

## **HUD Exchange - HMIS Lead Monitoring, 5/6/20**

Mary Schwartz: Hi, folks. Welcome. Welcome to "HMIC Lead Monitoring." Good to see you all. I am Mary Schwartz with Abt Associates. Ryan Burger from ICF is joining us as well. He'll jump in here with audio in a minute. Ryan?

Ryan Burger: Great. Thanks, Mary. Hi, everyone. Welcome to "HMIC Lead Monitoring." I believe this is one of two final sessions for our three day remote joint NHSDC and HUD SNAPS Office NHSDC Conference. So hope everybody has been able to attend a couple of sessions so far. Hope you're getting a lot of helpful advice and strategies out of the sessions that are being presented. Mary and I are going to talk today about HMIC Lead Monitoring. So give me one second here and we will go ahead and get started.

Okay. So just a couple of really quick housekeeping items. So as with all the other sessions, this webinar will just about 60 minutes. Folks are in listen only mode. We'll plan on using the chat box and the Q&A box as much as possible. Again being remote and virtual, and Mary and I being about as far away from each other as we could possibly be while still being in the country, are going to be try to be as engaging and interactive as much as possible.

So we will ask folks to submit questions in the question and answer box on the right side of your screen, might also engage in some chat dialogue as well. So you should have both Q&A and chat boxes available on the screen. This session, along with all the others, have been -- this will be recorded. The other sessions have been recorded. The recordings, the slide decks, and the transcripts will all be available on both the HUD Exchange and the NHSDC website in the coming days.

We'll try to answer questions as much as possible today. If we don't get through all the questions or if you have sort of a CoC specific question, please make sure that you're utilizing the HUD ask a question help desk. So any sort of HMIS lead or HMIS implementation questions again that we don't get through today, make sure that we're utilizing the HUD Exchange ask a question just as much as possible.

And then lastly since this is one of the two sort of closing sessions for the three day remote NHSDC conference, this is one of I believe seven sessions that are available for what HUD is calling a certificate of completion. So if you are interested in obtaining the certification of completion, you have to attend at least four of the seven sessions. All you have to do to get credit for attendance at this session is enter your name and email address we'll say in the Q&A box. And then we have the chat box as well. But just let us know that you're interested in receiving credit for HUD's certificate of completion for the HMIS track, and let us know your name and contact information.

So wanted to start with just a quick overview of what Mary and I are going to be talking about today. So when we're talking about HMIS lead monitoring, we're really going to try to focus in on the role of the HMIS lead as an agency, as an organization, as a group of specific stakeholders who sit within that entity, and the work that they do to really support the CoC, to support their HMIS end users, their participating agencies, and make sure that we have a sense that we can

clearly understand how the HMIS lead is supporting overall strategic monitoring, continuous quality improvement, improvements in data quality, generally improvements around all of these topics and functions that an HMIS lead may be responsible for. So we want to think to think through what the HMIS lead's role is to support capacity of all their partner stakeholders.

We also want to talk about the need for clarified roles and responsibilities. We know that a lot of HMIS leads take on a lot of different roles and responsibilities. Some of them are defined. Some of those are formally codified in contracts or scopes of work. Oftentimes these are just more informally understood. If not the HMIS lead, then who. So we want to make sure that the HMIS lead is being monitored and held accountable for the things that they're specifically responsible for, and make sure we have a really good, and solid, and transparent understanding of what is a shared responsibility versus what is the sole responsibility of the HMIS lead.

We also want to think through measuring -- developing measurable outputs and outcomes to assess the performance. So we'll start to speak to this idea of an HMIS lead monitoring process or monitoring pool, how can we actually measure the efficacy or the effectiveness of the services and the support roles that the HMIS lead is providing. And then lastly we'll start to provide some concrete and actionable steps to help you as HMIS leads, system administrators, or CoC sort of data leadership, understand what this process might look like within your own continuum of care. They're pretty lofty goals and objectives, but we think we can get through them in about 60 minutes.

Before we go any farther, I want to start -- and actually we want to hear from you. So we have a poll that John is going to go ahead and open up. And we really want to start to understand from you all kind of what monitoring of the HMIS lead might look like within your continuum of care. So we're asking the question, what are some practical strategies that you've put in place to start a monitoring process of your HMIS lead within your local CoC.

Now the first response would really just be working with CoC data stakeholders to help clarify what we're interested and what we're trying to define is the specific role and responsibility of the HMIS lead. The second response would be updating HMIS governance charters and agreements. Third, improving data management to track performance.

And fourth, creating data dashboards, sort of give us better sense of what data might look like across our agencies. And then lastly, including HMIS data quality in rating and ranking. And I believe if John can confirm these, you can select as many as possible. This is not a single select poll. So go ahead and let us know what this kind of looks like, how data is being used to hold stakeholders accountable within your own continuum of care. We'll leave the poll open for about 30 seconds.

And we see some responses coming in. Go ahead and close the poll and we can take a quick review of the results. There we go. All right. Lots of things happening across our CoCs. Try to look real quickly, looks like the two most predominant responses are C and E. So improved data management to track performance, I think that's really great, awesome to hear. We'll try to get into some more detail throughout the course of this session. But that's obviously a great way to sort of hold folks accountable for the data that's coming into HMIS.

And the second most common response was including HMIS data quality in your NOFA rating and ranking. I am probably pleasantly surprised to see that as the second most common result. So that's a really great way to attach funding and attach resource allocation to data quality, data entry, the importance of HMIS within your overall homeless crisis responses. Very cool. Thank you, everybody, for your responses.

So we just want to talk for a minute about the purpose of monitoring. So this is sort of a generic plan, do, study, act. Mary would say it's a plan, do, check, act, I think is how she approaches this. Just a cycle, a four step sequence of events that really is meant to lay out what a monitoring process could look like, and those discrete steps that would be included. So in general the monitoring process, it should be ongoing, it should not be a one time, one off event that happens irregularly or without a connection to overall stim level [ph] improvements. It's meant to be ongoing, that we can learn about what's happening, that we can react to what's happening, and that we can put plans, strategies, or increased resources, bring them into the CoC to help improve the performance that we're interested in. In this case it would be the performance of the HMIS lead.

So really in general, just this monitoring framework that's first meant to ensure compliance, secondary it is meant to improve performance. So we're thinking through what is our baseline, are we happy with our baseline. If not, what can we do to improve and change? Is it resources, is it additional training, is it hiring more staff, is it revisiting our governance structure, is it thinking through the additional support that the HMIS lead team might need access to in order to better do their job, in order to better meet the priorities of the continuum of care.

So it's a general monitoring process. It could be applied to a whole host of different questions, but really meant to give us an understanding of our baseline, make sure that we're, A, compliant, and B, meeting the performance criteria again in this case that the CoC is setting out for the HMIS lead.

So the purpose of monitoring, for some reason monitoring has become like a dirty word over the years I guess. A lot of people approach monitoring with sort of a punitive mindset, like you know, we have to go through the monitoring process, I hope I don't get punished as a result. That is unfortunate. It's also the unfortunate reality of how monitoring processes have sort of grown and evolved over the years.

So I think Mary and I are trying to argue and make the suggestion that the idea of monitoring, it's not just rooted in compliance. It's just as much if not more focused on increasing and improving performance. It's making ideals kind of a standard operating practice or procedure. It's really holding folks accountable for the role that they play within the HMIS implementation. Later on in the session we'll try to demonstrate just how much of a shared responsibility the operating and HMIS implementation actually is.

A lot of it falls on the HMIS lead, but they're by no means the only group of stakeholders that is available for HMIS. The CoC has ultimate responsibility for the HMIS. HMIS end users and

participating agencies are obviously sort of at the front lines of contributing and populating data within the system. And of course our software vendor plays a very important role as well.

So when we're thinking about monitoring, we want to make sure that we're cognizant of who's responsible for what. We have to define that first. But we also want to treat the monitoring process as identifying areas for improvement, and making sure that we're not just targeting sort of a superficial outcome, or we're not just treating the symptom without the underlying cause, to use a little bit of a clinical term. So that's how we're thinking of monitoring..

So before we go any further, I mean we might be thinking about some very common symptoms, if you will. So at a very high level, without going deeper into the monitoring process, we might be aware of some risks, or some problems, or some underlying challenges within our HMIS implementation, if we're seeing things like frequent staff turnover at the HMIS lead, ongoing report errors, missed deadlines. One of the worst things is grumpy CoC board members. We could also have unhappy HMIS end users.

Something there, even having not gone through the monitoring process, may be telling us that there are issues that we should work to address, work to define who's responsible for them, and then go through this four step plan, do, study, act process, of figuring out how do we improve some of what we're seeing, how do we get to the underlying causes, and making sure that we're operating our HMIS as best, and effectively, and efficiently as possible, so that it's not just a burden, it's not just a tool for compliance, but it's actually giving us data, giving us the ability to coordinate care, and really giving us the ability to move the needle on ending homelessness. So that's one of the highest and best purposes of HMIS. It's hard to get there if we have any of these risks that we may be seeing here on the screen.

So we want to think about what a monitoring process might actually look like in practice as we're going through the monitoring process. So let's think real quickly about a few different approaches to monitoring. So we could ask a question as we're starting to monitor our HMIS lead, does the HMIS lead monitor all HMIS participating agencies for data quality? Feels like a yes or no question. A different kind of take on the same thought or the same monitoring question could be, has the HMIS lead's data quality monitoring process led to improvements in HMIS participating agency data quality? So again, we have probably two questions that could both be answered by a yes or no response.

And the first question, it's going to tell us if the HMIS lead is monitoring all participating agencies. And that's kind of the end of the story. If we're using the construct of the second question to ask, has the HMIS lead's data quality monitoring process actually led to substantial or meaningful and measurable improvements in data quality, that gives us a whole host of additional options. If the answer is no, we as HMIS leadership, as participating agency leadership, as CoC data leadership, can start to think about do we have the right incentive structure, or appropriate treating and prioritizing data quality.

Do we have penalties? Penalties is a strong word. Do we have enforcement mechanisms, let's say? Do we have remedial training opportunities? Do we have individualized end user support? Do we have tools in our toolbox that can help improve the data quality that also let us know

whether or not the HMIS lead is doing what is expected of them as they're going through the monitoring process for data quality.

We can think about other strategies like data dashboards, data quality dashboards, letting folks know kind of where they stand in relation to other providers. We also can think about do we have enough HMIS licenses for instance? Do enough people at the agency level have access to HMIS? Are there issues with staff turnover? What else might be going on? Again, engaging in a sort of diagnostic process, but making sure that the answer yes or no actually tells us about the reality on the ground as it comes to the role of the HMIS lead and how it is supporting the rest of our end users.

So just real quickly, as we're talking about the requirements of the HMIS lead, HUD has kind of loosely defined this, these requirements. HUD's real specific requirement of the HMIS lead is that it's an eligible applicant that it manages the HMIS specific software or the CoC's geographic area, in accordance with the CoC program interim rule and any other HMIS requirements as prescribed by HUD.

So this is really saying HMIS is ultimately the CoC's responsibility. The HMIS lead is in the position of carrying out all of these requirements, being held accountable for meeting any other HUD standards, etc. But ultimately they're sort of the -- they're in position to implement these things on behalf of the CoC.

We know in reality that the HMIS lead really has a lot of different activities, a lot of different responsibilities, they play a lot of different roles, they wear a lot of different hats. However you want to think of it, the HMIS lead is really in this pretty crucial intersection between the CoC, the vendor, the software vendor, and the HMIS participating agencies.

Depending on the size, and the scale, and the ultimate goals of the CoC in terms of HMIS support, or HMIS use, or HMIS lead, sort of definitions or requirements, we see a lot of things related to policy and planning, a lot of system administration work obviously, a lot of reporting and analysis work, monitoring and evaluation, obviously training and sort of help desk technical support, even things like coordinated entry.

Folks are now suddenly in a position to integrate Covid-19 screenings or setting up non-congregate shelter workflows. HMIS lead is pulled in a lot of different directions. They have to juggle a lot of competing priorities. They have to really be in a position to carry out and fulfill a lot of different roles and responsibilities. Again, said this earlier, but I think it's really helpful to put this in context, a lot of times all of these requirements or all of these expectations of the HMIS lead aren't actually defined anywhere.

They're just expectations. They are things that have come -- fallen on the HMIS lead's plate over the years. And is it fair to hold them responsible for that if there's no formal documentation, if there's no scope of work, if there's no updated HMIS governance charter, or MOU, or set of agreements, that says the HMIS lead is responsible for X, Y, and Z, therefore this is the standard.

Mary and I don't often see that clearly defined in a lot of communities that we work in. And so we want to make sure that we're clear about what the gaps are before we engage in the monitoring process. If we start to monitor our HMIS lead based on a whole bunch of assumptions, that's not going to get us very far. That's going to lead us to probably a lot of arguments, and probably a lot of declined calls, and that's about it. So we want to make sure that we're clear on what's defined, clear on what's a reasonable standard, before we ever start to go down this road of engaging in the monitoring process.

This is spot the elephant. Spot I think was named by one of Mary's kids about a year ago. There the -- sort of a proverb around depending on what part of the elephant you're seeing or touching. It could feel or appear to be different things for you. The tail of an elephant might be most apparent as a snake. The ear of an elephant might be most apparent as a fan. So the point is that HMIS is sort of our shared responsibility depending on what part of the HMIS you're touching, CoC, HMIS lead, HMIS participating agency. You're going to want and need different things out of this system. You're also going to be responsible for different things in the system as well.

So just as an example, this chart kind of breaks down a few of the roles and responsibilities, a few of the specific HUD requirements that different stakeholders are actually responsible for within the larger HMIS implementation. So meaning that on the left hand column, the CoC again is ultimately responsible for designating the HMIS. They're responsible for designating and selecting the HMIS lead. The HMIS lead, again they're responsible for carrying out a lot of these requirements from an operational perspective, from a data standards and reporting perspective. But ultimately they're doing all of this on the CoC's behalf.

Again the vendor will play a different role and HUD will play a different role as well. Your HMIS participating agencies will play a different role. So just wanted to really focus in on this question of shared responsibilities. This is really key as we're setting up a monitoring process, as we're defining requirements. We want to make sure that we're not holding the HMIS lead accountable or solely responsible for something that's actually a shared responsibility between it and the CoC, between it and the vendor, between it and your participating agency. So just being clear about it's shared, it's really -- we owe it to ourselves to make sure these requirements are as clearly documented and laid out as possible.

So as we're talking about clarifying roles and responsibilities, we want to think about what makes sense as far as establishing a measurable baseline. We want to think about in terms of system administration, what is responsible -- what responsibility is held by the HMIS lead, what is held as a responsibility of the HMIS software provider for instance. We see a lot of shared responsibilities between those two groups of stakeholders. Performance management, that's probably shared across at least the CoC's data committee, the HMIS lead, and of course your end users and HMIS participating providers.

Quality of service delivery, if we want to think about something like the help desk function or training and technical support, that's probably solely the responsibility of the HMIS lead, but not in every community. So trying to think through what the baselines are and how they are shared really goes -- it makes sense to go through them topic by topic, domain by domain. So keep in mind especially that your CoC is really the one who's responsible for setting up your HMIS

governance structure and model, and then within those groups of stakeholders defining who is responsible for what.

So I just want to build on that thought before I turn things over to Mary. And we have seen a lot of different communities stand up a lot of different HMIS implementation or governance models. So my best guess is that this model here is probably pretty common across folks on today's session.

Chances are the HMIS lead is responsible for a lot. Maybe you're solely responsible for everything, thinking through monitoring data quality, monitoring privacy settings, providing training, overseeing system security, managing project setup, workflow configuration, and then [inaudible] to HUD and the CoC, tends to be the most common model. We see HMIS leads really operating within a centralized context the majority of times.

That makes sense. It might not make sense. I think if there are questions about how this is set up within your own community, you owe it to yourself to start this conversation and engage in dialogue with your CoC partners to say we've taken on a lot and we might not have adequate resources. Or this really needs to be a shared responsibility. Or we need other folks to support this because this actually isn't something we have complete control over.

So oftentimes we might see something where the roles and responsibilities may be more clearly defined as something that's shared. They might be common to both the HMIS lead and participating agencies. We see some communities sort of build out the role of an agency administrator to do a lot of the work directly with their end users, that that HMIS lead might set standards for. A perfectly reasonable, perfectly common and acceptable model. There's really no one right or wrong way to operate this.

Other communities have taken this idea of shared responsibilities and built it out even further. Monitoring data quality might sit with the CoC at the agency level, and maybe the HMIS lead is in best position to sort of monitor for that. So we bring in a third party consultant, or an external vendor, or subcontractor, to help build data quality dashboards for instance. So suddenly we have a single function, a single activity, a single role or responsibility that's shared across in this case three stakeholders. Perfectly fine.

The point here is that they have to be defined, if we want to understand what our performance looks like, if we want to understand who's responsible for any given activity or task. And ultimately if something's not meeting the CoC's goals or their ideals of where HMIS can be to sort of meet their strategic priorities, we want to see what else we can do to help address those issues.

So this is sort of the takeaway slide. Again we're throwing out some different models. Really we think you owe it to yourselves and your CoC partners to start to have this type of in depth and meaningful conversation as far as how are many different roles and responsibilities actually defined and delineated across our CoC.

Are they informally just understood that this is the purview of the HMIS lead, or is this something that's actually written down in an agreement, in a contract, in an MOU, that we know this is the baseline minimum standard that we should be getting from our HMIS lead, our CoC data committee, our participating agencies, and maybe anybody else who's involved in the process as well.

So with that, I'm going to go ahead and turn things over to Mary. And she's going to continue on by giving us some ideas about the monitoring process.

Mary Schwartz: Thanks, Ryan. Will you give me a thumbs up if you can hear me okay? Are we good? Okay. So let me see. Am I going to take the ball and be the presenter? Yay. It's me. Okay. So so far we've covered -- and by the way there weren't any questions that came in, Ryan, for you during your talk. So everybody is focused and on board, and there's no confusion over any of this. Roles and responsibilities, and writing stuff down is really important.

Why you see some of the same themes too if you attended the contract 101 session on Monday with [inaudible] and I, is because a lot of this can look really similar. We're seeing over and over again, write stuff down, make it clear, be really deliberate about who's responsible for what, so that you can then turn around, and read that writing, and decide if people are doing what they set out to do. So that's the basics.

So we're going to dig in a little bit now to some ideas, generate some ideas for you guys around if you aren't at a place where any monitoring is going on at all, nobody's looking at you as the HMIS lead, there's no external review of HMIS participating agencies going on, there's no connection with the CoC over what responsibilities lie with which entity. Get that in place. It can start really simply.

I have a funny little anecdote from an HR training I was at yesterday at my company. It was being given around like performance evaluations and how to write goals. And one of the participants suggested that maybe you could look at your job description to come up with some of the performance goals for your job. And that was a really novel idea to a lot of people.

I feel like that's really basic kind of stuff, right? Like compliance, doing the job, like we have job descriptions, look at those, look at the job descriptions of your staff, look at the governance documents in your CoC. Those are all things where responsibilities might be written down. And compliance too is a baseline responsibility, the laws and regulations, and terms and conditions that we have in place are very important. That's an important thing to review. So going at monitoring from a compliance perspective is A-OK especially if that's where you're starting at.

Moving to a performance monitoring, and Ryan touched on this a little bit earlier in the slides, you can monitor and also monitor towards performance, assess how the performance looks, and put change improvements in place to get to better performance. So performance monitoring starts to look more like outcomes based kind of assessments and monitoring. And we're going to go through some examples of that, more examples beyond what's been shared already.



So Ryan has touched on this already too, just to say again, like we are living in a world in which like really this isn't just the HMIS lead's job. The CoC has some responsibility here. Participating agencies need to hold up their end of the agreement. Your HMIS vendors have contracts in place. We need to look at those. That's the big picture of an HMIS implementation. And a successful HMIS implementation looking to performance would take into account all of the kind of shared responsibilities.

Trying to find where responsibilities are isolated to a certain entity, kind of in the charts that Ryan went over right before I took over the slide deck, there are ways to kind of lay out responsibilities individually or against the kinds of responsibilities that there are for you and what you need to monitor again. So kind of who has what. It's seeing where there's overlap and where there's not can help make your monitoring processes the things you need to look at or want to look at based on performance reviews, makes it clearer when you know who's doing what and who's sharing what.

Okay. So we're going to go into some practical strategies. This is like ideas generation. And we'd love to see in the chat too if you guys have more ideas than what we come up with here. But we're going to kind of just throw a bunch of things at you right now for how you could either build up, or build out if you don't have anything right now, or build up, improve upon what you have going on already. So the basic requirements thought is here to remind us again like the CoC program role has a lot of [inaudible], the CoC is in charge of designated the HMIS lead and then to do certain things.

There are HUD notices, you know, the 2004 final notice that defines HMIS, and technical security requirements, as well as the data standards that have been updated over the years, the actual elements themselves, as well as some other notices. Software and system admin capacity checklists, we've published those. We have the first two of a kind of long list of HMIS lead tools that we're trying to get out the door.

Those checklists are a great place to start if you haven't already. If you haven't looked at the software checklists, that can help you in thinking about your kind of where the vendor, where their lane is, and what they should have in their wheelhouse to be responsible for, and getting that in writing, and better contracting locally with the vendor.

And then what system admins, the HMIS leads can be system admins, system admins can be HMIS leads. So it's kind of a fuzzy distinction. But system admins, we have a capacity checklist for that, so all the kind of technical requirements of the staff who are doing the day to day implementation of HMIS. Of course HMIS leads, CoC leadership, all of that should be defined as well, or could be defined in the form of again CoC program interim rules, governance charters at the CoC level, policies and procedures at the HMIS level and CoC level, and on and on.

So you're going to find HUD requirements in any of those places and more. You're going to find then additional local requirements that have been baked into the responsibilities that kind of we all share from the HUD perspective. You're going to find those again looking in your HMIS governance charter, your HMIS policies and procedures, any contracts or statements of work that you have either between entities in your CoC or your HMIS leads and your HMIS vendor. You

know, looking back in the day running HMIS locally, you know, we kind of resurrected a ton of old documents.

So it's sometimes a really good place to start, is kind of look back in the files at things that have happened in the past and what's been written down before. And kind of you might see as staff has changed hands, or leadership has shifted, or agencies change roles, like some of that stuff drops off. So you might be able to pick up old RFP documents, or old service level agreements, or those kinds of things, to kind of start -- getting back to a place where everybody has a current set of requirements.

Yeah. So start delineating roles and responsibilities, and kind of keep to the same categories if you can. We've given you a bunch of categories. I believe that's the next slide. One slide later. This is a repeat of one of Ryan's earlier slides. So just a reminder, like start taking these categories and plotting -- I don't know, kind of thinking again of like a practical strategy, thinking about job descriptions and charters. And like if you go and resurrect all the places that the words exist already, right, you can kind of start cutting and pasting, or plotting them against what we know to be the HMIS lead's kind of purview and oversight, and see who's doing what.

Make those little matrix charts for yourselves so you can be really clear, like okay, this person needs to do this thing, and this job description has this thing, and you know, laying it all out for you in a really practical way can be very helpful when either trying to get started with monitoring or picking up a monitoring protocol that needs some improvement and moving towards performance based monitoring.

Another idea -- am I okay? No questions, anything, come in, Ryan? I'm going a little fast, looking at our time. Okay. So another kind of practical strategy would be to take the dedicated HMIS APR. So if you have CoC funding paying for your HMIS, that's your dedicated HMIS grant, you're already submitting this APR on a regular basis. And there's a lot of great useful information in there to dig out and kind of use locally. You get a sense from the dedicated APR question by question what HUD really finds to be important processes and procedures to have in place locally.

So for example -- let me get my dedicated APR -- you can pull it up online if you don't have a copy of the dedicated APR yourself. You can find it in the -- I don't know if we have a link to this on our website or not, in our presentation or not, but it would be in the Sage guidebook for APRs. So the Sage guidebook for all those of you that are CoC funded, you're very familiar with this.

Anybody who isn't and doesn't know what I'm talking about, do a Google search, Sage guidebook for APRs, and all the different kinds of APR submissions that CoC grantees have to do is -- they're all described in there. And you can find the HMIS dedicated APR guidebook and kind of go through and see what the questions are.

And it's question seven, for example, breaks down governance and standards, standards you should have in place for CoC governance [inaudible] governance. And if you can answer yes or not to certain questions, you're doing okay. So the dedicated HMIS APR is your kind of

compliance base. It's a great way to start as well as the checklist and the other suggestions we've given you. It's a good place to go and find what are some real straightforward requirements. Again we suggest like model the checklist, take the list -- we're going to go to that list again -- take that list of topics, policy and planning, system administration, record analysis, and plot your requirements against those, and you would be well on your way to kind of seeing what needs to be monitored, how monitoring can become kind of an effective way to manage performance, and help your HMIS implementation achieve the goals that you're set out to achieve.

There's that data strategy is the reason we're all here, and doing an HSHDC virtually, and getting everybody together and talking about these things, is because HUD [inaudible] our long term data strategy and wants to see CoCs improve on data quality, and HMIS participation rates, and all those things. And really understand where you're at right now by monitoring yourselves, your HMIS lead, your position in the community, your participating agencies, all of that helps you understand where you fit and where you need to go to get in line with the data strategy.

So I am going to take now real kind of clear examples hopefully for you guys, turning our monitoring processes from compliance base, the kind of yes/no compliance monitoring, to more of performance monitoring, against each of those categories that we've already touched on a couple times. So policy and planning. So you could ask does the HMIS lead actively participate in and contribute to CoC policy and planning decisions? That could be a yes or not question. And if we don't look at participation in policy and planning, the HMIS lead participating in CoC policy and planning right now, start asking that question and checking it off the list.

You can also turn it into more of a performance based, how often does the HMIS lead participate, what reports are provided from HMIS to the CoC policy and planning committee. So kind of breaking down what that participation looks like after you've gotten to a place where you can say, yes, that is happening, participation is occurring. Then you can switch your monitoring process to more of a what is the participation, what does it look like, does participation need to be defined better so that there is a more effective performance based participation.

System administration, this is going to start to feel a little repetitive, but I'm going to go through it 'cause I think it's really important to be thinking in terms of performance. So does the HMIS lead monitor license allocations across the CoC and license utilization? Probably. You guys are already looking in one way or another, you're paying an HMIS vendor bill, right, by license fee. So maybe you can say yes to that from the sheer fact of the -- you pay a bill each month or each quarter. But what could a performance base, well how much is paid, how is that fee structured, does the HMIS lead do some sort of value assessment, valuation assessment, is there some sort of regular conversation with the vendor about comparative costs in other parts of the world, anything like that could lead you to a more performance based kind of assessment of the HMIS lead, and how licenses play out in your community.

Especially --- and I think you guys have probably many of you have experienced this before, you know, kind of back to what Ryan was saying where there are symptoms that appear in your communities. If HMIS is [inaudible] to be really expensive, you know, or some CoCs look at the budget every year and go, why are we paying that much for our HMIS vendor, you know. If you have a monitoring process in place that kind of takes it a step further into assessing the value of

the licenses year in and year out, and that being part of your monitoring process, you might be a step ahead in addressing when there is a concern in the CoC about HMIS costs. Just an example. And of course system administration goes way beyond licenses. This is just an example.

Okay. Reporting and analysis, right. You could ask does the HMIS lead work collaboratively with the CoC? Yes or no. Or what does that work look like? What is the data quality? For example, if you're looking at federal partner reports and monitoring [inaudible] upload success, or [inaudible] partnerships, or something, you could turn that into more of a performance base. How many uploads were successful versus got rejected? How many times or days are spent in data quality cleanup to get the federal partners their successful reporting on time? Etc., etc. So kind of taking recording and analysis to a performance level might look more like that than just saying, yep, we have reports available basically in our HMIS for federal partners.

Okay. Couple more. Monitoring and evaluation. I hope this is helpful for you guys getting some real world examples of moving towards a performance monitoring. So monitoring and evaluation. You should actually ask yourselves the question, am I being monitored both by my CoC, am I monitoring my participating agencies.

And then digging deeper into how often is the monitoring occurring, what's the outcome of the monitoring, and what steps are in place to prove is there a monitoring plan, and how are the metrics of what is being monitored tracked and baselines being capture and reported in a monitoring report, and then looking back on that monitoring over time to see where either data quality has gone up or frequency of monitoring has gone down 'cause everybody's doing so well. Or just any of those kinds of ways that you might approach being more performance based in the review, the monitoring of your monitoring processes.

And then finally training and technical support. So I think we're all pretty familiar. I think that's the last slide too of these categories. Oh no. There is one more. So training and technical support. I would guess that this is probably where HMIS leads are the most successful, from my experience in the policies and procedures I've reviewed locally, and again running my own ship at some point in the past. Like I think training and technical support is a pretty tangible thing to monitor. Most of us run help desks, right, and keep track of numbers of tickets, and resolution times. We know how many trainings we have to offer, how many users need to be supported, etc., etc.

So if you wanted an easy place to start assessing your monitoring protocols, and maybe improving and getting to more performance based monitoring, training and technical support might be the category to start in. 'Cause it's pretty straightforward to think, gosh, you know, we could run reports if you aren't doing this already. You run reports off your help desk and start reporting out regularly to the CoC at their meetings, quarterly meetings or monthly meetings. Like here's the latest numbers and resolution times, the numbers of tickets we addressed, the number of trainings we had, and number of help desk tickets entered versus right after a training concluded.

We have an uptick in tickets about case notes because the training didn't include a good enough instruction on how to enter case notes. That kind of like tying your training and technical support

together, understanding how training impacts technical support. Reporting out on a regular basis to folks about the training and technical support process in your community, probably a pretty easy place to start and to improve if you've sat down and kind of broke out all the responsibilities of successful performance based training and technical support [inaudible].

Okay. Finally, coordinated entry support. So does the HMIS lead work collaboratively with the CoC? You could say yes or no to that. You guys probably all at this point are working with your CoC. But what does collaboratively look like? How does that actually play out? And is there -- again back to like can you come up with some numbers of meetings frequencies, or availability of reports, or improvement in the data quality of the by name list functionalities, or things that kind of show HMIS lead, yes, working collaboratively, and also we know what enhancing the CoC's use of HMIS should look like, and we're monitoring to get there. We're trying to put improvements in place to really improve how HMIS supports coordinated entry.

Communication and capacity building, does the HMIS lead provide accurate and timely communication to HMIS stakeholders? Yes or no, could be one way to approach it. Or what does accuracy mean? What does timely mean? Are people getting notices of changes that the vendor is making on time? Or are people caught totally off guard with the latest system improvement that just got put out by the vendor, etc., etc.

So figuring out how to kind of quantify, measure, review, the things that are going on, making sure you keep track of or understand fully who is supposed to do what and when, and who is supposed to hold those folks accountable for the things they're supposed to do and when, is all part of that kind of comprehensive monitoring plan, and getting to a place where you are really assessing performance more than just compliance with the goal that we all have for you. And hopefully some of these tools we've talked about today can help with that.

So yeah, I'm just going to end with this PDCA -- not S, it's C. Ryan and I have argued about this for quite some years. But it's basically your way to kind of establish a cycle. You can come into this process wherever you're at. It will meet you where you're at. Are you at a place where you have a monitoring protocol, you guys have run it year in and year out, and everything seems to be, you know, going along just fine. Well then you're probably at like a plan place. Like what is a vision we can set for ourselves, where could we like stretch a little, and reach, and do even better with our performance.

Or are you at a place where you don't have any monitoring going on. Nothing has happened.. You're the CoC lead, right, this is the case all the time, you're the CoC lead, you're the HMIS lead, you're the HMIS system administrator, you're the lead agency for everything. So nobody's looking at anything. So you're probably at more of like a study place. Take a step back. Take out a matrix. Put down some categories on the left hand side and throw some roles and responsibilities from HUD regulations across the top line, and start marking off the X's of it may be all you, but there's really clear lanes under certain hats that you wear, that can help you kind of identify where you could start.

So pick a spot on this circle and come into the process. And it really -- once you start writing stuff down, being thoughtful about who's doing what, and you know, who can kind of monitor

against that, it starts to get really clear, I think, I hope. That's what we hope, right, Ryan? We're close to time. We've got a little bit of time to spend on Q&A, if anything has come into the Q&A box. I wasn't watching. Reminder, the certificate of completion, four of the seven sessions that were identified. If you've got your name in at the beginning before you came into the meeting, you're good. If you put it in the chat or the Q&A, you're good there too, as long as four of those of your name are found across those seven sessions, then HUD will give you credit for those.

My favorite of all of Ryan's brilliant pictures on this slide deck, Homer with a monkey in his head. Anybody have any questions for us? Any help we can provide as you're thinking about monitoring, or doing something different, or better, or new locally?

Ryan Burger: Yeah, Mary. Thanks a lot. I want to call out one question that [inaudible]. So the question here is wondering if there's any strategies for getting the CoC lead engaged in the determination of roles and responsibilities, I think in this case for the HMIS lead. So sounds like they're different entities. I want to see -- I have some thoughts, but I want to see, Mary, what you might start to recommend for how to get the CoC lead and the HMIS lead working together on this process.

Mary Schwartz: Yeah. I mean, we see that a lot, don't we, Ryan, in the midst of PA work locally when they're not the same entity. We see a lot where it's the same entity and like easy peasy, nobody's looking at anything, so we're good to go.

And we've seen a lot where it's two different entities, and it's hard to get them together and agree to stuff. I think that you have to go back to the CoC program interim rules and start there. The CoC designates the HMIS lead. And part of the responsibility of designating the HMIS lead is having some sort of agreement, or contract, or thing, or MOU, or job description, on something, right, a napkin in a hotel bar, write down what that means for the CoC to designate the HMIS lead.

And at some point, if the HMIS lead isn't being responsive, isn't doing what they're supposed to, isn't following the agreement, the scope of work, the contract, whatever it is that took place, then it's time for the CoC to regroup and think about maybe designating a different HMIS lead. There's a responsibility.

And that's what the CoC program interim rule says and what HUD says with the funding, the responsibility is that HMIS needs to be used to keep your funding. HMIS needs to be managed. And the CoC is ultimately in charge of HMIS. By designating an HMIS lead, it means the CoC is going to keep track of that and make sure these responsibilities are being carried out. And that's what this is all about, you guys.

Ryan Burger: And I would add too, I'm not sure if I'm going to read too much into the question. But the CoC lead is sort of this infrastructure organization. They're not really [inaudible] defined to play any other role than like the recipient of the grants from HUD for instance. Like collaborative applicant and CoC leads are I think technically interchangeable. We know that in a lot of communities the CoC lead is this big infrastructure organization. And they have a lot of

different staff capacity. But I think we'd want to make sure that we're not asking a CoC lead to identify or define for the HMIS lead, just those two entities together, what should be doing.

Both the CoC lead, if it's the collaborative applicant, and the HMIS lead, always need to be supporting and working towards advancing the CoC's goals, not a specific organizational goal. So I think I just wanted to call that out, because again I might be reading into the question, but we want to make sure that all this direction, all this guidance, all of these expectations and requirements that can be locally defined, are actually being defined and developed by the CoC, not any specific support organization.

Let's see, what -- so Jaclyn's [ph] asking -- this might be our last question given the time constraints -- Jaclyn asks, what is the typical funding amount from the CoC to the HMIS lead agency? The typical funding amount is that there is no typical funding amount. We've seen everything from zero dollars if there is a strong state funding stream or a strong local philanthropic organization that's able to supplement a lot of funding for the HMIS lead, if there's an interest in human services or homelessness data there, all the way up to millions of dollars is my guess.

So really it's just going to be dependent on the size of your CoC, how many providers, how many end users you might have, the type of contract you have with your software provider, and really looking at how much funding in terms of resource dollars are needed to advance the CoC's goals.

There's probably an average funding amount, but it really doesn't make sense to try to answer it from an average funding amount.

Mary Schwartz: Yeah. I don't think you want to go averages. But I just put a link there to one of my favorite data sets that HUD puts on the HUD Exchange. So this is system performance measures since 2015. You get year over year system performance measures from each CoC. And to that data set is added the [inaudible] category, so like I'm a large CoC, I'm a rural CoC, I'm a [inaudible] state CoC. So you have [inaudible] category, you have bed utilization rate from the data quality submissions in the system performance measures, and you have CoC funding amount.

It's not HMIS dedicated amount, it's the larger CoC amount. But in there you could find what I would call your sister CoCs, or your sister cities, right, or brother cities, or whatever, it's non gender specific partner cities, to go and kind of reach out to those folks and say, hey, how much is your CoC, what is your situation? I think that that system performance measure data is really valuable to go find your kind of comparative friends in the country and start connecting up and kind of understanding these things. 'Cause it's not -- averages aren't really that useful, right, across 400 CoCs, all of different size, shape, weight. But that spreadsheet might be. Okay. We're good. We're out.

Ryan Burger: Good resource.

Mary Schwartz: You guys are great. Thank you so much.

Ryan Burger: Thanks, everybody. We appreciate your time. Our email addresses are on the screen. Really appreciate everybody kind of rounding out and ending your NHSDC virtual conference with us. Hope this has been a great couple of days for you all. Thanks, Mary, for being my co-presenter.

Mary Schwartz: Thanks, Ryan.

Ryan Burger: Great. Thank you, everybody. Take care. Stay safe. We will see you later. Bye bye.

Mary Schwartz: Bye.

(END)