Research, Planning and Evaluation Committee
December 19, 2013 Meeting Mintues
CHIP Boardroom
11:30-1:00

- Welcome and Introductions
- Update on Blueprint Elections and CoC Process
    - Blueprint Elections
    - Committee process
        - The remaining four committees will meet week of January 6th
        - Direct to indycoc.org
        - Council listed on site.
- Discuss and approve HMIS policies
    - Eric discussed the HMIS policies
    - Security-keep computer physically secure,keep data secure
    - Servers are in St. Louis---need to develop a plan to deal with servers down, that's in the plan
    - Universal data
    - Needs to be approved to be in compliance
    - There will be no changes in practice with HMIS users-just pulled all info together
    - Mary Jones-motion; Ken second;
    - Motion is passed.
- Review of Blueprint 2.0 and implementation work to be addressed by Research, Planning and Evaluation Committee
- Discussion of common definition work
    - **Recidivism**---# of households that maintain housing---track total number of
    - A program's success in ending homelessness is measured by the number of households who attain housing and do not re-enter return to homelessness subsequent to a successful housing outcome.
    - Programs should track the total number of households that exited the program with successful housing outcome (as defined by the program) and stayed housed for ____of exiting the program.
    - Abt associates is doing a program on tracking recidivism.
    - Need to be realistic about what we collect (CPS tracks if they don't show up for 1 year)
    - 1 year? Is this considered a successful intervention
    - May need to consider where/how they are housed (HPRP—pays for 1 year)
    - Successfully housed for a year (period)—this takes into account the PSH.
    - Success of programming—this is a different matrix from housing
    - Date of housing and then they stay for a year
    - **At-risk of homelessness (from HUD)-**
        - Should we look at 30% of AMI---at-risk is 50% (group agrees)

        - We can keep it at 30% for HUD measurement/but we can keep it 50% for our tracking (do both). Strong recommendation of 50% AMI. Consider possibly capturing some of the affordable housing units that have 60% AMI. Consider using that as a gauge. (there is already a data point at 60%)
        - Discussion of overcrowding and HUD's definition. Emphasize number of rooms in total house not bedrooms
        - Emergency, Transitional Housing and Prevention for further discussion
        - Are there others?
        - Look at category 2 consider foster care as risk. "Unaccompanied youth"
- Discussion of gaps analysis
    - PIT data compared to info in system. Also need anecdotal evidence of gaps.
    - Data warehouse project started in July/August. Attempt to engage other non-HMIS partners creating a unique ID and compare to HMIS. Working with EmployIndy to compare to WorkOne.
    - Use personal identification—and then use unique id to match to HMIS
        - Talked about good pantries, Good News, hospitals possibly, trustees office, food pantries
        - Is that enough information? How many do we need (Wheeler and WorkOne-Marion)
        - Start to do more engagements in January—possibly APC (High Impact Study---possibly use as a guide). When they show up at hospital, apc and self-identify homeless, give them a consent
        - Potential with IHCDA
        - Gaps when people come later in the day (shelters fill up early in the day—huge gap
        - Sometimes there are two distinct populations---(those who seem to be self sufficient)—and those who are chronically homeless
            - Need approaches for both populations—not the same strategies work
        - Not enough $$ flex money for stop gap measures (utility example)
        - Transitional housing units available for those who are not ready for PSH
        - Students (homeless)—may indicate gap for younger population (little services)-What is long term solution (underlying problem)
        - Prioritize partners for datashare:
            - APC (Christy—Travis)
            - Hospitals (Dr.K-Christy, Michael—Melissa and SORRT)
            - Trustees Office (Mary)—MB to send letter explaining process
            - IHCDA (Ken)
            - This will be our initial group to focus in on—at end of year 1
    - Discussion:
        - Respite care
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    - Update on timeline of gaps analysis
- Housing committee using VI to identify those most vulnerable for dying on streets (medically vulnerable). Look at expanding medical vulnerability. This is focused effort around permanent housing and intake/referral. Expand that effort around coordinated access. Ensure that there is a point of access for intake and referral. Can either be centralized or de-centralized. Addresses the “no wrong door” need for intake.
- Information needed by committee moving forward
- Next steps
    - Chair election
    - Next meeting