



Hello! If you're reading this, you must be interested in the HMIS@NCCEH Homeless Management Information System implementation and are considering joining our network. Below, we have tried to introduce you to our system: who is involved; the roles we play; our data culture and shared vision; system expectations; and how our system differs from other HMIS implementations in the state of North Carolina. We hope this gives you a high-level understanding of the HMIS@NCCEH network and invite a conversation with your Continuum of Care to explore a deeper data relationship with one another.

Current Partners

The North Carolina Coalition to End Homelessness (NCCEH) serves as the Homeless Management Information System Lead for three North Carolina Continuums of Care, covering 81 counties: Orange County/Chapel Hill CoC, Durham County/City CoC, and the North Carolina Balance of State CoC.

In the HMIS@NCCEH network, NCCEH handles all system administration, operating a full-time Helpdesk, assisting new and existing agencies set up projects in the system, licensing new users, offering training and technical assistance to end users, and facilitating CoC-required federal reporting submissions (Point-In-Time/Housing Inventory Count; Longitudinal System Analysis, and System Performance Measures). NCCEH's Data Center collaborates with the system's participating Continuums of Care to maximize bed coverage as well as implement the system's data quality plan to ensure comprehensive and accurate data to best represent the scope of work happening across its 81 counties and evaluate the effectiveness of the system and its projects.

Governance

The HMIS@NCCEH Advisory Board governs the network using democratic decision-making principles. The Advisory Board consists of both CoC-designated and at-large members. To ensure that viewpoints, ideas, and concerns of all CoCs are recognized, each CoC designates two representatives to serve on both the Advisory Board and the Executive Committee. These designated representatives serve annual terms beginning July 1 and are approved by each CoC's governing body.

In addition, each CoC in the network participates in the Advisory Board's two standing subcommittees: the Evaluation Subcommittee and the HMIS Configuration Subcommittee. This participation helps CoCs be a part of critical advisory and decision-making processes. The Advisory Board includes at least one CoC-designated member on each subcommittee. The Advisory Board must unanimously approve any new CoCs joining the network. To review the current HMIS@NCCEH Governance Charter, click [here](#).

Staffing

The network knows many Continuums of Care in North Carolina employ their own Local System Administrators (LSAs) to handle day-to-day set-up, training, and reporting. In the HMIS@NCCEH network, most of the roles handled by LSAs are handled by NCCEH Data Center staff for all CoCs in the

network. If your CoC has a dedicated or part-time LSA, that person's role will change once the CoC joins HMIS@NCCEH.

This shift in roles provides a unique opportunity for CoCs and their LSAs by freeing up time and resources to focus on:

- Increasing local HMIS coverage
- Identifying local reporting needs
- CE planning and implementation
- Improving the network's Data Quality plan
- Assisting with Data Quality corrections

The network encourages our CoCs to maintain dedicated HMIS staff to handle other HMIS activities, facilitate local data initiatives, and collaborate with the Data Center on the network's data quality plan.

Funding

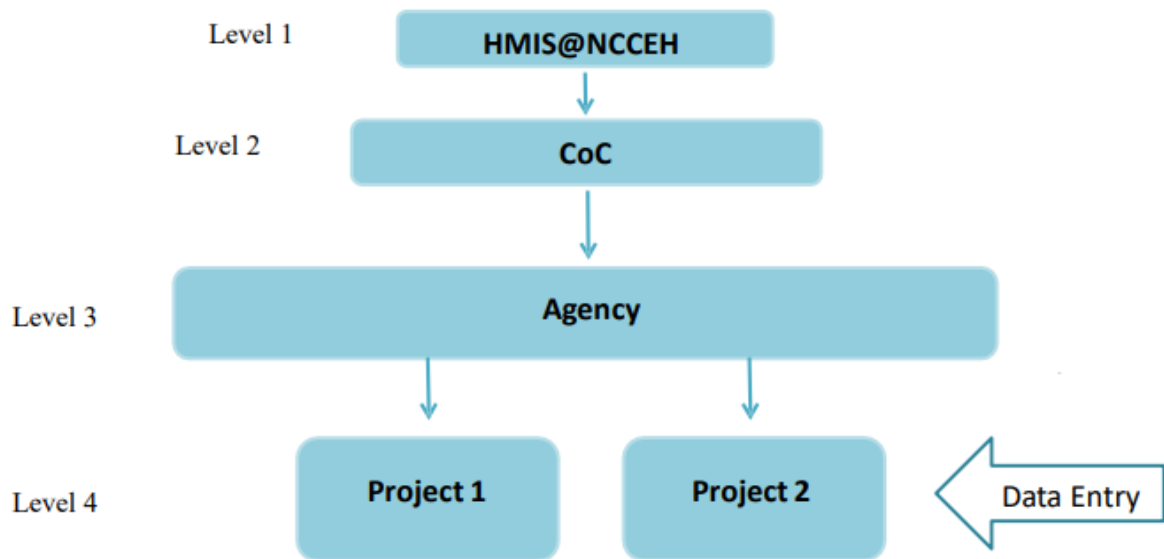
HMIS@NCCEH uses a cost sharing model to fund the implementation. The HMIS@NCCEH Advisory Board approves a budget for a July 1 – June 30 contract year. CoCs pay their portion of costs based on two factors: 1) NCCEH Data Center HMIS Lead costs are allocated using the prior year's Housing Inventory Count. 2) WellSky software costs are allocated using the number of expected licenses used by each participating CoC. CoCs determine locally how they will pay for their portion of implementation costs. All CoC HMIS grants are held by NCCEH.

Data Culture and HMIS Implementation Framework

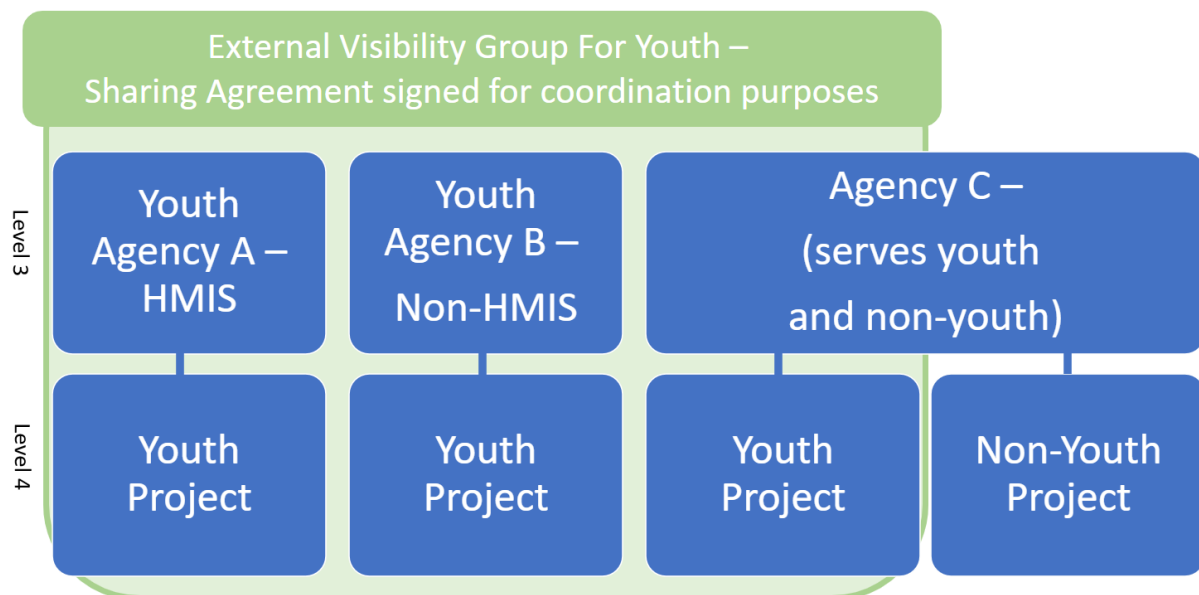
The CoCs participating in the HMIS@NCCEH network believe the data collected should be used to better understand our projects and systems, evaluate strategies we use to end homelessness, and connect to other systems to identify more effective ways to serve our population of focus. In this data culture, the HMIS Advisory Board defaults to sharing data with partners, researchers, and other interested parties whenever possible per our HMIS Operating Policies and Procedures. As part of the system, CoCs, participating agencies, and clients (with informed consent) agree to share system data.

The HMIS@NCCEH network ensures the data structure tree will populate reports accurately at the project, CoC, and network levels. The current tree structure is shown below:

HMIS@NCCEH Data Structure “Tree”



The network allows sharing through Sharing Agreements that govern External Visibility Groups. Sharing Agreements prescribe the release of information between agencies shared under the terms of the agreement and is open to include agencies not currently participating in HMIS to streamline local coordinated entry processes. Individual households sign releases of information, allowing them to designate their comfort level to share any, all, or none of their information. Below is an example Sharing Agreement that governs an External Visibility Group for youth coordination purposes:



Note: The above diagram is only an example of how external visibility groups work in the HMIS@NCCEH implementation. The three agencies, a mix of HMIS participating and non-HMIS participating, are part of a sharing agreement in which they share data related to their youth projects. The non-youth project is excluded from the agreement.

To learn more about the system, sharing protocols, privacy policies, and other system level information, see the HMIS@NCCEH Operating Policies and Procedures [here](#).

Coordinated Entry

Whenever possible, CoCs should use their HMIS to implement coordinated entry. Because coordinated entry looks different in each CoC, NCCEH Data Center staff work closely with each CoC's coordinated entry staff to determine the best way to integrate local CE protocols into the HMIS@NCCEH network. Staff work within the limitations of the HMIS software to create specific CoC CE infrastructure, workflows, and reports.

Expectations

Transition Timeline

New CoCs joining the HMIS@NCCEH network should expect at least a 6-month turnaround to transition from an existing implement to the new implementation. NCCEH will work closely with WellSky to create the Order Form to import CoC data into the implementation and will do an extensive Quality Assurance process to ensure that data is imported correctly into the system. Though NCCEH will take the lead with this process, other stakeholders can expect to have participation roles.

Agreements

All agencies from the new CoC will be required to sign HMIS@NCCEH Agency Agreements and all users must sign the HMIS@ NCCEH User Agreement before accessing the new network. Samples of these documents can be found [here](#).

Training

NCCEH uses a Learning Management System (LMS) to train licensed users. The LMS houses all new user workflow and onboarding trainings as well as annual Privacy and Security Training. NCCEH uses the LMS to assign relevant trainings and ensure that users fulfill all responsibilities. All users transitioning to the HMIS@NCCEH network will be required to complete the HMIS@NCCEH Privacy and Security Training prior to entry into the system. NCCEH recommends transitioning users complete the workflow and onboarding trainings as well.

Contracting

Upon approval by the HMIS@NCCEH Advisory Board, NCCEH will work with the CoC Lead to understand how the new CoC will pay for its portion of implementation and software costs. The NCCEH Finance and Operations Director will work collaboratively with the new CoC to contract and/or transition existing HMIS grants to NCCEH.

Contacting HMIS@NCCEH

For more information about joining, please contact Andrea Carey at andrea@ncceh.org.