

January 2022 DAC Meeting Minutes

1/12/2022

Members present: Kim Sanders, Thomas Montaglione, Courtney LaCaria, Joann Markley, Melissa Corzine, Shamika Agbeviade, Mary Ann Priester

Guests present: Branden Lewis, Erin Nixon

Members absent: Anna London, Maya Marshall, Justin Lane, Anisse Puryear, Megan Coffey, Vickie Craighead-Davis, Hannah Stutts

The committee reviewed the November meeting minutes; motion to approve by Melissa, seconded by Shamika. No objections. Minutes approved.

HMIS Sub-Committee Report

There was no update this month as the previous meeting was cancelled due to the Christmas holiday.

CE Monitoring Metric

The CEOC recently approved the use of a new matching policy; CE and ESG funded RRH programs will need to have 50% of referrals/enrollments come through the match process while 50% can be outside of that process. We need to determine how to track this policy to make sure people are following it, and add the metric to the provider scorecard. Note this is not just about chronic matches, but to ensure we are following the process (ie next most vulnerable is matched).

Mary Ann has emailed providers to ask about project criteria and we will use this criteria to match clients to project openings. Providers will let Megan know they have X many openings for projects – half need to come from BNL process but half can come from internal process (ie someone who has been waiting a long time but isn't in position to be next most vulnerable).

Joann stated that this could be complex when juggling how much money is in X grant versus how much money is in Y grant and their differing criteria. Unsure if moving people for funding reasons means that this is really a new slot.

Erin noted that the goal is to determine how to use HMIS or other data sources to monitor the process. Mary Ann pulled up the HUD CoC renewal applications scoring tool and we looked at component #6 CAM participation. A referral report will be used to determine this and will be run for the year. Providers and HMIS staff utilize the CE entry event to input referrals. The provider accepts the referral in good faith, but we realize they have no control over whether the client goes MIA; if the referral does not work out the referral result is changed to unsuccessful.

Melissa asked how will providers get notified that a referral is there? Mary Ann responded that the case manager is notified. They should be closing out that referral when client is enrolled. Joann asked if they needed RRH representation at chronic case conferencing. Mary Ann responded that the match is happening mostly offline at this point so case conferencing attendance will be an internal decision. Erin stated that the goal is to remove the match process from case conferencing and only talk about specific criteria and barriers during the meeting.

Joann asked, as an example, if we get 5 referrals but only 1 ends up in the program do we need 4 more from match? Tom asked if we can we define that in this group; it could be that 50% have to come from list not necessarily that all 50% are housed? Also, what is the 'why'? To clear the list more quickly or house the most vulnerable?

Joann asked if providers need to email their matches to Megan. Erin responded that it will be similar to the current process; providers just need to keep track of how many referrals are coming from Megan versus how many they are matching internally.

After a discussion on referrals versus enrollments, the DAC decided that CE referrals will be the numerator and (newly) enrolled will be the denominator.

System Performance Measures

Kim went over the SPM powerpoint with comparison to benchmarks; numbers have changed very little since the previous month as we are still looking at 10/1/2020 – 9/30/2021 before SPM submittal. The SPMs are due February 28, though we hope to submit early. Wellsky is still updating a few of the reports so we will look again at the outcomes at the next meeting before submission.

Next Meeting

The next DAC meeting will take place February 9, 2022.