



North Carolina Coalition

securing resources ■ encouraging public dialogue ■ advocating for public policy change

to End Homelessness

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To: Staff at HMIS Agencies in Durham, NC Balance of State, and Orange Continuums of Care

From: Denise Neunaber, Executive Director

Date: March 23, 2018

Re: Launching HMIS@NCCEH

First, I want to thank you for the work you do each day. All of us here at NCCEH deeply appreciate your commitment to ending homelessness. We know you work with people in crisis every day and you're charged with navigating through a complex system to help people obtain affordable housing, appropriate services, and adequate income. We believe it is our job to support you as you support others. As we have worked in the North Carolina Homeless Information System (NC HMIS), we've identified many areas we'd like to improve to ensure the time you dedicate to HMIS is time well spent.

It wasn't an easy decision to leave the statewide NC HMIS. In fact, it has been the most difficult decision of my career. There are many reasons to want to remain a part of a statewide HMIS. The most obvious reason may be the promise of statewide data and the convenience of having one database for providers and partners to interact with. While NCCEH is committed to statewide data, this consideration did not take precedence over other priorities, including meeting our responsibilities as a CoC HMIS grantee and the NC BoS Collaborative Applicant and meeting all of your agencies' needs. While it was a difficult decision to make, it was also clear that we needed an improved HMIS to ensure we continue to improve and develop systems where homelessness is rare, brief, and one-time only. For the work that you do to have its maximum impact, we need a system that is responsive, proactive, and well-supported.

I began working at NCCEH in 2003. This was right at the time that we all knew we had to do something different with our data. We wanted to be able to use data to inform our practice and decision-making—and we got an extra push from HUD requiring the use of HMIS. NCCEH has been a part of the current NC HMIS from its beginnings as a regional HMIS in 2004. The HMIS then operated as the Carolina Homeless Information Network (CHIN) from 2004-2015. During that time, the North Carolina Housing Coalition (NCHC) served as the HMIS Lead Agency, and the network grew from a regional system serving several Continuums of Care (CoCs) to a statewide network during their leadership.

After NCCEH and other CoC leadership identified issues with the implementation of CHIN, an RFP was posted in 2014. The Michigan Coalition Against Homelessness (MCAH) was selected to serve as the new HMIS Administrative Agency. Under MCAH's leadership, a new structure was created that allowed CoCs to select their own Local System Administrator—or local staff to be the go-to for HMIS. NCCEH Data Center staff have served in this role for Durham, NC Balance of State, Orange, and Wake Continuums of

Care. During this iteration of HMIS, because NCCEH has served as HMIS staff, we've been positioned to better understand what is and isn't working well with HMIS. Our understanding is deepened each time one of you reach out to our staff and share your successes and challenges.

There has been a lot of good under both the leadership of NCHC and MCAH. Each implementation had strong elements. Under MCAH's leadership, we implemented a new consent model that allowed agencies to enter all clients while allowing sharing with other agencies based on the client's consent. We've seen increases in HMIS user knowledge and data quality. The online on-demand training has provided self-directed access to HMIS so users don't have to wait or travel to be trained.

However, there are also issues that haven't been resolved. There is a lack of standardization across the state. This means the guidance users are given is different depending on who serves as their Local System Administrator. This leads to problems with data integrity and an inability to get reliable statewide data. We've heard your concerns about training loud and clear. While NCCEH has added training to supplement MCAH's training, there is much work to be done. There are widespread visibility issues that make it difficult for users to report on data and for our staff to support you.

Over the past three years, we've brought these concerns to MCAH and the NC HMIS Governance Committee, the group that oversees MCAH and NC HMIS. We sought resolution through this group because we wanted to remain a part of the statewide HMIS. Unfortunately, with twelve CoCs representing differing viewpoints, we couldn't reach an agreement on what was needed from an HMIS and what our expectations of the HMIS Lead Agency should be. Due to ongoing concerns, in July of 2017, [NCCEH requested](#) the NC HMIS Governance Committee issue an RFP for a new HMIS Lead Agency. While it was a split vote, the committee vote did not pass. At that point, NCCEH had exhausted all options to keep the statewide HMIS together, and we began to explore options.

In November of 2017, the NCCEH Board of Directors voted to no longer contract with MCAH after the contract expired on June 30, 2018. This meant that the CoCs that NCCEH provides HMIS services to (Durham, NC BoS, Orange, and Wake) needed to [make a decision](#) regarding HMIS. Durham, NC Balance of State, and Orange Continuums of Care gave notice in November and December 2017 that they would leave NC HMIS by June 30, 2018, and NCCEH would become their HMIS Lead Agency. The Wake CoC began a community process in January 2018 to look at HMIS options, but unfortunately was not able to make a decision by the time needed for them to join the HMIS implementation under NCCEH.

One of the biggest issues we'll be able to change quickly in the new system are the visibility issues. In November, NCCEH contracted with Medidata, the software company that provides ServicePoint, to do a visibility assessment of the current HMIS. This assessment helped to clarify some of the problems our staff and users are experiencing. This is where it gets technical—but one of the simplest examples of a visibility problem is when a user looks in ServicePoint and sees the data is there, but the data is missing when the user runs a report. Medidata also found that Local System Administrators had not been given the proper permissions from MCAH to support our users. In addition to working with Medidata to solve problems, we've contracted with the Institute for Community Alliances (ICA) to provide guidance and support. ICA is the HMIS Lead Agency for eleven HMIS implementations, including eight statewide implementations.

We believe HMIS Lead Agencies should be evaluated just as your agencies are. It has been extremely helpful over the years to have outside support to help us take a deeper look at HMIS. To this end, NCCEH and the three CoCs are building a third-party evaluation into our HMIS governance. We'll regularly invite

another HMIS Lead Agency or the software provider to look at our practices and use of the software to ensure we're running things in the best way possible.

Now that we have two regional HMIS networks, we will need to address obtaining statewide data in a different way, such as a data warehouse. We will also work to address the additional burden this places on the fourteen agencies that will need to ensure their data is in both regional HMIS networks because they work in multiple CoCs.

It's hard to leave something we helped to build. It's scary to ask you all to go through a database switch on the promise of creating something better when HMIS has always been a struggle. However, we are striking out on this path for the same reasons we have been committed to HMIS since the beginning. We want it to work. We want to feel confident in the data. We want to use data to help inform decisions in programs, agencies, systems, and state policy-making. We know that something better is possible, and we are willing to face the challenges needed to reach it.

In partnership,

A handwritten signature in cursive script that reads "Denise Neunaber". The signature is written in black ink and is positioned above the printed name.

Denise Neunaber