. The fee reduction was a significant factor in The Salvation Army beginning use of the HMIS system on October 1, 2017. As of December 12, 2017, they had 698 clients in the HMIS above and beyond the Veteran programs that have always been covered in the HMIS! That 57% Emergency Shelter Individual coverage rate in the above table is growing every day!

Another incentive is that the newly implemented Coordinated Assessment System that is integrated into the HMIS is the portal to clients being prioritized for housing. Emergency Shelters that serve clients where the best housing intervention is one of the housing programs within the CoC have begun entering clients to take advantage of this. Dallas Life has been actively and increasingly using the system since late spring.

With the help of United Way of Metropolitan Dallas, MDHA founded the MDHA Flex Fund, which gives case managers one more tool in their toolbox, to address minor but impactful expenses that can help

clients end their homelessness. MDHA and United Way agreed from the start that a client must be enrolled in the HMIS and have a complete and recent assessment, to access these funds. This was one of the factors in Austin Street Center's decision to begin entering clients in HMIS already back in December 2015. We anticipate their moving to complete usage of IRIS and disconnecting from their previous system by January 2018.

Enter PIECES Iris

When I took the helm in March 2015, MDHA was using CaseWorthy, which is a perfectly good off the shelf HMIS software. MDHA designated it as the HMIS system when the original provider Metsys went out of business. CaseWorthy was originally called ECM at the time.

On April 13, 2015, I had a first meeting with PCCI (Parkland Center for Clinical Innovation). In that meeting they described their project, the vision, the application. Within about 15 minutes I told them I "totally got it". What I "got" was that persons experiencing homelessness represent one of, if not the most, medically vulnerable populations.

Back in my Tarrant County Homeless Coalition days, our HMIS system included a scan card system and regular data sharing that streamlined the county health department tuberculosis testing required for emergency shelter stays. JPS Hospital (Tarrant County's Hospital District) was our lead for the Medicaid Waiver DSRIP projects. A couple of homeless projects were accepted. In order to do the necessary matching of homeless patients to improve care, we needed to figure out a mechanism to interface my HMIS with JPS. We developed a system of sharing HMIS data elements in a weekly data export to JPS. The knowledge and improved services to JPS that resulted from this were deeply impactful.

Before and since, initiatives that involve matching the medically vulnerable and the homeless have been undertaken around the country, but fully integrated the data has not been implemented. (See, for instance, https://eccoviasolutions.com/when-medicaid-and-housing-data-meet-some-things-are-just-better-together/ and http://www.csh.org/wp-content/uploads/2014/01/RH-CSH_MedicaidHMISMatchSummary.pdf. Small projects relating to social determinants of health were emerging around the country, but nothing to this scale proposed for Dallas.

For the critical cohort of persons experiencing homelessness to be a part of this innovative community-wide information exchange would be a game changer. An innovation. But more importantly, it could be one of the most important pathways to improve the care and quality of life for our aging and disabled homeless community.

However, I am not the decider. The concept, the software, the HMIS information solution was the decision of the CoC Board (24 CFR 578.7subpart b).

Thus, began the research, discovery, meetings, demos, more meetings with shelters, providers, tests trials, a CoC General Assembly vote and then the ultimate CoC Board resolution vote on November 12, 2015. By unanimous vote, and after seven months of exploration and consideration, the CoC Board decided to embark on a unique, locally based, HMIS system integrated into a larger Greater Dallas area human services system.

MDHA then contracted with PIECES Tech, Inc. as a sole source professional service. (24 CFR 84, 2 CFR 200.318).

MDHA still maintained CaseWorthy through September 30, 2017. This allowed for phased IRIS "go-live" from late April through early June. This additional expense was not a waste of money; it was prudent to assure a backup through the transition.

We are six months in. We have a service ticket system for our customers and with PIECES Tech. MDHA staff meets on a scheduled weekly basis with the IRIS team. And throughout this process, MDHA has kept a healthy reserve in case of unforeseen costs that can occur during a major information technology transition.

The Bridge

Let's go back to my first week at MDHA, circa March 2015. I pulled the staff into a room for hours and we did ice breakers and a team SWOT analysis. What rose to the top were: Number One: Improve the Services of MDHA. Number Two: Improve HMIS and data reporting. Number three: Repair the relationship with the Bridge

At one point in our organizations' history, The Bridge and MDHA were one organization, before they split into two separate nonprofits in late 2011. It was a good decision. A Continuum of Care Lead Agency, responsible for CoC Planning, HMIS, and a Coordinated Assessment System, should not be running a shelter. The Bridge is a provider. MDHA is system.

But what I soon learned was that the split was more like a divorce. And for whatever reason, data sharing became the custody battle.

We reached out and Bridge leadership was invited back to the MDHA Board. The Bridge began entering minimal data into the HMIS in 2013. They had a different system that was their primary tool for client data collection. The Bridge leadership fought participation in HMIS. The Bridge held a very influential position with the other emergency shelters. The Bridge provided important intake for Union Gospel Mission overnight shelter.

As federal rules became more and more clarified in 2012, through the CoC Interim Rule and the ESG Interim Rule, there was a most clear message from HUD: All CoC and ESG projects must be in HMIS.

There are five ESG recipients that impact our CoC: City of Dallas, Dallas County, City of Irving, City of Garland, and Texas Department of Housing and Community Affairs.

Despite repeated references to federal regulation and confirmation with HUD, HMIS data entry for The Bridge as an ESG subrecipient never exceeded overnight bed entry.

The Topic of "Oversight" and ESG Grants

HUD expects and details the requirements of Continuum of Care (MDHA, the CoC General Assembly and the CoC Board) and ESG recipients (Dallas, Dallas County, Irving, Garland and the State) in its federal regulations. MDHA has to provide information to the City, the City has to provide information to MDHA. It is a healthy collaborative tension. Among other things, MDHA's is to consult with the City on:

- Reporting on the performance of ESG recipients and subrecipients; and
- Evaluating the performance of ESG program recipients and subrecipients and (578.7(c)(5))
- Evaluating outcomes of projects funded under the ESG program and the CoC program and report to HUD. (578.7(a)(7))

The only way to perform our responsibilities is to do this is within HMIS. In summer 2015 MDHA called what may have been one of the first ESG consultation meetings with all the governmental ESG recipients. (Who governments award funds to are the *subrecipients*).

That summer we laid out our ESG consultation policies and agreed on basic measures for ESG performance. Progress!

For it to work, subrecipients had to be following ESG rules and had to be in the HMIS. All agencies complied but one. The Bridge did indeed faithfully enter the emergency shelter bed services.

MDHA is not a contracted party between the ESG recipient and ESG subrecipient other than the subrecipient is to use the CoC designated single HMIS system. I consulted with the ESG recipient, the City of Dallas, as required under ESG consultation requirements "They are not following federal regulations." Agencies utilizing ESG funds for emergency shelter must report all clients that utilize the facilities in the HMIS. All. This would include not only those that spent the night, but those who sought services.

The federal regulations: Section 416(f) of the McKinney-Vento Act, 24 CFR 576.2, 24 CFR 576.2, 24 576.400(f). HUD wants the broadest data set possible to assure accountability and to be able to provide comprehensive reporting to Congress on the impact of the programs nationally. The national Annual Homeless Assessment Report to Congress was just published a few days ago: https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf

In a summer 2015 meeting between MDHA and The Bridge leadership revolved around their argument that HUD allowed subrecipients to use an "HMIS equivalent system." I explained very clearly that that was only for agencies that served victims of domestic violence and legal services. I sought confirmation with the regional HUD CPD office, and they confirmed my understanding of the federal requirement of ESG subrecipients must use the HMIS. I again informed the ESG recipients.

In the FY2016 City of Dallas contracts with homeless service providers, the language related to HMIS data collection was made abundantly clear. All agencies continued to comply but one.

MDHA, Bridge and IRIS GoLive

The Bridge, as a cornerstone entity in the space of the homeless response system is one of the most critical datasets. In the IRIS transfer the first data set to migrate was the MDHA HMIS system data. The Bridge finally agreed to have their entire data set from their internal system to be mapped and migrated into IRIS. The Bridge signed the contract in February 2017. They had shared a copy of their data with IRIS months earlier to assess the cost of preparing the data for migration. MDHA entered into a contract to pay for it because such would be an eligible expense with HUD HMIS funds.

IRIS launched The Bridge data into the test environment for staff to test beginning on May 2, 2017. There would be a site meeting and data walk through on May 24, 2017 in preparation for The Bridge go live on June 2.

On May 24, The Bridge leadership instructed the PIECES Tech team that they were pulling the plug and ordered their data to be deleted.

The moment I got word I called Bridge leadership and clarified that the "go live" date would remain the same, Bridge data in or not. I stressed that the community needed the data and there was no reason not to include it. The Bridge data represented the largest most historical homeless data set for Dallas. I made sure they understood the gravity of the decision. The IRIS system was going to be pulled down that weekend for the final time and The Bridge would go live with only the overnight bed data.

The Bridge leadership understood and followed up the decision in email and a letter to PIECES Iris.

MDHA paid the $44,000 for the completed data mapping and migration of the Bridge data. MDHA did not charge the cost of data mapping and migration of to the HUD HMIS grant. MDHA absorbed the cost and moved forward. There was no turning back.

A few weeks later new Bridge leadership had to hire a pool of temporary data entry workers that my staff trained and worked with for weeks to enter back data for the ESG, HCC and HHSP programs for the FY2016 City contracts. It was a very tense period. Bridge staff worked tirelessly through the rest of the summer to get the data in, MDHA reviewing and approving. They had to get paid.

Working with Emergency Shelters

The audit alleges that MDHA did not make the needs of emergency shelters a priority. What I described to the auditor, and to the CoC, and to the board, was that in an HMIS transition period we have a fundamental hierarchy of implementation priorities:

1. Data Security and Privacy – The law. HMIS contains vast amounts of personal data.
2. Meet all public funding data collection and reporting requirements – regulations.
3. Maintain data quality and integrity across within HMIS ecosystem and across IRIS.

THEN when these are all working smoothly, one may address:

4. User interface and functionality.
5. Added system wide features and tools.
6. Increase agency autonomy and customization.

IRIS has already implemented several enhancements based on user input. There are many system enhancements on the road map. But, before implementation and customization, changes to the system *must* meet the first three priorities. Two shelters have a small bed management software that had served that purpose well but it could not produce any thing close to HMIS reporting.

Leaving Money 'On the Table'

During the annual Continuum of Care Program Grant cycle, local CoC competitions include the decision-making power to reallocate in whole or in part funding of renewal projects and create new projects. These decisions are made based on performance or changing HUD priorities that are reflected in the national competition scoring.

Historically our CoC rarely executed this option in its annual competition. Project performance was expressed only by the priority order of the projects submitted recommended to HUD in the annual grant competition. Those at the bottom were the lowest performing or lowest priority and potentially at risk for cuts.

In the summer of 2015 in advance of that years' CoC competition, the CoC Committee of The Board (later replaced by the Performance Review and Allocations Committee when the MDHA bylaws were amended in March 2016) established a more structured and transparent process for evaluating, prioritizing and funding CoC projects.

The local CoC recommends to HUD funding levels and priorities. When projects are awarded, the grant is between HUD and the Agency (not MDHA). When awarded, funds must be used within the grant term. When the grant term is over, the agency completes its Annual Performance Report and final accounting. When the grant closes out, if there are any unspent funds, they are recaptured. The money is 'left on the table.'

HUD continues to fund upon renewal the original amount of the grant regardless of recapture. It is up to the local CoC to monitor this financial activity and make funding decisions. For the first time in 2015, MDHA asked HUD for a three-year history on the recapture rates for our CoC projects. This became a very important performance criterion for funding decisions. In the last three years, the CoC Performance Review and Allocations Committee has exercised its authority to reallocate projects. As the CoC Planning body, MDHA provides oversight on CoC project performance. Agencies are provided opportunity in the annual grant competition to respond to the results of their project scorecards to be taken under consideration by the PRAC.

The history of CoC renewal grant reallocation history is as follows.

Year	Total Renewal Funding Reallocated to New Projects	City of Dallas Renewal Project Reductions
2015	$698,000	$130,000
2016	$1,200,000	$256,000
2017	$1,036,000	$0

MDHA conducts quarterly data quality reports on all projects through the HMIS and conducts site visits to review performance. Our role is not exclusively to monitor but to assist. Barriers to full expenditure of funds are usually in the first year of a project as they hire up or secure contracts. Once fully operational, the barriers to full expenditure are usually related to the failure of a landlord to continue a master lease, leaving an agency to try and rehouse clients over enrolling new clients. MDHA has developed a landlord incentive, and a negotiation program for all our partners, and hired a housing search coordinator with substantial real estate assistance to address these barriers for all programs, not just the CoC Program Grant. In this role, we seek to serve our agencies and assist them in housing persons as rapidly as possible.

We adopted an aggressive No Empty Bed policy. We want $0 funds to be returned to HUD.

The Mission Continues

We are an organization dedicated to service. We take our mission very seriously. We lead the development of the homeless response system, that will make the experience of homelessness rare, brief and nonrecurring.

I am humbled and grateful to serve persons who experience homelessness.