helpline center

NETWORK OF CARE

VOICES FROM THE FIELD: COMMUNITY PERSPECTIVES ON THE HELPLINE CENTER NETWORK OF CARE

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> "Unlimited potential. That's what my impression of it is."
> - Community Stakeholder

Introduction

As part of ongoing efforts to strengthen and evolve the Helpline Center Network of Care (HCNC), a series of qualitative interviews were conducted with individuals from sixteen community-based organizations (CBO's). This group included thirteen community partners actively engaged with HCNC, three broader community stakeholders whose work intersects social services, data coordination, and community well-being, and one focus group comprised of community health workers.

The purpose of these interviews was to gain deeper insight into how agencies experience and perceive their relationship with HCNC, identify what is working well, and elevate opportunities for improvement. Conversations explored a range of topics including onboarding, user feedback, system functionality, unmet community needs, and long-term visions for how data systems and technology coordination can better serve both organizations and the communities they support.

This report presents the key themes and insights that emerged from these conversations. These findings offer valuable guidance to inform the strategic direction of HCNC to ensure it continues to meet the evolving needs of partners and the broader community.

Throughout this document, you will find direct quotes from interviewees, providing personal perspectives that illustrate and enrich these findings.

Definitions

HELPLINE CENTER NETWORK OF CARE: HCNC is a cloud-based data-sharing ecosystem administered by Helpline Center. HCNC serves as a collaborative software infrastructure that electronically links human service agencies through shared and protected client information with the goal of better serving clients, reducing duplication of efforts and services, decreasing gaps in access to services, and ultimately delivering more holistic person-centered care. Our purpose is to build a coordinated social care system to provide person-centered care and referrals in a more efficient, effective, and caring manner and to provide data and analysis designed to help the community better understand those in need of services in order to improve the service system overall.

COMMUNITY PARTNERS: Organizations that are actively engaged in using the HCNC platform as part of their service delivery and client support efforts. These partners include nonprofit agencies, direct service providers, and other entities working closely with individuals and families in need.

COMMUNITY STAKEHOLDERS: Individuals or organizations whose work intersects with or influences the broader ecosystem of social service delivery, advocacy, public policy, data coordination, or community well-being. Stakeholders may not be using HCNC directly but offer important perspectives on system-wide needs, gaps, and opportunities.

Methodology

A qualitative approach was used to gather in-depth, open-ended feedback from participants. Interviews were conducted between June 2 – July 9, 2025, using a semi-structured interview guide designed to promote reflection and dialogue. A full list of the questions is included in Appendix A.

Each interview lasted approximately 30 – 60 minutes and was documented through session recording, transcription, and detailed note taking. Topics covered included agency relationships with HCNC, onboarding experiences, system challenges, data coordination, and future aspirations for technology use in the human services field.

Responses were analyzed thematically to identify patterns, priorities, and opportunities across organizations. This method captured both practical feedback and the underlying values and aspirations that shape how agencies engage with HCNC.

> "It's like the web that connects all the agencies together. Before HCNC, we kind of all did our own thing and didn't really know what services other people received. Now we actually see a service history. That's helpful - very, very helpful."
> -Community Partner

What's Going Well

Interviewees highlighted HCNC's positive impact on their organizations, service delivery, coordination, and collaboration.

Key Strengths included:

- **Smooth onboarding & support:** Clear training, responsive staff, and transparent communication
- **Efficient referrals:** In-network connections, secure data sharing, and reduced duplication
- **Centralized data:** Improved coordination, reduced paperwork, and stronger client relationships
- **Flexible platform:** Customizable, user-friendly, and adaptable to agency workflows
- **Enhanced case management:** Better documentation, tracking, and follow-through
- **Data-driven improvements:** Access to critical information for decision-making and evaluation
- **Cross-agency connectivity:** Stronger collaboration and integration with other programs
- **Operational benefits**: Reduced staff burden and smoother transition to digital systems

Overall, Partners expressed that HCNC has strengthened efficiency, communication, and collaboration across agencies - allowing them to serve clients more effectively and with greater connection.

> "HCNC helps us dig deeper and ask the right questions to the right people, to get them the right help, to help them transform out of the poverty mentality."
> - Community Partner

System Suggestions

Across interviews, participants shared a range of recommendations to strengthen HCNC's effectiveness and usability. Key suggestions included:

- **Data & reporting enhancements:** Detailed client reports, service trends, and demographic breakdowns
- **Real-time tools:** Dashboards for shelter availability, appointment scheduling, and care team information
- **Improved data coordination:** Interoperability with state systems, standardization, and centralized hub
- **User experience upgrades:** Mobile-friendly design, faster load times, tutorials, and workflow simplification
- **Network engagement:** Increase participation from underrepresented partners and show agency activity levels
- **Training & collaboration:** Expanded onboarding, refresher trainings, education, and networking events
- **Funding & access:** Reduce/eliminate fees, seek philanthropic support, and explore alternative models
- **Service access equity**: No wrong door approach, warm handoffs, and consumer-facing tools
- **Strategic planning:** Identify best practices, align with emergency relief programs, and expand funding flexibility

> "Those in-network referrals are nice to be able to use. It's nice that most of the time, new families are already in the database. I'd like to see more people using it (HCNC). You have to use something to see how it works."
> Community Partner

Overall, these recommendations reflect a shared vision for a more integrated, accessible, and responsive system - one that evolves to meet changing community needs.

Identified Community Gaps

Interviews revealed systemic and service-level barriers affecting service delivery. Key gaps identified:

- **Housing shortages:** Affordable housing, emergency shelter, rent assistance, and navigation services
- **Continuity of support**: Continued case management for individuals transitioning to independent living
- **Transportation barriers:** Impacting access to work, healthcare, education, and services
- **Behavioral health gaps:** Mental health care, substance use disorder services, and medical respite for vulnerable populations
- **Care coordination challenges:** Lack of warm handoffs, centralized scheduling, and system-wide case management
- **Technology inequities:** Limited digital literacy support and lack of basic devices for re-entry populations
- **Integration needs:** Stronger connections between healthcare and social services
- **Additional service needs:** Job training, culturally competent services, mentorship, and pet care during treatment
- **Awareness & outreach:** Limited public understanding of services, poverty dynamics, and access pathways

Conclusion

The insights gathered through these interviews reflect a deep commitment among community partners to strengthening collaboration, improving service delivery, and advancing equity through shared systems like HCNC. While the network has made meaningful progress in creating connections across agencies and centralizing information, there is still a considerable opportunity to enhance its impact.

Key suggestions from interviewees point to the need for greater system integration, expanded participation, and increased data visibility to drive informed decision-making. Reducing barriers to access—whether through cost, technology, or awareness—will be critical to ensuring that all organizations and individuals can benefit from the collective power of HCNC.

Addressing the gaps and acting on the recommendations shared in this report will not only improve the functionality of HCNC but also strengthen the broader ecosystem of care. As the network continues to grow, keeping community voices at the center of development will be essential in building a more connected, responsive, and effective system for all.

> "I [love] HCNC, it has really done a lot for us. You're always flexing and merging things to meet the needs of the organization. New case managers are very pleased with it. It's very user friendly. It's honestly been a lifesaving thing for us."
> -Community Partner

> "The configurability is so helpful, especially since there aren't other services quite like ours on the platform."
> -Community Partner

> "I'm in it all day long so it's very much a part of our agency and makes it run efficiently."
> -Community Partner

Appendix A

As part of the qualitative research, community partners and stakeholders were interviewed to share their experiences, insights, and perspectives. These are the questions that guided those conversation.

Community Partner Questions:

1. How would you describe your agency's current relationship with HCNC?
2. What's been your impression of being in the Network of Care?
3. How was the onboarding process?
4. What feedback have you heard from your HCNC users?
5. What's working well?
6. What's missing and/or not working well for you?
7. What current needs of the community are not being addressed?
8. How could HCNC better support users and agency partners?
9. How do you think the Network of Care can improve and/or increase access to social services for more people in the community?
10. What are your wants or dreams for what a data system and technology coordination can do for your organization?
11. What is your vision and ideas for what data systems and technology coordination could do for the community?
12. How could HCNC better serve the community or state overall?

Community Stakeholder Questions:

1. Have you heard of the Helpline Center Network of Care (HCNC)? If yes, in your own words, could you explain what the Network of Care is?
2. How would you describe your current stakeholder relationship with HCNC, if any?
3. What's been your impression of the Network of Care?
4. What feedback have you heard from HCNC partners or stakeholders, if any?
5. As a community leader, what's missing in our community care system? What current needs of the community are not being addressed?
6. How do you think HCNC could better support these needs?
7. How do you think the Network of Care could improve and/or increase access to social services for more people in the community?
8. What are your ideas or vision for what better care coordination and data sharing could do for the community?
9. What's your big dream for a social care system in Sioux Falls and/or at the state level?
10. What other stakeholders should we reach out to?