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**Report to Congress:**

**Fifth Progress Report on HUD's Strategy for  
Improving Homeless Data Collection,  
Reporting and Analysis**

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**March 2006**

**U.S. Department of Housing and Urban Development**  
Office of Community Planning and Development  
451 Seventh Street, SW  
Washington, D.C 20410

# **Fifth Annual Progress Report on HUD’s Strategy for Improving Homeless Data Collection, Reporting and Analysis**

**March 2006**

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## **I. Overview**

This Fifth Annual Progress Report on HUD's Strategy for Homeless Data Collection, Reporting and Analysis updates the Congress on HUD's efforts in calendar year 2005 to implement this Strategy. The Department continues to receive significant direction and support from the Congress regarding this effort, as evidenced by the most recent language published as part of the Consolidated Appropriations Act of 2005. Background on HUD's Strategy and the Congressional Direction are provided in Section II of this report.

The Department focused its efforts in five areas during this past year: financial assistance for homeless management information systems (HMIS); HMIS technical assistance; Katrina Disaster Relief technical assistance; the Annual Homeless Assessment Report (AHAR) to Congress, and performance measurement. This report describes progress in each of these areas.

Local Continuums of Care (CoC) made substantial progress with their HMIS implementations during 2005. Almost 75 percent reported in their 2005 CoC applications that they are collecting client-level HMIS data. In 2004, 60 percent indicated they were collecting data or in the process of implementing an HMIS. To support these local efforts, HUD provided significant financial support through HMIS Supportive Housing Program grants. Details about HUD's financial assistance and the status of implementations across the country are provided in Section III.

Despite growing levels of HMIS implementation, many CoCs are still working to increase participation of homeless assistance providers in HMIS. As well, now that the majority of CoCs are collecting HMIS data, they have requested assistance to address emerging data quality issues and to build local capacity to analyze, report, and use the information for resource-driven planning. Recognizing continuing local needs, HUD sponsored extensive technical assistance (TA) to CoCs and HMIS implementations across the country through the Department's National HMIS TA Initiative (TA Initiative). Highlights of the TA Initiative include: development of numerous training materials and TA products to assist communities with implementation issues; coordination of the second annual national HMIS conference; and provision of targeted technical assistance via phone, email, and in-person site visits. These activities are described in Section IV.

Following Hurricane Katrina, HUD saw first-hand the role that a local HMIS can play in coordinating assistance to people who are homeless. Local HMIS systems provided the infrastructure necessary for CoCs to share critical and timely information on available housing and services, in addition to a network for sharing data on persons who were served. The technical assistance provided by HUD to communities in the Gulf Coast Region following the disaster helped to get the HMIS infrastructure back in place for CoCs and agencies that were displaced. Furthermore, the TA helped to establish new regional information and referral and case management databases. This disaster-related TA is detailed in Section V.

HUD also made significant progress in the development of the first Annual Homeless Assessment Report (AHAR) to Congress based on HMIS data from a nationally representative sample of jurisdictions. In 2005, the Department worked to ensure that communities had extensive training to understand and implement the HMIS Data and Technical Standards that were adopted in the second half of 2004. The universal data collection requirements established through these standards are the building blocks for the first Annual Homeless Assessment Report (AHAR), which includes records on more than 100,000 persons using emergency shelter and transitional housing programs during a three-month period between February 1, 2005 and May 31, 2005. Results from the first AHAR will be forthcoming in a separate report. Technical

assistance was also provided to communities that will participate in the second AHAR, which will cover a six-month period from January 1, 2006 through July 31, 2006. AHAR-related activities are described in Section VI.

Finally, HUD worked on a number of efforts to improve its ability to assess performance for its homeless programs. This focus on performance assessment allows the Department to target its resources on the most effective housing and service interventions to maximize progress towards the Administration goal of ending chronic homelessness and moving homeless families and individuals to permanent housing. These activities included: development of client-level program outcomes measurement strategies, coordination with other Federal agencies on homeless data collection, data exchange and integration strategies, and resource-driven planning. Section VII discusses the various facets of this work.

Cumulatively, these activities helped communities make remarkable progress in collecting local client-level data to support HUD's Strategy for Homeless Data Collection, Reporting and Analysis. The Department is now beginning to shift its emphasis away from initial HMIS implementation towards helping communities improve the coverage, quality and use of their data. The Department's plans for 2006 are described at the end of the report.

## **II. Background**

The first report to Congress on HUD's Strategy for Homeless Data Collection, Reporting and Analysis was submitted in August 2001. Over the past five years, the Congress has provided significant resources and increased regulatory flexibility to support HUD's Strategy. This has resulted in measurable gains in local capacity to collect data on homeless persons. This report updates the Congress on HUD's efforts in calendar year 2005 to improve homeless data collection, reporting and analysis locally and nationally.

HUD's Strategy identified four major activities to address Congressional direction on the need for better data on homelessness at the local and national levels:

- (1) flexible implementation of the new HMIS eligible activity under the Supportive Housing Program in the McKinney-Vento Continuum of Care competition;
- (2) initiation of a comprehensive technical assistance (TA) program to help local jurisdictions collect unduplicated client-level data by 2004;
- (3) development of an approach to obtain meaningful data from a nationally representative sample of jurisdictions for an Annual Homeless Assessment Report (AHAR); and
- (4) coordination and standardization of homeless data collection and reporting within HUD programs and among Federal agencies serving homeless persons.

Most recently, Congress reiterated its support for the HMIS initiative and the development of a report on homelessness in conjunction with the passage of the Consolidated Appropriations Act of 2005 (PL 108-447, approved 12/8/04). Senate Report 108-353 stated:

*The Committee remains strongly supportive of the Department's ongoing efforts on data collection and analysis within the homeless programs, especially its efforts to collect a nationally representative sample of homeless data. HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patterns of use of assistance, including how many people enter and exit the homeless assistance system. The Committee directs HUD to continue its role in leading the Federal Government's efforts on this data collection and analysis activity.*

### **III. HUD's Homeless Management Information System Initiative**

In 2004, HUD undertook three initiatives to encourage and guide local HMIS implementation. Based on Congressional authority established in 2001, HUD continued to finance HMIS implementation and operation through the Supportive Housing Program (SHP). HUD also encouraged communities to implement HMIS by offering points for HMIS implementation as part of the annual, competitive CoC process. And finally, through extensive training on the Final HMIS Data and Technical Standards, HUD continued to reinforce implementation of uniform, baseline standards for how data are collected and protected in local HMIS applications across the country. Each of these efforts is discussed in more detail in this section.

#### **A. HUD Financial Assistance for HMIS Projects**

Most communities rely on HUD SHP funding for a significant portion of their HMIS budgets. Early on, Congress recognized that local communities would need financial assistance to meet the Congressional direction and it expanded the SHP eligibility requirements to include HMIS expenses in FY2001. This continues to be one of the most important ways in which HUD has been able to further HMIS implementation nationally.

##### **1. SHP Eligibility**

Since the 2001 CoC competition, HUD has provided financial support for HMIS start-up and operating costs through its SHP grant program. In 2004, HUD established two new policies that increased the viability of using SHP grants to support HMIS projects.

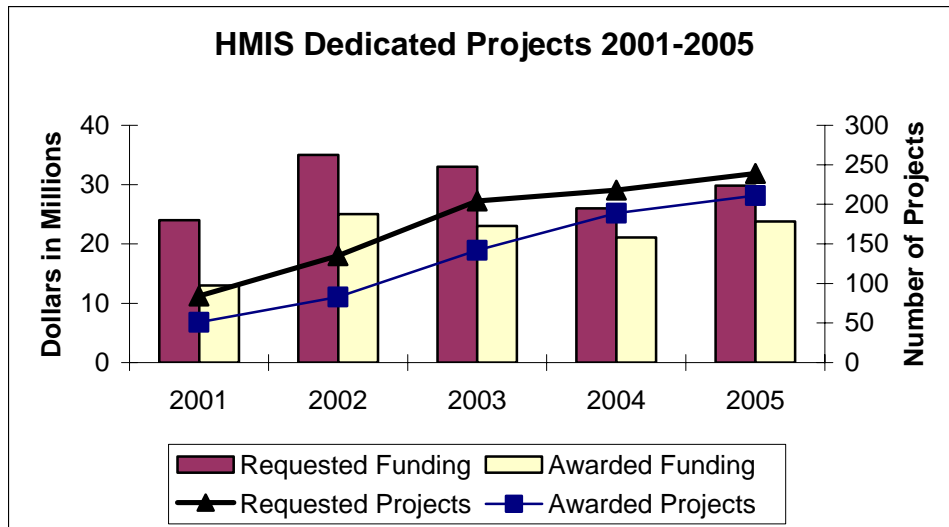
- A CoC is allowed to request one year of funding for new HMIS projects rather than the mandatory two or three years required for other new projects. This helps the CoC maximize the reach of its "pro-rata" share (estimated total CoC allocation) and minimize the diversion of funds from housing and services to HMIS.
- HUD awarded at least one year of funding to all new dedicated HMIS projects that received 40 need points and at least 25 Continuum points. As a result, 17 CoCs received funding in 2005 totaling more than \$750,000 for HMIS implementations that would not have received funding previously.

##### **2. SHP Project Funding**

A CoC can utilize two approaches to fund an HMIS with SHP grants: (1) a single dedicated HMIS project; and/or (2) a cost-sharing approach, in which projects within a CoC allocate a portion of their project budgets to fund the HMIS. A CoC may use one or both approaches. To ease the application process, beginning with the 2003 homeless competition, HUD established a separate program component for HMIS dedicated project applications and created a new separate budget activity for HMIS in all other SHP program component budgets.

Over the past five years, many communities have applied for and received SHP funding to support HMIS implementation. The number of annual HMIS dedicated project applications has more than doubled from 84 in 2001 to 239 in 2005. The annual funding awards for HMIS projects have grown from \$13.3 million in 2001 to \$24.2 million in the 2005 competition. In 2005, the 239 dedicated HMIS project application requests totaled \$29.8 million, including 59 new project applications and 180 renewals. HUD funded 222 of the 239 projects (51 new grants and 171 renewal grants). The 17 grants that were

not funded either fell below the funding line (i.e. received fewer than 40 need points or 25 Continuum points) or did not meet threshold eligibility requirements. Information on the dedicated grants applied for and awarded since 2001 is graphed below.



## B. HUD SHP Application Competitiveness

To meet Congressional direction to improve local and national homeless data collection and to emphasize its commitment to HMIS implementation, HUD began asking for information about local HMIS implementation beginning with the 2001 CoC competition. HUD found that several communities had been implementing an HMIS for more than ten years based on strong local interest and commitment to manage information for service delivery and policy purposes; however, additional motivation and support were needed to encourage the majority of communities to establish homeless data collection as a priority. The competition offered a systematic way to understand how far along each CoC was in their data collection process. HUD, in effect, used the application questions as a means to communicate its HMIS goal and to reward community progress in its local implementation through competitive scoring.

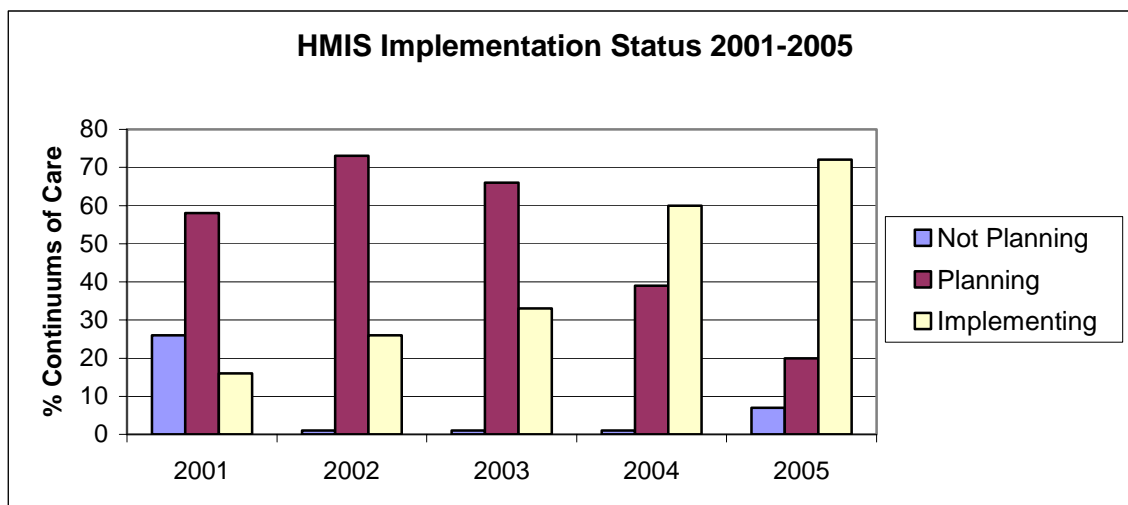
### 1. Scoring Emphasis

Beginning in 2001, each CoC was asked to complete a new non-scored section of the comprehensive homeless plan reporting its status in implementing an HMIS. In the 2002 competition, HUD began rating the HMIS section of the application. In subsequent years, the rating factor for a community's HMIS strategy and progress in implementing an HMIS increased to represent a larger portion of the overall application score. In 2004 and 2005, the HMIS section comprised five of 60 points of a community's overall Exhibit One score, an increase from two points in the 2003 competition. While the number of points did not change from 2004 to 2005, CoCs had to demonstrate more progress in meeting concrete implementation outcomes in order to obtain full points. This year's application requested information on when the CoC began collecting data, the extent to which providers were participating in the HMIS, efforts to engage providers who are not participating in HMIS, progress in implementing the HMIS data and technical standards, and capacity to achieve unduplicated counts of client records.

## 2. Status of HMIS Implementations

Nearly three-quarters (72%) of funded CoCs reported that they were collecting data as of June 2005. The number of funded CoCs was 407 in 2001, 400 in 2002, 414 in 2003, 444 in 2004, and 453 in 2005. Most of the information presented in this section is based on the 469 CoCs that applied for funding in 2005, rather than funded CoCs.

As the chart below illustrates, the percentage of CoCs reporting that they were implementing an HMIS increased from 60 to 72 percent, and the percent in the planning stages of an HMIS implementation dropped from 39 to 20 percent between 2004 and 2005. This shift is even more remarkable since the “implementing” category was more narrowly defined in 2005.<sup>1</sup> In 2005, “implementing” only includes CoCs that were entering data into an HMIS before June 2005; whereas in previous years it also included CoCs that were in the process of configuring their HMIS software. The percentage of CoCs that indicated that they were not yet planning (7%) is generally a reflection of the number of new CoCs in 2005. It also includes CoCs that are missing “planning start date” information. The steady addition of new Continuums across the country means that a small number of CoCs will be in the beginning stages of HMIS implementation for the foreseeable future.



CoCs can choose to implement HMIS on their own or in conjunction with other CoCs. Many CoCs found that by partnering with others for HMIS implementation, they could lower their operating costs through increased efficiencies and cost-sharing. As well, a joint implementation can create improved service delivery and streamlined reporting in jurisdictions where providers and/or clients frequently cross over jurisdictional boundaries. In 2005, CoCs were asked to report how they were structured. Based on

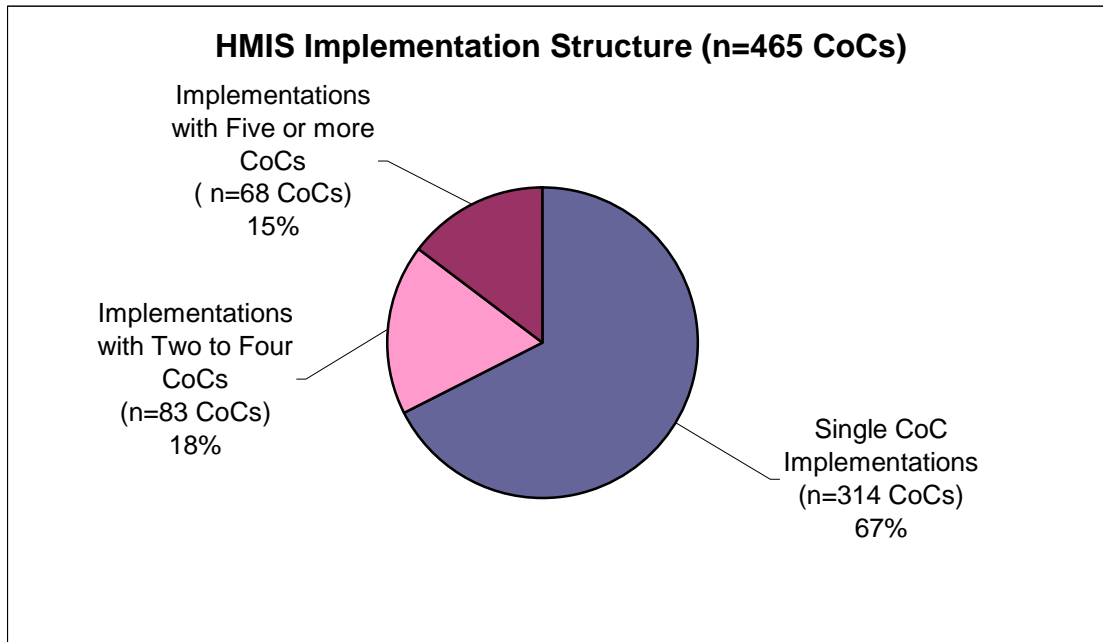
<sup>1</sup> The CoC application questions were changed in 2005, requiring a different methodology to compare the numbers. Not Planning: The CoC is not yet considering implementing an HMIS (2001-2004 application); the CoC did not indicate an HMIS planning date or indicated a date after June 2005 (2005 application). Planning: the community is either meeting or selecting HMIS software (2001-2004 application); the community indicated a planning date prior to June 2005 and a Data Entry Start Date after June 2005 (2005 application). Implementing: The CoC has purchased or developed HMIS software and is rolling out the system to users and/or is already using the system to collect data on homeless persons and services. (2001-2004 application); the community indicated a data entry start date prior to June 2005 (2005 application).



information provided from the 465 CoCs that responded to that question on the application, there are 351 HMIS implementations in the country.

- 314 HMIS implementations represent a single CoC.
- 31 HMIS implementations include between two and four CoCs (83 CoCs).
- 6 HMIS implementations include five or more CoCs (68 CoCs).

The chart below illustrates the number of CoCs that are part of single versus a multi-jurisdictional implementation.



HUD has been encouraging the development of statewide implementations to help CoCs achieve economies of scale with their HMIS operations. In a few cases, a state may only represent one CoC; however, most states have at least a few CoCs.

- Fourteen states are implementing or planning to implement a single statewide HMIS.
- In many cases where there is more than one HMIS implementation within a state, there are state-level and/or regional efforts to formally or informally share information on HMIS practices and discuss opportunities to share information for research and policy purposes.

For the first time in 2005, CoCs were asked to report the date in which they achieved or anticipated achieving at least 75% participation of emergency shelter, transitional shelter, and supportive housing shelter beds in the HMIS.<sup>2</sup>

- As of the end of 2004, only 18% of CoCs had 75% of their emergency shelter beds participating in HMIS.
- By mid-2005, 32% of CoCs had achieved this goal.

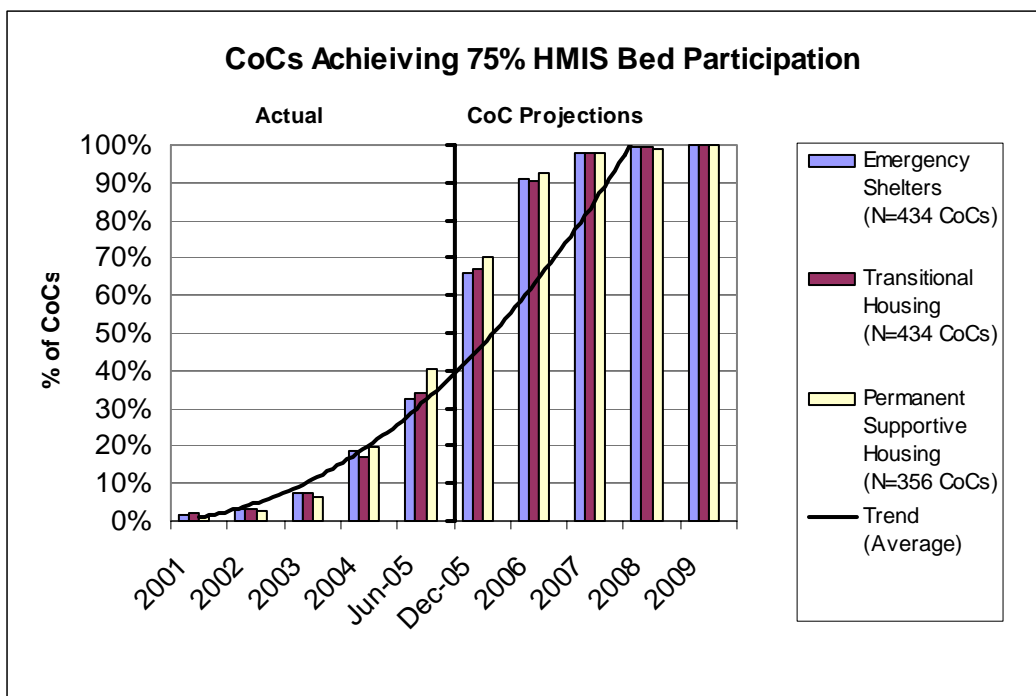
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<sup>2</sup> Seventy-five percent has been determined as the level of coverage needed to generate client-level data that can be used to represent all homeless service utilization within that program type with a reasonable degree of accuracy.

- An additional 34% of communities anticipated achieving this goal by the end of 2005.
- Overall, 66% of CoCs either had achieved or anticipated achieving 75% emergency shelter coverage by the end of 2005.

Similar answers were reported for transitional and permanent supportive housing. While not all communities will necessarily meet their stated deadlines, 2005 clearly marks the threshold after which HMIS participation will be normative practice for homeless service providers across the country.

The chart below shows when CoCs report that they achieved 75 percent bed coverage for each of the three main shelter types or when they report expecting to cross the 75 percent threshold. Note that actual and projected bed coverage may decrease as a result of the recent Violence Against Women Act (VAWA) Reauthorization that may affect the ability of DV providers to participating in the local HMIS. (See Section VIII.B. for more information about the VAWA Reauthorization.)



### C. Implementation of Final HMIS Data and Technical Standards

HUD published the Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (FR-4848-N-02) on July 30, 2004. The Notice was effective on August 30, 2004. The *data standards* specify the types of data that HUD-funded providers must collect from clients receiving homeless assistance housing and services. The data standards ensure that providers are collecting the same types of information consistently, so that CoCs can analyze the characteristics of people experiencing homelessness in their communities. Standardized data collection requirements also provide CoCs with the opportunity to more easily aggregate and/or compare their data with those of other communities.

The *technical standards* outline the privacy and security standards for providers, Continuums of Care and all other entities that use or process HMIS data. Prior to the release

of the HMIS standards, communities had not implemented uniform privacy and security provisions to adequately protect client confidentiality. The national privacy and security requirements set high baseline standards for all users of HMIS data and provide important safeguards for personal information collected from all homeless clients. HUD finalized the standards with assistance from its lead AHAR contractor, Abt Associates Inc. (Abt), and its expert legal, technical, and research subcontractors as part of the AHAR Initiative.

All HMIS participants must comply with the technical and privacy standards, and all homeless assistance programs are urged to collect the universal data elements. Recipients of HUD McKinney-Vento Act program funds – Emergency Shelter Grants, Supportive Housing Program, Shelter Plus Care, and Single Room Occupancy Program – as well as programs funded through Housing Opportunities for Persons with AIDS that target homeless persons have additional data collection requirements.

As described in more depth in Section IV.D.1., HUD worked through the National HMIS Technical Assistance (TA) Initiative to develop extensive sample documentation and toolkits on the data and technical standards and to conduct more than 80 trainings on the standards across the country in partnership with HUD Field Offices.

#### **D. OMB GPRA Goals & PART Process**

In response to the Government Performance and Results Act (GPRA) of 1993, HUD established a GPRA goal relating to homelessness. Specifically, HUD seeks to end chronic homelessness and move homeless families and individuals to permanent housing (Objective C.3.) through its homeless assistance programs. Originally, the measures that HUD defined to track progress in achieving this goal were defined in terms of outputs, but the Department has shifted towards outcomes-based measurement. For example, in 2001 HUD reported on the number of people who entered HUD-funded permanent housing programs; whereas the current GPRA measure tracks the percentage of people assisted in HUD-funded permanent housing programs who retain permanent housing for at least six months.

HUD has formally established four outcome measures to operationalize the GPRA homeless goal:

- Stabilize clients in permanent housing;
- Successfully move clients from transitional housing to permanent housing;
- Increase the employment rate of clients; and
- Increase HMIS Participation.

The first three are program-level measures. HUD collects results for these measures using Annual Progress Reports (APRs) for HUD's CoC programs. In order to accurately and efficiently generate these reports, grantees are beginning to rely on their HMIS data to generate accurate APRs. HUD is also moving towards redesigning the APR to more directly relate to client-level performance as documented in HMIS. This is one of the major motivations behind the Department's fourth outcome measure relating to HMIS participation and will be a focus of the Department's work in 2006.

#### **E. OMB Recognition for HMIS as part of CoC Program Rating**

The Office of Management and Budget uses the Program Assessment Rating Tool (PART) review process to evaluate all Federal programs' efforts to measure performance. HUD's Continuum of Care Homeless Assistance competitive program underwent its first PART

process in 2005, and received an “Effective” – the highest rating available. This is the first and only HUD program to receive this designation. This recognition strengthens the Department’s commitment to HMIS and to building national and local capacity to measure program performance.

HUD’s PART report emphasizes the role of HMIS in multiple places. For instance, the response to *Question 3.1 Does the agency regularly collect timely and credible performance information, including information from key program partners, and use it to manage the program and improve performance?* states, “Since FY 2003, Congress has appropriated funds for the purpose of establishing computerized data collection systems (HMIS) to capture client level information. Implementation of these systems will result in Continuums generating unduplicated, client-level data that can be tracked over time, resulting in improved reporting of performance and efficiency, as well as tracking trends to improve the quality and coordination of the delivery of services.”<sup>3</sup>

HUD’s efforts related to performance measurement are further discussed in Section VII.

#### **IV. National HMIS Technical Assistance Initiative to Assist Communities**

In recognition of the challenges local communities face collecting homeless data, the Congress authorized a portion of the HUD McKinney-Vento budget to be used for technical assistance. This support over the past five years has been critical in helping local jurisdictions develop HMIS. In 2005, HMIS TA was provided through a contract with The QED Group, LLC (QED)<sup>4</sup> and the 2004 Community Development Technical Assistance (CD-TA) cooperative agreement with Abt Associates Inc. (Abt). Since growing numbers of communities are already planning or implementing an HMIS and need more advanced and individualized assistance, the Department has orchestrated this National HMIS TA Initiative (TA Initiative) to take a more targeted approach to technical assistance delivery. TA provision through Abt is also closely coordinated with other assistance provided to communities through the 2003 and 2004 CD-TA agreements, including AHAR and Continuum of Care related assistance.

##### **A. Communication / Information Sharing**

Through its TA resources, HUD has developed an extensive communication infrastructure to effectively and efficiently share information with HMIS stakeholders. These mechanisms represent an important investment that will establish capacity beyond the life of this TA contract.

##### **1. HMIS On-line Information Portal**

The HMIS portal, [www.hmis.info](http://www.hmis.info), was developed as a centralized website that provides current information, publications and HUD resources related to HMIS. In 2005, the HMIS portal underwent a significant redesign that made the site more user-friendly. The redesign created additional opportunities for HMIS-related information to be documented and accessed by interested parties and became the primary method for community representatives to ask specific HMIS questions.

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<sup>3</sup> <http://www.whitehouse.gov/omb/expectmore/detail.10001234.2005.html>

<sup>4</sup> The two-year HMIS TA contract with The QED group concluded at the end of 2005. 2005 marked the beginning of allocating HMIS TA funding through the Community Development Technical Assistance (CD-TA) Cooperative Agreement. The National HMIS TA Initiative was awarded to Abt Associates as part of the 2004 CD-TA competition.

**HMIS Solution Provider Registration** - In 2005, an HMIS Solution Provider Registration was added that helped facilitate information gathering about available HMIS solutions. This functionality offers HMIS solution providers the opportunity to register their HMIS products. It also allows HMIS.info users to view the information by selecting a specific solution provider or by querying the registered products using standard questions.

**Peer-to-Peer Document Sharing** - Peer-to-Peer Document Sharing was also added in the redesign of the HMIS.Info portal in 2005. This allows communities to search by topic for sample documents developed by their peers, such as standard operating procedures or privacy notices. Communities are encouraged to provide sample documents to post. All peer-to-peer documents include a watermark and disclaimer stating that HUD does not endorse the document.

**HMIS Implementation Search Engine** - This new functionality enables HMIS.info users to search a database of baseline information about implementations around the country. Users can search on 16 different categories of information collected during the 2004 Status Assessment and Evaluation process.

**Ask the Expert/e-Request** - In February 2005, the Ask the Expert functionality was added as a second method of directly contacting HUD's TA team. Ask the Expert quickly surpassed the e-Request functionality as the preferred way to communicate with HUD and its TA team. In the course of the year, 230 Ask the Expert questions were received. HUD worked closely with its TA team to respond to these inquiries.

## **2. HMIS.Info Listserv**

The HMIS.Info listserv, managed from within the HUD SNAPs Office, continued to be a primary direct communication tool for HMIS updates and release of publications in 2005. By the end of 2005, the listserv included over 2000 subscribers, including HUD field office staff, state policy academy representatives, Continuum of Care contacts, HMIS administrators, HMIS solution providers, and other interested individuals. In 2005, the listserv was used to disseminate HUD announcements, HUD Katrina updates, HUD policy updates, Annual Homeless Assessment Report (AHAR) updates, HMIS Q&As and the monthly e-Newsletter. Twenty-seven (27) listserv communications were sent out in 2005.

## **3. e-Newsletter**

The HMIS.Info e-Newsletter was developed in 2004 to keep field offices, Continuums of Care, providers and stakeholders updated on the latest news related to the National HMIS TA Initiative. The e-Newsletter contains important announcements, information on HMIS events and trainings, brief articles on emerging technical assistance topics, and a *Community Spotlight* that highlights best practices in the field. The e-Newsletter is sent via the HMIS.Info listserv, and is posted on the HMIS.Info portal ([www.hmis.info](http://www.hmis.info)) and HUD's HMIS website. In 2005, nine e-Newsletters were published.

## **B. National HMIS Conferences**

### **1. Second National Conference – September 13-14, 2005**

HUD sponsored its second national HMIS conference on September 13-14, 2004 in St. Louis, MO. The conference convened over five hundred individuals, including HMIS implementers, Continuum of Care representatives, state policy academy representatives,

staff from HUD and other federal agencies, homeless consumers, advocates, HMIS software solution providers and researchers from all fifty states and U.S. territories, Guam, and the U.S. Virgin Islands.

Conference presentations covered many topics including: HUD's increased emphasis on performance measurement and continued commitment to HMIS implementation; strategies for involving consumers in HMIS operations; perspectives from Canada, federal, state and local levels on the value and future directions for HMIS; and emerging research on homelessness using HMIS data. Thirty-two workshops were offered on topics related to HMIS planning, implementation, technical and programmatic operations, data analysis and research, and policy issues. The workshops were organized into program, technical, and policy tracks. As well, eleven one-on-one TA sessions were offered to allow individual communities to sign up for individualized guidance on specific topics. Conference presentations and handouts are posted online for public use at [www.hmis.info](http://www.hmis.info). Conference evaluations documented that participants found the overall conference "very valuable" (4.32 out of 5 points).

### **C. TA Documentation**

In 2005, HUD commissioned a number of white papers and training packages from QED, Abt, University of Massachusetts Center for Social Policy, and Change in Strategy Solutions on advanced HMIS-related topics to assist CoCs in their implementations. Many of the resources described below were developed in response to needs communicated to HUD from communities implementing HMIS. Additional documentation was also developed as part of the 2005 National HMIS Conference; however, they are not individually described in this section.

#### **1. Data Integration Schema**

Many communities face the challenge of integrating data from legacy information systems/databases or multiple HMIS systems to capture a complete picture of homelessness at the local level. In February 2005, HUD released an XML (Extensive Markup Language) Schema package, consisting of an XML Schema Document, test files, a relational database design and other supporting documentation. These tools provide local communities with detailed technical steps to integrate data from multiple disparate systems.

Since the release of the schema, TA contractors and sub-contractors have supported communities working with the schema in multiple ways, including direct phone support, conference trainings, and schema updates as needed. Technical assistance providers have also been monitoring and maintaining an online HMIS data integration forum. In 2005, there were 141 postings to the forum.

Ten HMIS software providers have already implemented processes to import or export data using the XML format or have committed to do so in 2006. Other communities have used the XML schema package as the foundation for their overall HMIS database design. For example, the Suncoast Partnership to End Homelessness, Inc., covering Florida's Sarasota and Manatee counties, is using the HMIS XML Schema to obtain data on homeless persons from local school boards and a local YMCA. These organizations are not using the web-based HMIS, as this would require entering the same data into two different systems. Instead, data on homeless persons are extracted from their databases and transmitted securely to a server, known as a middleware server, where the data are

downloaded and merged with the HMIS data. Suncoast is working with other CoCs to build a desktop application that will allow users to transmit the data in the XML format more easily to and from the middleware server. The desktop application will provide a cost-effective solution for many more agencies and users that cannot use the primary HMIS.

In 2006, HUD will continue to maintain the schema, and provide additional technical tools to help communities with less technical capacity to convert their data to XML format.

## **2. Project Management**

Also released in 2005, *HMIS Project Management Topics and Tools* describes the primary tasks associated with managing an HMIS and provides sample documents that project managers can use to support HMIS implementation. The information contained in this paper builds upon previous publications including the *HMIS Implementation Guide* and *Consumer Guide to HMIS Software*.

## **3. Technical Guidelines for Unduplicating and De-Identifying HMIS Client Records**

This paper details strategies for generating an unduplicated count of homeless clients and addresses specific methodologies for matching client records using primary identifiers and/or masked identifiers. It was released by HUD in August 2005 in conjunction with a companion paper entitled *Making the Most of HMIS Data: A Guide to Understanding Homelessness and Improving Programs in Your Community* (described below).

## **4. Making the Most of HMIS Data: A Guide to Understanding Homelessness and Improving Programs in Your Community**

This guidebook provides practical guidance on how communities and homeless assistance providers can use the data stored in HMIS to improve homeless assistance programs and better serve homeless persons. Based on the experiences of CoCs and researchers across the country, the guidebook includes chapters on using HMIS to understand the characteristics and service needs of homeless people, analyzing how homeless people use services, and evaluating program effectiveness and outcomes. The guidebook also provides an introduction to the techniques of unduplication and extrapolation for the purposes of analyzing HMIS data.

## **5. Enhancing HMIS Data Quality**

This paper describes program and system level strategies to improve data quality. Separate chapters provide information and tips for front-line and data entry staff, program directors, CoC and implementation-level HMIS managers and administrators, and software providers. A companion PowerPoint training template was published in conjunction with the paper. The appendices include valuable resources, such as a sample data collection form, a list of validation checks for particular fields, and sample data quality reports.

## **6. Answering Important Questions About Progress in Ending Homelessness with HMIS and Other Data: Turning Questions into Answers Training Module**

This training module focuses on turning HMIS data into useful information for communities to use in developing local policies and addressing concerns about the effectiveness of the homeless assistance system. Topics include: a brief summary of issues related to generating credible information, such as data quality, client coverage in HMIS, and relevant research questions; a demonstration of HMIS data analyses using spreadsheets; and local examples of HMIS data findings and reports. The training was delivered at the 2005 National HMIS Conference and is posted on the HMIS.Info web site.

## **7. Community Report: Results of the Status Assessment and Evaluation Process Conducted by HUD's National HMIS Technical Assistance Team**

This report details the status of HMIS implementations across the country based on the information gathered in the Status Assessment and Evaluation (SAE) process conducted by the National HMIS TA Initiative during 2004. It contains information on implementation status; provider/consumer participation; consent and data sharing options; benefits of HMIS implementation; and funding and staffing models. This information was presented as a way for communities to compare their progress against the average progress for a specific type of implementation nationwide.

## **8. Data Standards Training Module and Companion Tools**

This training curriculum includes detailed information about how to make local HMIS systems consistent with HUD's Data and Technical Standards while simultaneously capturing the best data possible. Specific modules within the curriculum include: Participation Requirements; Universal and Program Level Data Elements; Privacy and Security Requirements; and Monitoring Compliance. The training package also includes tools that HMIS staff can use locally to monitor progress in implementing the standards at the system and program levels. Finally, it offers a privacy notice template that complies with the standards, which local communities can tailor for local use. (See Section IV.D.1. for a description of the Data Standards Training activities.)

## **9. A Guide to Counting Unsheltered Homeless People**

This guide was released in October 2004 and presents detailed instructions for communities to design and implement a street count. The guidebook is based on interviews conducted with urban, rural, and suburban CoCs throughout the country and helps communities determine which enumeration methods are most appropriate for their community. HUD also has several technical assistance products under development to assist communities with improving the accuracy of point-in-time street counts, quantifying unmet need for homeless programs, and improving point-in-time data collection on persons using emergency shelters and transitional housing facilities.



## **D. Training and Technical Assistance**

To ensure that communities are aware of the TA products that have been developed and to help them address other specific barriers to HMIS implementation, HUD's Technical Assistance Initiative provides extensive training and technical assistance using phone, e-mail, and on-site formats. Through the 2005 TA Initiative, HUD provided data standards trainings nationally, launched a new national TA conference call series, and provided targeted technical assistance.

### **1. Data Standards Training**

Following the release of HUD's Data and Technical Standards Final Notice, the HUD TA team developed a standardized training curriculum, addressing guidelines for specific HMIS implementation and management issues as they relate to privacy and security. The training was structured as a day-long workshop with HMIS system managers, homeless program providers, and community advocates and funders. This interactive training also includes community worksheets and checklists to facilitate ongoing community discussions around adherence to the HUD Data and Technical Standards.

Trainers were selected from a pool of advanced HMIS users throughout the country. These trainers promote ongoing interaction among CoCs in a peer-to-peer learning atmosphere. Throughout 2005, TA trainers delivered 76 trainings in over 40 states and US territories. A complete list of the trainings is provided in Appendix A.

The Data and Technical Standards training initiative also provided a feedback loop to HUD, eliciting information on the overall status of HMIS implementation and challenges faced throughout the country. HUD used the on-site training engagements to provide local HMIS implementations with broader community technical assistance on issues that emerged during the training discussions. Evaluations of the training revealed that participants found the sessions to be "very helpful" with an aggregate score of 4.29 on a 5-point scale in assessing training helpfulness, applicability, and delivery. Narrative feedback from training participants show that ongoing interaction with TA experts and continued updates to the HMIS privacy and security landscape are desired.

### **2. Conference Calls**

The TA team launched two new conference call series in 2005. In Spring 2005, HUD hosted two national conference calls on the privacy standards within the HMIS Data and Technical Standards. In the Fall, the Department sponsored a set of regional conference calls for AHAR communities to address specific needs in the areas of HMIS data quality assurance planning and increasing participation in HMIS. Specific training materials were developed to complement all of the conference calls. These included guides to data quality planning at the local level and tools for expanding participation in HMIS. Calls were organized and delivered by geographic region to facilitate on-going discussion and interaction among peers. TA materials developed for the conference call series are available on the [www.hmis.info](http://www.hmis.info) portal.

### **3. Targeted Technical Assistance**

To maximize technical assistance resources, HUD continues to organize HMIS TA delivery efforts through the use of a centralized portal. General inquiries and requests for TA are fielded by TA providers with expertise in community planning, HUD policy,

HMIS implementation, and privacy and security matters. Based on a community's specific question and need, a response is initiated via phone, email, on-site visit, or special on-going engagement. Email communication proved to be an especially valuable and efficient way to share sample documents and TA resources, all of which will be readily available on the portal in 2006 through enhanced search functionality. Intensive, on-site TA was delivered to communities facing significant barriers with HMIS implementation.

Specific examples of targeted TA are provided in Appendix B.

#### **4. Regional HMIS Collaboratives**

Through targeted TA, HUD also promotes the ongoing development of collaborative approaches to HMIS operations. These collaborative approaches are often dictated by geographic proximity. The New England Regional HMIS (NERHMIS) is an example of a regional collaborative supported with TA during 2005. Others are organized according to specific HMIS software or implementation status, such as the Los Angeles/Orange County (LA/OC) Regional Collaborative.

- **New England Regional HMIS (NERHMIS)** - HMIS representatives from all six New England states meet monthly. HUD field office and National TA staff attend to facilitate national and regional information sharing. This regional collaborative model maximizes field office and national TA resources to meet the demands of a multi-state area.
- **Los Angeles/Orange County (LA/OC) Regional Collaborative** - The LA/OC Regional Collaborative includes five separate CoCs in the two-county metro region. The five CoCs include: Glendale, Long Beach, Los Angeles, Pasadena, and Orange County. The Collaborative develops HMIS protocols and management procedures for uniform implementation throughout the metro region.
- **Southern California Central Coastal Region (SCCCR)** - This collaborative has structured their HMIS implementation in an integrated way that allows four separate CoCs to share resources, management staff, and HMIS governance and oversight authority.
- **Mid-Atlantic Regional HMIS** - This collaborative includes representatives from HMIS implementations in Maryland, New Jersey, Delaware, and Pennsylvania. HUD field office and National TA staff participate to facilitate national and regional information sharing.
- **Bay Area Collaborative** - Discussions are ongoing about reconstituting an 11-county collaborative in the San Francisco Bay Area that will contribute client data to a data warehouse to understand regional homeless trends and patterns.
- **Florida** - The State of Florida organized a state-wide conference in 2005 to share information and create linkages among HMIS project managers throughout the state. As a result of the conference, participants have begun to hold informal conference calls to continue HMIS discussions and promote more regional learning opportunities.

## **V. Hurricane Katrina Disaster Relief Technical Assistance**

On September 2, 2005, HUD directed its National HMIS TA team to work with CoCs in the regions impacted by Hurricane Katrina to assess their needs as related to HMIS/211 (First Call for Help) operations. After several conference calls with community representatives, it was determined that there were two immediate TA needs: direct assistance to re-establish full local HMIS/211 operations; and assistance to local CoCs working to implement a Katrina-specific HMIS for the region.

HUD deployed the HMIS TA team to the region on September 6, 2005. While on-site, team members visited multiple locations to assist local CoCs, including Shreveport and Monroe in Louisiana, and Jackson and Biloxi in Mississippi. In Shreveport, HMIS TA team members (who all had shelter operations experience in addition to HMIS expertise) worked with local and Red Cross officials within the Hirsch Coliseum, a large temporary shelter for hurricane evacuees, to establish a case management and tracking system for shelter residents. Team members in Monroe assisted local agencies that had been evacuated from their regular locations (Lake Charles, New Orleans and others) to resume HMIS and 211 operations in temporary locations.

Because critical equipment had been lost in the hurricane and floods, and because the volume of service delivery was increased in the northern areas of Louisiana and Mississippi due to the influx of evacuees, HUD's HMIS TA team purchased and installed computers and other vital equipment and software in order to ensure that HMIS and 211 operations could meet the increased demand. New staff and volunteers were trained on the use of HMIS for call center and shelter management operations across the region. In response to the need identified by CoC leadership in the affected areas, team members also worked with the local HMIS vendor to create a region-wide, on-line resource directory for use by social service providers. The purpose of this directory is to aggregate resource information from all information and referral databases in the area to one location. HMIS TA team members also addressed local needs related to coordination of state and federal data collection efforts and alerted HUD headquarters on key issues as needed.

As a result of HUD's swift deployment of its National HMIS TA team, the immediate needs of local HMIS/211 systems were addressed. HUD and its team coordinated with other efforts when appropriate, including the United Way and Red Cross. In a recent publication, the United Way of Monroe, Louisiana reported that HUD's TA to the Monroe Call Center, in part, assisted a program that normally responds to less than 7,000 calls per year to respond to over 110,000 calls for help in the two-month period immediately following Hurricane Katrina. An important long-term impact of HUD's engagement in the area was the implementation of the region-wide database, which will allow for more effective regional coordination on homeless services in the event of a future emergency.

This assistance is ongoing, and efforts planned for 2006 are described in Section VIII.

## **VI. The Annual Homeless Assessment Report (AHAR)**

The momentum to produce an AHAR began in FY 1999 when Congress directed HUD to assist local jurisdictions in implementing HMIS for local planning and program evaluation purposes and to use information from these systems to report on the characteristics and needs of homeless persons nationwide. This direction has been reiterated in each year's appropriation language, as illustrated by the 2005 language which is described in Section II. To help meet the Congressional directive for a national data collection effort, HUD contracted with Abt Associates Inc. and the University of Pennsylvania's Center for Mental Health Policy and

Research to produce the first AHAR based on HMIS data. The AHAR Initiative includes data collection and analysis, as well as AHAR-related technical assistance.

### **A. First AHAR**

Starting in the fall of 2002, a process was initiated for developing national HMIS data and technical standards to enable the collection of standardized information on the characteristics, service patterns and service needs of homeless persons from across the country. The final HMIS Data and Technical Standards were published in the Federal Register in July 2004 (FR-4848-N-02). In addition, a nationally representative sample of 80 jurisdictions was selected to provide data for the AHAR, and an additional seven Continuums of Care volunteered to participate. Contribution of data to the AHAR is voluntary for all communities. Communities agreed to participate in the first AHAR because they wanted to be part of an important research effort and because technical assistance would be provided to them. Overall, the development of data standards and the representative sample have laid the groundwork for producing annual reports to Congress on homelessness.

The first AHAR is based on local de-duplicated data on homeless persons who access emergency or transitional shelters at any time during the three-month period from February 1 through April 30, 2005. In the summer of 2005, communities participating in the first AHAR began preparing local reports that aggregate client data from their community's HMIS. Using these data, Abt and University of Pennsylvania researchers produced national estimates for the number of sheltered homeless persons and developed a profile of their characteristics and service use patterns. Information from the local reports was also used to estimate the national capacity to house homeless persons by producing a total bed inventory in both emergency and transitional shelters nationwide. The full results from the first AHAR will be delivered to Congress in a separate report by April 2006.

### **B. Second AHAR Report**

Planning on the second AHAR began in late 2005. The second AHAR will collect aggregate data on clients who receive residential homeless services from January 1 through June 30, 2006. Similar to the first AHAR, the data will be based on an unduplicated count of homeless persons within each participating community and will be used to produce a national profile of homeless persons and an estimate of the nation's total bed inventory. The six-month reporting period will provide a more complete understanding of service use patterns over time and represents an important step towards a homeless enumeration based on yearly data. In future AHARs, HUD will increase the reporting period as HMIS implementations across the country become fully operational. HUD's goal is to produce an AHAR based on longitudinal data from a full year by the fourth AHAR, which will represent the 2007 calendar year.

In addition, the total number of communities participating in the second AHAR will increase considerably. HUD is also augmenting the number of jurisdictions that constitute the national representative sample, which will provide increasingly accurate information on homelessness in America by improving the precision of the AHAR estimates. Sixteen additional sample jurisdictions will be recruited for the second AHAR and approximately 30 additional CoCs have volunteered to participate. Thus, about 130 communities will be participating in the second AHAR.

### **C. Technical Assistance to AHAR Communities**

The reliability of the data reported in the AHAR depends on the status of local HMIS implementations and the quality of their data. To build capacity to collect and record valid data and to generate the local AHAR reports, targeted TA was provided to communities participating in the AHAR. The National HMIS TA Initiative focused its efforts on helping communities on general HMIS implementation issues including: guidance on adoption of the HMIS data elements; strategies for increasing provider participation in HMIS; and methods for improving data quality.<sup>5</sup> Meanwhile, support was provided to each AHAR community by Abt and University of Pennsylvania researchers as part of the AHAR Initiative to prepare them for data collection and reporting. This support included:

- *Quarterly Outreach Calls.* One-on-one telephone calls with each community allowed the research team to track progress toward HMIS implementation and conformance with the national data standards.
- *AHAR Updates.* Regular e-mail updates were sent to all AHAR communities. The updates focused primarily on the AHAR reporting forms or table shells (described below) that communities used to develop local reports.
- *National HMIS Conferences.* The 2005 National HMIS Conference in St. Louis offered a session on the AHAR, as well as on the data standards and other related implementation and reporting topics.
- *Conference Calls.* In January 2005, a series of conference calls were held to train communities on completing the AHAR table shells (discussed below). Conference calls were also conducted with HMIS software providers to obtain feedback on their ability to produce information for the AHAR table shells. These calls facilitated the development of automated AHAR reports or “canned” reports (pre-programmed reports that are generated by the software) by several vendors. The canned AHAR report enabled a number of communities to automatically generate the AHAR table shells with limited staff involvement or resources.

In the fall 2005, the HMIS TA team and the AHAR team worked together to provide 18 additional regional conference calls with AHAR communities. The regional calls offered practical guidance on how to improve HMIS participation rates among homeless service providers and to identify and rectify data quality issues. Participants also received comprehensive TA materials and sample documents that identified concrete strategies to address these issues.

### **VII. Efforts to Improve Reporting and Performance Measurement**

In its Third Progress Report (March 2004) HUD adopted a new goal of furthering the coordination and standardization of homeless data collection and reporting within HUD programs and among other Federal agencies serving homeless persons. In each subsequent year, HUD has made progress in working towards this goal. The activities supporting coordination and standardization of homeless reporting also complement the strategies the Department has undertaken to achieve its GPRA homeless goals and objectives and to strengthen its OMB PART assessment (both discussed in Section III.D.) During 2005, HUD focused its efforts across these

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<sup>5</sup> These technical services were provided to all CoCs, not just the AHAR sample jurisdictions.

two areas on: development of client-level program outcomes measurement strategies, coordination with other Federal agencies on homeless data collection, data exchange and integration strategies, and resource-driven planning.

#### **A. Moving towards Client-Level Reporting in HUD Homeless Programs**

The Department has two primary ways for collecting data from grantees on homeless program effectiveness – the Integrated Disbursement Information System (IDIS) for the ESG program and Annual Progress Reports (APR) for the other HUD McKinney-Vento programs. Grantees currently report aggregate program information through both reporting mechanisms, one of which is still paper-based (the APR). The Department recognizes that client-level outcome data is critical to understand program effectiveness and the relationship of HUD-funded programs to broader efforts to address homelessness.

- As a foundation for improving both reporting processes, HUD met with representatives of HHS, VA, ICH, DOJ, Labor, OMB and local and state practitioners, and researchers in February 2005 to explore the development of performance measures designed to assess the effectiveness of various program interventions and the investment of HUD resources. This effort also sought to coordinate the development of performance measures with other federal agencies that fund services for people who are homeless or at risk of homelessness. A draft report on “Developing Performance Measures for Homeless Programs” based on universal and program-specific HMIS data elements was prepared in the summer of 2005.
- Based on the results of the February 2005 meeting and the Department’s interest in moving towards client-based outcomes measurement, HUD is exploring ways to revise the APR to collect program results leveraging the richness of the local client-level HMIS records to yield better program effectiveness information for HUD.<sup>6</sup>
- Similarly, the Department is mid-way through a process to re-engineer IDIS, which manages grantee data related to the Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME), HOPWA, and ESG. This redesign presents an opportunity for HUD to streamline reporting for all of its homeless programs and to consider how to examine client-level performance measures. As well, the data elements recorded in IDIS need to be modified to be consistent with the HMIS Data and Technical Standards (2004).

#### **B. Enhancing Coordination with Other Federal Agencies**

HUD has sought the involvement of other Federal agencies including the Department of Health of Human Services (HHS), Department of Veterans Affairs (VA), Department of Justice (DOJ), Department of Education (DOE), Department of Labor (DOL), Bureau of Census and the Office of Management and Budget (OMB) in its response to Congressional direction on improving data collection on homelessness with standardized and streamlined

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<sup>6</sup> Note that HUD is not exploring collection of individual client-level data or identifying information. Rather, client-based APRs would generate aggregate reports for each program based on individual client-level data. This will allow HUD to request data cross-tabulated across multiple variables (e.g., the percentage of mentally ill clients that left the program for permanent housing, instead of reporting mental illness independent of program outcomes.)

reporting across federal agencies. Decreasing burden hours required to report to multiple federal agencies has been a continued priority for HUD in working with other federal agencies.

HUD has also continued discussions with HHS and DOJ about reporting on special populations, such as youth, victims of domestic violence and persons who experience chronic homelessness. Beginning in spring 2005, HUD and the VA also discussed privacy challenges associated with the collection and exchange of data on homeless veterans served by CoCs programs. HUD is awaiting a final report from VA attorneys who are reviewing potential legal issues associated with HMIS.

Other federal agencies have recognized the benefit of supporting grantees' participation in HMIS and/or data integration strategies with HMIS databases. Most notable has been the work on two HHS programs: Runaway and Homeless Youth Management Information Systems (RHYMIS) and the Projects for Assistance in Transition from Homelessness (PATH) Program. With HHS support, several large HMIS implementations have programmed their HMIS to generate reports and/or export data to meet the reporting requirements of these federal programs. In using HMIS to report to multiple funders, these implementations have streamlined data collection and reduced data entry burden for local providers. HUD is continuing to provide TA to demonstrate the benefits of coordinated community information systems for homeless assistance providers.

### **C. Working to Ensure Interoperability Between HMIS and Other Systems**

HUD has continued to support the development of integration utilities to ensure interoperability between HMIS and other systems; that is, supporting standard protocols that allow data exchange across systems. As seen most notably during Hurricane Katrina relief efforts, lack of data exchange protocols between local, state, and government information systems hindered the aggregation of and access to needed information to assist affected persons. During 2005, HUD's HMIS TA Initiative Team engaged in conversations with the United Way 2-1-1 Information and Referral Systems, Alliance of Information and Referrals Systems (AIRS), and the Coordinated Assistance Network (CAN) to understand each system's unique data requirements and to work towards a common schema for data exchange. These efforts will continue in 2006.

### **D. HMIS and Resource-Driven Planning**

There are two aspects of resource-driven planning. The first is resource-driven community planning; that is, using data collected through local needs assessments to make informed decisions on allocation of resources. The second is program evaluation, which allows communities to understand which programs are most effective for purposes of making informed funding decisions. During the past year, HUD has been working on building capacity within the Department and with grantees to use HMIS to support both planning and program evaluation. The following sections illustrate the use of HMIS for resource-driven planning. As well, the third section describes similar efforts underway in Canada, Great Britain and Australia.

#### **1. Resource-driven Community Planning**

As part of the Consolidated Plan process, local communities are asked to provide data on homelessness to HUD every five years and to explain annually their planned grant allocations as they relate to the identified needs. This approach, requiring resource allocation decisions to be tied to local needs, is also a key feature of the annual CoC

application. As data quality improves, HMIS can provide the baseline and annual data to guide HUD's resource-driven community planning requirements.

HUD has identified several efforts where HMIS data have been used to support Consolidated Planning, CoC needs assessments and/or ranking decisions, the Bush Administration efforts to end chronic homelessness, and other local needs assessment processes or plans. HMIS data are also being used to gain a better understanding of how clients use homeless and mainstream systems, as part of local efforts to improve access to mainstream services. As well, some communities have found practical uses of HMIS to help implement some of their strategies identified in their plans.

Several examples are described below.

- The State of Michigan is in the process of developing a statewide data warehouse that de-identifies and matches Michigan statewide treatment records with de-identified HMIS client records. The warehouse will provide Michigan with longitudinal data on its homeless clients' Medicaid use, employment involvement, and educational attainment, as well as service use and shelter stays. Information related to cost assessments and client outcomes will be used for community planning and improvement of service systems.
- Miami/Dade County, FL has been using HMIS in conjunction with its Criminal Justice Field Diversion Program. The program encourages a newly released prisoner, typically one with a mental illness, to engage in community treatment as a way of deterring the client from future offenses. The HMIS is used to validate client participation, provide information on the types of services these clients are utilizing, and monetize the costs associated with the services.
- Cincinnati, OH has been using its HMIS software to connect Hurricane Katrina victims to state and local services and benefits. The information gathered about the client during the intake interview is automatically fed into a 'benefits application' that can directly connect victims to multiple benefits such as, TANF and employment assistance. The application saves the client time in applying to individual agencies and expedites receipt of needed benefits.
- Kansas City, MO has two hundred agencies participating in their long-running emergency assistance system database that includes faith-based and community food pantries, shelters, and the Salvation Army. Combining all of the emergency services information together allows Kansas City to better manage its resources and administer privately donated dollars appropriately. The database also serves as a way to monitor history of client service use to avoid service duplication.

## **2. Local Program Evaluation**

In addition to local homeless planning, HMIS data can be used to evaluate program performance, which in turn can guide local resource allocation. HUD has invested a portion of its HMIS TA to help communities understand how to use client-level data for performance measurement.

Below are examples of innovative community efforts that use HMIS as the basis for performance-based resource allocation.

- Beginning this July, the City of Philadelphia will use its HMIS for performance contracting with homeless shelters and service providers. The data will serve as a



way to measure a shelter's performance and show areas the provider can improve upon. The city hopes that this method will increase the quality of its homeless services and leave clients better equipped to locate housing.

- The State of Arizona has developed a client self-sufficiency measurement tool that assesses changes in various client domains over time. All three CoCs in Arizona are incorporating the self-sufficiency matrix into their HMIS and are working with select state agencies to use it for program evaluation purposes. Each client's self-sufficiency levels will be measured over time, including at program entry and exit. Different points in time can be compared, such that each client can be assigned a self-sufficiency improvement score. Programs will be assessed by looking at the extent to which the program can make a measurable impact on individual client self-sufficiency. Initially, the State's self-sufficiency project aims to provide feedback to an agency on its performance relative to its peers. Eventually, the State plans to move to performance-based contracting, using the HMIS results as a significant part of the program's assessment. The aggregate statewide HMIS data will also be used to inform the State's ten-year plan and strategies to end homelessness.

### **3. International Efforts towards Homeless Data Collection and Analysis**

The U.S. is not alone in its efforts to improve homeless data collection, analysis and reporting for purposes of resource-driven planning. Similar efforts are underway in Australia, Canada and Great Britain. Each country has recognized the critical importance of good data on homeless programs' effectiveness to inform national resource-driven planning. Most notable has been the work of our peers to the North in Canada at the National Secretariat on Homelessness/Secrétariat national pour les sans-abri. Jeff Bullard, the Director of Strategic Research, Analysis, and Homeless Individuals and Families Information System<sup>7</sup> (HIFIS) Development Directorate presented at the 2005 HMIS Conference on Canada's progress in implementing an initiative similar to HMIS. Stating he had "HMIS envy" when admiring the rapid progress made in the U.S., Canada is looking to the U.S.'s experience with HMIS to help address challenges with their HIFIS initiative. The goal of HIFIS is to create a national information network that includes all of the country's shelters. HIFIS will allow organizations to share information and best practices, better coordinate between shelters to improve operations and services, and provide data for research to make data-based decisions. HIFIS, like HMIS contributes to the National Homelessness Initiative's objective of increasing the understanding of homelessness in Canada and serves all stakeholders across Canada, including service providers, researchers and multiple levels of government.

HUD is also aware of extensive and developing homeless information system networks in England and Australia. Researchers in these countries are utilizing research publications, best practice documents, and critical cost analysis to further develop forward thinking solutions to homelessness. Broad and wide scale homelessness is not something the U.S. tackles alone, neither are the need, desire, and progress made to understand the issue and make informed resource driven decisions.

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<sup>7</sup> [http://www.homelessness.gc.ca/hifis/index\\_e.asp](http://www.homelessness.gc.ca/hifis/index_e.asp)

## **VIII. Future of HUD's Strategy**

In 2006, HUD will continue to build local and national capacity to collect, report, and analyze homeless data. As this report documents, local communities have made great progress towards HMIS implementation. They rely heavily on the financial support provided by HUD through the SHP grants and the TA efforts described in this report to increase their capacity to effectively manage their HMIS implementations and collect valid homeless data. These local gains and HUD's emerging ability to gauge the national extent and nature of homelessness and the effectiveness of its programs would not be possible without continued Congressional support. The TA effort planned for 2006 is summarized below.

### **A. 2006 CoC Competition**

HUD will continue to competitively score HMIS implementation as part of its overall McKinney-Vento Continuum of Care application review. At the 2005 National HMIS Conference, SNAPs staff communicated their continued commitment to HMIS and signaled that they would use the CoC application scoring to emphasize the importance of complete, high quality HMIS data. Increasingly, HUD will request more specific information related to implementation of the data standards, coverage, data quality, and training activities, so the Department can understand the status and quality of each HMIS implementation. HUD is also planning to provide more guidance to grantees on self-monitoring, so they can assess their own implementation status in the future.

### **B. Response to VAWA**

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA) amends the McKinney-Vento Homeless Assistance Act (VAWA Sec. 605) by limiting the disclosure of personally identifying information of clients served by HUD Supportive Housing Program (SHP) funded domestic violence shelters via Homeless Management Information Systems (HMIS).

HUD agrees with the legislation's goal of limiting the disclosure of personal identifiers by victim service providers. In fact, through its 2004 Clarification and Additional Guidance for Domestic Violence Shelter Providers,<sup>8</sup> HUD limited the disclosure of client identifiers to those that are proxy, coded, encrypted, or hashed. HUD funds a significant percentage of shelter beds for victims of domestic violence. In its previous analysis, the Department had determined that domestic violence shelter participation in local HMIS systems – under special protections for client confidentiality and security protections – was needed to generate unduplicated counts of clients at the local level and to understand the service needs and gaps for this population. HUD continues to believe that it cannot make informed policy and resource allocation decisions without data from victim service providers.

The new VAWA legislation raises questions about whether and how local victim services providers can participate in HMIS systems. HUD has heard from many providers that want to maintain their current participation in HMIS, as they rely on these systems to provide critical direct services to clients (e.g. using the HMIS to expedite applying for public assistance benefits). Therefore, HUD will continue to work with its legal counsel, information privacy experts, and security experts to find a solution that meets the

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<sup>8</sup> <http://www.hud.gov/offices/cpd/homeless/hmis/standards/index.cfm>

requirements of the law. The Department will continue to solicit the views of Departments of Justice, Health and Human Services, and other interested agencies and parties to discuss data collection, performance measures, and reporting requirements for domestic violence providers. HUD understands that both Congress and OMB are keenly interested in better data on the prevalence of domestic violence and in outcome measures on domestic violence programs. HUD's goal is to find a solution that protects victims of domestic violence, allows providers and communities to maximize participation in HMIS, and meets the Congressional directive of improving information on homelessness including generation of unduplicated counts of persons served.

### **C. 2006 Technical Assistance Initiative**

In 2006, HUD's TA efforts will continue to be available to both emerging and highly developed implementing communities through on going communication and assistance on HMIS related topics. With the completion of the HMIS TA contract with the QED Group, all National HMIS TA activities will be coordinated through Abt Associates Inc. The major focus of the 2006 TA effort will be to improve coverage, data quality, and CoC capacity to produce HMIS data for local uses and for the AHAR.

Support will be provided through [www.hmis.info](http://www.hmis.info), listserv announcements, HMIS.info e-Newsletters, updates on outdated training materials, production of new training materials, national and regional TA calls, and onsite, phone, and email technical assistance on demand. On-site technical assistance will be prioritized based on community need and assessment, as well as a CoC's ability to successfully participate in the AHAR.

New types of training materials, such as TA tool kits, will be developed for implementing communities, specifically focusing on ways to use HMIS data as provider participation in HMIS increases. Tool kits will be organized by topic, and will contain checklists, templates, and sample resource materials to provide easy-to-apply, practical help to implementers around the country.

New functionality and design enhancements for the HMIS.Info portal are also scheduled for 2006. They include advanced features to make it easier for communities to find relevant TA resources and peer contact and status information. The enhancements will also improve HUD's ability to understand local progress and to track and respond quickly to local requests for TA.

### **D. Third National Conference – September 18-19, 2006**

The 2006 HMIS Conference is scheduled for September 18-19<sup>th</sup> in Denver, CO. As with the 2005 conference, this conference will convene HMIS community implementers, CoC representatives, state policy academy representatives, researchers, consumers, software solution providers, federal officials, and other subject-matter experts for in-depth discussion and analysis of specific HMIS issues. The Office of Special Needs Assistance Programs also plans to sponsor a Homeless Program conference that will overlap with the HMIS conference to provide CoCs with additional training and support on broader homeless issues.

### **E. Ongoing Katrina Relief and Broader Disaster Recovery Efforts**

HUD's HMIS efforts in the hurricane affected region in 2006 will build upon work already conducted by the HMIS team in the three month period immediately following the hurricane. The project will seek to accomplish three major goals in 2006:

- provision of technical assistance and other support, as needed, to rebuild the infrastructure of CoCs in the Gulf Coast;
- support for the development of HMIS that can provide accurate, dependable data for the difficult decision making the region faces; and
- development of communication mechanisms and partnerships with national organizations and other federal agencies working in the area to minimize burden on local providers regarding data collection and resource management.

Technical assistance to hurricane affected areas in the months directly following the disaster focused on the immediate needs of the impacted communities. While activities in 2006 will also address short-term needs, additional resources will be put into place to address mid- and long-term goals developed by the communities in which the team will work. Such needs include:

- ensuring that lessons learned in the Katrina disaster are documented and considered within emergency preparedness planning for CoCs and HMIS/211 systems;
- regional standardization of HMIS/211 system operating procedures and data collection methodology for both emergency preparedness and long term data sharing;
- making the resource database developed in 2005 publicly accessible nation-wide for use by social service workers assisting evacuees, and ensuring that it contains current data;
- leveraging HUD resources to assist in state-level data collection on the impact of the hurricane and on homeless services in general;
- working with other national and local initiatives to ensure that already-stretched resources are not further taxed by a requirement of dual (or triple) data entry; and
- addressing questions and concerns related to HUD CoC and HMIS programs and following up on responses as appropriate with HUD officials.

#### **F. Future Annual Homeless Assessment Reports**

HUD's goal is to produce an Annual Homeless Assessment Report (AHAR) based on longitudinal data from a full year by the fourth AHAR, which will represent the 2007 calendar year. In the meantime, HUD will increase the reporting period as HMIS implementations across the country become fully operational. The second AHAR will collect aggregate data on clients who receive residential homeless services from January 1 through June 30, 2006 and the third AHAR will collect data from July 1, 2006 through December 31, 2006. Similar to the first AHAR, the data for these reports will be based on an unduplicated count of homeless persons within each participating community and will be used to produce a national profile of the homeless and an estimate of the nation's total bed inventory. The six-month reporting period will provide a more complete understanding of service use patterns overtime and represents an important step towards an enumeration of the homeless based on yearly data.

Once an annual reporting period is achieved, the AHAR may be modified to include the full set of data elements that are defined in HUD's National HMIS Data and Technical Standards Notice. The inclusion of these data elements will add considerably to the

understanding of homelessness, especially the size and needs of specific homeless subpopulations, the socioeconomic characteristics of homeless persons, and the patterns of service use. Examples of the types of questions that could be addressed in future AHARs with additional data elements are shown in Exhibit VI-1. Many of these questions can be analyzed separately for particular subpopulations, including: single men or women; adults in families; age; pre-school age children not in pre-school; adults without high school education or GED; pregnant women; victims of domestic violence; persons with HIV/AIDS; veterans; and adults with disabilities or behavior health problems.

As discussed in Section VI. B. HUD is also increasing the number of communities reporting to the AHAR, both the formal sample communities and volunteer contributing sites. Approximately 30 additional CoCs have volunteered to contribute data for the second AHAR. HUD has begun to engage these communities by introducing them to the AHAR process and reporting requirements. HUD will continue to work with all AHAR communities on improving their HMIS-provider coverage and data quality through group conference calls, one-on-one phone and email-based technical assistance, and site visits. HUD's contractors will also refine the local reporting forms to account for the longer reporting period and to provide instructions on how to complete the revised forms.

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**Exhibit VI-1****Potential Topics for Future AHARs**

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**Service Needs**

1. How do patterns of service use differ among various homeless subpopulations?
2. How many homeless persons receive specific types of supportive services, such as employment readiness; job training; job search; mental and behavioral health services; substance abuse services; transportation; education; child care; and personal enrichment skills?

**Progress Toward Economic Stability**

3. How many homeless persons are employed?
4. How many homeless persons have earnings implying steady employment (e.g., at least 30 hours/wk at minimum wage) or report that they worked 30 hours or more last week?
5. How many receive SSI income? Social security or SSDI? Food stamps? Income from veterans' benefits? TANF income? Income from General Assistance? Child support or alimony?
6. What is the total monthly cash income amount?

**Connecting Homeless Persons to Mainstream Resources**

7. Among those identifying themselves as veterans, what fraction receives: Veteran's disability payments? Veteran's pensions? Veteran's medical services?
8. Among families with children, how many receive TANF income?
9. Among adults identifying selves as having a disability: What fraction receives SSI? What fraction participates in Medicaid or Medicare? How does this differ by type of disability?

**Program and Client Outcomes**

10. How many homeless adults: Moved from no work to work? Increased receipt of mainstream benefits (SSI, food stamps, veterans benefits, etc.)? Completed additional years of school? Were in better health?
  11. How many people leave homeless residential programs: With no formal exit or exit interview? To a different residential homeless program (emergency or transitional)? To permanent housing for formerly homeless? To hospital or treatment facility? To own housing? To live with family or friends? To "street" homelessness?
- 

**G. Performance Measurement and Coordination Across Federal Agencies**

In 2006, HUD will be working on the development of a client-level, HMIS-based APR that can be used for performance measurement purposes. As well, the Department will continue to provide TA to communities to help them use HMIS for local program evaluation and performance measurement purposes. Finally, the Department will continue its work with other Federal agencies to streamline and coordinate homeless reporting and performance measurement; develop data integration models to demonstrate how community information systems can meet the needs of multiple funders; and encourage standardization of data exchange protocols to ensure interoperability between HMIS and other community information systems.

## **IX. Conclusion**

After years of encouragement, technical assistance, and financial support, the majority of communities are collecting homeless data, and they are rapidly achieving representative levels of coverage. The HMIS challenges they face have shifted from initial implementation concerns to data quality and usage issues. As communities begin to generate more valid client data, they will be able to analyze the patterns of housing and service use to evaluate program effectiveness, improve systems of care, better target limited resources, and advocate for increased private investment. State and federal policymakers will also be able to use longitudinal data from the HMIS to guide decision-making on a wide range of policy issues related to homelessness. Overall, HMIS has tremendous potential to maximize the effectiveness of the billions of dollars that Congress invests in homeless assistance programs each year.

Beyond data collection and analysis to improve program operations, communities report that they also implemented HMIS to directly help case managers assist clients through streamlined intake, referrals, and service coordination. As well, they report many unanticipated benefits of implementing HMIS, such as improved communication, inter-jurisdictional collaboration, and enhanced technological capacity. HUD is proud of the results of its collaboration with local jurisdictions to forward improved service delivery, as well as homeless data collection, analysis and reporting.

All of these achievements stem from the Congressional vision and support for improving homeless data collection at the local and national level. HUD and the local CoCs across the country appreciate the significant level of support that the Congress has provided to HUD to help communities to implement the HMIS initiative. With continued technical assistance and financial support over the next few years, every community will realize the benefits that an HMIS can yield at the client, provider, community, and regional level to prevent and address homelessness.

**Appendix A: List of 2005 HMIS Data and Technical Standards Trainings**

**Appendix B: Description of 2005 Intensive Targeted TA Engagements**

**Appendix C: List of AHAR Communities**

## Appendix A: List of 2005 HMIS Data and Technical Standards Trainings

Data standards training was provided in each of the cities listed in the table below. In most cases, the training was hosted by a HUD Field Office and was attended by multiple CoCs and HMIS implementations within the geographic region.

State	City
Alabama	Birmingham
Alaska	Anchorage
Arkansas	Little Rock
California	Bayside
	Chico
	Fresno
	Los Angeles (x2)
	Sacramento
	San Rafael
	Stockton
	Ukiah
Ventura	
Connecticut	Hartford (x2)
District of Columbia	Washington
Florida	Ft. Myers (x2)
	Ft. Lauderdale
	Key West
	Jacksonville (x2)
	Orlando
Hawaii	Honolulu
Idaho	Boise
Illinois	Chicago
Indiana	Indianapolis
Kentucky	Louisville
Louisiana	Alexandria
	New Orleans
Maine	Augusta
Maryland	Columbia
Massachusetts	Boston
Michigan	Detroit (x2)
Mississippi	Biloxi
Nebraska	Kearney
	Lincoln
Nevada	Carson City
	Las Vegas
New Hampshire	Manchester (x2)
New Jersey	Newark



State	City
	Trenton
New Mexico	Albuquerque
New York	Albany
	Elmira
	Ithaca
	Poughkeepsie
	Salamanca
	Utica
North Carolina	Greensboro
North Dakota	Bismarck
Ohio	Canton
	Cleveland
	Dayton
Oklahoma	Oklahoma City
Oregon	Portland
Pennsylvania	Harrisburg
	Pittsburgh
	Philadelphia
South Dakota	Pierre
Tennessee	Knoxville
	Memphis
	Nashville
Texas	Amarillo
	Austin
	Corpus Christi
	El Paso
	Dallas
	Fort Worth
	San Antonio
Utah	Salt Lake City
Vermont	Berlin
Virginia	Richmond
Washington	Seattle
Wyoming	Casper

**Appendix B: Description of 2005 Intensive Targeted TA Engagements**

<b>Intensive Technical Assistance for January - December 2005</b>		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Los Angeles/ Orange County, California	Annual / Ongoing	The National HMIS TA Team provided TA to support the collaborative approach to HMIS development and operations. As a result the LA/OC Collaborative successfully negotiated system development issues with the vendor; consistently developed and applied policies and procedures across the collaborative partners; and each partner experienced economies of scale and cost savings by participating in collaborative process.
Marin County, California	May – June	Marin County, California has one countywide HMIS. As well, one large shelter maintains its own database. The CoC was having difficulty settling on processes for combining the data sets and assessing the level of data quality being produced by the stand-alone system. The need to merge the data was important for the COC to be able to contribute data for the AHAR. The National HMIS TA team served as an intermediary between the CoC and the agency and produced a report recommending a short-term plan and outlining options for a long-term data integration strategy. The short-term intervention enabled AHAR participation, and the long-term option is being used as the basis for determining a lasting solution to the problem.
Northern California	June – October	The National HMIS TA Team provided TA to the following counties in Northern California: Alameda, Butte, Contra Costa, Humboldt, Kern, Kings, Madera, Marin, Mendocino, Merced, Monterey, Napa, Placer, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, and Yolo. As a result, these emerging HMIS implementations developed capacity to manage HMIS development and expansion issues.
San Francisco, California	Annual / Ongoing	The National HMIS TA Team assisted the large metropolitan area of San Francisco with HMIS issues involving system capacity building, funding, systems integration, staffing, data quality, and increasing coverage. As a result, the Bay Area HMIS has experienced renewed commitment and support from San Francisco City/County partners.
San Francisco Bay Area, California	April and June	The National HMIS TA Team participated in two regional conference calls hosted by the local HUD field office. Specific guidance was offered in the form of interactive discussions on relevant HMIS issues including implementation of the data standards, software selection, and HMIS operations.

<b>Intensive Technical Assistance for January - December 2005</b>		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Southern California Central Coast Regional HMIS (SCCCR HMIS)	Annual / Ongoing	The National HMIS TA Team continues to provide intensive TA for this three-county, four-CoC collaborative HMIS. Participants have negotiated a single contract with their HMIS vendor and experienced economies of scale by partnering on implementation planning, sharing staff, merging budgets, and developing collaborative-wide policies and procedures for HMIS operation.
Washington, DC	February 2005	The National HMIS TA Team worked with local HMIS staff to identify HMIS reports needed for local use, including AHAR reports, and develop them using a third party reporting tool. As a result, HMIS staff had better access to data and could better determine where to focus resources to improve data quality.
Florida	October	The National HMIS TA Team worked with the Hillsborough/Tampa Coalition to deliver a state-wide conference on relevant HMIS issues for Florida implementations. Topics included participation of special subpopulations, security issues, project management techniques, and development of regional collaboratives.
Chicago, Illinois	Ongoing	The National HMIS TA Team continued to provide TA on specific implementation issues, particularly related to the implementation of the data and technical standards.
Cook County, Illinois	October	The National HMIS TA Team provided TA on development of reporting capacity as a function of HMIS software among other implementation issues.
Indiana Balance of State	Ongoing	The National HMIS TA Team provided ongoing remote TA on specific implementation issues, particularly related to the implementation of the data and technical standards.
Baltimore, Maryland	December	HMIS TA staff worked with the City of Baltimore to assist in identification of issues related to participation in a statewide collaborative and to raise options for sharing data between the City of Baltimore and Baltimore County including use of a uniform software system; data exchange; or data warehousing.
Maryland Statewide HMIS Collaborative	Ongoing	HMIS TA Staff provided ongoing technical assistance and guidance to Statewide HMIS Collaborative coordinators on issues related to data warehousing, data exchange, policies and procedures, staffing, budgeting, and buy-in issues.

<b>Intensive Technical Assistance for January - December 2005</b>		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Mid Atlantic Regional HMIS Collaborative (MARHMIS)	Ongoing	HMIS TA staff worked to facilitate the development of a regional collaborative covering Eastern Pennsylvania, New Jersey, Delaware, and Maryland. The collaborative convened four times in 2005 addressing HMIS technical assistance issues including: data standards; uses of data; participation in the Annual Homeless Assessment Report; project management plans; using HMIS for point in time counts; and performance based contracting.
State of Missouri	November 2005	HMIS TA Staff participated in the State Policy Academy conference to address HMIS implementation issues and to facilitate a discussion on executing a data sharing agreement among all CoCs within the State for research and policy purposes.
New England Regional HMIS (NERHMIS) Collaborative	Ongoing	HMIS TA staff facilitated ongoing participation in five HMIS technical assistance meetings with HMIS project staff from: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut. Staff also participated in a regional HMIS conference coordinated through the local field office and delivered Data Standards Training. Ongoing discussions focused on provider participation strategies, data quality, uniform and consistent reporting, consumer involvement, use of HMIS for point in time counts, participation in the Annual Homeless Assessment Report, and sub-population provider issues.
New Mexico	Ongoing	The National HMIS TA Team worked with HMIS implementers from the CoCs in New Mexico to engage key community stakeholders and identify the resources necessary to move the project forward. As a result, the two CoCs were able to coordinate their efforts and hire an HMIS project manager.
Mid Hudson Valley, New York	September	HMIS TA staff conducted data standards training and technical assistance sessions with local project staff addressing issues of provider buy-in, data standards implementation, project staffing, training, and data quality.
New York City, New York	Ongoing	HMIS TA staff provided ongoing guidance and support to the New York City Continuum of Care on a variety of implementation issues including privacy protections, security requirements, software implementation, and provider buy-in.

<b>Intensive Technical Assistance for January - December 2005</b>		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
State of Nevada	November	The National HMIS TA Team provided technical assistance to assist the state with issues and challenges related to merging of three separate HMIS implementations within the State of Nevada into a single state-wide approach. As a result, the state planning partners have developed a task list and specific action steps related to this emerging collaboration.
North Carolina Balance of State	Ongoing	HMIS TA staff provided extensive technical assistance to the North Carolina balance of state HMIS implementation. HMIS TA staff worked with staff of the North Carolina Homeless Information Network (CHIN), the North Carolina Department of Health and Human Services and the North Carolina Housing Coalition to address ongoing challenges with software implementation and develop options to rapidly address provider buy-in and coverage issues.
Stark County, Ohio	November	The National HMIS TA Team conducted a community survey of HMIS users in Stark County, Ohio (Canton) to understand tensions and mistrust around HMIS management and data ownership. As a result, the community has articulated clear goals for a fundamental shift in the manner in which HMIS is managed and by whom.
Oklahoma	May 2005	In response to a request for assistance from new HMIS project management staff, the National HMIS TA Team provided the Oklahoma City HMIS community with two training sessions for users and administrators conducted by the team's expert in ethics and confidentiality. The purpose of the TA was to assist Oklahoma City to develop a training curriculum that HMIS staff could use as a regular part of HMIS operations.
Pennsylvania Balance of State	March-May 2005	HUD staff and the National HMIS TA team worked with representatives from the PA Balance of State HMIS to identify appropriate options for the HMIS implementation that includes several continuums of care within the state. The result of the discussions between state representatives, HMIS TA team members and HUD staff was the release of a revised RFP to select an HMIS software vendor.
Philadelphia, Pennsylvania	February-April 2005	The National HMIS TA Team provided Philadelphia with a two-day training session for users and administrators conducted by the team's expert in ethics and confidentiality. The purpose of the TA was to assist Philadelphia to develop a training curriculum that HMIS staff could use as a regular part of HMIS operations.

**Intensive Technical Assistance for January - December 2005**

<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Puerto Rico	July-September 2005	The National HMIS TA team provided support to the HMIS implementation in San Juan as it underwent major staff changes and conducted an assessment of the HMIS project to identify areas of improvement. The result of the TA included an improvement plan (in Spanish, for local use) and revised system requirements that could be implemented locally.
Austin, Texas	March 2005	Remote technical assistance was provided to HMIS staff on the development and enforcement of HMIS privacy policies. As a result of TA provided, the community was able to clearly communicate its data sharing policies to local stakeholders and officials.
Ft. Worth/ Tarrant County, Texas	December	The National HMIS TA Team initiated a series of conference calls with key decision makers in HMIS project management to understand underlying tensions and mistrust. As a result, the community has developed a participatory planning process to develop support and buy-in for ongoing HMIS development and management.
Texas Balance of State HMIS	October - December	The National HMIS TA Team provided TA to this emerging HMIS implementation covering the Balance of State providers throughout the State of Texas. As a result, a lead organization has agreed to assume HMIS responsibilities including HMIS development, fund raising, staffing of planning process, and expansion of HMIS functionality to previously uncovered providers in rural regions of the state.
Washington Metro Area Council of Governments	October 2005	The National HMIS TA Team provided technical assistance to the Washington Metro region by participating as a presenter in a regional event hosted by the Council of Governments with the purpose of addressing regional collaboration through a data warehousing approach. As a result, the COG is considering options on how to build upon local relationships to aggregate data and address homeless policy at the regional level.
Washington State / Yakima	October – December	The National HMIS TA Team provided TA to this HMIS implementation to address significant provider buy-in and support issues. TA staff facilitated community meetings that resulted in a clearly articulated list of HMIS objectives and future activities necessary to support ongoing HMIS success.

**Appendix C: List of AHAR Sample Sites and Contributing Communities**

<b>AHAR Sample Sites</b>			
<b>State</b>	<b>Community Name</b>	<b>Continuum of Care</b>	<b>Submitted Data</b>
Arizona	FLAGSTAFF	Rural Arizona CoC	Yes
	PHOENIX	Maricopa CoC	Yes
California	FRESNO	Fresno/Madera CoC	Yes
	LOS ANGELES	Los Angeles City and County CoC	No
	LOS ANGELES COUNTY	Los Angeles City and County CoC	No
	MARIN COUNTY	Marin County CoC	Yes
	MISSION VIEJO	County of Orange CoC	N/A
	MODESTO	Stanislaus County Housing & Support Services Collaborative	No
	MORENO VALLEY	County of Riverside CoC	N/A
	PASADENA	Pasadena Community Development Commission	No
	PICO RIVERA	Los Angeles City and County CoC	N/A
	SAN DIEGO	City of San Diego Consortium	Yes
	SAN FRANCISCO	City and County of San Francisco CoC	Yes
	SEASIDE	County of Monterey CoC	Yes
Colorado	ADAMS COUNTY	The Metropolitan Denver Homeless Initiative	No
	CROWLEY COUNTY	State of Colorado CoC	N/A
Connecticut	HARTFORD	Hartford CoC	Yes
	STRATFORD	Bridgeport CoC	Yes
District of Columbia	WASHINGTON	District of Columbia Homeless Services	Yes
Delaware	WILMINGTON	CoC Delaware	Yes
Florida	DELTONA	Volusia County CoC	N/A
	MARION COUNTY	Ocala/Marion County CoC	Yes
	POLK COUNTY	Polk/Hardee/Highlands County CoC	Yes
	SARASOTA	Sarasota/Manatee CoC	Yes
Georgia	ATLANTA	Atlanta Tri- Jurisdictional	Yes
	AUGUSTA-RICHMOND	Augusta-Richmond County	Yes
	MACON COUNTY	Georgia CoC	N/A
	OCONEE COUNTY	Georgia CoC	N/A
Illinois	CHICAGO	Chicago CoC	Yes
	COOK COUNTY	Cook County CoC	No

<b>AHAR Sample Sites</b>			
<b>State</b>	<b>Community Name</b>	<b>Continuum of Care</b>	<b>Submitted Data</b>
Kentucky	HARDIN COUNTY	Commonwealth of Kentucky CoC	Yes
Louisiana	BOSSIER CITY	Northwest Louisiana	Yes
	SLIDELL	Slidell/Livingston/St. Helena	Yes
Massachusetts	ATTLEBORO	Greater Attleboro and Taunton CoC	Yes
	BOSTON	City of Boston	Yes
	LAWRENCE	Lawrence County CoC	No
Maryland	MONTGOMERY COUNTY	Montgomery County, Maryland	Yes
Michigan	DETROIT	City of Detroit CoC	Yes
	FARMINGTON HILLS	Oakland County CoC	N/A
	LANSING	Lansing, East Lansing/Ingham County CoC	Yes
	MACOMB COUNTY	Macomb County CoC	N/A
	WASHTENAW COUNTY	Washtenaw County/Ann Arbor CoC	No
Minnesota	HENNEPIN COUNTY	Minneapolis/Hennepin County CoC	Yes
	MOORHEAD	West Central Minnesota CoC	Yes
	NORMAN COUNTY	Northwest Minnesota CoC	N/A
	ROCHESTER	Southeast/South Central Minnesota Regional CoC	Yes
	ST PAUL	St. Paul/Ramsey County CoC	Yes
	WASHINGTON COUNTY	Washington County CoC	Yes
Mississippi	HATTIESBURG	Mississippi Balance of State CoC	Yes
	HUMPHREYS COUNTY	Mississippi Balance of State CoC	N/A
Montana	BILLINGS	State of Montana CoC	No
	GREAT FALLS	State of Montana CoC	No
Nebraska	COUNCIL BLUFFS	City of Omaha	Yes
New Jersey	BERGEN COUNTY	Bergen County	Yes
	BRICK TOWNSHIP	Ocean County CoC	Yes
	CAMDEN	Camden City/Camden County	Yes
Nevada	CLARK COUNTY	Southern Nevada CoC	Yes
New York	ELMIRA	Chemung County	Yes
	ISLIP TOWN	Suffolk County CoC Group	No
	NEW YORK CITY	New York City Coalition/CoC	Yes
	ONONDAGA COUNTY	Syracuse/Clay/Onondaga County CoC	Yes



<b>AHAR Sample Sites</b>			
<b>State</b>	<b>Community Name</b>	<b>Continuum of Care</b>	<b>Submitted Data</b>
Ohio	CLEVELAND	Cuyahoga County/Cleveland CoC	Yes
	LANCASTER	Ohio Balance of State	Yes
	PUTNAM COUNTY	Ohio Balance of State	N/A
	SPRINGFIELD	Ohio Balance of State	N/A
Oklahoma	MIDWEST CITY	State of Oklahoma	No
Pennsylvania	LYCOMING COUNTY	Central-Harrisburg Region of Pennsylvania	No
	PHILADELPHIA	City of Philadelphia	Yes
	SNYDER COUNTY	Central-Harrisburg Region of Pennsylvania	No
	WESTMORELAND COUNTY	Westmoreland County	Yes
Texas	DALLAS	Dallas Homeless CoC	No
	EL PASO	El Paso CoC	Yes
	HOUSTON	Houston/Harris County	Yes
Virginia	CHESTERFIELD COUNTY	Richmond CoC	Yes
	PORTSMOUTH	Portsmouth CoC	Yes
Vermont	CHITTENDEN COUNTY	Chittenden County	N/A
Washington	ADAMS COUNTY	State of Washington CoC	N/A
	SEATTLE	Seattle-King County CoC	Yes
	SKAGIT COUNTY	State of Washington CoC	Yes
Wisconsin	FOREST COUNTY	State of Wisconsin CoC	Yes
<b>Contributing Communities</b>			
Iowa	IOWA	State of Iowa	Yes
Louisiana	NEW ORLEANS	New Orleans CoC	No
Massachusetts	CAMBRIDGE	Cambridge CoC	Yes
Maryland	BALTIMORE	Baltimore CoC	Yes
Michigan	GRAND RAPIDS	Grand Rapids CoC	Yes
Kansas	KANSAS CITY	Greater Kansas City CoC	No
Missouri	ST LOUIS COUNTY	St. Louis County CoC	Yes
Ohio	CINCINNATI-HAMILTON COUNTY	Cincinnati/Hamilton County CoC	Yes
	DAYTON	Dayton/Kettering/Montgomery County	No
Oregon	PORTLAND	Portland/Gresham/Multnomah County	No

<b>AHAR Sample Sites</b>			
<b>State</b>	<b>Community Name</b>	<b>Continuum of Care</b>	<b>Submitted Data</b>
Pennsylvania	ERIE COUNTY	Erie County CoC	Yes
Rhode Island	RHODE ISLAND	State of Rhode Island	No
Tennessee	CHATTANOOGA	Chattanooga CoC	Yes
	MEMPHIS	Memphis/Shelby County CoC	No
Virginia	RICHMOND	Richmond CoC	No
Washington	SPOKANE	Spokane CoC	No
West Virginia	WHEELING-WEIRTON COUNTY	Wheeling/Weirton County CoC	Yes

\* N/A means that the jurisdiction does not have any emergency shelter or transitional housing providers within the geographic boundary of the AHAR entitlement area.