

## **HUD Exchange - HMIS Governance 101, 5/5/20**

Ryan Burger: All right. Good morning, everybody. Thanks for joining us today. My name's Ryan Burger. I'm with ICF [inaudible] International, technical assistance providers. I'm joined today by my colleague from ICF Chris Pitcher. We're here to present with you on HMIS Governance 101.

So hopefully, folks were able to join some of the [inaudible] remote format virtually. And this is really a starting too. So we have a few quick housekeeping items to go through, some brief webinar instructions. We're going to try to keep this to about 60 minutes. Participants are in listen only mode. Chris and I are going to try to interact with you as much as possible given the remote format. So we have sort of a case study that we'll ask you to use the chat box to provide some answers. And we also have two polls locked and loaded and ready to go.

So other than that, if you do have any other questions or technical issues, please go ahead and use the question and answer box from the right side of the screen. Webinar audio is obviously provided through your computer speakers. And a note about this session and all the other NHSDC sessions, this is being recorded. In the upcoming days, we'll have the session recording, the slide deck, and a transcript all available on, I think, both NHSDC's website and the HUD Exchange. So if there's anything we wanted to revisit in the future, you'll know where to find them.

So again, this is "HMIS Governance 101." Chris and I are really excited to be talking with you today about this topic. It's something that we do a lot of in our technical assistance work. Just going to review real quickly some of the learning objectives that we hope to walk through with you today. So we're going to first define some of the roles and responsibilities of the CoC versus the HMIS lead or HMIS leadership within the context of an HMIS governance structure. We're going to sort of untangle how an HMIS lead might interact with their CoC partners, with their HMIS vendor, and, of course, with their HMIS-participating agencies.

We also want to talk quite a bit about how we can best understand the importance of establishing a strong HMIS governance to really support the way in which HMIS is used as a tool and a resource to help coordinate care and, really, to end homelessness in communities. We want to think about the connections between governance and how folks understand and use their HMIS software. So we're going to untangle that as well.

We're also going to help walk you through some key decision points as you might be leaving the session today, going back, and engaging with your community partners to think about some specific decision points when you're developing or even strengthening and updating your HMIS governance model. We want to make sure you have some tools and resources and really tangible action steps to take back to your community partners at the end of this session.

And then, lastly, we want to highlight some red flags, call out some specific risks and consequences of a weak governance structure. So again, the session is being recorded. Any technical issues, please use the Q&A box. Otherwise, we'll try to engage as much as possible in

conversation and dialog in the chat box. And you can see that in the -- one of the bubbles at the bottom of your screen.

So to start, Chris and I collectively have something, like, 30 years of combined experience in working with communities and providing technical assistance, real specifically around HMIS. And some of the things that I think we've seen over the years that really are indicators or hallmarks of good governance and good government structure are the fact that they're built on clear roles and responsibilities. HMIS is one of those things where HMIS leads are pulled in a lot of different directions; right?

And you, assistant administrators or HMIS project managers, are often responding to multiple requests or multiple priorities from your CoC leadership, maybe the beta committee, obviously your HMIS participating agencies and their end users, and then other community partners. Maybe local or state funders, maybe your HMIS software provider trying to identify city requirements or going through your contract management process.

So we understand that there's a lot of competing priorities. There's a lot of things that happen to fall on your plate. And really understanding the roles and responsibilities around HMIS and how these responsibilities are shared is really a key indicator that we know that there's a strong HMIS governance structure in place in a community. We also think that having transparent processes and clear community are really, really crucial to ensuring a strong HMIS governance structure.

We want to make sure that the decision-making body is representative and inclusive of those who have a stake or have some type of shared ownership in the HMIS implementation. And then, really thinking about sort of the process pieces, the mechanics, the glue that makes all this stick together; right?

What are the HMIS governance charters or the agreements or the policies and procedures that set our norms and set our shared understanding of how HMIS is operated. How investments are made. How training is targeted. How reports are pulled. Anything connected to HMIS really has to be documented in clear rules and procedures that are ultimately accurate in terms of how things are implemented across the HMIS; right?

So we're thinking about accountability. We're thinking about things like if there's a problem, do we have enough information to understand who's responsible for helping to solve that? And do we have enough information to really accurately figure out what the problem is. Maybe it's not something that's on the surface. Maybe there's something that's more underlying.

And all of this is connected to being able to point to a strong governance structure that's in place. And in our collective experience, too, I think Chris and I can also point to some things that, for us, kind of raised some red flags. We want to definitely help mitigate any of these challenges as far as some of the hallmarks of bad governance that we've seen. You know, things like secrecy. Things like exclusionary groups.

Oftentimes, there is this notion of deep keeping [ph] that exists among certain HMIS stakeholders. It's too complicated, therefore I can't share what's going on. The report is too

complex, therefore I'm really the only one who can explain it. I think that's always true to a degree, but as far as making policies, as far as making high-level decisions that include things like funding, that include things like HMIS participating, that include things like working with HMIS lead and software vendor to make sure that it's -- the software is meeting the community's needs, none of that really has a place within the HMIS governance structure.

So we want to make sure, again, just as the hallmarks of good governance kind of called out clearly defined processes, clearly defined stakeholder groups, the reverse is true when we're looking at hallmarks of bad governance. Inefficient processes, making things up as you go.

Again, power hoarding or this notion of gatekeeping, really never a good idea, especially when you really take a step back and think about just how much of a shared responsibility the HMIS implementation is for a community. It touches at least four stakeholder groups, oftentimes many more. So we really want to make sure that it's a shared sense of vision and a shared sense of ownership that exists across the HMIS.

Why is governance such a big deal? Really, what we've seen is that inadequate governance structures have very concretely and specifically resulted in some of the things you see on the screen. These are really symptoms, I would say, of the underlying problem.

So absent a strong HMIS governance structure, we've seen communities really struggle with this idea of not having a clear sense of vision, not being able to understand how we've set collective priorities to using HMIS as a tool, again, to really provide us with the data to target resources, provide us with the data to improve our coordinated entry processes, and really provide us with the data to work towards solving the problem of homelessness that exists in communities.

We've seen communities lose funding or miss out on different funding opportunities when they don't have good data to show the progress that they're making, when they have low HMIS participation or low HMIS utilization rates. If we're not showing how we're maximizing the way the system operates, we really can't make the case, essentially, for increased funding for new -- taking advantage of new opportunities. We've seen folks struggle with how to move -- basically move forward in terms of improving their HMIS; right? Folks are, as we speak, building out sort of COVID-19 assessments and screenings into their HMIS. If it's not clear how that assessment is defined or how it gets incorporated into HMIS, a community could really be missing out on a big opportunity.

So understanding who's responsible for any step in the process and how that connects back to HMIS, Chris and I really are strong believers that this really stems from having a clear governance structure in place. Again, some of the more interpersonal or organizational dynamics, we might see power struggles. We might see just general frustration. We might think of HMIS as sort of a burden rather than a tool or a benefit, necessarily. So when I say how does governance sort of connect to any of these problems? We see a pretty clear and direct line from having any of these symptoms that we've kind of outlined, any of these causes, if you will.

This is my last slide before I turn things over to Chris to really get into some of the bulk of our session. But really, when we're talking about governance, you might have some ideas about what

it means, and you might have heard other folks talk about it. I think there's no really clearly defined or cut and dry definition of governance.

However, I think when we talk about governance, it kind of helps to break things down into these four pillars, if you will. So when we're talking about governance structure, governance models, that we're really talking about are how do we define organizational roles and responsibilities, again, across at least four stakeholder groups, the HMIS lead, the CoC, the participating agency, and their HMIS software vendor. You might have additional funders. You might have additional oversight committees, et cetera. So when we're talking about the structure and the model, we're talking about sort of the interconnectedness across these stakeholder groups.

We also think about sort of this notion of governance of policy. Basically, policy is setting the guidelines, setting the rules of the road. Who gets to determine and develop and review and approve those policies and procedures? You know, HUD speaks to the CoC having the ultimate oversight. However, communities have really kind of operationalized this in different ways. There might be a working group. There might be a committee. Things might be shared between the HMIS leads and their participating agency. There's a lot of different models that are out there, but the model is really going to clearly lay out who has the authority to set the ground rules for the HMIS.

Folks who know me know I'm a pretty big kind of process person. I like thinking through how things get done. Establishing this process of engaging in the policy development and decision-making forums, to me, is a really big deal. It's kind of down in the weeds. It feels a little nuanced. But this is really thinking for real, okay. If we don't have a clear sense of how decisions get made, then that makes it really difficult for folks to buy into the process; right?

If it feels like one entity gets to call the shots without a lot of oversight, without a lot of checks and balances, and there are issues between a provider and that entity who gets to call the shots, that's going to make things really challenging to sort of problem-solve and troubleshoot issues as they arise. So making sure that this process is clearly defined really helps to put the structure and the policies into practice.

And then, lastly, this idea of performance; right? Governance of performance. Do we have a shared vision? Do we have shared and standardized sort of performance metrics? Are we all working towards the same goals? This is sort of the end result having your structure, policy, and processes into place. But making sure that things are transparent and accountable, again, across all these different stakeholder groups is sort of the fourth and final pillar of what we want to think about when we're talking about governance. So with that, I'm going to go ahead and turn things over to Chris, and Chris is going to lead us through some additional slides.

Chris Pitcher: Thank you, Ryan, and thank you everybody for joining us this morning. I wanted to start by just kind of wrapping up some things that Ryan said and just kind of reinforcing them. And one of the things that Ryan mentioned is we have a lot of experience of doing this work nationally. And of my favorite things to do when I'm sitting with a group of HMIS stakeholders is ask them, well, how are [inaudible] made? And just listen to the crickets in the room. Because

a lot of times, we just simply don't know. Our folks don't understand the process or how things get there.

And that speaks to what Ryan talked about as far as transparency, clear communication. I think that's something that I just wanted to highlight. The second thing is when we talk about the requirements of governance, these really fundamentally changed. For those of us that have been around a long time, myself included, the hardest act, to actually change how HMIS governance works the first time that CoC was clearly identified as the decision-maker on HMIS. When I started my first HMIS, in the early 2000s, there was no clear governance structure that needed to be in place. So we were oftentimes, as the HMIS lead, taking on all the responsibility.

Back when I -- again, when I started in the early 2000s, I used to be at an organization that was the HMIS lead, the CoC lead, the ESU recipient, and, really, everything to everyone in the county. And everyone in the CoC was very comfortable with us holding all that power. Because at that point, it wasn't power; it was just all responsibility. Once we had the hard facts, though, things kind of fundamentally changed, and that type of dynamic, if it exists in your community, is not healthy. Having all that consolidated power without any checks or balances or any clear communication is not what we would recommend and not what HUD's really looking for as far as governance is concerned.

So let's talk about -- a little bit about some requirements of governance for the continuum of care. And I think most folks are familiar with many pieces of this. But the CoC must designate the HMIS software. Lots of us got HMIS software in the early 2000s and haven't ever changed and never formally designated it. There should be a process in your governance structure to say, yes, we select this. And on a regular basis, review that that software is still meeting the needs of your continuum of care. We also have to designate the HMIS lead at the CoC.

So the HMIS lead, again, in many communities was established far -- long before the HEARTH Act, but -- both HEARTH Acts. Everyone should be saying the HMIS lead is this, and this is the process that we use to check that the HMIS lead is meeting the needs of the CoC. Here is the process we use to monitor the HMIS lead. Yes, HMIS leads should be monitored to make sure that they're meeting the needs of the continuum of care.

The CoC also must review, revise, and approve any privacy plans, security plans, or data quality plans. Oftentimes, and we'll see this in a future slide, the CoC designates this responsibility to another entity, often a data committee or an HMIS committee. But ultimately, the CoC has responsibility. Ensuring consistent participation in HMIS, oftentimes, that falls to a -- from a fundamental standpoint, that falls to us as the HMIS leadership or the HMIS system administrators to actually execute the participation to ensure consistency. But the CoC should be setting those expectations.

The CoC also has to ensure that the HMIS is administered in compliance with the rules that HUD sets for us. If your HMIS is not meeting the minimum -- the HMIS data standards or cannot do reporting, those are things the CoC needs to be involved in. Ultimately, the contract holder, the HMIS lead, will ultimately probably take care of many of these things, but it is a requirement the CoC be involved.

And finally, in consultation with the collaborative applicant, the HMIS lead must develop a governance charter updated annually. And this is the backbone of the documentation that we're talking about today. How do we make decisions? What needs to be in place for us to be able to meet the needs of our CoC for HMIS data? Further, the CoC has a few additional responsibilities that we want to talk to, including establishing performance targets by population and program types. Monitoring of recipients and subrecipients, and many, many times, the monitoring, at least from HMIS standpoint, either falls to a data committee or falls to the HMIS lead that's designated out. Evaluating outcomes.

Operating a coordinated entry system. That's a big one. The coordinated entry system, as you know, is not required to be an HMIS. But we've seen nationally, at least in the last few years, a very strong movement towards HMIS. And with the 2020 HMIS data standards that required you to collect data elements 316, 419, and 420, a lot of folks are looking at HMIS, either because they have to or because they want to, to collect data for coordinated entry. In many COCs, we see that the coordinated entry system actually has its own committee, and oftentimes, that's separate from a data or HMIS committee. And having good communication between those bodies is going to make using HMIS for your coordinated entry much easier.

The other things you see listed here, point in time, gaps analysis, information for con plans, these -- all these requirements are needing data, are needing the HMIS. Things that ultimately, from a governance standpoint, need to be clearly defined as far as roles and responsibilities so that these things can happen and the data is where it needs to be when it needs to there.

So Ryan and I like this document. In fact, we -- this picture, rather. We view this graphic in the HMIS implementation community of practice to kind of go through a roles and responsibility exercise. I'm just trying to figure out where things lie, where things have been set.

We do have some flexibility in some of these things as far as where we put our roles and responsibilities. So for instance, in this diagram, you see that the CoC responsibilities, which I've already kind of talked through, designating the HMIS system, the HMIS lead, and then being very clear to delegate roles and responsibilities is something that the CoC will retain.

On the far right, you see that the HMIS lead is administering the HMIS operation management. Doing the day-to-day work. Carry out the requirements as defined by HUD and the continuum of care. Manage additional responsibilities. Manage the HMIS project grant and the vendor contracts. Very concrete things.

And in the middle is where, oftentimes, we see a need for something like an HMIS where a data committee could be created. So you see a shared thing. Developing plans and policies. Yes, the HMIS lead might kind of do a lot of that legwork, but they have a body of folks who are invested in the health and longevity of your HMIS system there to help you go through that to bless that, to get that in front of the CoC for approval. That's what we see a lot of our governance structures looking like these days.

Carrying out monitoring and enforcement of HMIS. If you, as an HMIS lead, have never been monitored, you should be asking why. Why is that the case? Every HMIS lead should have some oversight. In most of the CoCs that I work in, and I think this also rings true for Ryan, an HMIS or data committee often oversees the HMIS lead. And so, here are the things we have that we need you to be doing. Are you doing that? The other thing that you'll see us talk about in a little bit is having policies and agreements in place that kind of delineate these roles and responsibilities. Just to say that you know them isn't good enough. They need to be written down. They need to be understood and they need to be operationalized.

So really, look at this diagram and think how does it work for you? Does this ring true? If it doesn't and if all these responsibilities are either on the left or the right, maybe that's not exactly how things should or could be configured, and it could be a sign of bad governance. One of the things that Ryan mentioned that I'll just kind of go into a little bit more based on kind of where we are right now in the current pandemic, there's a lot of CoCs that have been trying to, as Ryan said, make assessments for COVID-19 screening or maybe change their HMIS policies around privacy to allow for greater data access during a pandemic.

If you don't have a good decision-making process, a good governance structure, adapting and being flexible in times of crisis, it's very difficult. And I think that's something that you've heard from HUD, you've heard it since March, that we want the CoCs to be able to be flexible to make sure that folks aren't at risk of catching this disease. Flexibility also needs to be built into your governance structure, which is something we probably hadn't thought about until this crisis came to fruition.

So again, just clarifying some roles and responsibilities. I'm going to give you a couple of examples of how this looks or how this could look. And some of these are much better examples than others.

So in this particular example, you see that this continuum of care has designated all of these roles, from monitoring data quality to setting -- to monitoring privacy and providing training, overseeing security, managing project setup, workflow configuration, and reporting to the CoC and HUD, has designated all of the HMIS leads. One of the things that we talk about in the HMIS implementation community of practice is too many cats, if what we've called this particular topic. But HMIS leads have ultimately taken on too many different responsibilities.

Note that when HMIS lead came became a thing, there was no such thing as the AHAR. There was no such thing as the LSA. Those are things to performance measures or coordinated entry. Most of the federal partners were not on board.

So we have continued to increase the demand on an HMIS lead and on our HMIS staff. And in many cases, we haven't increased our budget, our staffing, and we've just really taxed the HMIS leads to a point where it is unsustainable. And this is what this example looks like to me from a very high level. There is too many things solely the responsibility of the HMIS lead. In this example, you see that we've added a few more nuances.

So in this particular model that's being described here, you see that not only do we have the HMIS lead responsible for everything. But we also have the agency administrator that works for the Cover Homeless [ph] Organization, CHO. So we have them, this dual role. So the HMIS lead monitor data quality, send it to the agency's administrator, and they're responsible to push it down in their organization. Or we set the privacy settings and the agency administrators, looking at those privacy settings and making sure that they're all followed in the organized on a regular basis.

This shared responsibility model is better than having everything rest on one entity. But it still doesn't lack the nuance that you would expect to have in the CoC, where things should be not just one or the other or both. There's often things that oftentimes, we want to see things that look just a little bit different. So we'll go to the third model, just to show you, again, one more contrast. In this model, things are a little bit more divvied up. Obviously, the more entities you have that are part of the roles and responsibilities matrix, the more communication becomes extremely critical.

So right now, you see that monitoring data quality, that's not on the HMIS leads. That doesn't mean the HMIS lead might not create the reports, but the data committee is the one that's actually monitoring data quality. They're enforcing it. We've heard this for a long time, that the HMIS lead doesn't have a carrot or really a stick to hold people accountable for data quality. But the CoC does. They have a funding mechanism that is very powerful. And data committees can often be that arm to show the carrots and show the sticks to agencies.

In this model, you also see that we've added another column that has some responsibilities using external vendors or consultants. We've seen this model kind of change nationally over the last five, seven years, where HMIS lead staff and HMIS users as well often have high turnover. And one of the ways that we've seen CoCs manage that turnover is to have -- work with an outside vendor or consultancy to plug our gaps in our knowledge and also in our staffing on a regular basis.

So you see in this model, we're going to use more of that type of expertise. And we've spread out responsibilities, taking some from the HMIS leads, spreading it to data committee, and then still making the agencies be accountable and using those external experts to kind of make sure that our roles and responsibilities are being done. Again, this model is very important for communication. The more diverse your roles and responsibilities get, the more transparency, the more communication you need to have.

When the HMIS implementation community of practice is the community of practice that we are talking about, where we talk about the roles and responsibilities, we actually go through this matrix in a much bigger manner. Not just these eight elements, but it's got dozens of elements. That implementation community of practice semester ends in May.

The community of practice model is going to be put on hold at least until January 2021 to make way for CARES and COVID-19 pandemic response community of practice models. So the next time you could have access to this HMIS implementation community of practice would be in January of 2021. Stay tuned.



How are your roles and responsibilities delineated in your CoC? Really, think through who does these things? Who's responsible for it? How is that communicated? And if you want to share that in the chat with one another, we readily encourage that. Just kind of think through this for yourself. How do we designate these roles? How do we designate the responsibility? How do we communicate? How do we document it? Those are all very important. Feel free to show one another and share with us in the chat.

Here is our first poll. How are the HMIS roles and responsibilities delineated in your CoC? So John, post that poll up, and I'll talk through the questions and answers. Is your HMIS roles and responsibilities centralized? Is it like that first model? Does the HMIS lead complete all those activities? Is it centralized, but the CoC data committee is really the one that assigns all the roles and responsibilities, does all of that work? Is it decentralized? Is it more nuanced?

Does it have that flexibility? Do you have the HMIS lead and participating agencies sharing roles? Do you have decentralized HMIS leads software vendor? We've seen come communities with a software vendor acts as the system administrator or does a lot of the HMIS lead work. Is that how you decided to do that? Do you tend to allow the HMIS lead, participating agency, and software vendor to all share? Or is it unclear?

Things just aren't getting done or they're not getting done. So which of these makes sense for you? John, I'm unable to see if answers are rolling in. So you can let us know when it's ready to be published.

John Panetti: The poll will be closing in 20 seconds.

Chris Pitcher: All right. So looking at the poll results, it looks like the vast majority of folks are saying we do have a centralized model. The HMIS lead completes nearly everything. And then, we have a smattering of answers from centralized, decentralized that are much less. So we still have, in many of our communities, the HMIS lead doing the -- wearing the many, many hats.

And I think that is something that we want to see change in the governance structure. It's not wrong. It just comes down to a capacity thing. And, yes, I saw that someone chatted that I have a halo over me. It is the sunny time in Denver, and there's, like, 15 minutes where I get to have a ray of sunshine behind my head. So you're being blessed with that image the moment. Sorry about that, but I cannot move. It'll only get worse as we go. So trust me; it'll get better.

So let's talk about putting governance into practice. This is a chart -- or a graphic, rather, that kind of shows how some governance structures might flow. And as you see at the far left, we have the CoC governance charter. It tells us how we make decisions as the continuum of care. It needs to be clear. It needs to show all the roles and responsibilities, what committees are present, what committees' roles are.

How decisions are made for funding. How decisions are made for coordinated entry. And then, in that governance charter, which often has lots of fees of HMIS in it, there's some level of HMIS governance charter that says here is how we make decisions for HMIS. Here's how we are

able to come up with a privacy plan. Here's how we develop our data quality planning. Here's how we set our data quality benchmarks.

One of the things that we look for in HMIS governance reviews, which Ryan and I do a lot of, is how have you set your data quality benchmarks? And a lot of times, folks are, like, well, we just take what HUD says. What we recommend is look at what your data quality is and set your benchmarks on actual data. That's exactly how we would want you to do it. Because each community is going to be different. The data quality needs of one community is not going to be the same as another.

Your policies and procedures at the HMIS level. How do you operationalize these uses of your data system? How do you set your privacy standards? How do you determine what is a violation of the end user agreement? Then, we have the end user/agency level, where we have agency agreements, end user agreements. We have our privacy notices, our privacy postings, maybe our content policies, our security agreements that are all in place. All of these together make up the components of really good governance for an HMIS.

So again, putting into practice. The HMIS governance is really the cornerstone of good governance. It identifies a single designated HMIS lead agency. It will tell you the process for identifying that agency. It should specify responsibility for entering into an HMIS agreement with the lead. That's a really important bullet. I'm going to say it again. The HMIS governance charter should specify that the CoC is responsible for entering into an agreement with the HMIS lead.

We need some level of MOU between the CoC and the HMIS to lay out the roles and responsibilities. If you want to take that document one step further, the roles and responsibilities in the MOU agreement can then be monitored by the continuum of care or by the data or HMIS committees to ensure that these HMIS lead is meeting the responsibilities laid out by the CoC in the HMIS governance charters.

The HMIS governance charter also will specify how the CoC and the HMIS lead work together to manage the HMIS to meet HUD standards for data quality, for privacy, for security. Again, we're not laying all of this responsibility in the HMIS charter on the HMIS lead itself. Which, as many of you mentioned in the poll, that's how you have operationalized it in your community.

So going a little further into the HMIS governance charter, this will outline the process that the HMIS leads follow to maintain required HMIS standards and policies related to functionality, privacy, data quality. How does the HMIS lead not only develop these things but ensure that they're followed? The next bullet, having an end user agreement with each user at each agency is extremely important. This lays out the roles and responsibilities of those folks using your system. You need to be able to have something that says you are meeting your standard of the user or you're not meeting your standard of the user.

Specify end user fees. So this is a really important one that we see from time to time. Not every CoC has HMIS user fees. I think more and more are going that way, but you really need to make sure that if you're going to charge user fees, you have a very good rationale and it's fair,

transparent, and it may be different for those who are funded to do the work versus those that are not funded to do the work. I saw a governance charter recently that was actually backwards.

They were charging more for non-funded programs using HMIS, which, of course, is kind of a disincentive. We want everyone to participate, but if you're not funded, we're not going to give you -- we're going to make you pay more than folks who are funded, that actually have money in their budget to do HMIS. So you want to be very careful about user fees. Be very transparent; be very clear. And be very open to those discussions.

And ultimately, the governance charter specifies the roles and responsibilities between the CoC, the HMIS leads, and other participants relevant to HMIS. Remember, and I see this question in the chat, even if the CoC lead and the HMIS are the same, you still need an agreement. I'll go into that more perhaps in the Q&A. So I don't think I said this before, but it is kind of the guiding principle that Ryan and I have when it comes to governance, you don't need governance till you need governance.

When things are one fire, it's the wrong time to be having a governance conversation. You need to be proactive about your governance. If things aren't working, if it's not sufficient, when a crisis does come, when your house is on fire, you won't be able to put it out, and that's a really important thing. Evidence of weak governance structures show up in times of crisis more than any other time. And you don't want to be in that time of crisis and not be able to address the things you need to address as far as decision-making for HMIS.

So Ryan is going take over after I talk through the case study and weak HMIS governance. We're going to recommend that you listen to what the case study is and put in some recommendations in the chat box [inaudible]. So the Southern Suburban Shelter and Services Consortium, that's SSSSC, is the leadership organization for the CoC. The CoC has an HMIS data committee that recently approved the data quality plan that significantly increases the baseline minimum for all components of data quality.

HMIS participating agencies are having difficulty meeting the new standards and are unclear on how the data quality monitoring report cards both impact the project operations and agency funding. A group of concerned providers has recently raised the issue to CoC leadership, which supports increased data quality, but believes the HMIS data committee made too many changes too quickly, and the CoC is unsure of the next steps. And Ryan, I believe this came from some real-life experience and some weak governance.

Ryan Burger: Yeah, Chris, it very well may have. So what we're going to do in the interest of time is we're going to go through the next few slides that speak to sort of the governance impact and the stakeholder various roles and responsibilities, specifically with data quality. And then, we'll come back and check out the different responses and recommendations that folks are hopefully going to put into the chat box.

And I do want to stop real quickly and just note this was posted into the chat box at least twice. But for folks who might not be monitoring that, this session is one of seven sessions for which HUD is offering a certificate of completion so that the actual schedule is available in the chat

box. But if you did want to get this certificate of completion for HMIS fundamentals tract, we do this a lot in the actual physical conferences that NHSDC and HUD host, trying to do the same thing virtually. All you have to do is put your name and, I think, e-mail address, in the -- I guess we'll ask you to do the chat box. We'll find your information either way. If you did want completion, just go ahead and let us know that you're interested in that and give us your name and e-mail address.

All right. In the interest of time, and I so see folks asking some really helpful questions, we will try to get back to these in a few minutes. But again, for right now, please go ahead and start to think about your recommendation strategies for what this specific CoC, the SSSSC, can really do to help think through some areas of improvement to make sure that the CoC leadership is connected to the HMIS lead and is connected to the HMIS data committee.

So I just wanted to think through, for the next couple of minutes, again, calling out the governance impact on data quality. So we're going to go through three stakeholder groups and just note really quickly the specific areas of oversight or their specific roles and responsibilities as it pertains to data quality. So CoC leadership, we're really looking to this stakeholder group, both by the CoC program interim role to sort of review and revise and approve the CoC's data quality plan, but also, just because of best practice.

The CoC's best position to get a broad base of stakeholder input and advance the CoC's ultimate strategic goals and direction in terms of improving and enhancing their data quality. So we really look to them to set the data quality standards, set the data quality benchmarks, communicate these standards with the support of their HMIS lead. But as Chris mentioned earlier, the CoC kind of holds the keys to the castle. They control their funding. They can set and approve their CoC program competition rating and ranking process.

If they want to use funding as a leveraging kind of opportunity to improve data quality, they are the ultimate stakeholder group to make those decisions. So we'd really be looking to them to set the ultimate standards, ultimate authority, reviewing and approving the data quality plan. But then, also providing sort of the operational on the ground support to go to their HMIS lead, the HMIS system administrator, the technical trainer, and, of course, the participating agencies who are contributing data to the HMIS.

At the HMIS lead level, we'd really be looking for some practical improvement strategies; right? So we're thinking about how can we maybe generate a data quality dashboard or a data quality report in conjunction with our HMIS provider. How does the HMIS lead actually monitor quality data? Is it done weekly? Monthly? Hopefully not less frequently than that, but any monitoring is good monitoring, in my opinion. So making sure that there's a good sense and a good understanding of what the data quality metrics might be.

Not just when reports are due, but sort of on a continuing annual cycle; right? We don't want to be playing catchup when our system performance measures are due. That gets us in a hole that's really hard to get ourselves out of; right? So thinking through how we can be proactive, thinking through what communication looks like, to make sure that folks really understand the importance of data quality is a role that really sits best with the HMIS lead.

And then, lastly, the HMIS participating agency, it would be both the end users, but also agency leadership, maybe program managers, maybe executive directors. Understanding what it means to be collective high-quality data from the folks that are being served in their programs. And then, also getting a sense of, okay, because we collect this data on the front end, what are the ultimate impacts of having high-quality data? How can we get a sense of what and how this data is used for? What is the direct connection between timely, accurate, and complete data collection at my shelter's front door? And the ultimate funding, essentially, that's awarded to the entire continuum of care by HUD. Maybe other local and state funders are involved as well; right? So thinking through the entire data management life cycle really is something that we would look to participating agency leadership to set the tone and set the standard for.

So before we round out our session, I'm going to stop for a couple of minutes and ask Chris to see if we've called out any specific recommendations or strategies. I'll circle back to our case studies so folks can see it on the screen. But again, there are some very real and probably relatable challenges as far as understanding how data quality report cards can be used and really thinking through what it means across the CoC stakeholders to move the needle as far as data quality is concerned. So Chris, what are we seeing?

Chris Pitcher: I think the one comment I saw from Sarah [ph] that I think is pretty salient is having that group of concerned providers bring it to the HMIS committee and have them make an addendum to the data quality plan and set up a meeting to cover the baseline to make obtainable benchmarks for data quality. I think in this example, the one thing about data quality is you don't want two things. You don't want no one to achieve it. You don't want everyone to achieve it. You want it to be in the middle, where folks are actually striving to improve. So I think Sarah had, actually, a really pretty good idea right there.

Ryan Burger: Great. Thanks, Chris. Thank you, Sarah. I think the old adage sunlight is the best disinfectant -- I think that's an adage, I didn't just make that up. In the form of data quality report cards and dashboards, really, really helpful; right? It almost turns data quality into a competition of sorts; right?

We can't let the other provider beat us in our quarterly data quality metrics. And it really sets data quality front and center, where agency leadership, agency front-line workers, HMIS leads, and CoC policymakers really have a focus on data quality all the time, and that becomes central to how we deliver services and work with the vulnerable populations in our community. So a really great call-out, really great strategy. Thank you, Sarah.

Okay. We've touched on these four pillars at the very beginning. We're trying to come full circle. Thinking through the next steps, right, we want to leave you all with some concrete and actionable decision points. Again, we know from the previous poll question that a lot of this work is really kind of centrally held by HMIS leads, by you all as system administrators.

We want to think about what additional support we can bring to bear in your local communities to help support how HMIS is operated, but really make sure that you're not out there on an island of sorts; right? We want to make sure that folks are working with all the stakeholders to

absolutely have an ownership stake in HMIS. They just might not be playing an active role. And so, what we're going to do is set out some questions and decision points to help you think through with your CoC partners what an improvement strategy would really look like.

So we started with this governance structure model. Some of the questions we see on the screen really have to do with definitions; right? Does the HMIS lead just do what seems needs to be done in the community to make sure we're submitting reports to HUD and monitoring data quality? Or is there some type of contract? Is there some type of scope of work or statement of work? Couple questions in the Q&A really kind of get to the crux of this issue. What if the CoC lead and the HMIS lead are the same entity? How does Ryan monitor himself? How does Chris monitor himself; right? That's a great question. It's a question that comes up a lot.

I think that the idea of activating your CoC stakeholders, maybe there is a taskforce, maybe there is a advisory group, maybe there is a more fully defined CoC-type of data committee or system performance committee. And those are the folks who really need to be defining who does what. It has to come -- the message has to come from the CoC. We really don't want the agencies or individual stakeholders defining for themselves what they're responsible for.

That's a great way to have a lot of gaps in how the HMIS is operated, has a lot of gaps in how folks understand their roles to be; right? So thinking through how your CoC partners are involved in these processes, are connected through the governance structure, and then also making sure we actually have a clearly defined and written down set of understandings of roles and responsibilities. That's one of the very first things I think we would have to do.

We also want to think through accountability mechanisms; right? We will probably come back to funding for as long as HMIS is funded through the CoC program, because that is a great way to actually use some very tangible enforcement mechanisms. Folks are talking about user fees.

You can explore what makes sense in terms of user fees. Is there a connection to data quality? There could be. Absolutely. I think we'd also want to think through additional training and support. If there is a provider that runs, let's say, a high-volume emergency shelter, they might not receive HUD funding. They'll contribute data, but there's not a lot of incentive through funding or through the program design to actually work towards high quality data.

Maybe there is something that the HMIS leads can provide in return. Maybe it's enhanced training. Maybe it's a set of custom agency-specific reports that help them secure additional funding; right? These are the carrots and sticks that aren't often readily apparent, but they absolutely exist in probably every community if you start to dig into what makes folks kind of tick.

Additional decision points as they relate to policy, again, who has this authority? Ultimately, it's the CoC. If it's been delegated maybe through a past decision, maybe it was delegated as convenience, this type of authority can be sitting closer to where the work happens, HMIS leads, individual participating agencies, we might want to think about it if that still makes sense given that we need to sort of bring everybody together and sort of maybe come around and embrace a shared vision of HMIS data quality or understand the importance of governance.

We might want to bring some of these roles and responsibilities back to sort of the policy level, the strategic level, the CoC executive leadership level, and make sure that that authority sits where it can be acted upon and where we really mitigate or reduce as many conflicts of interest as possible; right?

So just a quick note about policy. Again, these slides will be out on HUD Exchange and NHSDC in the coming days. So you can sort of take the slide deck and maybe adopt it or incorporate it into a bit of a checklist for use in your own community. Want to think about process. Again, if we have folks at the table who are all HMIS--participating agencies who receive HUD funding, we might want to think if there could be more diversity that's introduced; right? What about local philanthropic agencies. What about human service organizations?

What about local government, for instance; right? Those stakeholders most likely have an interest in how the homeless crisis response system operates. Therefore, they have an interest in what the data looks like. How high quality is it? How is it being used? So thinking through people who might not actually have this direct connection to HMIS, at least from, like, a use point of view, but we have an idea about much longer-term strategic or systems-level viewpoints, absolutely a great way to diversify who's at the table and think through should the process look differently based on whose points of view we have and should be respecting.

And then, lastly, this idea of HMIS sort of governance of performance; right? If I'm a caseworker at the shelter, I never see a data quality report card. I never even know how much HUD funding comes into my community. The realness, if you will, of what data quality should be looking like or how my work is connected to the HMIS lead's work, how my work and my assessments and my data collection and entry is connected to what CoC policymakers' executive leadership are also thinking about, that disconnect can be really challenging; right?

So we want to think about how communication is managed. We want to think about the training, the types of support that are offered to those folks on the front line. Because they need the most support. They are in HMIS on a day-in and day-out, on a daily basis, making sure that they understand how their work connects to system performance measures. How their work connects to longitudinal reports; right?

Systems analysis reports. Thinking through what it means to engage in the monitoring process as well. If this is the standard, what does it mean if I'm falling short? What additional training and support can I get? What does it mean for my agency's funding and the clients that we serve if we're not up to par? And I think this is where this idea of consistent communication, consistent checks and balances around who's doing what, what does the data look like, how can we continue to improve our role in HMIS implementation really starts to feel like that's where the rubber hits the road, if you will.

So with that, in the interest of time, we're going to round out our presentation for today with our second and our final poll. John will go ahead and open this up. So given our first poll, we know that HMIS leads sit in sort of this nexus of a lot of different stakeholders who are being pulled in

different priorities and different directions. We also know that at least with this group, HMIS leads are responsible for the bulk of the work that gets done.

Want to think through in the context of our governance four pillars which one do you and your community really work on the most? Is it structure? Understanding the organizational connections and relationships? Is it policy? Figuring out who does what. How do we get a seat at the table? How do we set our priorities? Is it the process, making sure that we have the nuts and bolts in terms of agreements and monitoring processes in place? Or is it this idea of performance?

We also provided all of the above. That one might take the cake, but we'll leave the poll open for 20, 30 seconds, and then look at the results. Chris, I feel like you have some things to add, based on the chat boxes and based on just the last couple of slides as well.

Chris Pitcher: I do. I think -- so Ryan, we've had a couple questions on something that I said in my section about a CoC and HMIS MOU to kind of set out rules and responsibilities specifically in communities that the CoC leads and the HMIS lead are the same entity. And I think even in situations where the HMIS lead and the CoC lead are the same entity, we still have a CoC board. We still should have some level -- some sort of committee. And we just need to be very clear who is responsible for what. So even if you're the same entity, it's good to still lay out who is responsible for what. I think that's something that folks are struggling with. So any thoughts on that, Ryan?

Ryan Burger: Yeah. I mean, I think it's important to, if at all possible, and I worked in a continuum of care where we had the same structure, right, the CoC lead/collaborative applicant, and the HMIS lead all kind of sat in the same entity. Maybe different (heroes ?) within the same department, but it was very much what do we do, walk from the second floor to the third floor to monitor the people who we work with; right? That -- bit of a strange dynamic.

Thinking through who makes up your CoC board, thinking through who makes up your CoC data committee is absolutely imperative; right? We should be able to sort of separate the specific people who make up an agency and the roles they play within this larger CoC structure. Making sure that people have an unbiased and sort of objective point of view about the performance of the HMIS lead or what it means to set out data quality standards really needs to be something thought through.

We hope that these decision points are at least a start. But again, this is HMIS Governance 101. We're not at all -- we may have been ambitious in terms of what we tried to cover today, but this is really just pretty much scratching the surface. We want to -- we also don't know the different priorities or the different context of each of your communities. So I think these are things that -- understanding who should be doing what and how we get that right mix of stakeholders is really the million-dollar question for a lot of communities.

So we'll close the poll. We do see most folks looking to improving all of the four pillars of governance. Performance is actually -- this is somewhat surprising to me. Performance is the second-most commonly responded to poll option. So thinking through, again, what resources are



used to support HMIS. I'm just going back to this slide for a minute. And then, how do we sort of communicate these standards?

What does it mean to operate a congregate, high-volume shelter in the context of data quality versus a smaller permanent supportive housing program where we might have a very small number of entries and exits. We go to data quality a lot because that's one of the most concrete ways in which we can sort of show the impacts of governance, but it could be a whole variety of [inaudible] as well. We're going to go just a minute or two beyond 11:30 Eastern and try to wrap up here in a minute.

So just to really call out and put a bow on this session today, thinking through some best practices, want to make sure that your governance structure is clearly set up and formalized through your HMIS governance charter whether or not the CoC lead is the same entity or organization as your HMIS lead. You have to communicate who's responsible for what given which hat we're wearing, essentially; or given which function we're trying to fulfill.

Want to make sure that the CoC in the form of a unified decision-making body is absolutely engaged, that they are sort of setting the strategic direction. Obviously, we've hinted at conflicts of interest. We want to make sure that that extends throughout your decision-making structure, a unified set of policies and procedures so that we're playing by different sets of rules; right? These are things where communicating and setting a single standard is really, really crucial.

And then, thinking through the last couple of bullet points here and really thinking through what does the CoC actually want to get out of their HMIS? How are they prioritizing data quality? How are they sharing data in the context of supporting at-risk populations? How are we using HMIS to support coordinated entry? How are we using HMIS data to secure Medicaid funding, for instance? A lot of communities and states are doing that as well. So thinking through what the CoC wants to get out of their HMIS, and then the resources that are needed to advance that goal really is one of the starting questions, one of your starting points as you're thinking through with your local partners how to continually improve your HMIS.

And then, again, I see lots of chat Q&A. We'll probably keep this open even after we end this presentation for folks who want to leave us with any final thoughts.

But just a quick note, again, about the HUD certificate of completion. If you want to earn credit for this specific session, this is one of seven, to get the certificate, you have to attend four of those seven sessions over the three-day virtual NHSDC conference. All you have to do is plug in your name and e-mail address, and you'll be good to go. So it's 11:33 on the East coast. Chris is a morning person; good for his sake out there in Denver. Chris, any other final thoughts or closing comments?

Chris Pitcher: I don't think so. I think we've addressed these questions or comments in the comment box. Someone wanted to see slide 21 again. If you could pop it back, 21, just for while we're closing out. But I think most folks have had their questions answered. So again, thank you, Ryan, and thank you, everyone, for joining us. This was a very good conversation. Sorry we had

chat function problems in the beginning, but we've fixed those now and are able to answer you. So great session. Thanks, Ryan.

Ryan Burger: Great. Thank you, Chris. Thank you, everybody, for attending. Whether or not you're on the East Coast, it felt like an early start.

So this is the start of day two. We'll go through the rest of today, Tuesday, and then all day again tomorrow with NHSDC. So thank you again, everybody. Appreciate your attendance. Appreciate your time and your participation. I'm getting real froggy, so we're going to wrap this up. Thanks, everyone.

(END)