

**HMIS Interim Planning Team Communication/Decision Making**

**1. Please react to the proposed communication strategies noted above:**

Answer Options	High Priority (Most helpful, I will utilize)	Med Priority (Somewhat helpful, I may utilize)	Low Priority (Not needed, I will not utilize)	Response Count
Recommendation 1. Minutes from all workgroup and IPT meetings would be posted a public website	10	16	5	31
Recommendation 2. The IPT would utilize assistance from MN Housing to develop monthly/bi-monthly newsletter updates that can be distributed across the state.	20	9	2	31
Recommendation 3. IPT members would conduct monthly check ins (conference call, meeting, other) with interested stakeholders in their region/area to provide updates on progress, answer questions, and seek input.	13	13	5	31

Comments
There is some overlap among the constituency groups, and it may be helpful for recommendation 3 to have more info. on which IPT member we should connect with.
A brief summary of major decisions with a link to a place with the minutes is ideal.
Totally up for utilizing and promoting the website (can it be hmismn.org that we are always trying to get people to go to?) to post all things pertinent and to maybe even receive input. A newsletter is not a bad idea, but another newsletter coming to people's desks is not popular. If it can be posted for people to choose to read instead of sending it out as we do so much else, I think people would be more willing to appreciate it and find it useful. Fact is there is too much to read, things get buried, and this will not be a high priority for most who are not directly involved in the planning.
I think it's important to have some way for stakeholders outside of the IPT to give feedback and ask questions, so I think the check ins would help with buy-in.
I think some kind of interactive check in could be helpful to answer questions. I don't know if it needs to be monthly.
Availability becomes an issue with Recommendation #3, unless the conference calls or meetings were recorded and accessible at any time.
I assume that Recommendation 2 would be distributed via mass e-mail. If so, I very much support this, with a subject line that very succinctly & clearly identifies what this is so we will be sure to open and read.
Newletters make it easy to distribute to our local CoC's...monthly check ins provide an outlet to get questions answered even if the questions need to be brought back to the group.
Only continue the phone calls if people actually participate.
I like the monthly check-in but am concerned that it may be difficult to be fully inclusive with this method, especially in Greater MN. Also I think minutes from the meetings is a must no matter what other methods are utilized as people want to know what is actually discussed and decided, which can vary from what actually gets shared. Meetings minutes make things more transparent.
Lots of logistical issues with recommendation, 3 including the difficulty of finding a time that works for most, overly busy schedules. This might make sense to do on an "as needed" basis rather than a rigid monthly schedule.
I think any way the IPT can be transparent would be great. Although I checked the middle box for the first two questions, it does not mean that "I may utilize it." I checked that box, because that was the only option.
I think it would be great though to have updates on the group and ways to provide information back.
Previous to the visioning session, it seemed the IPT was a secret group. I don't think that is what is intended, but it is a perception.
The bi-monthly newsletter updates would be most beneficial if they were in an e-news format, rather than paper.
A minor thing on language: You are now referring to HMIS "reform". I would suggest "transform" or something along the lines of "Minnesota's HMIS version 2.0". It is subtle, but reform suggests (to me) correcting flaws in the same basic functionality

(e.g., "reform: to improve (someone or something) by removing or correcting faults, problems, etc." (Websters)), whereas transform suggests changing to something different and hopefully better (e.g., "transform: to change (something) completely and usually in a good way" (websters)). I think we want people thinking along the lines of changing to new practices, not just doing the same old thing better. (From Craig Helmstetter)

i prefer the monthly check ins where we could ask questions. I also like the newsletter idea to reach out to all Minnesota stakeholders

If the news letter is an enewsletter I would give it top priority.

**2. What other suggestions do you have for helping stakeholders across the state to RECEIVE updates and information about HMIS reform?**

Use RSS or some other convenient automatic subscription technology (like a a sample of a google alert search term that will show new results on that site automatically: "site:mesh.org/IPT") to make people aware when the aforementioned website is updated with new minutes or other relevant announcements. This would allow people to be notified when new content is available rather than having to remember to check.

Share updates through Continuum of Care meetings, via the summary e-newsletter and a central location on a website. Push major announcements or decisions through MN Coalition for the Homeless, MICAHA and other broad communication networks.

Sending out an email to inform stakeholds of when new minutes are up on the website.

Could there be a forum at CoC meetings or something like that mid-way through to discuss things further? It might be good to make use of currently existing meetings and processes to explain things, answer questions, and get feedbacks.

Post information to a public website to that information can be accessed at any time. The site should allow an option to subscribe which would send an email when an update is posted.

Send regular updates to CoC coordinators to share with members.

Updates provided at local CoC or other County pre-existing meetings that make sense. Could be sent in written form and shared at meetings or representatives could attend the meetings depending on the content of the update.

Prezi type videos (like this one <https://www.onecpd.info/resource/3143/continuum-of-cares-coordinated-assessment-system/>) seem to be a good way to disseminate info.

I think utilizing existing meetings to share updates on status/progress will be appreciated by people who are already very busy.

e-mails through a listserv.

Any opportunities to share information and receive information would be helpful.

The monthly check ins would allow an interactive forum to address any of the grey areas that may arise as this moves forward.

Emails are still good.

We could add an "HMIS transform" or "HMIS version 2.0" section to the current HMIS "data matters" newsletter that goes out to end-users and governing group members. That newsletter is only published on an as-needed basis (at least quarterly, but sometimes more often; could make the schedule more frequent during this transition period). Also, we could create a page on the current HMISMN.org website to post updates, etc., as needed/ useful.

It seems like a high cost approach but the high touch of a direct check-in seems very useful.

**3. What other suggestions do you have to help stakeholders across the state provide INPUT to the IPT/workgroups conducting HMIS reform?**

A dedicated email address for comments/suggestions on the subject.

Heep inviting input through surveys, CoC meetings, and at relevant locations like shelters and homeless connect events to get input from clients being served.

Maybe there could be a shared IPT email or message board where stakeholders could write in with input ideas, in case they aren't able to make it to the check-ins or didn't get another chance to voice their perspective.

Could there be a sub-committee of users and program managers that meets occasionally to get their feedback?

A public website could provide an option to provide comments that would be forwarded to a central or team on the IPT/workgroups that can respond or distribute for a response..

Same as above though I'm not sure how often CoC groups meet outstate. Perhaps each CoC coordinator could design a plan they believe would meet the needs of their area, get feedback from those locally involved and go from there.

Periodic Survey Monkeys like this.
CoC coordinators could collect emails/questions on behalf of their Continuums and bring forth to the monthly phone call or could provide a synopsis for the contact on the IPT.
Some surveys for all HMIS - users and stakeholders as things are evolving might be a helpful way to give input.
I think surveys like this are helpful. People are more likely to be honest and completely open when providing comments in this manner and this can also be more comfortable for people who have difficulty speaking up in groups.
I think that the involvement of staff at the provider level is essential to the process of developing an effective HMIS system.
The listserv provides an opportunity for an on-going dialog - both getting and providing information and learning from each other that does not need to tie up space on everyone's schedule.
Go to the communities to ask about recommendations, similar to the groups that were held for the Plan to End Homelessness.
Provide a contact/communication person that people can contact with questions and provide feedback.
Is there a way to solicit feedback/discussion on key issues or decision making? Social media uses? Discussion forum ; bulletin boards...
This format works well....
Ensure providers have a stake. Perhaps provide interim (every six months) updates to local COC meetings? Ensure Bowman is at the table to discuss the user end of the system.

**4. Please indicate your level of support for the suggested decision-making steps identified above.**

Answer Options	Strongly Support	Support	Do Not Support Parts of Recommendation (Please Comment)	Do Not Support (Please Comment)	Response Count
Recommendation 1. The current HMIS Governing Group would continue to advise Wilder Research regarding HMIS operations decisions until a new governance structure and Governing Board have been formed.	12	12	4	0	28
Recommendation 2. The Interim Planning Team would be responsible for leading HMIS reform planning. This includes leading workgroups responsible for governance changes, the potential role of an intermediary, and data structure/sharing changes.	16	10	1	1	28
Recommendation 3. The current HMIS Governing Group (GG) and the IPT would work as closely together as possible to ensure that recommendations of the GG (i.e. funding decisions, pilots) are consistent with HMIS reform efforts.	19	6	4	0	29
Recommendation 4. As noted earlier, two workgroups will be formed to lead HMIS reform efforts. These workgroups would be empowered to make decisions needed to narrow down options in order to create proposals that can be considered by stakeholders noted below and/or the new Governing Board.	11	15	1	1	28
Recommendation 5. The "data structure/sharing" workgroup would work towards a proposal that can be considered by the new Governing Board (once convened). Final decisions regarding data structure/sharing would not be considered until the Governing Board is in place.	14	6	6	1	27
Recommendation 6. The Governance/Intermediary Workgroup would distribute drafts to provide stakeholders the opportunity to review and voice suggestions. Once final recommendations have been determined, the IPT would create a formal motion(s) to be considered by two entities: (State of MN / MICH, MN CoC regions). Support from both entities would be needed to pass any motion.	14	6	8	0	28
Recommendation 7. If decision-making stalls, the IPT would make decisions in order to continue moving HMIS reform forward. The IPT will dissolve upon the formation of the new Governing Board.	11	12	5	0	28

Comments
Seems like there is little opportunity in these suggestions for current HMIS expertise (Wilder) to be involved in the process.
I like the idea in the email of motions passing with support from both IPT and HMIS governing group.
We support Recommendation #2 as long as Greater MN and Continuums of Care have sufficient representation (more than currently) on the IPT. It is kind of concerning only one person on it actually works every day in Greater MN and cannot participate fully in all of the meetings because of geography; remote participation always inhibits a free exchange of ideas and an equal playing field. It is also concerning that CoCs are outnumbered by other stakeholders. It matters a lot since the HEARTH Act makes us responsible. Our Continuum also believes it is important to have end users serve on the IPT. There is a concern that the IPT membership is pretty much the same people who will vote as Governing Group members.

<p>Recommendation #7: We do not support the IPT having final decision-making authority in the event of an impasse. We believe we need an approved impasse policy and process. We do support dissolution of the IPT upon the formation of the new Governing Board.</p> <p>A final decision on governance should not happen without a formal vote from each CoC (And SMAC should not have votes from each county's Coordinator, but only from the CoC's voting rep; there should only be one vote for the CoC and right now it is unclear if just the CoC or each county has a vote on the GG.)</p>
<p>Recommendation 7 just makes me a little nervous because I think the role of the IPT should be to facilitate the process rather than make decisions. I understand that this would be a last resort, but I just don't like the idea of this somewhat self-appointed group making decisions for everyone.</p>
<p>I do not support recommendation #5 because CoCs cannot just wait indefinitely until the GB is in place.</p> <p>I have concerns about #6 because it doesn't give any voice to the current oversight process -- the GG -- which, although flawed, is what we have overseeing the work at this time. Unless the IPT wants to take on all of the work of the GG, I think the GG needs to be a part of the conversation/decision-making/recommendations until the GB is in place.</p>
<p>For recommendation 6 it seems limited to only allow the state and CoC regions to be able to make a decision on governance. There are a number of other interested parties that should have a formal vote as well. I'm not sure I understand why this wouldn't be voted on by the Governing Group which is a broader group. Or maybe something in-between such as all CoC Coordinators (rather than their GG reps), all state funders with contracts, and any other current voting members of the Governing Group. Or another approach would be to get feedback from all parties with contracts with Wilder.</p>
<p>Recommendation 5. The "data structure/sharing" workgroup may take some time to develop, therefore, may not be ideal for the responsibility of decision making initially.</p> <p>Recommendation 6. The "Governance/Intermediary" workgroup may take some time to develop, therefore, may not be ideal for the responsibility of decision making initially. This seems too similar to how the Governing Group is currently structured. However, I do like the communication aspect of this recommendation with stakeholder input.</p>
<p>The process should be as streamlined as possible and it appears that Recommendations #5 and #6 will slow down that process.</p>
<p>Given the time crunch, I think we need to have a group designated to oversee and move the process along. Those on the IPT seem very capable and I trust would work out a process that provides a reasonable amount of input given the circumstances.</p> <p>Some other suggestions are too cumbersome given constraints or accountability could become unclear.</p> <p>Given the recommendations from the consultants, current Governing Group should move to the sidelines as quickly as possible.</p> <p>I'm not that close to this situation and my comments are more a function of structure, process and my reading of the consultants report.</p>
<p>#2 &amp; #4: It's helpful to have as much information come to the GG as possible, thus providing all interested parties, who are not part of either workgroup or IPT to have input and not rely solely on those in the IPT. #5: DSS group should work toward proposals and the GG CAN make final decisions UNTIL the governing board is in place. #6 Once final recommendations have been determined, GG can pass motions UNTIL Governing BOARD is in place. #7: GG to be included in the decisions in conjunction with IPT.</p>
<p>In rec 6, A definition/procedure defining (State of MN / MICH, MN CoC regions) "support from both entities " is probably needed.</p> <p>In rec 7, who decides at what point decision making has stalled?</p>
<p>#3 is going to be crucial in the success of this transition period. There needs to be assurances that the current GG does not move things in a direction that hinders this process.</p>
<p>#3: logistically cumbersome and doesn't really define how and by whom decisions get made.</p> <p>#5: There may be levels of decision making on data structure/sharing and we may well not want to wait on all of it until the Governing Board is in place. Too vague about what can and cannot be moved on in the interim.</p> <p>#6: Again, logistically clunky. Too many disparate decision makers. A recipe for stagnation</p>

<p>1-3. It was difficult to answer, a lot of these which is why I shared I did not support. It is not that I do not support, I am moreso unaware as to the who is on the Governing Group or how selected as well as the roles of the Governing Group and IPT.</p>
<p>4. I would like to see more diverse individuals on the groups.</p>
<p>ON recommendation 6, I am concerned that Providers are not directly involved in the approval process on those motions. Providers are a different type of stakeholder than the CoC or State of MN representatives and some representation of those groups is very important!</p>
<p>Rec 1: The IPT should fill the role of advisor to Wilder until governance is figured out.</p>
<p>My only caution is that I am endorsing the role of the data sharing workgroup without knowing who is on it. I am comfortable as long as it is *strongly* informed by Wilder Research and Bowman Systems. Recommendations that can make sense "in theory" need to be tested in the actual ServicePoint environment, and its specific uses here in Minnesota, before rushing to implementation.</p>
<p>If decision-making stalls then changes need to be made so there is consensus. I do not agree that the IPT team would make decisions if there is a stall.</p>

<p><b>5. What other suggestions do you have regarding decision-making during the interim period?</b></p>
<p>I am more supportive of the current HMIS Governing Group making decisions since they, in theory, should be representative of different perspectives and have a more structured membership.</p>
<p>Overall comment....There needs to be a timeline to get the work of these workgroups done and have a governing board in place. I think it is great that the idea is that consensus will be built but informed decisions just need to get made and we need to move this process along. Our success with Coordinated Assessment is depending upon it -- the longer this process takes, the longer it will take to get a truly functional CA in place.</p>
<p>People involved in the workgroups and social service providers waiting for this change need to know what the timeline is. Repeatedly saying that we don't know because you are working to build consensus doesn't do anything to build confidence in the process.</p>
<p>It would be helpful to formalize a bit more how Wilder staff will be kept in the loop and how their feedback will be considered in the process.</p>
<p>I'm not sure that all parties with contract with Wilder are in the loop on this process, understand what is happening, and know how to be involved. I think there should be a way to figure out how to have formal communications with them all and offer them routes for feedback.</p>
<p>This process also seems to be a bit disconnected from users and agencies. It would be helpful to also outline how their feedback will be considered in the process.</p>
<p>It is critical that the transition is transparent and inclusive in order to insure a full transfer of knowledge and resources.</p>
<p>Clear lines of accountability, room for some input, clear plan on a timeline. We thoroughness and we need to get going and avoid becoming too bogged down in process. A fine line to walk. My best to those who are charged with taking up the task.</p>
<p>Communication to stakeholders/HMIS Users should emphasize that the current governing group is governing until further notice.</p>
<p>Stakeholder input, feedback and response to proposals is going to be extremely important for ongoing support and buy-in of this process and the project as a whole. If stakeholders feel they are not heard or even asked, this process will appear to be "controlled" or "mandated" by a select few, outspoken COC Coordinators; the Metro; or the State.</p>
<p>Since one of the decisions that has to be made is a process for how the Governing Board gets selected/elected, deferring all decisions making until the GB is established doesn't make sense. There are going to be lots of decisions to be made as this work proceeds and the process for making them should be as straight forward and open as possible. Either the work groups or the IPT should be empowered to make decisions as needed. There needs to be an opportunity for anyone who is interested to know what the issues are, and to weigh in, but there will also need to be clearly defined timelines for that dialog so that the process isn't allowed to bog down in an endless wrangle.</p>
<p>I think more ifnformation about the roles of each group (IPT, Data, Governing etc). How is each group made up? like above, it was difficult to answer without such information.</p>