Minutes

Committee: Performance Monitoring Committee

Date: 2/21/2022

Duration: 4:00pm – 5:30pm

Meeting Place: Zoom virtual meeting

Attendance:

P = Present
TC = Attended via Dial in
A = Absent

Crisis Response Committee Members							
P	Akram Al-Turk	A	Alma Gonzales	P	Caitlin Bayer Knoedler	P	Candace McGary
A	Donna Ware	P	Emily Seales	A	Lauren Stott	P	Leticia "Tish" Moczygemba
P	Liz Schoenfeld	P	Nathan Smith	A	Robert Kingham	A	Steve Harrel
P	Theo Adams-Hernandez						
Co-Chairs							
TC	Andrea Barry	P	Nirav Shah				
ECHO Staff							
P	Joseph Montano	P	Claire Burrus	P	Chris Murray	P	Allison Mabbs
P	Whitney Bright	P	Sarah Duzinski	P	Katelyn Underbrink	P	Kate Moore
P	Lashandraia Dwyer						
Community Members/Guest Members							
P	Ashley Jones	P	Sara Fuetter				

AGENDA			DISCUSSION	ACTION ITEMS
I.	**Welcome**	Nirav Shah		
II.	**Priorities for Leadership Council**	Nirav Shah	☐ Review Documents from R&E Department on potential improvements to the Performance Monitoring Process & Workflow in ECHO ☐ Brainstorm, Collect & Document Priorities to send to Leadership Council Emily Seales shared that Leadership Council has priorities that have not been approved yet, Kate also stated that they are putting together lists of priorities as well. Nirav suggests brainstorming and then deciding if there is time to prioritize the list before sending out. Group Share Nathan Smith – Does SOAR in family Eldercare, Coordinated Assessments. Sees issues regularly of needing more questions round mental health in Coordinated Assessments. For people who are entering homelessness as a result of mental health. How can they get around and cope with the services? The ARCH aren't really built for people experiencing extreme mental illnesses. Barriers with TB tests for entry to ARCH. Individual came from the HERMAN center and wasn't able to get TB test, asked if he needed a case manager to get a TB test; ended up stabbing someone outside. See this a lot, young people having substance-use issue and get viewed only for that. Another individual, at ARCH was about to get exited and got approved for SOAR and is at community first village because he had more attention with Mental Health. Nirav – wants to capture priority. How to get more mental health questions on coordinated assessments. Emily – also worked with SOAR. Mental health is housed within systems improvement but maybe can be included in monitoring. Coordinated Entry is under performance monitoring so they can add additional questions Allison – equity committee also deals with mental health. Might need to be split. Emily – there is a lot of overlap, don't want to duplicate. Purpose of exercise to figure out who will be responsible for what. Nirav – there will probably be a lot of gray areas. Akram – wants to follow up on Nathan's suggestion; would love for us to have this conversation and then think about what should be monitored. What are we trying to address? First thing, are we providing the right services at the right time. So they don't return to homelessness, mental health is a big component so it should be in the prioritization stage. Can lead to high level goals, what do we need to do in the committees to address those high level	

goals. Working backwards, we need to do more client feedback – qualitative data. Maybe we can ask those if they are receiving mental health services.

Liz – take a broader look at how projects are being assessed with the scorecard. What does it look like historically, are these metrics still appropriate, should they be different for project types. Also would really like to just collectively digest documents from RE or the opportunity to have more time to implement ideas from work documents.

Nirav – also appreciated the framework. What are the right metrics from the system pov, from the provider pov, from the client pov. How do we think around metrics that are more provider specific. Target populations, expectations based on who is being served. 2 – how do we incorporate feedback loops from those served. Qualitative data, areas that work well and also those that need improvement. 3 – what is being done in the PM sense from other CoCs.

Tish – how are the scorecards supposed to be set up, what can be changed. Are programs comfortable with the metrics? What has happened historically.

Sarah D – provided context on PMC

Kate – should the scorecard expand beyond CoC funded projects

Liz – wants deep dives by priority

Nirav – what are reports that CoC submits and how is that impacted

Nathan – Capturing qualitative data from people experiencing homelessness would be beneficial. Also wonders if there is a way to proceed with caution.

Chris Murray – less about comfort and more about efficacy

Candace – when you are asking people who receive services, they don't know what is available. Trying to get acquainted with what is available.

Akram – we need overarching goals. Maybe go by project types

Andrea – agree with everyone. Lots of barriers to housing

Liz – would like to get brainstorming questions sent in advance if we talk about it in future meetings.

Allison – agrees with Akram

Liz – can just have higher or lower priorities based on what is discussed

			==Committee agreed to compile top three priorities around:== ==1) revisions to performance monitoring process,== ==2) inclusion of qualitative data and feedback from communities served,== ==3) high-level goal setting for CoC and how data can improve the work==	
III.	**COI Policy**	Nirav Shah	☐ Review Conflict of Interest Policy from Leadership Council ☐ Committee Decision on Appeal Vote Nirav – has no concern with Akram voting Emily – If Akram scored it maybe he shouldn't vote Akram – up to the committee members Tish – feels like it is a conflict of interest Nirav – Let's take a vote Recuse – Emily, Tish ==Motion to recuse did not pass==	
IV.	**Appeal Introduction**	Claire Burrus Chris Murray	Nirav– can Claire clarify what we will be voting on Claire – Integral is appealing the Q3 scorecard. Document was sent to committee as well as the appeal from Integral Care. The Appeal is regarding metric 1.4 which is on the timeliness of data entry for entries/exits in HMIS. Was the information entered within 6 days of the event? The HMIS policies and procedures manual statesthe acceptable window for data entry in this metric is within 5 business days from the entry/exit. The metric itself awards points for any data entered within 6 days. Integral Care did data clean up outside of the acceptable window and caused them to lose points on the scorecard. The appeal stated that the scorecard should not include household members. R&E encourages discussion around scorecards but the appeal is not the place changing the scorecard. At this time, the metric does include household members and an exemption cannot be granted for this specific provider. Cris – thi metric is taken directly from the APR and mirror exactly what all CoC projects are required and report to HUD on a yearly basis. Nirav – the current expectation is that all individuals in the household need to be entered in HMIS? Claire – that is true; beyond that, any edits to the entries/exits need to happen within 5 days for all household members. Dependents are considered clients as well.	

			Joseph – These expectations are from HUD and are required for all data points. No further questions were asked.	
V.	**Integral Care Appeal**	Ashley Jones	☐ Review Documents & Questions from Committee Members ☐ Vote on Appeal Ashley – Dependents should not count in metric. HoH is our client, for this specific case the child was born after and that was when the entry was done for the child. The other were in two households, dependents were in more than 1 household. Kali reached out to HMIS and the other program and received confirmation that the dependents were in our client's household, not the other household. That was when the edit occurred for that household. We are aware of the requirements for our clients but the dependents are not our clients. Andrea – dependents in another HH, were they in integral care or another provider? Are they outside of Integral Care's services? Ashley – yes that is correct Claire – The dependents in the household, children under 18, we understand one came in later because they were born. The requirement for data entry is not for 5 days from the Head of household's entry date, it is for when the child actually enters the program. It could be the day the child is born or the day the parents notify the program that the child was born. The scorecard does not penalize programs for having children enter the program. Emily – is the understanding between the client and integral care that there will be a conversation within 48 hours of any changes in family makeup. How do families get that information to integral care. Ashely – from our policies and procedures they have 30 days to notify us. Emily – if the program is not in touch with a client within 5 days, will that count against them? Joseph – it is not about when the child is born. Andrea – is the scoring based off of the child's date of birth? Joseph – it is based on when Integral Care learns about it. Claire – it is actually based on the entry date, which is determined by Integral Care. When the program starts servicing the client. Nirav – the program becoming aware, who defines that? What is the starting point?	

		Joseph – the program, integral care, decides the date and then has five days from that date to enter the data into HMIS	
		Emily – so integral care entered the date but then didn't do follow up within 5 days?	
		Joseph – they entered the date after 5 days from the date that they chose. The entry date is not based on the day you are using it, it is the date the provider types in. What is the entry date for the dependents and is that the date of birth? And when was that data entered?	
		Ashley – I don't have the information in front of me. The staff member is also no longer employed by Integral Care.	
		Claire – In these situations it involves a lot of different staff. There is confusion between the terms because entry also sounds like data entry versus program entry. The client comes into the program on a date and the program manager enters the date that the program started serving the client. The metric measures the number of days between the day they started receiving services and when it was documented in HMIS. It is flagged immediately if it is outside of those days.	
		Joseph – At Integral care, in your workflow, when you have clients entering in the program on a different date than the Head of household, do you enter the day that you found out or what date?	
		Ashely – We just add the dependent to the Head of Households entry	
		Joseph – per HUD standards the date should be different if they enter at different dates	
		Andrea – I just had a similar situation with one of my cases. When you bring up HMIS, the date is automatically the head of households entry date.	
		Liz – I don't think we will have enough information. Need more specifics about the date the data was entered and the entry date.	
		Nirav – are the entry dates for all 6 being addressed by the appeal? Not just the baby.	
		Joseph – if these cases were correct, would the metric requirements have been et for timeliness.	
		Claire – I would have to go check the client numbers. This is the Q3 scorecard from last year, so there will be a lot of data. This is also not triggering a performance improvement plan. This could affect how this metric is viewed going forward. It could be backlogged if we allow everyone to submit appeals for this issue.	

		Liz – I think this is a question about what was specifically entered in the fields. I am willing to establish precedence and change our process for this. Chris – the language in the appeal states that the data was late and was late due to corrections. This seems to be more about whether dependents should be counted. That is good for discussion on scorecard revisions but not in reference to this appeal. Considering that Integral Care states the data was outside of the timeframe, ECHO staff is saying that the appeal is for challenging the actual data not the metrics themselves. Candace – if we are not able to address it fully now, does it go into the next meeting? Are we going to be able to keep up with all of our agenda items. Akram – It would be good to focus on the appeal and then have discussions about the scorecard. They need to be revised soon; however, this is a lot of work for ECHO and we have already put in a lot of time. We have also given them points back. I hope it doesn't seem like we are being punitive for no reason. The scorecard is a strain on agencies and us as well, moreso for agencies but I recommend we focus on the appeal. Nirav – if we keep the score as is or if we change it, it won't change anything. Claire – I don't want to say it doesn't matter but it won't have a major impact or trigger a PIP. Nirav – would it affect their ranking? Claire – only Q1 scorecards are used for ranking Nirav – does anyone want to make a motion Andrea – I think we should vote either now or electronically. I would still like to know the entry dates for future reference. Nirav – should we vote now, vote later, vote electronically Andrea – now or electronically ==Committee moved to get more info and then vote electronically==	
Adjournment	Joseph Montano	● ==***Next Meeting:*** **March 21,** **2022 11:00AM – 12:30PM**; Virtual meeting via Zoom==	

Committee agreed to compile top three priorities around:

1) revisions to performance monitoring process,

2) inclusion of qualitative data and feedback from communities served,

3) high-level goal setting for CoC and how data can improve the work

Priorities received from Leadership Council:

- Creating systems, processes, and policies that promote data-driven program evaluation and continuous improvement through accountability and transparency
- Review and revise policies and procedures related to Coordinated Entry, HMIS, and Performance Monitoring including Written Standards, Quarterly Scorecards, and Performance Improvement Plan Policy
- Provide community monitoring of data quality, system capacity and flow, and tracking of community goals and objectives (e.g., based on community funding priorities)