HUD Exchange - Achieving a Quality and Stable HMIS Staffing Pattern, 5/6/20

Ryan Burger: OK. We are really glad you're able to join us today. So Chris and I are with ICF; we're one of HUD's national technical assistance providers. Welcome to day three of the NHSDC and HUD-sponsored remote conference. Again, about this time last month we would have all been together in Minneapolis for the physical conference. And unfortunately, that's not the case. So we're glad folks have been able to join us remotely over the last couple of days.

So today's session is on "Achieving a Quality and Stable HMIS Staffing Pattern." This session has been presented once before at the spring 2019 conference, for those of us who were in Nashville. So Chris and I are really happy to have you join us today and go through a couple strategies around we as HMIS leads and project managers and system administrators can really have the strongest and most effective team working on our HMIS.

So with that, just going to begin with a few brief housekeeping items. As with all of our sessions, this webinar is being recorded. The slide deck, the transcript, and the recording will be available on both NHSDC and HUD websites in the coming days. All participants are in listen-only mode. Please go ahead and use the Q&A box for any questions that come up.

Chris and I will both be monitoring the Q&A throughout the session, so please -- we know this is all remote and virtual. We're not together in a conference room right now. We do want to try to be as engaging and interactive as possible, so we'll be monitoring the Q&A box throughout this session.

Webinar audio is provided through your computer speakers. Any technical issues, we have a webinar support here. The Q&A box -- John Pinetti (ph) can be monitoring that and support you if you do run into any issues.

Again, mentioned the recorded versions will be available in the coming days.

Also wanted to mention briefly -- this was posted in the chat box or the Q&A box as well -- HUD is offering a certificate of completion for attendees who complete at least four of seven HMIS fundamentals sessions over the course of these three days. So "HMIS Project Setup," "Implementing Effective Contract Negotiation and Relationship Management," "HMIS Governance," "HMIS Project Setup," "Project Monitoring," this session, and one more to come today, which is "HMIS Lead Monitoring."

So all you have to do if you are interested in getting credit and receiving a certificate, just go ahead and put your name and contact information in the -- we can use the chat box or the Q&A box, just as long as we have it. Let us know that you're interested in obtaining a certificate of completion and that would be something that HUD can take care of over the coming days.

All right. So with that we're going to jump into the learning objectives. I'm going to go through the first about 10 or so slides, pass things off to Chris to take us through the bulk of the content today. And then we'll go ahead and wrap things up just a few minutes before 1:00 Eastern.

So want to touch on the learning objectives. Again, this is only the second time this specific session has been presented. The session is really intended to help CoC and HMIS data leadership think strategically, think creatively, about funding, staffing, training opportunities, team management, other resourcing opportunities, to really support a CoCs HMIS implementation.

We'll talk about this throughout the session today. We've talked about it in other sessions this week as well. We -- Chris and I, as national TA providers, we absolutely recognize the fact that HMIS leads are sort of caught in this pretty crazy intersection, if you will, between CoC needs, between HMIS vendor needs, between HMIS end user or participating agency needs.

And a lot of times HMIS leads and their teams and the staff members that make up these entities are really pulled a lot of different directions. We're also in sort of a reactive posture. Being able to think prospectively, strategically, is not something that really comes easily to us, right?

So we want to really try to untangle some of the questions we think that you should be working through with your CoC leadership; with state, local, federal funders; those who are really supporting and underpinning your HMIS implementation, to make sure you have the best and most effective and appropriately staffed HMIS team possible, right?

So the specific learning objectives. We want to work through and identify some questions to guide these types of conversations. We know there's a lot of different staffing models, staffing strategies out there, 400-some-odd CoCs. No CoC really looks the same. There are a lot of different models, different sizes, data needs, et cetera, that really are going to be the determining factors for how you work through these questions with your CoC partners.

We want to sort of summarize and present back to you, reflect back to you, some of the knowledge, skills, and abilities that we think are really necessary and highly recommended to manage and operate an effective HMIS implementation.

We want to think through -- not in a lot of detail because I think this is somewhat common knowledge -- but we do want to think through some funding opportunities. How to work through sort of this life cycle of setting a vision, working through strategies, and executing against that strategy to help put some of these improvements into practice, right? Funding is obviously a crucial component of any type of HMIS team or implementation changes, so we want to be cognizant of that fact and speak to that a bit.

We also want to think through again some effective team management or investments in professional development that we can work through as a team to make sure that the team is -- again, is high-functioning and supportive of their CoC and agency-level partners as possible.

So with that, really just want to lay out what we know are some specific characteristics of a strong HMIS lead. I think a lot of folks are probably familiar with HUD's Data TA Strategy. This is a document that's about a year-and-a-half old, but it laid out three sort of goals, several characteristics, some really specific indicators of what a strong HMIS lead would look like, what they would be doing, and how they would be interacting with their partners within the CoC.

So what HUD has laid out in the Data TA Strategy is that a strong HMIS lead really looks like the following. They're trusted by the CoC to manage the HMIS vendor relationship. They would be trusted by the CoC and sort of other folks at the governing body level to make really informed decisions, to carry out high-level strategic policies that the CoC may be setting, reviewing, approving. They'd really be enabling and enhancing this idea of a data-driven culture of performance.

They'd be working to enhance data literacy, really making sure that the HMIS information that's being collected and entered into the HMIS on a consistent and daily basis is used for these long-term decisions around resource allocations, around system optimization, system modeling. What programs do we think are most effective to addressing homelessness in our community?

And how do we communicate these needs and ultimate data purposes to a wide variety of stakeholders. Everybody from your client, your case manager working clients at the front door of a shelter; to perhaps a foundation or some type of local government funder who's interested in how the homeless crisis response system operates but is not at all in the work on a daily basis.

We also know that strong HMIS leads should be sort of demonstrating technical proficiency, kind of striking a balance between administering the system and using the data that's in the system as well. How does it inform policies? How do we incorporate a housing first approach, low-barrier shelter? How can we demonstrate the case for continuous quality improvements within our policy and practice areas?

And then thinking through again their responsiveness. How do they accept feedback? How do they act on that feedback? How do they improve the services that are provided both to the CoC and to the HMIS participating agencies?

So we want to start out with a couple guiding questions. And if you haven't seen these questions before, we hope that you might think about them, maybe take them back to your CoC leadership and start to have this type of discussion.

We're going to walk through in the next couple slides what it means to kind of set an HMIS vision or how to set long-term strategic goals that we then can identify staff capacity, build in professional development opportunities to work towards that vision. But we want to think through sort of the what, how, when, who, when, and where questions.

So we're really thinking about what is the vision and goal for HMIS in your community? And lots of different communities and Continuums of Care out there. Lots of different HMIS vendors, HMIS lead models and staffing capacity. But ultimately, each CoC should be thinking about how do we use HMIS? Not as a burden. Not as just a reporting tool to get our HUD funding.

But how do we use HMIS for coordinating client care? How do we use HMIS to support front line case managers know as much about a client when they come to that front door as possible, based on their past interaction with the homeless crisis response system? How do we share data

and coordinated entry? How do we share or collect HMIS data in the context of COVID-19 assessments and non-congregate shelter operations, right?

Things that we know HMIS has the capability of doing, but we might not always have the time and the space to think about what this means in a really long-term vision or goal-setting approach, right? So this is really -- really feels like a bit of an unusual type of question.

What is the vision for HMIS? Well, the vision is we need one to be compliant with HUD, right? Yes, and we can do lots of additional, really high-value work if we want to think about ways in which we can sort of adjust our HMIS to meet our community's needs.

We also want to think about how are you building a culture to support the vision? So we're thinking really specifically with this question about the HMIS lead team, the staffing structure, the professional development opportunities. We know that there are HMIS leads out there that it's one or two people. So one or two people have to really carry the burden of a lot of these -- wearing different hats, if you will.

But at the same time, building a data-driven culture, understanding the importance of high-quality data. And how do we get folks in a position to really advocate across our stakeholders, across our Continuum of Care system, to ensure this is something that's a high priority, is a really crucial question as well.

We also want to think about who do you have in positions to move the vision forward? A lot of times we know that the HMIS lead really kind of takes on a lot of these responsibilities without adequate support from their CoC. There might be communication challenges. There might be capacity issues. A lot of work falls on HMIS leads. Probably too much in a lot of communities, right? We can't do this work alone. We can't solve homelessness on our own.

I think we would really encourage HMIS leads to think about their stakeholder sort of base of participation. Who do we have to draw from? What is the role of the data committee? What is the role of CoC sort of executive leadership? But really thinking specifically within the HMIS lead team. Who do we have in positions to move the vision forward and who else can advocate on our behalf?

So thinking pretty high level, thinking about setting this vision. But also getting a sort of critical base of folks to sort of move this vision forward. Something else we think you should be thinking about with your CoC partners.

Also thinking about when should we assess the expectations for HMIS leads. This starts to sort of go towards the idea of monitoring, setting standards and clearly-defined expectations for what is the specific role and responsibility of the HMIS lead. Or what is the role and responsibility of the data committee? What is the role and responsibility of our participating agencies? So thinking about how to engage in that process, when we should ask these questions, when we should revisit the standards and expectations across our stakeholders?

And then lastly, where does the funding come from, right? The question that everyone is interested in. HUD provides CoC and ESG funding to support HMIS. Federal partners, depending on who you're looking towards, can provide funding as well. The idea of a fee-for-service or charging fees for access or setting up a variety of cost structures and funding structures.

Something else -- not that this sessions is really specifically geared towards, but we know that their -- putting a vision in place does require resources. So we'd really be, I think, remiss if we didn't at least acknowledge the role that funding and resources obviously play in advancing how HMIS is operated in a community.

So with that we're going to go through sort of three sequential pieces of the questions here. Again, I'll sort of start to talk about the vision. Chris is going to speak to the strategy. And then we'll wrap things up with execution.

So again, setting your vision. Vision we're going to think of, for the purposes of today's session, as kind of the "what." So defining a vision -- I mentioned this before -- it sounds a little unusual, right? HMIS is a data system. HMIS is the way in which we collect data. It's the way that we generate and submit reports to HUD. It's a lot of things in addition to that.

So defining a vision is the way in which a community can figure out how is HMIS best situated as a tool to prevent and end homelessness? How is the data in the system used? How is it shared and with whom? How do we coordinate care? How do we support coordinated entry with our HMIS?

So this is really something -- these are sets of questions that the HMIS lead absolutely should not be answering on their own. A lot of this direction needs to be coming from the CoC. These questions and the idea of setting a vision needs to be really a joint process between the CoC and HMIS leadership.

So really thinking through, again, where the HMIS lead fits as a team, where the HMIS lead agency sits as a stakeholder organization across a variety of stakeholders within the CoC. Starting to think about, again, the ways in which we want to advance how data is used and what that means in the context of further increasing staffing, further increasing funding, further increasing data literacy or how data is used across the CoC. Almost working backwards is the way that we think is most appropriate to answer these types of questions.

Mentioned this a few slide ago. But also thinking of vision as the "what" really starts to focus in on the role of the HMIS lead agency. So depending on your sort of governance model, depending on your type and configuration of CoC, roles and responsibilities might be split across several stakeholder groups. We think of at least four in most communities -- the HMIS lead, the CoC, and the CoC data committee, the HMIS software provider.

OK. Audio problem still seem to be plaguing me. I'll just look to Chris to give me consistent thumbs-up.

So again, these expectations for the HMIS lead agency, they're going to really look different from one community to the other. But again, thinking through this idea of a vision, identifying really specifically how the HMIS is currently being used, and do the expectations of the HMIS lead from the CoC -- how do they help us articulate? How do they help us advance what this vision actually looks like?

So we'd really suggest in the coming days and weeks thinking through with your CoC partners what a clearly-defined vision and goals of data as a tool to help end homelessness actually look like. Again, the HUD Data TA Strategy we think is a really great starting point. You'll mostly likely have a lot of locally-defined goals, objectives. Idealistically thinking through how can we best use HMIS data? But these are, we think for a lot of these questions, a really helpful starting point.

Then we want to sort of codify, normalize some of these expectations in MOUs, in HMIS governance charters and agreements, and then really making sure that what is being asked of the HMIS lead to help advance the vision for HMIS data in the community are really being aligned with the resources and expectations to help advance this.

It really does nobody any good if our expectation or our standards are up here and we're working on a thread-bare budget. That's just going to lead to frustration. The gaps become that much more apparent. Making sure that we are realistic and clearly communicating about how we want to achieve the vision, what resources we think we want to bring to bear and support the HMIS lead with, need to be central to these types of questions around setting the vision.

And then real specifically thinking about what expectations within the HMIS lead staff members, the team that makes up the agency. HUD's only definition for the HMIS lead is the eligible applicant that's designated by the CoC to manage the CoC's HMIS on the CoC's behalf. That's our working definition.

That doesn't speak at all to the real on-the-ground requirements that HMIS leads are responsible for. Things like policy and planning. Things like, of course, system administration, working with your vendor, updating work flows, generating reports. (Inaudible) -- is on the screen here.

But it's helpful to stop and take a step back and really understand what all is expected of the HMIS lead. How much of that is formally defined in the contract or a scope of work? How much of that is simply informally understood? If not the HMIS lead, then who, right? That's the situation we think a lot of communities are in.

So trying to document the key responsibilities really helps to level-set what the HMIS lead is doing now and how we can sort of advance the vision but also really support the funding, resources, training opportunities, how the HMIS lead can be best positioned to accomplish that.

So with that we're going to go ahead and open up -- I'll pass things off to Chris. I think we have a couple of poll questions on deck. And we'll continue moving forward.

Chris Pitcher: Thank you, Ryan. And thanks, everybody, for joining us this morning or this afternoon, depending on where you are. And yes, Ryan, I did get you -- (inaudible) -- earlier.

I just want to kind of talk through a little bit -- I'm going to go to strategy. A lot of the strategy we're going to talk about the "how" and kind of -- so Ryan talked about the "what." We're going to talk about the "how," start putting this stuff into play.

So talk about staffing strategy. Here's some questions you might want to begin asking yourself. Do I understand the CoC's vision for data? It's hard to understand what you need to do as far as staffing if you don't understand what your vision for data is. Maybe some of us have the need for very intensive data analysis or data dashboarding or that kind of stuff. Maybe our CoC doesn't need that level of stuff; they get that from the vendor.

So you have to be really kind of clear on what is it that we're being asked to provide -- (inaudible).

Ryan Burger: Chris, I think you're starting to have audio issues. John, I'm not sure if you can help us on the back end -- (inaudible).

Chris Pitcher: Hold on a sec. (Pause.) Going old school. Speaker phone. Any better, Mr. Burger? (Pause.) Yes? No? I think it's on your end, Ryan. All right. I'm going back.

Just confirm in the box if you can still hear me. (Pause.) I'm seeing it from Tracy, yep. OK. Fantastic. Ryan, I think it's still you, buddy, having those issues. OK. Thanks, everybody.

So understanding what your vision is, that's going to be really important. Each CoC has a different level of need for the staff as far as what they'll be able to do in-house versus maybe something you ask a vendor or a third-party to do. So the vision is really important.

Knowing if you have the right resources to support that vision. So if you're going to be asked to do some high-end data analysis or reporting, do you have those skill sets? If not, you need to acquire them. So you get the vision and you figure out how to support that vision.

Do you have the right set of skills across the team? One of the things that going from a 90-minute session to a 60-mintue session we had to cut is really something that we were going to talk about as far as having skills. So we're going to talk about specific skills we want for different types of HMIS staff positions. But ultimately one of the things we really think about and encourage when it comes to staffing is making sure that we have enough folks that know similar things, so if we lose someone we don't lose all of our capacity.

We talked in an earlier session yesterday -- Ryan and I in "Governance" -- about some staffing models that we've seen kind of pop up recently. And a lot of folks are using consultants or experts -- HMIS experts -- to fill in gaps during hiring times. Or always having some level of staffing from a consultant firm, or experts that can kind of flex up or down as your staffing needs change.

And having those right skills. Cross-training folks. Knowing that you have one person who's really good at training; but if you were to lose that person, you'd have no one. So make sure that someone else can do some of the training as well. And if that person was to leave or be out for an extended period of time, you can cover those things.

And are we aligning our staffing models with the CoC? If we're only hiring folks that can do training and we need data analysis, obviously that's not exactly what we're looking for from a Continuum of Care level.

And we got into this a little bit in our "Governance" session as well, that we need to follow these Continuum of Care. The HMIS lead is responsible for the Continuum of Care as far as the HEARTH Act is concerned, so we need to be meeting the needs of the Continuum of Care. That also means our staffing.

So here are real factors that drive your HMIS staffing needs. Remember, since the early 2000's -- so I started being an HMIS lead system admin, in the early 2000's. Hence all the grey hair that you might be able to see here today. HMIS staff have been asked to do a lot more than they did in the past.

When I was an HMIS lead system administrator, I did not have the LSA. I didn't have system performance measures. I didn't have coordinated entry. I didn't have a lot of things that you guys have now. And if we are looking at our staffing needs based on a budget from 2004, we're going to be stretched really thing. Very, very thin. So think about that as we talk about some of these things that you want to consider about your own staffing needs.

Are you growing or expanding? So are you increasing your agency participation? A lot of us focus on this because we have non-funded folks that happen. Non-funded folks that work in our communities. (Inaudible) -- mentioned Salvation Armies that don't want to participate. But our goal is to get 100 percent participation, so we're engaging those folks.

Coordinated entry has seen a lot of new folks come into the system. So we've seen an increase of agency participation. If you are on an HMIS that requires licensure, we're also seeing increases in licensure needs.

More projects. We're getting more -- (inaudible). Maybe we've got a YHDP project or maybe we've got a bonus project in the CoC application, which increases end users; and, what I think is important, is increase in CoC expectations. We have all this new stuff. You have system performance measures. We have system-level data. We have program-level data. CoC might need that information to be able to manage the needs of the (Continuum of Care ?).

So what is the CoC setting as far as expectations? Are they clear? Are they written? That goes again back to the session that Ryan and I did yesterday on "Governance." If the expectations aren't clear, you might not be meeting the needs of the CoC, but you haven't been told those needs.

Speaking about budgeting -- and you can't really think about staffing without budgeting. Which is why if you go to the HUD Exchange and look up staffing and budgeting toolkits, it's an old document that was written long ago. I was part of the authors that created that document. We are in the process of updating that. But it talks a lot about staffing and then budgeting, because those two go hand in hand.

And it's really important to be very forward-thinking about your budget. If you know you're going to have a need for -- the CoCs putting a new expectation on you, you're going to have a need for more staff; you need to figure out how to accomplish that.

We talked about diversification of your funding. That's very important. So HUD funds, ESG and CoC funds are obviously the backbone of our HMIS. But so are federal partners. We have PATH and we have Runaway and Homeless Youth. All these folks that access our system -- the SSVF program -- they need to be also kind of supporting the data system as well.

Then you think about if those funding aren't enough, do we need to get user fee structure in place? Do we need to be able to raise more funds to support the needs of our data in our community? And then creating a strategic plan that takes into account the staffing and the budgeting and what the system might want or need in the future.

OK. Just a few more things to kind of think about as far as identifying your staffing needs. The number of HMIS staff. What is your ratio? Does anyone know what the HMIS budgeting and staffing toolkit from long ago says the ratio should be? If you do, post it in the chat. Oh -- (inaudible) -- just throws it up right away. That's right.

75-to-1 is what we wrote in that document. I feel like it was 9 or 10 years ago. It was a long time ago. And that was before system -- (inaudible) -- before LSA, before coordinated entry. So we would expect that to be even lower now. And that's -- correct, Kayla (ph), you got it as well. 75-to-1.

So you can use that as a benchmark to kind of guide where you are, but it's such an old benchmark because there's so many new things that are being asked of you to think about. But definitely understand your ratio now. What is your ratio of usership to your full-time equivalency? Think about that. And how can you get closer to 75 and then even a little bit lower than that if you are taking on a lot of responsibilities?

Consider your system administration roles and responsibilities across all stakeholders. Certainly some of your stakeholders are going to need more of your staff time than others. For instance, maybe you have to have -- really help some of your federal reporting partners create CSVs, or what have you, in your community. Does that take more of your time? How can you address that?

And what are other areas and skill sets that you might need in your HMIS lead staffing that you don't currently have? Do you need someone that knows coordinated entry? From a technical standpoint? From a process standpoint? We've seen HMIS leads manage coordinated entry;

we've seen them handle the technical piece of the coordinated entry. So that's something that you could do.

What about custom reporting? Do you have the ability to create custom reporting within your data system or external from your data system? Is that something you need to have a skill at? Certainly it's something that I tried to become proficient at, but I never was very good at it. It wasn't something that fit my particular skill set.

Folks that understand the importance and value of data quality. Maybe folks that can match data, higher end stuff. Or new initiatives. Who can take on and understand YHDP or Pay for Success? Those are things that you have to consider when you're thinking about your stakeholdership.

The last thing I want to say on this entire thing is when it comes to staffing -- and I'm going to hit this a few times -- really being passionate about homeless folks or people experiencing homelessness, and wanting to end homelessness, is one of the most important skill sets that you need to address. And I brought that to my work in spades. That's why I came to this work. So if you can find folks that have that passion, it's really, really helpful. They can learn a lot of the other things.

So let's go to our first poll, John. We want to understand for you guys what is the current full-time equivalency at the (e-staff ?) for your HMIS lead in your Continuum of Care? Do you have less than one to one full-time? Do you have between two and three full-time staff? Four or five? Or do you have more than six full-time staff? So we want to know what you are thinking as far as what your current staffing situation looks like.

Ryan, did anything come in while we're looking at this first poll that we need to address verbally?

Ryan Burger: No, I don't think so. I think folks are supporting each other in the chat. Tracy (ph) mentioned that they have a 30-to-1 staffing ratio; even with that, struggling to keep up.

Chris Pitcher: Great. Thanks, Ryan. Thanks, Tracy.

John, are we almost -- oh, are we closed here? (Pause.) John, if the poll is closed can we publish the results? Thank you, sir.

OK. So just to quickly summarize, currently our full-time equivalency staffing results, 14 percent of you have between a half full-time E and a full-time FTE. Majority of you on the phone, 26 percent, are saying you have between two and three. We have a few folks who have between four and five. And even fewer folks who have six or more.

So obviously we have a very wide variance of our communities here. But most folks have between two and three staff members currently.

Let's go to the next poll, John. I hit too many buttons. So we know what you currently have. What would be ideal? What are you missing? So if you're in that .5 to one, how many -- what

category would you like to be in? If you're in two to three, or four to five, where would you like to be as far as staffing? And think about this when you're answering the question, how might you get there? What can you do to get there?

Ryan, just checking to make sure nothing else has come in since the last poll?

Ryan Burger: No.

Chris Pitcher: (Pause.) All right. We're just producing the poll results now. All right. So it's very interesting that all the numbers slid up a tick. So it looks like most folks said, if I'm in one to five (sic), I'm going to two to three. If I'm in two to three, I'm going to four to five. If I'm in four to five, I'm going to six-plus. So it's very interesting, all the numbers just kind of -- all the answers just slide down. No one went backwards saying, hey, we'd like to go back to .5.

So I mean, it illustrates something that's very important to understand. All of us are thinking about adding staff. All of us are thinking about having enough time, energy, skills, expertise, to be able to do the things we need to do as HMIS leads. So it's really important to think through that, to do what you can do to be able to lessen that load, to be able to meet the needs of the CoCs -- the data needs of the CoC.

So let's talk about -- a little bit about the "who." Who is important in moving this vision forward? The Continuum of Care is extremely important in moving this vision forward. They're going to set provision. They're going to say, we need these things. They're going to -- hopefully through a formal governance structure -- say to the HMIS lead agency, here are our expectations for data for our CoC. And the HMIS lead agency is going to say, we have X amount of staff to meet those needs.

CoC governance structure. Again, that's going to very much dictate how we make decisions around HMIS leads, how we make decisions around staffing and budgeting for the HMIS. Obviously if we're in a place where we need to get more funding HMIS funding, we might need to use the CoC governance and the Continuum of Care process to ask for an extension grant to do what we can do to add more staffing or maybe some things to our data system as well.

Under that, obviously, we might have to pay for more licensure in (sic) the vendor or get training from the vendor. And then end users are going to have to make sure that they understand how to use the data system, how to kind of make sure that their part in the process isn't being forgotten. And the same with our agencies that use the data system.

We need to have everyone be part of the vision. Ultimately, if we say -- the HMIS leads -- we need to add 10 staff to do X, Y, and Z, and organizations are like, well, we're not going to pay for that. And the CoC says, we don't want to do that. It's not going to be a very fruitful conversation. We need to be open, say exactly what we need to meet the needs of the CoC, and then have the CoC make those decisions and move forward with the staffing that we actually need to produce things.

Next we're going to go through a little matrix here because we're going to get into skill sets. So just thinking about the different types of roles we have and who might be responsible for such things. These are kind of buckets, but buckets that many of you -- if you're in a smaller CoC -- have many people playing these roles. And if you're in a bigger CoC, you might have just one person or a group of folks doing these things.

So thinking about the role of policy and planning. Who might do that? And that -- you might see someone like a project manager doing something like that.

System administration. Easy. System administrator. Kind of maps over nice and easy.

For reporting and analysis. Maybe we have a report writer or a data analyser -- data analyst doing something like that.

Monitoring and evaluation. That might be shared across HMIS leadership. Monitoring and evaluation might -- some of it might be done by the HMIS lead, some by the CoC board, maybe some by an HMIS data committee. So we have some levels there. But even if it's shared, HMIS leadership is probably going to be involved with at least producing data if not being part of monitoring and evaluation in a more technical or deep way.

Training and technical support. You might want to have a technical trainer and/or help desk staff. And honestly, I've seen a lot of CoCs, HMIS staffing, having everyone have a piece of the training and a piece of the help desk, because it's such a core function that, again, if we lose staff, we don't want to lose that capacity.

How about support for coordinated entry? That might be, again, shared across a coordinated entry committee, a data committee, the Continuum of Care, maybe your actual CES (ph) funded entity. But data is still very important to that, so you might have to have some level of staffing within the HMIS lead that can do that.

Communication and capacity building. Again, project leaders, like a project manager. And again, maybe a data committee, HMIS committee, something like that that can help make sure the communication is flowing.

Communication is really crucial to having support. Folks will know why we need staffing, what staff is up to. Because when you think about it, the HMIS lead -- (inaudible) -- a service to the CoC.

OK. We talked about what it is, who it is, let's get into what things we might need to identify as skills that are important to HMIS technical staff.

If you are really great at your hiring practices, maybe you can identify these things perfectly. I can say for me it was always a very hard thing to hire for HMIS staff because we do have so many competing priorities. And there's no perfect person that has every single thing that we need.

So the main thing you might want to think about, customer support. This is a customer support-based project. We are dealing with users. We are dealing with the CoC. We must provide good customer service. So is that a skill set that we need in our HMIS? And if so, let's look for that when we're hiring.

I think this is universal, good written and oral communication skills. Communication is key to no misunderstandings, to being open and honest and to really having that transparency that we need to make sure that as a group of folks of the Continuum of Care, and that HMIS lead as part of Continuum of Care, can move things forward.

Technical knowledge and experience. This is important but often times this can be learned. You don't have to know the data system cold to come into a position and be successful. You can learn those things.

Being efficient at tasks though, is. You are balancing so many balls as the HMIS lead that you're going to have to be efficient and know that, I've got to get this system -- (inaudible) -- budget done today because they're due. But I have lots of other things that are percolating that I need to do. But I've got to get this one done.

Understanding the CoC, the project, the programs, data standards, all of that is a really important skill. If you have that, that's going to really be helpful to you.

Working in a team culture. Many of us are going to not be standalone staff. We're going to have two, three, four folks working on this. And I put this in here because, again, this is my thing -- passion for homelessness. I got into this business because I wanted to get out of this business. I wanted to end homelessness and go look for another job.

Twenty years on I don't feel like we're making as much progress as I thought we would this far into my career. But passion cannot be understated as an important factor. Because if you're passionate about something, these other things often -- you pursue them much harder.

And also strong understanding of policy orientation, working knowledge of HMIS, homelessness definitions, all that stuff. So a lot of times what we're seeing in HMIS staffing is we're pulling agency administrators or case managers out of our user base, out of our programs, and bringing them on to HMIS. That's the good thing but it's also a bad thing because then you're losing your best users to yourself. So think about that as well.

So let's talk about analysis and reporting staff. This again was never my skill set. I was OK at it, but I'm not -- not my skill set.

So logical problem solving skills. I think this cuts across everything, but it's really important when you're talking about analysis.

Ability to manage large sets of data, to understand large sets of data, turn that data information. Really the technical skills, SQL, Excel, R, SAS, SPSS, those things are the things that I was never good at. But I watched the HMIS listserv and I followed some folks on Twitter. There are

a lot of you out there that are really technically gifted. And you are perfect analysis and reporting staff.

Understanding what HUD is doing, the programming and reporting specifications. So we release those programming and reporting specifications to vendors. Maybe they don't get it right and you find the error and you get them to fix it. That's a really great skill to have as far as your analysis reporting staff.

And ability to effect data functions, the better reporting parameters, really important.

So let's talk about one more set of skills -- there we go -- before we hand it back to Ryan. So remember, the HMIS lead is not just a technical thing. You also have policy that you have to deal with. I was writing pilot policies and procedures, whether that's working in the CoC governance environment, it's not just here's a data system and you're done. It's all the things that connect that. HMIS is so interconnected with so many things, whether it's coordinated entry, the CoC.

Good question, Jim. I will answer that in a bit.

Job descriptions and staff are often weighted one way or the other too heavily. So think about that when you're looking for your staffing and you're trying to develop your kind of strategic plan for your staffing. Maybe you need some folks that understand policy and folks that understand technology, or that can learn those things.

System policy oriented skills that we would recommend is knowledge of the federal strategic initiatives to prevent and end homelessness, whether that's stuff from USICH, stuff from HUD, or stuff from the federal partners. Certainly I would be looking at folks who have read and understand HUD's data strategy. That is the guiding principle for HMIS moving forward.

Working knowledge of the four categories of homelessness, as well as chronic homeless definitions. Those are very tricky and can be very hard to learn. So obviously, if you have those, that's going to be a very important skill.

And then some familiarity with federal, state, and local privacy statutes and regulations. What can we share? What can't we share?

Knowing the local environment is really important. I think we're seeing this a lot these days in the response to COVID and the CARES Act. We're being asked to quickly either change our privacy policy so we can do things, or we're being asked to collect new data or put in -- (inaudible) -- assessments. Maybe we're collecting data for FEMA non-congregate shelters. Having folks that are familiar with that is obviously going to be very helpful to you as you plan for your staffing needs.

All right. I am going to now try to figure out how to pass this back to Ryan so he can finish us off. Ryan, I believe you have the ball and you are ready to go. (Pause.)

Oh, before Ryan starts, I had one more note I wanted to talk about as far as staffing. It's really hard to figure out who the best staff person's going to be. And you just can't look at a piece of paper and say, oh, this is going to be an amazing HMIS staff person.

For instance, if you looked at my résumé without all my 20 years of HMIS experience, you'd be like, no, we wouldn't hire this guy. I have a journalism degree. It doesn't really make sense in this world. But the skills that I have that go along with it seem to work. I was a pretty good HMIS lead while I was doing that. So I wanted to say that.

Ryan, now off to you.

Ryan Burger: All right. Thanks, Chris. Chris, can you hear me? OK. I had to take that opportunity to switch headsets.

All right. We're in the home stretch. Have a few more slides, but I think I'm seeing some really helpful questions and input from folks coming in from the chat and Q&A box. So definitely want to spend a few minutes reviewing those as well.

So this kind of brings us to -- we started with the vision. Chris talked at length about the strategy. What makes sense, given a community's needs and priorities and resources? Lastly, we want to spend a few minutes just talking about how do we act upon this? How do we actually move that strategy forward to help really attain some of these goals and really advance the vision that the CoC is defining for us?

So we know that a lot of smaller HMIS implementations might have a few users. We might have not a lot of HUD funding. One person on the HMIS lead staff wears many, many different hats. We get that these functions are sometimes difficult to sort of separate. How do we prioritize training versus report submission versus data quality review versus our CoC meeting versus remote NHSDC session, right? Lots of competing priorities.

And whenever possible, we want to think about how to get towards something like an efficiency -- efficiencies of scale. We want to leverage expertise as it exists in the community. Where else can we look to either building out the capabilities and the capacities of our existing staff, or thinking about ways where we can bring some additional stakeholder support to bear? Does it mean partnering with a local university or research institute? Does it mean an HMIS merger? Does it mean delegating some additional responsibilities to your end users, to your agency leadership, or to the CoC data committee, right?

We've been addressing a lot of the resource side of the equation. I think just as important is to think about what's being asked of the HMIS lead staff.

Jasmine submitted a question a couple minutes ago, just got around to answering it now, but thinking through -- in light of the C-19 pandemic response, maybe there's things we can do to sort of lighten the privacy and data collection burden that we may have put in place many, many years ago because that was a decision that, at that point in time, made sense. Maybe we want to

see what all is falling on the plate of the HMIS lead staff. Does it still make sense? Is it necessary? Has HUD clarified what these responsibilities and standards actually are?

So also thinking about how can we work more -- how can we work smarter? How can we work more effectively and efficiently, if increasing our resourcing and staff might not be the most realistic or feasible option? So want to be aware of sort of the two sides of the equation.

We also know that larger HMIS implementations usually will have the ability to bring in more funding. Maybe they can more easily demonstrate the value of HMIS data to private funders, foundations, state and local partners as well. But also want to think about how do we actually advance those goals? How do we demonstrate need for more resources? How do we demonstrate value of HMIS data and the need for more resources as well?

That's a question that we think applies for the smallest of CoCs to the big urban areas or even statewide implementations across the country.

Thinking through some specific strategies as well to sort of strengthen and improve our staff capacity. Cross-training HMIS lead staff can be really, really helpful. Chris I think laid out really clearly the wide variety of skill sets that may be needed within our implementation. Again, kind of depends on the model, depends on what the specific roles and responsibilities of the HMIS lead might be.

Often times our system administrators might not have a policy background. Or vice versa. If we're data analysts, data scientists, what is our understanding of HUD's categories of homelessness?

Training to cross-train as much as possible only makes sense. It makes delegating tasks to one person instead of multiple people that much easier. It also helps to sort of broaden our base of expertise, right? Especially in smaller implementations, smaller teams. We need to be able to fill gaps in staff capacity in carrying out different duties, roles, responsibilities, as needed.

So the idea of cross-training, adding additional skills through this notion of upskilling, maybe providing professional growth opportunities and maybe we can connect folks to -- obviously, NHSDC is sort of the best and most prominent example of adding additional skills for folks in the field. (Not at all ?) rolls out things like these massive online -- open online courses. I think they're MOOCs for short, which I'll try to incorporate into my vocabulary more often. Connecting to MOOCs, right?

How do we make sense of the data? How can we lay some predictive modeling over what we know is perhaps high-quality data? How can we use that as a way to demonstrate additional value to potential funders? These are ways in which we can build individual staff capacity. We can absolutely use that as sort of the first step, the stepping stone towards demonstrating the value of the HMIS lead team as a whole as well.

Again, understanding the holistic view. HMIS lead sits at this really crucial point, this really crucial intersection within communities for how data is used in setting priorities, attaining different funding -- receiving different funding sources, et cetera.

Lastly, just want to think through very concretely if these are already practices in place in your community, in your HMIS lead team. Thinking through we're pretty much all working remotely now. Big change for lots of us. How do we sort of schedule regular meetings on Zoom? How do we give proactive or constructive feedback on the phone rather than in person? What does remote supervision even look like, right?

So thinking through if there were opportunities to change or integrate a stronger staffing structure within your HMIS lead agency. Since we're all adapting to this new normal, this is potentially a really good way to manage some of this change.

We had one-off staff meetings. Maybe they were once a month. Maybe they were every quarter. Suddenly we're in a place where the connection -- the human connection, the idea of coordinating, the idea of troubleshooting when we're all remote becomes that much more important. So maybe integrating or incorporating these types of supervision, management, team building activities could be really helpful and a really good opportunity right now.

So that is the bulk of our presentation. Just a quick reminder, this is one of seven sessions that is on HUD's certificate of completion track. I see lots of names and email addresses coming into the chat and the Q&A box.

Want to call out specifically the question that Jasmine sent a couple minutes ago. And her question was, "In talking about strategy, what would you suggest right now in light of COVID-19 for any forms that require signature by clients that we serve that may not have electronic accessibility?" I started to touch on this but we really want Chris's input as well.

The idea of having a signed, written consent form is something that most communities -- if not all communities -- have worked towards over the last several years. I think with HUD's Coordinated Entry Data Management Guide, they sort of clarified a lot of this guidance. Those are things, those are steps, those are practices that aren't actually necessary for communities to collect or even share data.

As long as you have your privacy policy, your privacy notice that clearly spells out what's required and allowable disclosures of client-level information, we can actually streamline in the midst of this crisis, in the midst of this pandemic, our privacy framework, our release of information and data collection protocols. We may have given ourselves unintentionally a lot of additional work that we simply don't need.

So felt like it was necessary to touch on both sides of the equation. The same way that if we need more funding, we can absolutely start to have that conversation. We can't have that same -- we can't have a complete conversation unless we take a step back and really reassess what the HMIS lead is responsible for. Have we assumed roles and responsibilities that are really appropriate

situated with the CoC data committee, that really could be better carried out by our participating agencies?

So it's really helpful to think through what is required of the HMIS lead, what is expected of us. Is it only our issue to work through that results in the need for additional funding, staff, et cetera? Maybe the question is no. Maybe the question is yes. Or the answer to the question is no or yes. But I think thinking through those holistic kind of -- will we be in a better place just with more staff? All of us would probably say yes. If we think about it in some more detail, if we really have a meaningful conversation, we might come to a different conclusion.

Chris I want to pull you in at the last minute because I know you've done these -- worked through these conversations with a lot of committees as well.

Chris Pitcher: Yeah. I mean -- (inaudible) -- which part of that to address first, Ryan. One of the things you mentioned, kind of talking about privacy. I think one of the things that you said is we've done of this stuff to ourselves.

We've had a lot of conversations with folks, specifically around COVID-19 or CARES Act response, where the data we needed isn't there when we need it. And we've done that to ourselves. So going through that, I just wanted to mention that.

And as far as staffing, we always can say we need more staff. But I think we need to figure out what type of staff we need. What are we needing to address as far as the CoC's needs? What aren't we meeting? How can we meet that?

We had a question from Jim Kendrell (ph) in the thing, you know, data analysis staff is very expensive. Yes, it is. And if your CoC wants this, we need to have them figure out how to help you pay for it. And we don't need to hire a full-time reporting person for analysis staff for every small CoC. You can use consultants or other things to kind of plug those holes.

The last thing I wanted to say, which is off topic, Ryan, but you mentioned it. I did email NHSDC leadership and HUD to talk about folks who have not yet put in their email address in other sessions. Can we get that straightened out? We'll look into that. I think the bottom line is if we can make you be eligible for the certificate because you attended sessions but didn't put your information in, we want to do that.

So back to you, Mr. Burger.

Ryan Burger: OK. Great. We're a minute after. If you've been to one of my sessions yesterday or Monday you know that's kind of par for the course. That is the end of our slide deck. Here are the email addresses for both Chris and myself if you'd like to have a follow-up conversation or any specific questions that you'd like to start to probe.

Again, if there are things that you -- more policy-level questions or specific CoC questions, HUD's ask-a-question help desk is absolutely there as a resource for you as well.

So with that, want to appreciate everybody's attendance today. Thanks for joining us. A few more sessions this afternoon. Again, if you are interested in the certificate of completion, we'll make sure that you are connected to that.

So with that, again, apologies for the audio problems. Thank you, Chris, as my co-presenter and colleague. And thanks, everybody, for joining us today. really appreciate your attendance and participation.

With that we'll wrap up. And thanks again. Take care.

Chris Pitcher: Yep. Thanks, Ryan. Thanks, everybody, for joining. This ends my NHSDC for this year. So thank you, guys.

(END)