
Report to Congress:
**Sixth Progress Report on HUD's Strategy for
Improving Homeless Data Collection,
Reporting and Analysis**

May 2007

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

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Table of Contents

| | | |
|-------------|--|-----------|
| I. | Introduction | 1 |
| II. | HUD’s Homeless Management Information System Initiative: Investment and Outcomes | 2 |
| | A. HUD Financial Assistance for HMIS Projects | 2 |
| | B. HMIS and the Annual Continuum of Care Funding Competition | 3 |
| | C. Implementation of HUD’s HMIS Data and Technical Standards | 6 |
| | D. OMB GPRA Goals & PART Process..... | 6 |
| | E. HUD’s HMIS Goals for 2007..... | 7 |
| III. | National HMIS Technical Assistance Initiative to Assist Communities..... | 8 |
| | A. Communication / Information Sharing..... | 8 |
| | B. Third National HMIS Conference and Training – September 18-19, 2006..... | 8 |
| | C. Technical Assistance Materials | 9 |
| | D. Training and Technical Assistance..... | 10 |
| | E. HMIS Technical Assistance Goals for 2007 | 11 |
| IV. | Hurricane Katrina Disaster Relief Technical Assistance..... | 11 |
| | A. Disaster Recovery Efforts in 2006..... | 11 |
| | B. 2007 Goals for HUD’s Disaster Technical Assistance Project..... | 12 |
| V. | The Annual Homeless Assessment Report (AHAR)..... | 13 |
| | A. Progress on the AHAR Initiative..... | 13 |
| | B. Technical Assistance to AHAR Communities | 14 |
| | C. The Future of HUD’s AHAR Initiative..... | 14 |
| VI. | Efforts to Improve HUD and Inter-Departmental Reporting and Performance Measurement | 15 |
| | A. Moving Towards Improved and Coordinated Reporting in HUD Homeless Programs | 15 |
| | B. Enhancing Coordination with Other Federal Agencies | 16 |
| | C. HMIS and Local Data-Driven Resource Planning | 16 |
| | D. 2007 Plans for Improving Coordination and Reporting for Homeless Programs..... | 18 |
| VII. | Conclusion..... | 19 |
| | Appendix A: List of 2006 HMIS Outreach Communities | 20 |
| | Appendix B: Description of 2006 Intensive Targeted TA Engagements..... | 24 |
| | Appendix C: List of AHAR Sample Sites and Contributing Communities | 27 |
| | Appendix D: Overview of HUD’s Data and Technical Standards | 31 |

I. Introduction

This Sixth Annual Progress Report updates the Congress on HUD's efforts in calendar year 2006 to implement its Strategy for Homeless Data Collection, Reporting and Analysis.¹ The Department continues to receive direction from the Congress regarding this Strategy, as evidenced by the Transportation, Treasury, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act of 2006 (PL 109-115), which reiterated its support for the Homeless Management Information System (HMIS) initiative and the development of a report on homelessness.² The Congress has also provided significant resources and increased regulatory flexibility to support this effort. This has resulted in measurable gains in local capacity to collect and analyze data on homeless persons over the past six years.

In 2006, the Department focused its efforts in five areas: financial assistance for 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 2006. Ninety-one percent reported in their 2006 CoC applications that they are collecting client-level data in their HMIS. This represents an increase of almost 27 percent from 2005 and 52 percent since 2004. 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 II.

The nation's CoCs are now focusing on increasing homeless provider participation to improve the representativeness of the data and are working to further improve data quality. More advanced communities are developing local capacity to analyze, report, and use the information to understand homelessness and to guide resource-driven planning. Recognizing that communities continue to require assistance in order to build HMIS capacity, HUD sponsored extensive technical assistance (TA) to CoCs and HMIS implementations through the National HMIS TA Initiative (TA Initiative). Highlights of the TA Initiative are described in Section III.

HUD provided significant HMIS TA to assist CoCs affected by Hurricanes Katrina and Rita beginning in September 2005. HUD continued to provide necessary TA to strengthen these communities' ability to sustain and improve their HMIS infrastructure for both day-to-day operations and in case of future disasters. This disaster-related TA is detailed in Section IV.

¹ The first report to Congress on HUD's Strategy was submitted in August 2001. It 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.

² Senate Report 109-109 stated: The Committee strongly urges the Department to ensure full participation by all CoCs in the HMIS effort and consider future CoC funding to be contingent upon participation in HMIS and AHAR.

HUD continued to refine the first AHAR to Congress based on HMIS data from a nationally representative sample of jurisdictions. The Department also initiated the second AHAR, which will cover a six-month period from January 1, 2006 through July 31, 2006. Technical assistance was provided to AHAR communities in preparation for the third AHAR, which will cover the 12-month period beginning October 1, 2006. AHAR-related technical assistance and reporting activities are described in Section V.

Finally, HUD continued to improve its ability to assess the performance of homeless programs and improve coordination of data collection efforts. 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. Section VI discusses this work.

Cumulatively, these activities helped communities make substantial progress in collecting local client-level data to support HUD's Strategy for Homeless Data Collection, Reporting and Analysis, as well as collection of data for local purposes. As communities begin to examine and use their data, new technical assistance topics may emerge and will be addressed by HUD through its TA efforts. The Department's specific strategies for 2007 are described throughout this report.

II. HUD's Homeless Management Information System Initiative: Investment and Outcomes

HUD supported and guided local HMIS implementation in three ways during 2006:

- Financing of HMIS implementation and operation through the Supportive Housing Program (SHP);
- Encouraging communities to make progress in HMIS by offering points for HMIS implementation as part of the annual, competitive CoC funding process; and
- Providing technical assistance and requiring implementation of uniform, baseline standards for how data are collected and protected in local HMIS applications across the country.

A. HUD Financial Assistance for HMIS Projects

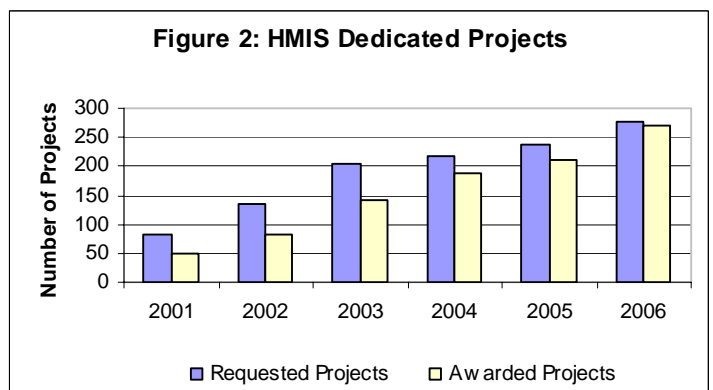
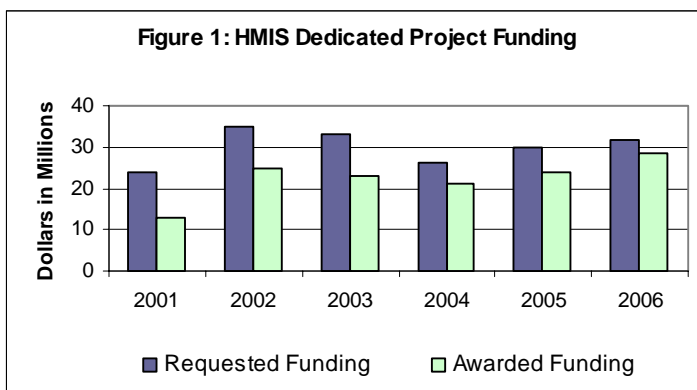
In FY2001, Congress made HMIS an eligible SHP activity. SHP funding for HMIS continues to be one of the most important ways in which HUD has been able to further HMIS implementation nationally.

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.³

³ Beginning with the 2003 homeless competition, HUD established a program component for HMIS dedicated project applications and created a new separate budget activity for HMIS in all other SHP program component budgets.

Sixty-eight percent (68%) of CoCs funded in 2006 received SHP funds to support local HMIS projects. The annual funding for HMIS dedicated projects has grown from \$13.3 million in 2001 to nearly \$28.3 million, or 2.4% of all CoC funds awarded, in 2006. Detail on HUD’s financial support of HMIS projects in 2006 is as follows:

- In 2006, 277 dedicated HMIS project application requests totaled \$31.5 million, including 52 new project applications and 225 renewals. HUD funded 270 dedicated HMIS projects – 97% of all HMIS requests – totaling nearly \$28.3 million. Information on dedicated grants applied for and awarded since 2001 is presented in Figures 1 and 2.
 - In 2004, HUD established two new policies to help communities to obtain funding for HMIS projects.⁴ Of the 270 dedicated projects that received funding in 2006, 92 were awarded as a result of the new policies. These 92 projects totaled more than \$7.3 million.
- In addition to dedicated HMIS grants, the Department funded 334 grants for 96 communities that employed a cost-sharing approach in 2006. These grants totaled \$2.5 million in HMIS funding.



B. HMIS and the Annual Continuum of Care Funding Competition

Since the 2001 CoC competition, HUD has been requesting information in its funding application about the status of local HMIS implementations. HUD has used the application process as a means to communicate its HMIS goals and, through competitive scoring, to reward communities for making progress in local implementation. The competition also offers a systematic way to gather data on the HMIS status of each community.

1. Scoring Emphasis

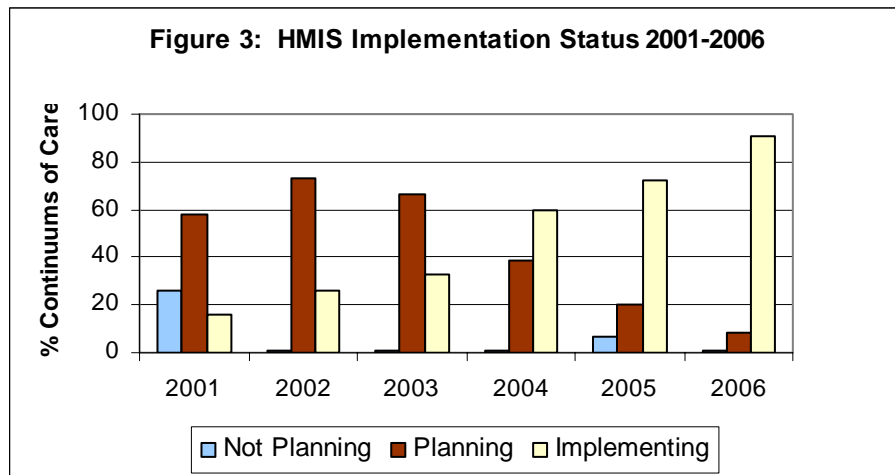
Since 2004, the HMIS section of the funding application has comprised five of the possible 60 points of a community’s overall Exhibit One score, representing an increase from two points in

4 The policies implemented in 2004 include: (1) 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 (helping the CoC maximize the reach of its “pro-rata” share or estimated total CoC allocation, and minimize the diversion of funds from housing and services to HMIS); and (2) HUD can award at least one year of funding to all new dedicated HMIS projects that received 40 need points and at least 25 Continuum points.

the 2003 competition.⁵ While the number of points has not changed since 2004, CoCs increasingly must demonstrate progress in meeting concrete implementation outcomes in order to obtain full credit. The 2006 application requested information on when the CoC began collecting data, the number and extent to which providers are 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. These are the data reflected in this report.

2. Progress Reported in HMIS Implementation

Status of Implementations – In the 2006 competition, 454 CoCs applied for, and 436 were awarded, HUD homeless funding. The percentage of CoCs that reported they were implementing an HMIS increased from 72 percent in 2005 to 91 percent in 2006, as illustrated in Figure 3. The percent that had only reached the planning stages of HMIS implementation dropped from 20 percent in 2005 to nine percent in 2006. The small percentage of CoCs that indicated that they were not yet planning (1%) generally reflects the number of newly created CoCs and includes CoCs that did not report the requested information. HUD expects that a small number of CoCs may be in the beginning stages of HMIS implementation each year due to these circumstances.



Implementation Structures – A CoC can choose to implement HMIS on its own or in conjunction with other CoCs. CoCs are beginning to recognize that partnering with other CoCs can result in lower operating costs and increased efficiencies. In addition, a joint implementation can create improved service delivery and streamlined reporting in jurisdictions where providers and/or clients frequently cross over jurisdictional boundaries. Based on information gathered through technical assistance efforts in 2006, there are 346 HMIS implementations in the country, organized as follows:

- 306 HMIS implementations represent a single CoC;
- 31 HMIS implementations include between two and four CoCs (79 CoCs);

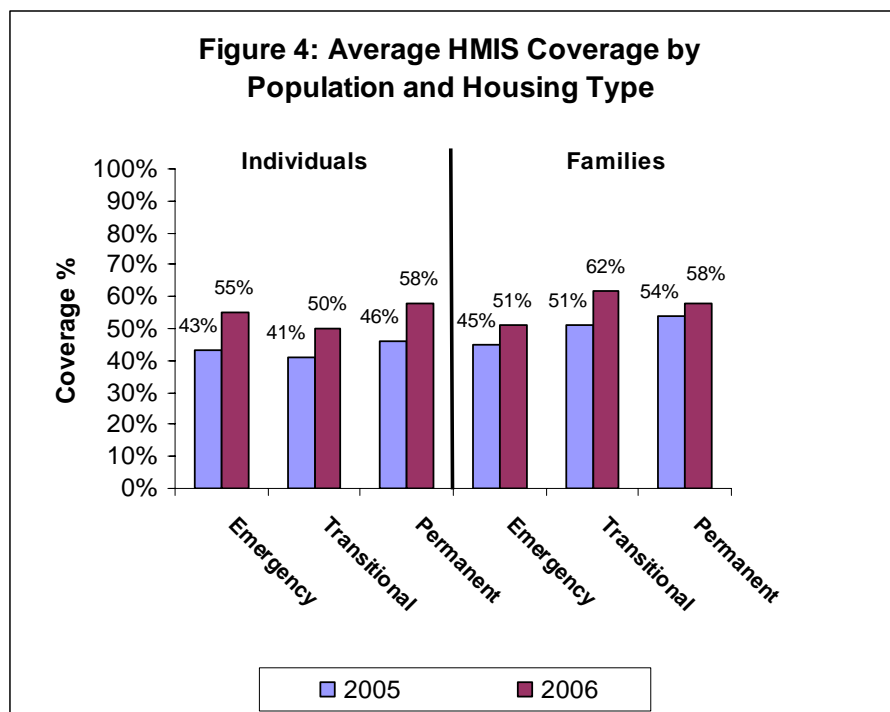
⁵ In 2001, each CoC was asked to complete a new non-scored section of the comprehensive homeless plan reporting its status in implementing an HMIS. In the 2002 competition, HUD began rating the HMIS section of the application.

- 9 HMIS implementations include five or more CoCs (82 CoCs).⁶

Included in this count are 19 statewide HMIS projects (which may be one CoC or multiple CoCs). Two other states are planning to move to a statewide HMIS in 2007.

Coverage Rates for HMIS Implementations – As HMIS implementations mature, HUD is focused on increasing the rates of HMIS participation within each CoC. These rates are calculated as a percentage based on the number of beds available to homeless persons that are reported in the HMIS compared to the total number of beds available in the CoC. Participation rates are reported by shelter type (emergency shelter, transitional housing, and permanent supportive housing) and by target population (individual or family). In 2006, the passage of the Violence Against Women Act (VAWA)⁷ required HUD to reconsider how domestic violence shelters are included in HMIS bed coverage calculations. As a result, HMIS bed coverage was not a scored item in the 2006 CoC application, although the data was collected and used by TA providers to target resources to communities with low coverage rates.

Figure 4 shows average coverage rates across all CoCs. Reported coverage rates rose in all categories in 2006. In 2005, average coverage rates reached 50% in only two of six categories. Average coverage rates in 2006 reached 50% in all six categories.



⁶ Some data presented in this section are based on the total number of CoCs currently in operation (467), which is a larger number than those that applied or were funded in 2006. The HMIS TA Initiative provides TA to all CoCs regardless of the year in which they were funded and tracks the status of those implementations.

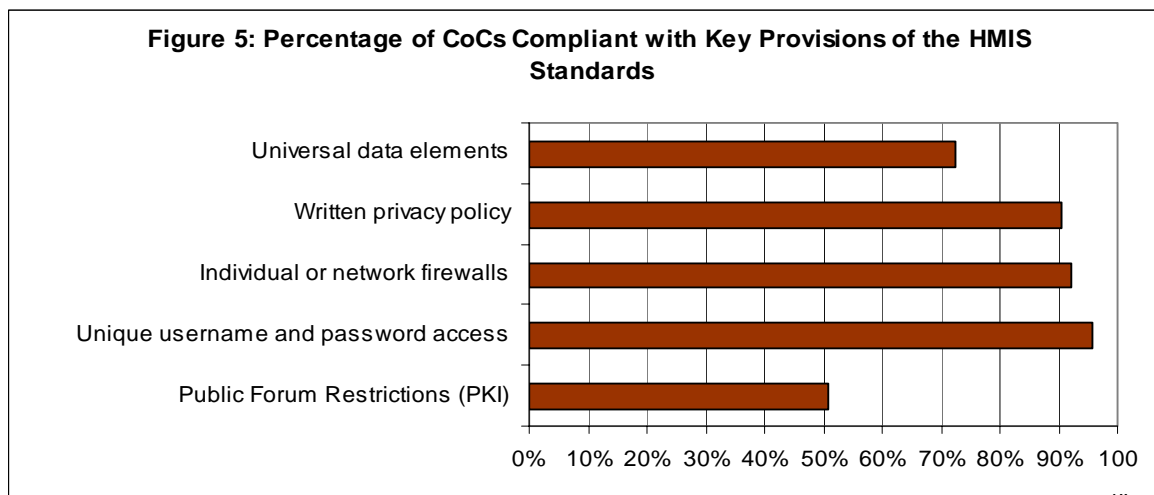
⁷ The Violence Against Women and Department of Justice Reauthorization Act of 2005 ((Pub. L. 109-162) (VAWA)) amended the McKinney-Vento Homeless Assistance Act (VAWA Sec. 605) by limiting the disclosure of personally identifying information of clients served by HUD Supportive Housing Program (SHP) funded domestic violence shelters via Homeless Management Information Systems (HMIS).

C. Implementation of HUD’s HMIS Data and Technical Standards

HUD assesses CoC compliance with its HMIS Data and Technical Standards Final Notice (the HMIS Standards) through the annual CoC competition and through its TA Initiative.⁸ The HMIS Standards contain two distinct components:

- Data standards on types of information that participating agencies must collect from clients receiving housing and services.
- Technical standards that set baseline privacy standards for all users of HMIS data, providing important safeguards for personal information collected from all homeless clients.

Starting in 2006, HUD included questions in the CoC application regarding local compliance with the HMIS Standards. Figure 5 illustrates the percentage of communities reporting that they have implemented key elements of the data, security and privacy standards required by HUD.



D. OMB GPRA Goals & PART Process

HUD’s HMIS Initiative significantly strengthens the Department’s ability to measure the results of its programs and their impact on homelessness at local and national levels. HUD has established four outcome measures relating to homelessness in compliance with the Government Performance Reporting Act (GPRA).⁹ These measures include:

1. Stabilization of clients in permanent housing;
2. Successfully moving clients from transitional housing to permanent housing;
3. Increasing the employment rate of clients; and
4. Increasing HMIS participation.

⁸ HUD HMIS Data and Technical Standards (FR-4848-N-02), published July 30, 2004. The Notice was effective on August 30, 2004. See Appendix D for detail.

⁹ Government Performance and Results Act (GPRA) of 1993; HUD’s goal is to end chronic homelessness and move homeless families and individuals to permanent housing (Objective C.3.) through its homeless assistance programs.

HUD collects results for the measures related to program performance (measures one through three) using Annual Progress Reports (APRs), which are increasingly generated through the local HMISs. Therefore, HMIS plays an increasingly important role in HUD's ability to collect and track accurate information about program performance and to document progress on GPRA goals. HUD also tracks and reports on the status of HMIS implementations. In 2006 HUD met or exceeded its objective for all four GPRA measures.

The role of HMIS was specifically recognized in the Office of Management and Budget's Program Assessment Rating Tool (PART) "Effective" rating of HUD's Continuum of Care Homeless Assistance competitive program in 2005.¹⁰

HUD's efforts related to performance measurement are further discussed in Section VI.

E. HUD's HMIS Goals for 2007

Building on the accomplishments of 2006, HUD plans to continue to support and encourage HMIS implementations through its 2007 CoC Notice of Funding Availability (NOFA) as well as through additional guidance. Planned actions include:

2007 CoC Competition:

- HUD will continue its commitment to HMIS through CoC competitive application scoring to emphasize the importance of collecting complete, high quality HMIS data.
- HUD will continue to request specific information from CoCs related to implementation of the data standards, coverage, data quality, and training activities, so that it can better understand the status and quality of each HMIS implementation.
- HUD will encourage communities to utilize HMIS as a tool to measure the effectiveness of plans to decrease chronic homelessness as reported in the CoC application.
- HUD will notify CoCs receiving HUD funds that they will eventually be required to participate in the AHAR, which is reliant on high quality and representative HMIS data.

GPRA Goals:

- HUD will continue to meet or exceed its GPRA goals related to HMIS implementation, and expect communities to report on other GPRA measures using HMIS data.

Guidance on VAWA Legislation and HMIS Coverage:

- HUD funds a significant number of shelter beds for victims of domestic violence. The Department will continue its commitment to work with legal counsel, information privacy experts, and security experts to develop solutions that meet the requirements of the law.
- The Department will publish a notice for public comment as directed under the VAWA Reauthorization.

¹⁰ <http://www.whitehouse.gov/omb/expectmore/detail.10001234.2005.html>

III. National HMIS Technical Assistance Initiative to Assist Communities

In 2001, the Congress authorized a portion of the HUD McKinney-Vento budget to be used for technical assistance to assist local jurisdictions to implement HMIS.¹¹ In 2006, the Department directed the TA Initiative to adopt a more targeted approach to technical assistance delivery and to provide tools for communities with advanced implementations. New and ongoing TA activities are outlined below.

A. Communication / Information Sharing

HUD has developed an extensive communication and project management infrastructure to effectively and efficiently share information with HMIS stakeholders. These mechanisms represent an important investment that will establish capacity beyond the life of the TA Initiative. Key elements include:

HMIS On-line Information Portal. The HMIS portal located at www.hmis.info is a centralized website that provides current information, publications and HUD resources related to HMIS. In 2006, the HMIS portal received a total of 50,470 visits. It also underwent a series of upgrades to improve navigation of the site. These included: improved search functionality; enhanced community pages designed to encourage peer-to-peer information sharing; and improved “Ask the Expert” and “Community Suggestion” functionality to improve communication with the field. *Ask the Expert* responded to 158 questions during the year.

HMIS.Info Listserv. With more than 2,363 subscribers, the listserv was a primary communication tool for HMIS updates and release of publications in 2006.

HMIS.Info e-Newsletter. The newsletter keeps HUD field offices, CoCs, providers and other stakeholders updated on news related to the TA Initiative. The bi-monthly e-Newsletter, underwent an upgrade in 2006 that allows readers to access it in multiple formats. This resource was viewed or downloaded more than any other single resource on HMIS.Info.

B. Third National HMIS Conference and Training – September 18-19, 2006

HUD sponsored its third National HMIS Conference and Training on September 18-19, 2006 in Denver, CO. The conference convened over five hundred individuals, including HMIS implementers, CoC representatives, state policy academy representatives, staff from HUD and other federal agencies, homeless consumers, advocates, HMIS software solution providers and

¹¹ In 2006, HMIS TA was provided primarily through the 2004 and 2005 Community Development Technical Assistance (CD-TA) cooperative agreements with Abt Associates Inc. (Abt). In 2006, the Cloudburst Consulting Group (an 8a firm) was also engaged by HUD to provide TA resources and ICF International provided support for the National HMIS Conference. TA activities are coordinated with homeless TA provided to communities through these and other HUD contracts.

researchers from all fifty states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

HMIS Conference plenary presentations covered topics including: HMIS participation; protecting client data through privacy and security; the future direction of HMIS; and preliminary AHAR results. Seventeen breakout sessions and eight workshops were offered to conference participants on a wide range of HMIS topics designed for HMIS stakeholders at all levels. Forty individual TA sessions were also provided to allow communities to receive individualized guidance on specific topics. Conference presentations and handouts are posted online for public use at www.hmis.info. Participant evaluations documented that 93 percent of participants found the overall conference excellent (41%) or good (52%). The average rating was 4.35 out of 5 points.

C. Technical Assistance Materials

In 2006, HUD commissioned the development of a number of technical assistance materials on advanced HMIS-related topics. Many of the resources were developed in response to needs communicated to HUD from communities implementing HMIS. Table 1 details the TA materials developed in 2006.

TABLE 1: HMIS TA Materials

| TA Product | Description | Audience and Purpose |
|--|---|--|
| Data Integration Standards | The standards include a <i>Revised XML Schema</i> and a <i>Comma Separated Value (CSV) Data Integration Standard</i> . | HMIS technical staff can use these resources to integrate data from legacy information systems or multiple HMIS systems for improved analysis and reporting, thereby allowing for better understanding of homelessness. |
| HMIS Self-Assessment Toolkit | This self-administered tool is designed to assist communities in assessing their HMIS operations, management, and compliance. | HMIS implementers at all levels can use this tool to identify barriers to implementation. The toolkit directs communities to TA resources and materials that are available on HMIS.info to address priority issues and barriers. |
| Report on Technical Solutions for Protecting the Confidentiality of Victims of Domestic Violence | Dr. Latanya Sweeney of Carnegie Mellon University was tasked with developing a technology-based tool to allow for unduplication of client level data without the use of traceable personally identifying information. This report describes the first phase of her efforts. | CoCs may ultimately utilize the tool to increase the quality and coverage of local data. In 2006 Dr. Sweeney began work on the technology and presented preliminary findings in a plenary session at the National HMIS Conference. |
| Guides for Conducting Point-In-Time Counts | These two technical assistance documents provide step-by-step guidance on methods for conducting point-in time counts. These documents include: <i>A Guide to Counting Unsheltered Homeless People</i> and <i>A Guide to Counting Sheltered Homeless People</i> . | CoCs use these tools to guide and improve methods for required point-in-time counts, and thereby improve the consistency and quality of data reported to and used by HUD. HUD developed and deployed a national webcast to accompany the written materials, during which the importance of homeless data collection was highlighted by Deputy Secretary Roy Bernardi. The webcast can be found on HUD's web site at www.hud.gov/webcasts . |

D. Training and Technical Assistance

Through HUD's TA Initiative, extensive training and technical assistance is provided to communities to address specific barriers to HMIS implementation. In 2006, HUD continued data standards trainings on a demand/response basis, launched a new telephone outreach initiative to CoCs to assess HMIS implementation status, and provided targeted technical assistance.

1. Training

In 2006, training modules from the 2005 Data and Technical Standards Training were redesigned so that individual communities could deliver HMIS Standards training. The redesigned curriculum provided local communities the opportunity to customize and adjust training modules and materials to reflect implementation and management concerns faced locally.

2. Outreach Calls

HUD engaged nearly 160 communities in 2006 through a series of outreach calls designed to further understand local needs for assistance (see Appendix A for detail). Calls conducted by the TA Initiative team verified community status information, documented challenges and successes of the local HMIS implementation, and provided referrals to existing technical assistance documents, training modules, or tool kits that could address immediate needs. Follow-up calls, emails and/or on-site technical assistance visits were conducted to assist communities in overcoming specific barriers.

3. Targeted Technical Assistance

HUD maximizes TA delivery efforts through the use of a centralized portal and a regional structure of TA providers. General inquiries and requests for TA are fielded by TA providers with expertise in community planning, HUD policy, HMIS implementation, and privacy and security. Depending on a community's specific question and need, a response is initiated via phone, e-mail, on-site visit, or special on-going engagement. E-mail communication proved to be an especially valuable and efficient way to communicate and share sample documents and TA resources. HUD's TA Initiative supported 29 communities representing over 50 CoCs through intensive on-site TA (see Appendix B for further information). In addition, HUD's TA Initiative also provided phone, e-mail or other remote support to over 115 other communities in 2006.

4. Regional HMIS Collaboratives

HUD strongly supports the ongoing development of collaborative approaches to HMIS operations. These collaboratives may be organized according to geography, software type or implementation status. The New England Regional HMIS (NERHMIS) is an example of a regional collaborative supported by the TA initiative during 2006. Other collaboratives supported by HUD include:

- Los Angeles/Orange County (LA/OC) Regional Collaborative;
- Southern California Central Coastal Region (SCCCR);
- Mid-Atlantic Regional HMIS (MARHMIS);
- San Francisco Bay Area Collaborative; and
- Florida Statewide Coordination.

E. HMIS Technical Assistance Goals for 2007

In 2007, HUD's TA efforts will continue to be available to both emerging and highly developed implementing communities through ongoing communication and technical assistance on HMIS related topics. The major focus of the 2007 TA effort will be to:

- Increase provider participation in HMIS;
- Improve quality of data within HMIS;
- Further compliance of CoCs with the HMIS Standards; and
- Promote effective HMIS grant administration.

Specific TA activities planned for 2007 include the following:

- On-site technical assistance, which will be prioritized for communities that are most likely to improve HMIS coverage and successfully participate in future AHARs;
- New training materials will be developed for CoCs struggling with the administration and evaluation of their existing HMIS grants;
- Functionality and design enhancements for the HMIS.Info portal will be developed to include advanced user account management features to make the portal a more robust interactive experience; and
- An HMIS Grant Administration Workshop will be convened in Minneapolis in September 2007 for HMIS grantees, stakeholders and HUD staff. The workshop will provide HMIS projects with the tools necessary to evaluate HMIS implementation effectiveness through: compliance with HUD Data and Technical Standards; compliance with grant administration guidelines for funding of HMIS projects; performance targets focusing on increasing homeless system bed/unit coverage rates; and performance targets focusing on improving data element coverage.

IV. Hurricane Katrina Disaster Relief Technical Assistance

A. Disaster Recovery Efforts in 2006

In September 2005, HUD developed the Disaster Technical Assistance Project (DTAP) to assess the impact of Hurricane Katrina on CoCs in Texas, Louisiana, Mississippi and Alabama and approved the provision of direct technical assistance to those communities based on the needs identified. DTAP activities continued in 2006 with a focus on providing recovery assistance related to mid- and long-term needs of communities as they began to normalize operations.

DTAP TA activities are detailed in the Table 2 below.

TABLE 2: 2006 DTAP Activities

| Geographic Focus | Activity | Result |
|-------------------------|---|---|
| Gulf Coast Region | Operation of Katrina-specific HMIS through July 2006 | 200 users in 4 states (representing nine CoCs) accessed Katrina database. 42,044 client records entered. |
| Gulf Coast Region | Launch of web-based resource directory in conjunction with local 211 providers. | Provided updated social service resource information for people in Louisiana and those trying to return to the area. Approximately 800 daily visits to the site and 7,600 resources listed. |
| Gulf Coast Region | Administrative activities including coordination with local and national agencies, tracking equipment on loan from HUD, and training. | Coordinated data collection efforts with Red Cross, the Coordinated Assistance Network, United Way, and the Louisiana Family Recovery Corps. All equipment documented. 10 trainings on HUD's HMIS Standards. |
| New Orleans | Support of Unity of Greater New Orleans' launch of a housing locator tool for affordable housing in New Orleans metro area. | Launch of Housing Locator scheduled for February 2007. Includes on-line access for affordable housing units. |
| New Orleans | Budget re-alignment for SHP funded projects. | Increased access to HUD funds for projects serving homeless individuals and families. Grant consolidation for easing administrative burden for grantees. |
| New Orleans | Assessment of programs staffing and technical capacity of all HMIS participating agencies. | Assisted the New Orleans CoC in determining ongoing training and hardware needs for its providers, in order to return coverage rates to pre-Katrina levels. |
| Louisiana | Policy and technical guidance in the formation of a new statewide HMIS for improved state-level coordination and disaster preparedness. | Steering Committee developed to guide the implementation of the statewide HMIS. Development of data migration mapping and standard operating procedures. Louisiana's new HMIS is scheduled to launch (replacing 9 regional HMIS systems) in 2007. |
| Mississippi | Technical guidance on change of HMIS software and grant administration issues. | In conjunction with Field Office staff, advocated for funding and assisted with local concerns that were barriers to recovery of the project. |

B. 2007 Goals for HUD's Disaster Technical Assistance Project

In 2007, HUD's HMIS disaster-related efforts will transition from focusing primarily on Gulf Coast recovery to providing assistance on mitigating risks and preparing for future emergencies. Ongoing recovery efforts will consist of targeted support of Katrina impacted areas through September 2007 (a total of two years), including on-demand assistance. Other activities planned for 2007 include:

- Continuation of activities initiated in 2006 including: support of the statewide HMIS in Louisiana HMIS, CoC support for New Orleans; and HMIS and CoC TA for Mississippi.
- Development of a toolkit designed to assist CoCs and/or HMIS lead agencies to identify and prepare for risks particular to their area and situation.

- Development of guidance based on lessons learned during Hurricanes Katrina and Rita, to assist CoC grantees (HMIS and others) in maintaining program operations and operating in emergency situations while working within HUD’s regulations and the HMIS Data and Technical Standards.

V. 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. HUD produces the AHAR based on HMIS data and information from annual CoC funding applications.¹² The AHAR Initiative includes HMIS data collection and analysis, as well as AHAR-related technical assistance.

A. Progress on the AHAR Initiative

Table 3 provides an overview of the AHAR process. The AHAR is based on local unduplicated HMIS data on homeless persons who access the homeless service system. These data are supplemented with information from annual CoC funding applications, particularly information about the total number of unsheltered homeless persons and local housing inventories of emergency and transitional shelters and permanent supportive housing. Using these data, researchers produced national estimates for the number of homeless persons and develop a profile of their characteristics and service use patterns. These data are also used to estimate the national capacity to house homeless persons.

AHAR 1 was based on a three-month reporting period and includes persons who access an emergency shelter or transitional housing program. The first AHAR was sent to the Congress in February 2007. AHAR 2 will be based on a six-month reporting period and will similarly include persons who access a homeless residential facility. The data for AHAR 2 is currently being analyzed and the report will be finalized in the fall of 2007. AHAR 3 will be the first report that uses data from a full year and will also focus on users of homeless residential services. The number of communities that report to the AHAR will increase from about 90 communities in AHAR 1 to about 120 communities in AHAR 3. See Appendix C for details.

TABLE 3: Overview of the Annual Homeless Assessment Report Process

| AHAR | Data Collection Time Period | Types of Programs Reporting to the AHAR | Number of AHAR Communities |
|-------------|---|--|--|
| AHAR 1 | February 1, 2005 through April 30, 2005 | <ul style="list-style-type: none"> • Emergency Shelters • Transitional Housing | <ul style="list-style-type: none"> • 80 Sample Sites • 9 Contributing Communities |
| AHAR 2 | January 1, 2006 through June 30, 2006 | <ul style="list-style-type: none"> • Emergency Shelters • Transitional Housing | <ul style="list-style-type: none"> • 80 Sample Sites • 9+ Contributing Communities |

¹² HUD contractors, Abt Associates Inc. and the University of Pennsylvania’s Center for Mental Health Policy and Research, were the primary researchers for the AHAR.

TABLE 3: Overview of the Annual Homeless Assessment Report Process

| AHAR | Data Collection Time Period | Types of Programs Reporting to the AHAR | Number of AHAR Communities |
|--------------|--|--|---|
| AHAR 3 | October 1, 2006 through September 30, 2007 | <ul style="list-style-type: none"> • Emergency Shelters • Transitional Housing | <ul style="list-style-type: none"> • 96 Sample Sites • 25+ Contributing Communities |
| Future AHARs | Full year (October through September) | <ul style="list-style-type: none"> • Emergency Shelters • Transitional Housing • Other program types, e.g., street outreach | <ul style="list-style-type: none"> • 96 Sample Sites • 40+ Contributing Communities |

B. 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. Targeted TA was provided to communities to build capacity to collect and record valid data and to generate the local AHAR reports. AHAR communities received the general HMIS Training and TA (described in Section III.D of this report) to address general implementation issues including: guidance on adoption of the HMIS data elements; strategies for increasing provider participation in HMIS; and methods for improving data quality.¹³ Meanwhile, specific support was provided by AHAR researchers to each AHAR community to prepare them for data collection and reporting. This support included:

- One-on-one telephone calls with each community to review the quality of HMIS data and to address technical assistance needs.
- Regular e-mail updates that focused primarily on the AHAR reporting requirements and provided guidance on how to meet these requirements.
- AHAR-related sessions and one-on-one workshops with the AHAR research team (offered at the 2006 National HMIS Conference) to answer community questions and provide guidance on how to resolve reporting or data quality issues.
- Series of conference calls providing detailed instructions on data reporting requirements.

C. The Future of HUD’s AHAR Initiative

HUD will continue to adapt the AHAR project as HMIS implementations mature and data quality improves. Possible future changes to the project include:

- **Adding Data Elements:** After completing the third AHAR, the AHAR may be modified to include the additional data elements that are defined in HUD’s HMIS Standards. 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.

¹³ These technical assistance services were offered to all CoCs, as described in Section III.D., not just AHAR sample jurisdictions.

- **Increasing the Number of Participating Communities:** HUD plans to increase the number of communities reporting to the AHAR, both the formal sample communities and volunteer contributing sites. Approximately 16 sample jurisdictions will be added to better represent non-metropolitan areas and between 25 and 40 additional CoCs will be recruited to contribute data for the third and subsequent AHARs. The addition of these communities will provide increasingly accurate information on homelessness in America by improving the precision of the AHAR estimates.
- **Adjusting the Reporting Tools:** HUD will refine the local reporting forms to account for the longer reporting period and to provide instructions on how to complete the revised forms.
- **Illustrating the Value of Participation and Providing Additional Targeted TA:** HUD is actively engaged in bringing new communities into the AHAR by demonstrating the local and national value of participation. HUD will 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.

VI. Efforts to Improve HUD and Inter-Departmental 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. 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 (discussed in Section II.D). The following sections describe HUD's efforts in 2006 to improve reporting and performance measurement.

A. Moving Towards Improved and Coordinated Reporting in HUD Homeless Programs

The Department has two primary ways of collecting data from grantees on homeless program effectiveness – the Integrated Disbursement Information System (IDIS) for the Emergency Shelter Grants (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. Activities undertaken in 2006 to improve the Department's reporting include the following:

- HUD began a redesign of the APR. The new APR will be more outcome-oriented and will accurately address the different types of outcomes expected by specific types of programs (outreach, transitional housing, permanent housing, etc.).

- The Department continued to re-engineer IDIS as a reporting mechanism for the ESG program. The development of a web-based IDIS interface has included revision of data elements to comply with HUD’s HMIS Standards as well as modification of the system to include improved data on prevention efforts, the number of beds created through ESG and the reporting and measurement of outcomes for these programs.
- The Department recognizes that communities are also required to report homelessness-related information in ways other than through the APR and IDIS, including the annual CoC application and the AHAR. HUD worked to standardize reporting terminology and required data elements within all of these reporting mechanisms.

B. Enhancing Coordination with Other Federal Agencies

HUD has sought the involvement of other Federal agencies in its response to Congressional direction on improving data collection on homelessness by standardizing and streamlining reporting.¹⁴ Decreasing homeless provider burden hours required to report to multiple federal agencies has been a continued priority.

- HUD entered into an interdepartmental effort with the Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS. This effort focused on an assessment of uniform data collection and performance measurement for HUD’s McKinney-Vento funded homeless assistance programs and HHS-funded Projects for Assistance in Transition from Homelessness (PATH) grantees. As both programs provide for outreach services to homeless persons living on the street, it is possible that the same performance measures could be used to assess the effectiveness of both programs.
- HUD also continued discussions with the VA on 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 conflicts associated with HMIS.

C. HMIS and Local Data-Driven Resource Planning

There are two aspects of data-driven planning. The first is community planning using data collection 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 worked to build capacity within the Department and with grantees to use HMIS to support both planning and program evaluation.

¹⁴ Other Federal agencies include 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).

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. Requiring resource allocation decisions to be tied to local needs is also a key feature of the annual CoC application process. As data quality improves, HMIS can provide the baseline and annual data to guide HUD's community planning requirements.

1. Using HMIS for Local Planning and Resource Allocation

HUD has identified numerous examples where HMIS data are being used to support Consolidated Planning, CoC needs assessments and/or ranking decisions, the Administration's 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 and are part of local efforts to improve access to mainstream services. Some communities have found practical uses of HMIS to help implement some of the strategies identified in their plans. The following are brief examples of communities that utilize HMIS for local planning purposes.

- **Mainstream Benefits Eligibility:** Recently, St. Louis, MO embarked on a project to link homeless clients to mainstream benefits for which they may be eligible. To assist case managers in identifying those most likely to qualify for mainstream benefits, CoCs created a special assessment tool within the HMIS. Case workers complete a standard client intake in the HMIS. The system then analyzes information related to a client's cash and non-cash benefits, any disabling conditions, age, veteran status and other data elements before displaying a summary of mainstream benefits for which household members may be eligible.
- **Understanding the Value of Services:** ARCH represents an eight-county region of Eastern Tennessee that is characterized by large tracts of rural land with distressed housing stock and a sizable population living in poverty. Homelessness in this rural region often requires new and innovative strategies that differ from traditional urban approaches. ARCH administrators have customized their HMIS to add a data variable that tracks the value of services received by clients. This provides important data for providers trying to better their understanding of the costs and benefits of services in the community. This added feature has resulted in significant private sector and mainstream investment in HMIS.
- **Partnering with Federal Agencies:** The El Paso Coalition for the Homeless is currently participating in a pilot project focused on expanding the number of eligible homeless individuals who take advantage of the Earned Income Tax Credit (EIC). The IRS and HUD have partnered together to pilot a program where extensive outreach is done in homeless shelters to make clients aware of the EIC and to train caseworkers and other staff on the eligibility requirements and how clients can apply for the EIC. HUD-funded agencies are able to use HMIS to help identify those who may be eligible for the EIC, assist with the application process, and track the progress of those who do apply for the credit.

- **Decreasing Homeless Provider Burden While Increasing Data Quality:** The District of Columbia’s Continuum of Care required participating programs to use HMIS to complete the annual Point-In-Time (PIT) Survey in 2006. Using the HMIS proved to be a more time efficient process compared with the manual count performed in past years. It also was beneficial in identifying provider technical assistance or training needs, and improving the accuracy and timeliness of data submission.

2. Local Program Evaluation

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 funds to help communities understand how to use client-level data for performance measurement. Community examples include:

- **Housing Program Report Cards:** The Community Shelter Board in Columbus, OH has refined a robust approach to performance measurement using HMIS using universal and program-specific data elements. HMIS data are used to build a quarterly and semi-annual program evaluation for each community shelter and transitional housing program. The evaluation results are used by community members to assess performance, award funding, and make prioritization decisions that are critical in a community-wide approach to the coordination of homeless assistance services.
- **Benchmarking Program Progress:** Michigan is creating a measurement process using the HMIS data collection infrastructure to support decision makers in statewide planning, while also providing program managers with an opportunity to improve services. When fully implemented, the Michigan Statewide HMIS will allow providers to select and track appropriate program outcomes in the HMIS from a menu of measures that is being developed by the Benchmarking Group. Individual agencies will be able to query the HMIS routinely to assess their own program performance on their selected measures against a baseline of similar programs throughout the state. The project leaders anticipate that the measurement project will support continuous quality improvement practices and help identify promising program practices that can be replicated throughout the state.

D. 2007 Plans for Improving Coordination and Reporting for Homeless Programs

HUD will continue its efforts in 2007 to improve internal reporting and performance measurement as well as coordination on data collection and reporting with its Federal partners. Specific plans are detailed below.

- HUD will finalize a draft client-level, HMIS-based APR that can be used for performance measurement purposes and release it for public comment.¹⁵

¹⁵ 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.)

- New features will be deployed in the Department's IDIS reporting system.
- The Department will continue to provide TA to communities on the use of HMIS for local program evaluation and performance measurement.
- The Department plans to conduct a formal review of the HMIS Standards in 2007. This will include a review of security and privacy standards in order to ensure that they are consistent with industry and government practices.
- 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.

VII. Conclusion

In 2007, 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 SHP grants, as well as on the HMIS TA described in this report to increase their capacity to effectively manage their HMIS implementations and collect representative and quality 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 majority of communities that receive HUD funds are collecting homeless data, and they are moving towards representative levels of coverage. The HMIS challenges they face have shifted from initial implementation concerns to coverage, 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 fiscal and program 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.

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. Communities 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. With continued technical assistance and financial support over the next several years, all CoCs will realize the benefits that an HMIS can yield at the client, provider, community, state, and regional level to prevent and address homelessness.

Appendix A: List of 2006 HMIS Outreach Communities

HUD's National HMIS Technical Assistance Team conducted outreach to each of the communities listed in the table below. Outreach efforts were prioritized by those CoCs reporting less than 50% HMIS coverage of their emergency shelter providers.

| State | City |
|---------------------------|---------------------------|
| Arkansas | Statewide |
| Arizona | Maricopa |
| | Rural |
| | Tucson/ Pima |
| California | Colusa/ Glenn/ Tehama |
| | Fresno/ Madera |
| | Kern County |
| | Monterey County |
| | Napa County |
| | Pasadena |
| | San Bernardino County |
| | San Diego |
| Colorado | Sonoma |
| | Balance of State |
| Connecticut | Colorado Springs/ El Paso |
| | Denver |
| | Bristol |
| Delaware | Hartford |
| | Regional |
| Florida | Statewide |
| | Broward |
| | Citrus/ Hernando |
| | Columbia Hamilton |
| | Gainesville/ Alachua |
| | Hendry/ Hardee |
| | Orlando/ Orange/ Osceola |
| | Palm Beach County |
| | Pasco County |
| | Sarasota/ Manatee County |
| | St. Johns |
| | St. Pierce |
| | Tallahassee/ Leon |
| Volusia/ Flagler County | |
| Illinois | Central Illinois |
| | Champaign |
| | Chicago |
| | Cook County |
| | Dekalb |
| | E. St. Louis |
| | Evanston |
| | Joliet |
| | Madison County |
| | Northwest Illinois |
| | Peoria |
| Rockford | |
| Southern Central Illinois | |
| Iowa | Statewide |

| State | City |
|----------------|------------------------------|
| Kansas | City of Lawrence |
| | City of Topeka/ Shawnee |
| | Kansas Balance of State |
| | Kansas City Regional |
| | Wichita |
| Kentucky | Statewide |
| Maine | Statewide |
| Maryland | Anne Arundel |
| | Baltimore |
| | Charles, Calvert, St. Mary's |
| | Garrett |
| | Hartford |
| | Mid-Shore Regional |
| Massachusetts | Attleboro |
| | Boston |
| | Cambridge |
| | Cape |
| | Framingham |
| | Lawrence |
| | Lynn |
| | Worcester |
| Michigan | Ann Arbor/ Washtenaw |
| | Battle Creek/ Calhoun |
| | Cass |
| | Flint/ Genesee |
| | Grand Rapids |
| | Jackson City/ County |
| | Kalamazoo County |
| | Lansing |
| | Macomb County |
| | Marquette/ Alger |
| | Monroe |
| | Muskegon City and County |
| | Pontiac/ Oakland County |
| Saginaw County | |
| Traverse City | |
| Minnesota | Statewide |
| Missouri | Clay/ Plate County |
| | St. Louis City/ County |
| Montana | Statewide |
| Nebraska | Balance of State |
| | North Central Nebraska |
| Nevada | Southern Nevada |
| New Hampshire | Statewide |
| New Jersey | Balance of State |
| | Morris County |

| State | City |
|---------------------|--------------------------|
| New York | Albany |
| | Allegany County |
| | Broome |
| | Cattaraugus County |
| | Chautauqua |
| | City of Auburn/ Cayuga |
| | Columbia/ Greene County |
| | Duchess/ Ulster |
| | Erie County |
| | Franklin |
| | Jefferson, Lewis |
| | Nassau/ Suffolk Regional |
| | Putnam |
| | Rochester/ Monroe County |
| | Rockland |
| | Steuben County |
| Syracuse | |
| Tompkins County | |
| Utica-Oneida County | |
| North Carolina | Statewide |
| North Dakota | Statewide |
| New Jersey | Balance of State |
| | Bergen County |
| Ohio | Akron |
| | Cincinnati |
| | Greater Toledo |
| | Ohio Balance of State |
| Oklahoma | Norman |
| | North Central |
| | Northeast |
| | Oklahoma City |
| | Tulsa |
| Oregon | Balance of State |
| | Portland/ Multnomah |
| | Washington County |
| Pennsylvania | Balance of State |
| | Bucks County |
| | Chester County |
| | Erie County and City |
| | Lancaster |
| | Montgomery |
| | Philadelphia |
| | Reading |
| | Scranton |
| | PeeDee |
| South Carolina | Upstate |
| | Statewide |
| South Dakota | Statewide |
| Tennessee | Appalachian |
| | Knoxville |
| | Nashville |
| Utah | Statewide |
| Vermont | Chittenden County |

| State | City |
|------------|---------------------------|
| Virginia | Alexandria |
| | Fairfax |
| | Lynchburg |
| | Petersburg |
| | Prince William |
| | Roanoke |
| | Staunton/ Waynesboro |
| | Virginia Balance of State |
| Washington | Balance of State |
| | City of Spokane |
| | Seattle King/ County |
| | Tacoma/ Lakewood |
| Wisconsin | Statewide |
| Wyoming | Statewide |

Appendix B: Description of 2006 Intensive Targeted TA Engagements

| Intensive Technical Assistance for January - December 2006 | | |
|---|----------------------|--|
| <i>Location</i> | <i>Duration</i> | <i>Purpose and Outcome</i> |
| Northern Alabama | June – December 2006 | HMIS TA providers assisted this multi-CoC implementation to formalize management structure and policies through facilitation of bi-monthly meetings in 2006. These meetings brought CoC representatives together with state-level policy makers to improve data quality and bed coverage as well as HMIS operations. The group structure has been formalized and policy documents are being drafted by the community for adoption by all CoCs involved. Assistance may continue in 2007. |
| Los Angeles, CA | Ongoing | HMIS TA Staff facilitated quarterly meetings with the Los Angeles/Orange County Collaborative. Ongoing discussions involved participation standards, cross-Continuum reporting, data sharing, funding, and sharing of technical resources. |
| San Francisco, CA | March & October | HMIS TA staff conducted a capacity assessment of the current San Francisco implementation and then assisted the CoC leadership with the development of a funding strategy. This will support expansion and integration efforts, resulting in increased HMIS coverage for San Francisco. |
| Southern California Central Coast, CA | September | HMIS TA staff provided ongoing assistance to this collaborative. Due to the high turn over of project management staff, the collaborative has experienced implementation and expansion barriers. TA staff also looked at potential software issues that were resulting in community interest in reviewing other products. |
| Ventura County, CA | November | To help Ventura County evaluate the pros and cons of switching HMIS software, HMIS TA staff conducted telephone interviews with Ventura County end-users then presented the results of the interviews to the Ventura County HMIS committee. HMIS TA staff also presented a truncated version of the HMIS data standards training to Santa Barbara, CA. |
| Washington, DC | April | HMIS TA was provided to assist the lead HMIS agency to ensure data quality through provider level reporting mechanisms. As a result, providers were able to access new ways to monitor and improve data quality. |
| Lake City, FL | June | HMIS TA staff provided TA on HMIS project management. Specifically, staff demonstrated how to monitor data quality and help the community's providers catch up on their data entry back-log. |
| Pasco County, FL | June | HMIS TA staff met with Pasco County's HMIS project manager and the county's HMIS user group to review their policies and procedures, show how to use their HMIS grant to hire a part-time HMIS project manager and recruit non HUD-funded programs to participate in HMIS. |

Intensive Technical Assistance for January - December 2006

| <i>Location</i> | <i>Duration</i> | <i>Purpose and Outcome</i> |
|-------------------------------|--------------------|--|
| Rockford, IL | Ongoing | Through a series of conference calls with different stakeholders in the community, outreach to encourage attendance at the National HMIS Conference, and dissemination of relevant TA documentation from the www.hmis.info resource library, the TA Initiative helped to develop strategies to address issues related to funding, provider participation, software selection, and data integration. |
| State of Louisiana | Ongoing | HUD's Disaster Technical Assistance Project (DTAP) provided intensive technical and operational support to CoCs in Louisiana as they move towards implementation of a statewide HMIS for both policy and emergency preparedness purposes. The statewide HMIS is scheduled to launch in 2007. DTAP also provided recovery support to HMIS implementations impacted by Hurricanes Katrina and Rita. |
| Mid Atlantic Region (MARHMIS) | Ongoing | HMIA TA team members facilitate bi-monthly meetings of the Mid-Atlantic Regional HMIS group, assist in development of agenda items and update the membership on national initiatives. The group met six times in 2006. |
| State of Maryland | December | HMIS TA reviewed existing HMIS database configuration and developed protocols for the mapping of all datasets into a single instance of a Maryland HMIS data warehouse. TA staff also looked at protocols and processes to manage the statewide integration initiative. |
| Cecil, MD | June | TA staff provided training on HUD's data standards, as well as discussed ways in which the community could increase their provider participation in HMIS. Additionally, staff addressed data entry and data quality issues. |
| Somerville, MA | March | TA staff assisted with the Somerville Homeless Coalition's software selection efforts. The coalition wanted assistance in using their HMIS software for performance measurement. The HMIS TA team wrote a summary of how HMIS software can be used for performance measurement and then presented it to the Coalition. |
| Minnesota | September-December | The HMIS TA team enabled participating HMIS providers to deliver HMIS data without a prerequisite software implementation. The team also helped the implementation modify the HUD HMIS XML data format, map to a vendor-specific XML format, and prepare their upload process. The project is continuing with vendor support to achieve the first beta transformation and upload. |
| Mississippi | Ongoing | Intensive TA was provided to three CoCs in Mississippi in order to assist in the transition of HMIS software and to assist in the recovery process for those communities impacted by Hurricane Katrina. This TA was completed in conjunction with the HUD field office in Jackson, MS. |
| New England (NERHMIS) | Ongoing | The collaborative continued to hold monthly meetings where members across six states addressed ways to enhance the use of HMIS across the region. NERHMIS also manages an HMIS listserv, which includes subscribers from across the country. In 2006, 230 emails were sent over this listserv. HUD's HMIS TA team members continually monitor the listserv and provide authoritative information on HMIS topics as necessary. |

Intensive Technical Assistance for January - December 2006

| <i>Location</i> | <i>Duration</i> | <i>Purpose and Outcome</i> |
|------------------------|-------------------------|--|
| New Hampshire | February | The HMIS TA team assisted New Hampshire with HMIS grant management and provider participation status. The team also reviewed the state's data quality monitoring tools. Additionally, the team provided New Hampshire's HMIS project management team with an assessment as a follow-up to the site visit. |
| Franklin County, NY | July | The HMIS TA team conducted a daylong training on HUD's HMIS data standards for the continuum. |
| New York, NY | July & September | The City of New York continues to look at technology solutions to integrate the existing database of Department of Homeless Services programs and other providers that may be funded by HUD and/or other systems. TA team members assisted City of NY DHS staff in outlining various approaches to this large-scale integration challenge. |
| Ohio Balance of State | Ongoing | HMIS TA team members met with the homeless assistance providers from throughout the State of Ohio to review provider participation strategies, data quality protocols, and discuss uses of HMIS data through reporting. |
| Stark County, OH | June | Stark County requested HMIS TA resources to help review existing coverage and quality issues throughout their community. HMIS data was used to help develop need estimates for permanent supportive housing. |
| Bucks County, PA | August-December | HMIS TA team members provided on-site and remote assistance to assist staff tasked with HMIS implementation to develop an implementation plan. The progress of the plan and assistance in overcoming significant barriers to accomplishing goals was monitored by the TA staff, who also worked closely with field office staff to assist the community to move forward. |
| Nashville, TN | April | The CoC is implementing a homegrown HMIS that requires data sharing across all providers. At the governance group meeting, the HMIS TA team demonstrated how to implement their HMIS in a manner that is consistent with the HMIS data standards. |
| Tarrant County, TX | February & October | HMIS TA team members facilitated a number of community meetings to review progress in achieving a cohesive management approach to HMIS. Several large shelter providers were finally engaged in HMIS use as a result of this TA. |
| Texas Balance of State | Ongoing | HMIS TA staff helped outline a statewide approach for Texas that would enable a newly developed Balance of State CoC to implement HMIS to all newly covered providers. |
| Galveston, TX | October | In preparation for a change in HMIS leadership within the CoC, HMIS TA providers conducted on-site meetings with key stakeholders to determine next steps designed to ensure a smooth transition. |
| Montgomery, TX | June, July, and October | HMIS TA staff helped this Houston suburb to review their HMIS capacity and, ultimately, decided to partner with their large neighbor, Houston, for purposes of efficiencies and economies of scale. |

Appendix C: List of AHAR Sample Sites and Contributing Communities

NP=No Providers. These sites did not provide data because they did not have any emergency shelters or transitional housing located within their AHAR jurisdiction.

N/A: These sites volunteered to contribute data for AHAR 2, they were not part of the original AHAR

| Community Name | State | Continuum of Care | Data Used in AHAR 1? | Data Used in AHAR 2? |
|--------------------------|-------|---|----------------------|----------------------|
| AHAR Sample Sites | | | | |
| FLAGSTAFF | AZ | Rural Arizona CoC | Yes | Yes |
| PHOENIX | AZ | Maricopa CoC | Yes | Yes |
| FRESNO | CA | Fresno/Madera CoC | Yes | Yes |
| LOS ANGELES | CA | County of Los Angeles | No | No |
| LOS ANGELES COUNTY | CA | County of Los Angeles | No | No |
| MARIN COUNTY | CA | Marin County | Yes | Yes |
| MISSION VIEJO | CA | County of Orange | NP* | NP |
| MODESTO | CA | Stanislaus County | No | No |
| MORENO VALLEY | CA | County of Riverside | NP | NP |
| PASADENA | CA | Pasadena Community Development Commission | No | No |
| PICO RIVERA | CA | County of Los Angeles | NP | No |
| SAN DIEGO | CA | City of San Diego Consortium | Yes | Yes |
| SAN FRANCISCO | CA | City and County of San Francisco | No | No |
| SEASIDE | CA | County of Monterey | Yes | No |
| ADAMS COUNTY | CO | Metro Denver Homeless Initiative | No | Yes |
| CROWLEY COUNTY | CO | State of Colorado | NP | NP |
| HARTFORD | CT | Hartford CoC | Yes | No |
| STRATFORD | CT | Bridgeport CoC | Yes | Yes |
| WASHINGTON | DC | District of Columbia Homeless Services | Yes | Yes |
| WILMINGTON | DE | CoC Delaware | Yes | Yes |
| DELTONA | FL | Volusia County CoC | NP | NP |
| MARION COUNTY | FL | Ocala/Marion County CoC | Yes | Yes |
| POLK COUNTY | FL | Polk/Hardee/Highlands County CoC | No | Yes |
| SARASOTA | FL | Sarasota/Manatee CoC | Yes | Yes |
| ATLANTA | GA | Atlanta Tri- Jurisdictional | Yes | Yes |
| AUGUSTA-RICHMOND | GA | Augusta-Richmond County | Yes | Yes |

| Community Name | State | Continuum of Care | Data Used in AHAR 1? | Data Used in AHAR 2? |
|-------------------|-------|-------------------------------------|----------------------|----------------------|
| MACON COUNTY | GA | Georgia CoC | NP | NP |
| OCONEE COUNTY | GA | Georgia CoC | NP | NP |
| CHICAGO | IL | Chicago CoC | No | No |
| COOK COUNTY | IL | Cook County CoC | No | Yes |
| HARDIN COUNTY | KY | Commonwealth of Kentucky CoC | Yes | Yes |
| BOSSIER CITY | LA | Northwest Louisiana | Yes | No |
| SLIDELL | LA | Slidell/Livingston/St. Helena | Yes | Yes |
| ATTLEBORO | MA | Greater Attleboro and Taunton CoC | No | No |
| BOSTON | MA | City of Boston | Yes | Yes |
| LAWRENCE | MA | Lawrence County CoC | No | No |
| MONTGOMERY COUNTY | MD | Montgomery County, Maryland | Yes | Yes |
| DETROIT | MI | City of Detroit CoC | Yes | Yes |
| FARMINGTON HILLS | MI | Oakland County CoC | NP | NP |
| LANSING | MI | Lansing/Ingham County CoC | No | Yes |
| MACOMB COUNTY | MI | Macomb County CoC | NP | Yes |
| WASHTENAW COUNTY | MI | Washtenaw County/Ann Arbor CoC | No | Yes |
| HENNEPIN COUNTY | MN | Minneapolis/Hennepin County CoC | Yes | Yes |
| MOORHEAD | MN | West Central Minnesota CoC | Yes | Yes |
| NORMAN COUNTY | MN | Northwest Minnesota CoC | NP | NP |
| ROCHESTER | MN | SE/South Central Minnesota Reg. CoC | Yes | Yes |
| ST PAUL | MN | St. Paul/Ramsey County CoC | Yes | Yes |
| WASHINGTON COUNTY | MN | Washington County CoC | No | Yes |
| HATTIESBURG | MS | Mississippi Balance of State CoC | No | No |
| HUMPHREYS COUNTY | MS | Mississippi Balance of State CoC | NP | NP |
| BILLINGS | MT | State of Montana CoC | No | No |
| GREAT FALLS | MT | State of Montana CoC | No | No |
| COUNCIL BLUFFS | NE | City of Omaha | Yes | Yes |
| BERGEN COUNTY | NJ | Bergen County | Yes | Yes |
| BRICK TOWNSHIP | NJ | Ocean County CoC | Yes | Yes |
| CAMDEN | NJ | Camden City/Camden County | Yes | Yes |
| CLARK COUNTY | NV | Southern Nevada CoC | Yes | Yes |
| ELMIRA | NY | Chemung County | Yes | Yes |
| ISLIP TOWN | NY | Suffolk County CoC Group | No | No |

| Community Name | State | Continuum of Care | Data Used in AHAR 1? | Data Used in AHAR 2? |
|---------------------------------|-------|---|----------------------|----------------------|
| NEW YORK CITY | NY | New York City Coalition/CoC | Yes | Yes |
| ONONDAGA COUNTY | NY | Syracuse/Clay/Onondaga CoC | Yes | Yes |
| CLEVELAND | OH | Cuyahoga County/Cleveland CoC | Yes | Yes |
| LANCASTER | OH | Ohio Balance of State | Yes | Yes |
| PUTNAM COUNTY | OH | Ohio Balance of State | NP | NP |
| SPRINGFIELD | OH | Ohio Balance of State | NP | NP |
| MIDWEST CITY | OK | State of Oklahoma | No | NP |
| LYCOMING COUNTY | PA | Central-Harrisburg Region of Pennsylvania | No | No |
| PHILADELPHIA | PA | City of Philadelphia | No | Yes |
| SNYDER COUNTY | PA | Central-Harrisburg Region of PA | No | No |
| WESTMORELAND COUNTY | PA | Westmoreland County | Yes | Yes |
| DALLAS | TX | Dallas Homeless CoC | No | No |
| EL PASO | TX | El Paso CoC | No | Yes |
| HOUSTON | TX | Houston/Harris County | Yes | Yes |
| CHESTERFIELD COUNTY | VA | Richmond CoC | Yes | Yes |
| PORTSMOUTH | VA | Portsmouth CoC | Yes | Yes |
| CHITTENDEN COUNTY | VT | Chittenden County | NP | NP |
| ADAMS COUNTY | WA | State of Washington CoC | NP | NP |
| SEATTLE | WA | Seattle-King County CoC | No | No |
| SKAGIT COUNTY | WA | State of Washington CoC | Yes | No |
| FOREST COUNTY | WI | State of Wisconsin CoC | Yes | Yes |
| Contributing Communities | | | | |
| Little Rock | AR | Little Rock CoC | N/A | Yes |
| Iowa | IA | State of Iowa | Yes | Yes |
| Evanston | IL | Evanston CoC | N/A | Yes |
| BATON ROUGE | LA | Baton Rouge CoC | N/A | Yes |
| CAMBRIDGE | MA | Cambridge CoC | Yes | No |
| BALTIMORE | MD | Baltimore CoC | Yes | Yes |
| GRAND RAPIDS | MI | Grand Rapids CoC | Yes | No |
| LANSING | MI | Lansing/Ingham County CoC | N/A | Yes |
| OAKLAND | MI | Oakland County | N/A | Yes |
| FLINT/GENESSEE COUNTY | MI | Flint/Genessee County CoC | N/A | Yes |
| ST LOUIS COUNTY | MO | St. Louis County CoC | Yes | Yes |

| Community Name | State | Continuum of Care | Data Used in AHAR 1? | Data Used in AHAR 2? |
|-------------------------|-------|-----------------------------------|----------------------|----------------------|
| CINCINNATI-HAMILTON | OH | Cincinnati/Hamilton County CoC | Yes | Yes |
| YOUNGSTOWN | OH | Youngstown/Mahoning County | N/A | No |
| TULSA | OK | Tulsa CoC | N/A | Yes |
| PORTLAND | OR | Portland-Grasham-Multnomah County | N/A | Yes |
| ERIE COUNTY | PA | Erie County CoC | Yes | No |
| CHATTANOOGA | TN | Chattanooga CoC | Yes | Yes |
| MEMPHIS-SHELBY | TN | Memphis/Shelby CoC | N/A | Yes |
| SPOKANE | WA | Spokane CoC | N/A | Yes |
| WHEELING-WEIRTON COUNTY | WV | Wheeling/Weirton County CoC | Yes | Yes |

Appendix D: Overview of HUD's Data and Technical Standards

Section 1: General Overview and Data Collection Standards

The U.S. Department of Housing and Urban Development's (HUD) Homeless Management Information System (HMIS) Data and Technical Standards (the HMIS Standards) were published in the Federal Register on July 30, 2004 with an effective date of August 30, 2004. The HMIS Standards define requirements for implementation of HMIS including:

- Data elements and definitions;
- Participation requirements for homeless service programs;
- Privacy standards for data collection, uses and disclosures;
- Security standards for protection of client information; and
- Technical standards for the storage and removal of data.

The HMIS Standards apply to all recipients of HUD McKinney-Vento Act program funds including:

- Emergency Shelter Grant (ESG);
- Supported Housing Programs (SHP);
- Shelter plus Care (S+C);
- Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO); and
- Housing Opportunities for Persons with AIDS (HOPWA) projects that target homeless persons.

HUD also encourages participation of other federal and non- federal programs that serve homeless persons. HUD created the HMIS Standards for five main reasons:

- To understand the extent and scope of homelessness (who, how many, service use/needs) by collecting client data in a uniform, consistent, and accurate manner across programs by:
 - Providing clear and precise meanings for the types of information collected by local homeless assistance providers; and
 - Ensuring that providers are collecting the same types of information consistently.
- To help further standardize reporting across federal programs and other programs that provide homeless services.
- To help protect client confidentiality and the storage, use and disclosure of client data through uniform privacy and security provisions.
 - Set high baseline standards for all users of HMIS data; and
 - Provide important safeguards for personal information collected from all homeless clients.
- Plan for the reduction/ending of homelessness with uniform, longitudinal data by which to make effective programming decisions to reduce or end homelessness.

The HMIS Standards have the potential to greatly streamline reporting requirements and permit analysis of how programs are working together to address homelessness. The specific data elements and data collection requirements are outlined in the HMIS Standards. There are two types of data elements:

Universal Data Elements

- All programs participating in HMIS must collect on all clients served
- Records demographics, characteristics and patterns of service use of homeless persons

Program-Specific Data Elements

- Required to collect by all McKinney-Vento programs that must complete an Annual Progress Report (APR)
- Records needs assessments, service use, and outcomes

The chart below specifies both the universal and program-specific data elements and response categories outlined in the HMIS Standards.

| Chart A: Universal Data Elements | |
|---|--|
| Universal Data Elements | Response Categories |
| Name | Example: John David Doe Jr. |
| Social Security Number | ___/___/____ (e.g., 123 45 6789) 1 = full SSN reported. 2 = Partial SSN reported. 8 = Don't know or don't have SSN. 9 = Refused. |
| Date of Birth | __/__/____ (e.g., 08/31/1965) |
| Ethnicity and Race | Ethnicity: 0 = Non-Hispanic/Latino. 1 = Hispanic/Latino. Race: 1 = American Indian or Alaska Native. 2 = Asian. 3 = Black or African American. 4 = Native Hawaiian or Other Pacific Islander. 5 = Other. |
| Gender | 0 = Female. 1 = Male. |
| Veterans Status | 0 = No. |

Chart A: Universal Data Elements

| Universal Data Elements | Response Categories |
|----------------------------------|---|
| | <p>1 = Yes.</p> <p>8 = Don't Know.</p> <p>9 = Refused.</p> |
| Disabling Condition | <p>0 = No.</p> <p>1 = Yes.</p> <p>8 = Don't Know.</p> <p>9 = Refused.</p> |
| Residence Prior to Program Entry | <p>1 = Emergency Shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher).</p> <p>2 = Transitional Housing for Homeless persons (including homeless youth).</p> <p>3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab).</p> <p>4 = Psychiatric hospital or other psychiatric facility.</p> <p>5 = Substance abuse treatment facility or detox center.</p> <p>6 = Hospital (non-psychiatric).</p> <p>7 = Jail, prison or juvenile detention facility.</p> <p>10 = Room, apartment, or house that you rent.</p> <p>11 = Apartment or house that you own.</p> <p>12 = Staying or living in a family member's room, apartment, or house.</p> <p>13 = Staying or living in a friend's room, apartment, or house.</p> <p>14 = Hotel or motel paid for without emergency shelter voucher.</p> <p>15 = Foster care home or foster care group home.</p> <p>16 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).</p> <p>17 = Other.</p> <p>8 = Don't know.</p> <p>9 = Refused.</p> |
| Length of Stay in Pervious Place | <p>1 = One week or less.</p> <p>2 = More than one week, but less than one month.</p> <p>3 = One to three months</p> <p>4 = More than three months, but less than one year.</p> <p>5 = One year or longer.</p> |

Chart A: Universal Data Elements

| Universal Data Elements | Response Categories |
|------------------------------------|--|
| Zip Code of Last Permanent Address | _____ (e.g., 12345) |
| Zip Data Quality Code | 1 = Full Zip Code Recorded. 2 = Don't Know. 3 = Refused. |
| Program Entry Date | __/__/_____ (e.g., 01/30/2004) |
| Program Exit Date | __/__/_____ (e.g., 01/31/2004) |
| Person ID Number* | A PIN must be created, but there is no required format as long as there is a single unique PIN for every client served in the CoC and it contains no personally identifying information. |
| Program ID Number* | 10 –digit FIPS code identifying geographic location of provider. |
| Household ID Number* | A Household ID number must be created, but there is no required format as long as the number allows for identification of clients that receive services as a household. |

*Computer Generated

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category | |
|--------------------------------|--|-------------------------------|
| Income and Sources | <u>Source of Income</u> | <u>Amount from Sources \$</u> |
| | 1 = Earned Income. | _____00 |
| | 2 = Unemployment Insurance | _____00 |
| | 3 = Supplemental Security Income or SSI | _____00 |
| | 4 = Social Security Disability Income (SSDI) | _____00 |
| | 5 = A veteran's disability payment | _____00 |
| | 6 = Private disability insurance | _____00 |
| | 7 = Worker's compensation | _____00 |
| | 8 = Temporary Assistance for Needy Families (TANF) | _____00 |
| | 9 = General Assistance (GA) | _____00 |
| | 10 = Retirement income from Social Security | _____00 |
| | 11 = Veteran's pension | _____00 |
| 12 = Pension from former job | _____00 | |

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category | |
|--|---|----------|
| | 13 = Child support | _____.00 |
| | 14 = Alimony or other spousal support | _____.00 |
| | 15 = Other source | _____.00 |
| | 16 = No financial resources | _____.00 |
| | | _____.00 |
| | | _____.00 |
| Total monthly income..... | \$_____00 | |
| Non-Cash Benefits | 1 = Food Stamps or money for food on a benefits card 2 = MEDICAID health insurance program 3 = MEDICARE health insurance program 4 = State Children’s Health Insurance Program 5 = Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) 6 = Veteran’s Administration (VA) Medical Services 7 = TANF Child Care Services 8 = TANF transportation services 9 = Other TANF-funded services 10 = Section 8, public housing, or other rental assistance 11 = Other Source | |
| Physical Disability | 0 = No 1 = Yes | |
| Developmental Disability | 0 = No 1 = Yes | |
| HIV/AIDS | 0 = No 1 = Yes | |
| Mental Health | 0 = No 1 = Yes | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently | 0 = No 1 = Yes | |

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category |
|--|--|
| <p>Substance Abuse</p> <p>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently</p> | <p>1 = Alcohol Abuse</p> <p>2 = Drug abuse</p> <p>3 = Dully diagnosed</p> <p>0 = No</p> <p>1 = Yes</p> |
| <p>Domestic Violence</p> <p>If Yes, When experience occurred</p> | <p>0 = No</p> <p>1 = Yes</p> <p>1 – Within the past three months</p> <p>2 = Three to six months ago</p> <p>3 = From six to twelve months ago</p> <p>4 = More than a year ago</p> <p>8 = Don't Know</p> <p>9 = Refused</p> |
| <p>Services Received (Date)</p> <p>Service Type</p> | <p>__/__/____ (e.g., 01/31/2004)</p> <p>1 = Food</p> <p>2 = Housing placement</p> <p>3 = Material goods</p> <p>4 = Temporary housing and other financial aid.</p> <p>5 = Transportation</p> <p>6 = Consumer assistance and protection</p> <p>7 = Criminal justice/legal services</p> <p>8 = Education</p> <p>9 = Health Care</p> <p>10 = HIV/AIDS-related services</p> <p>11 = Mental Health care/counseling</p> <p>12 = Substance abuse services</p> <p>13 = Employment</p> <p>14 = Case/care management</p> <p>15 = Day Care</p> |

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category |
|---|--|
| | 4 = HOME Program 5 = HOPWA Program 6 = Other housing subsidy 8 = Don't Know 9 = Refused |
| Reasons for Leaving | 1 = Leaving for a housing opportunity before completing program 2 = Completed program 3 = Non-payment of rent/occupancy charge 4 = Non-compliance with project 5 = Criminal activity/destruction of property/violence 6 = Reached maximum time allowed by project 7 = Needs could not be met by project 8 = Disagreement with rules/person 9 = Death 10 = Unknown/disappeared 11 = Other |
| Employment If currently working, number of hours worked in past week. Employment Tenure If client is not currently employed, is the client looking for work. | 0 = No 1 = Yes ___ hours 1 = Permanent 2 = Temporary 3 = Seasonal 0 = No 1 = Yes |
| Education Received vocational training or apprenticeship certificates | 0 = No 1 = Yes 0 = No 1 = Yes |

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category |
|---|--|
| | 5 = Korean War (June 1950 – January 1955) 6 = Between WWII and Korean War (August 1947 – May 1950) 7 = World War II (September 1940 – July 1947) 8 = Between WWI and WWII (December 1918 – August 1940) 9 = World War 1 (April 1917 – November 1918) |
| Duration of active duty | ___ months |
| Served in a war zone | 0 = No |
| | 1 = Yes |
| If yes, name the war zone | 1 = Europe 2 = North Africa 3 = Vietnam 4 = Laos and Cambodia 5 = South China Sea 6 = China, Burma, India 7 = Korea 8 = South Pacific 9 = Persian Gulf 10 = Other |
| If yes, number of months in war zone | ___ months |
| If yes, received hostile or friendly fire | 0 = No |
| | 1 = Yes |
| Branch of the military | 1 = Army 2 = Air Force 3 = Navy 4 = Marines 5 = Other |
| Discharge Status | 1 = Honorable 2 = General 3 = Medical |

Chart B: Program-Specific Data Elements

| Program-Specific Data Elements | Response Category |
|---|---|
| | 4 = Bad conduct 5 = Dishonorable 6 = Other |
| Children's Education If yes, name of the child's school If yes, type of school If not enrolled, last date of enrollment If not enrolled, identify problems in enrolling child | 0 = No 1 = Yes _____ (e.g., Lone Pine Elementary School) 1 = Public school 2 = Parochial or other private school __/____ (e.g., 01/2004) 1 = None 2 = Residency requirements 3 = Availability of school records 4 = Birth certificates 5 = Legal guardianship requirements 6 = Transportation 7 = Lack of available preschool programs 8 = Immunization requirements 9 = Physical examination records 10 = Other |

Section 2: Overview of Privacy Standards

The following presents an overview of the HMIS privacy standards as published in the Final HMIS Data and Technical Standards Notice. The HMIS privacy standards were developed based on fair information practices with many principles and practices borrowed from the Health Insurance Portability and Accountability Act—the nation’s standard in managing the protection of private information. Any organization or entity that records, users, or processes protected personal information (PPI) in an HMIS is a Covered Homeless Organization and thus the following privacy standards apply to their operations.

I. Data collection limitations

- Baseline requirements:
 - May only collect PPI when appropriate for purpose of collection or when required by law;
 - Must use lawful and fair means, and where appropriate, with knowledge and consent;
 - Must post a sign at each intake or comparable location and on website (if applicable) explaining generally the reasons for collection; and
 - Consent for collection of data may be INFERRED from the circumstances.
- Additional privacy protections beyond baseline requirements:
 - Restrict personal data collection to required elements;
 - Collect PPI only with express knowledge or consent; and
 - Obtain oral or written consent.

II. Data quality

- Baseline Requirements:
 - Data must be relevant, accurate, complete, and timely; and
 - Must have a plan to dispose (or remove identifiers from) PPI 7 years after it was created or last changed (unless the PPI is in current use).

III. Purpose and use limitations

- Baseline requirements:
 - Must develop privacy notice that describes purposes for data collection and all uses and disclosures;
 - May only use or disclose PPI as allowed by standards AND as described in the privacy notice;
 - Consent may be inferred for all uses and disclosures contained in a CHO’s privacy notice; and
 - Uses or disclosures not specified in the privacy notice require consent (unless required by law).
- Additional privacy protections beyond baseline requirements:
 - Seek oral or written consent for all or specific uses;
 - Limit uses to those in the privacy notice;
 - Commit to make a disclosure audit trail; and
 - Limit disclosure to the minimum necessary.

IV. Allowable uses and disclosures

- Baseline Requirements
 - Permissible uses and disclosures (not required, CHO can decide not to include some of these in privacy notice)
 - Provide or coordinate services;
 - Payment or reimbursement for services;
 - Administrative functions;

- Create de-identified PPI;
- Required by law;
- Avert serious threat to health or safety;
- Report abuse, neglect, or domestic violence;
- Research under research contracts;
- Certain law enforcement purposes; and
- Note: For some uses and disclosures- mandatory procedures apply.

V. Openness

- Baseline requirements:
 - Must publish a privacy notice and provide a copy upon request;
 - Must post sign at intake locations, etc. stating the availability of the privacy notice; and
 - Must state in privacy notice that the notice can be amended, and that any amendments may affect uses of information collected before the amendment.
- Additional privacy protections beyond baseline requirements:
 - Offer or give the privacy notice to every client at intake or assessment; and
 - Provide advance notice of changes to the privacy policy and consider public comments.

VI. Access and correction

- Baseline requirements:
 - Must allow client to inspect and obtain copy of PPI;
 - Must offer to explain information that a client doesn't understand;
 - Must consider any request by client to correct inaccurate or incomplete PPI. Information may be removed, supplemented (i.e. with client comment), or marked (i.e. strikeout) if inaccurate or incomplete; and
 - Can reserve the right to deny request for specified reasons including:
 - 1) anticipating litigation,
 - 2) protecting PPI of another person,
 - 3) protecting another confidentiality promise, or
 - 4) protecting life or safety of anyone.
- Additional privacy protections beyond baseline requirements:
 - Accept appeals of denials;
 - Limit the grounds for denials;
 - Allow individual to submit statement of disagreement; and
 - Provide written explanation of reason for denial.

VII. Accountability

- Baseline requirements:
 - Must establish procedure for accepting and considering complaints about privacy and security policies and practices; and
 - Must require all staff members to sign a confidentiality agreement (acknowledging receipt of and pledging to comply with the privacy notice).
- Additional privacy protections:
 - Require formal privacy training;
 - Regularly audit privacy compliance;
 - Establish an appeals process for privacy policy complaints and denials of access and correction rights; and
 - Designate chief privacy officer.

VIII. Additional Protections

- CHO's may adopt additional protections not listed in the Final Notice;
- Additional privacy protections included in a CHO's privacy notice become mandatory;
- CHO's should assess tradeoffs and implications of additional protections; and
- Many additional protections recommended in the notice are based on best practice models.

Section 3: Overview of Security Standards

The following presents an overview of the HMIS security standards as published in the Final HMIS Data and Technical Standards Notice. The HMIS security standards were developed based on fair information practices with many principles and practices. Any organization or entity that records, users, or processes protected personal information (PPI) in an HMIS is a Covered Homeless Organization and thus the following security standards apply to their operations.

I. User Authentication

- HMIS users are required to have a username and password.
- Passwords are a minimum of 8 characters and meet industry standards for complexity.
- Users are specifically required to not write down and store usernames and passwords in accessible locations.
- Users cannot login simultaneously from more than one workstation.

II. Virus Protection

- A CHO must use commercially available virus protection software.
- Software must include automated scanning of files and regular virus definition updates.

III. Firewalls

- A CHO must implement a firewall between any workstations accessing HMIS and the Internet.
- If a CHO is networked, the firewall may be on the network instead of the workstation.

IV. Public Access

- HMIS that use the Internet must have a mechanism to control the workstations from which a user can access the HMIS. Public Key Infrastructure or Internet Protocol Filtering are two acceptable methods.
- Users should not be able to access the HMIS from locations other than their worksite without the authorization of their employer.

V. Physical Access

- A CHO must physically control access to workstations that are not in use.
- Workstations must have a screen saver that activates automatically after a period of inactivity.
- Workstation screen savers must have a password to access the desktop.

VI. Disaster Protection and Recovery

- A CHO must regularly copy HMIS data to another medium and store off-site.
- CHOs that host their own HMIS must use secure, environmentally controlled rooms to house the system.
- CHOs that host their own HMIS must have appropriate fire suppression systems to prevent the destruction of the HMIS from either a fire or the release of water.
- All workstations and servers used for HMIS must utilize a surge suppressor.

VII. Disposal

- A CHO must reformat any medium (computer, disk, CD, etc.) used to record HMIS data before disposal.
- CHOs should reformat materials multiple times before disposal or destruction.

VIII. System Monitoring

- A CHO must maintain logs of user activity.
- All HMIS logs must be regularly reviewed.