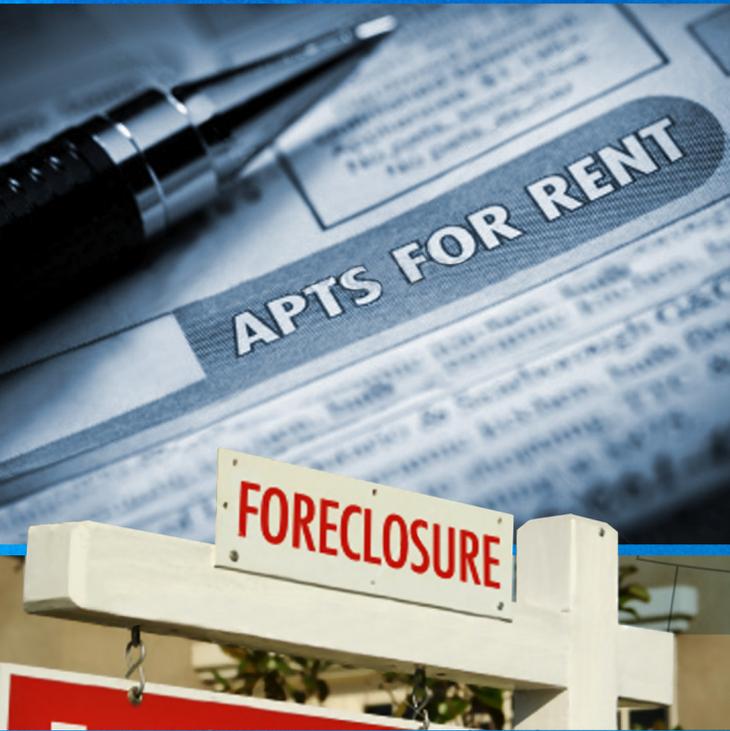


Building Knowledge, Effectiveness, and Capacity:



Advancing Data on Homelessness in Eleven Communities

February 2010

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs



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HUD's Office of Special Needs Assistance Programs (SNAPs) applauds the efforts of communities who are utilizing their Homeless Management Information Systems (HMIS) to produce high-quality, innovative program and system-level data. A Homeless Management Information System is a locally administered, electronic data collection system that stores client-level information about people who access the homeless service system. HMIS began as a grassroots effort in the late 1990's to use technology at the community level to improve service delivery, the Continuum of Care (CoC) process, and community homeless planning efforts. Now, several communities are at the forefront of generating valid and reliable data and original research that helps inform homeless service delivery and planning. In each of the past three years, HUD convened an *Advanced Uses of Homeless Data Meeting* (Data Users Meeting) to bring together communities from across the country to share best practices and provided a platform for peer-to-peer networking in an effort to further the field of HMIS. These meetings were extremely successful in establishing and documenting best practices, expanding practitioners' thinking about unique and new uses of HMIS data, and demonstrating inventive partnerships for the facilitation of research on homelessness. The publications resulting from the first meeting, "Demonstrating the Uses of Homeless Data at the Local Level – Case Studies from Nine Communities," and the second meeting, "The Community Perspective: Using Research and Technology to Identify Effective Solutions to Prevent and End Homelessness," have been published and posted at www.hudhre.info.

Drawing from the success of the first two meetings, HUD convened the third annual *Advanced Uses of Homeless Data Meeting* in July 2009. Attendees included local CoC staff, HMIS administrators, researchers, national technical assistance providers, and HUD headquarters staff.

Presenters for the 2009 Data Users Meeting were selected through a competitive process in response to a *Request for Proposals*, asking communities currently using HMIS data or technology in advanced ways to submit a brief description of their innovation for consideration. In its review of these proposals, HUD considered enhancing impact on homeless clients and measuring effectiveness of local homeless programs as strong criteria for consideration. Eleven communities were chosen to present at the meeting. The case studies in this document highlight these best practices from around the country using HMIS data and technology for larger, system-wide planning and decision making. The studies are grouped together by key topic areas, as described below.

Ending Homelessness through Enhanced Prevention

The City of Philadelphia and Dayton/Montgomery County CoC (Ohio) are both utilizing HMIS data to target local prevention programming in efforts to reduce and end homelessness. The City of Philadelphia is using HMIS data to assess the ability of their prevention programs to curb homelessness in high-risk areas. Relying on this data, Philadelphia has demonstrated the cost effectiveness of serving clients through prevention services rather than emergency shelters. This, in turn, has allowed Philadelphia to expand its prevention programming to include job training, ex-offender re-entry, and education resource services. The Dayton/Montgomery County

CoC is using HMIS data to better target families referred for homelessness prevention. HMIS data in Dayton is being used to evaluate clients entering its prevention programs and to provide information to the CoC in its efforts to realign funding priorities and create innovative services.

Understanding Service Use Patterns

The State of Vermont is analyzing HMIS data and information from comparable state databases to expand research on the utilization of medical, veterans, and youth services among the homeless population. Using a powerful statistical method, *Probabilistic Population Estimation*, Vermont has been able to explore patterns of usage without compromising client privacy. This affords state practitioners and policymakers the ability to examine both precursors to homelessness and gaps in service. The State of Iowa is compiling data, through HMIS and individual surveys, on the history of client living situations and migratory patterns. This examination provides information to researchers, policymakers, and practitioners, on clients' prior stability and its associated variables. Fostering this understanding allows more thoughtful decisions to be made regarding a client's needs and, thus, appropriate service allocation. These results are also being aggregated to create a picture of migratory patterns of service usage and their effectiveness in ending homelessness.

Data Matching for the Enhancement of Client Services

Identifying appropriate and adequate services for diverse client needs is a consistent goal across homeless service delivery systems. Communities in Texas and Ohio have designed methods of employing HMIS data to enhance community planning and program decision-making in an effort to match clients and their required level of service. In Houston/Harris County, Texas, researchers are comparing the effectiveness of employment programs that are co-located with other homeless and mainstream services (e.g. health care, education) against those serving the community at-large. This community couples HMIS data with state unemployment and job training program information to demonstrate positive employment outcomes for its homeless-specific programs. Columbus, Ohio has implemented a six-step assessment and entry system for their supportive housing program (Southpoint Place) that identifies eligible clients through HMIS and guides them through an assessment process that prioritizes applicants based on need and program appropriateness. This system has streamlined the application and approval process and, through locally targeted prioritization, has demonstrated the potential to reduce chronic homelessness.

Using HMIS to Generate Point in Time Counts

The State of Hawaii has transformed their Point in Time (PIT) process by more fully utilizing the capacity

of HMIS. Recognizing the limitations of their 2007 PIT process, Hawaii began working with HMIS users, homeless shelter providers, and outreach teams to develop a method of collecting PIT data directly through HMIS. For the sheltered count in 2009, all clients with an existing HMIS record on the night of the survey were given an encounter entry to indicate PIT participation. Outreach agencies administered the unsheltered field count over several nights and blended these numbers with data mined from the statewide HMIS to eliminate duplication. Previously, Hawaii relied on a paid consultant to coordinate their PIT sheltered and unsheltered counts. This new methodology has resulted in significant cost reduction, more comprehensive data, and improved community coordination.

Improving System Effectiveness by Combining Multiple Data Sources

Communities across the country are faced with managing and sorting through multiple data sources to provide a robust picture of programs, services, and clients. Allegheny County, Pennsylvania and Washington, DC have developed innovative methods of combining data sources to improve system effectiveness and efficiency, and to provide comprehensive information for planning and management. The Allegheny County Department of Human Services (DHS) has implemented a data warehouse to create a central repository for all departmental programs (which includes HMIS data). In addition, DHS has been successful in forming partnerships with other county agencies to further enhance their data collection and analysis. Using the comprehensive data set a data warehouse provides, DHS is able to analyze client service usage across multiple systems, which informs funding, planning and policy decisions. *The Community Partnership for the Prevention of Homelessness* (TCP) in Washington, DC manages 145 subcontracts for homeless and housing programs. In order to streamline their management operations, TCP has developed a method of integrating and linking their HMIS and accounting/housing database. This integration, stemming from the construction of a homegrown system, enhances TCP's capacity to conduct data analysis, reduce the burden of data entry, and prevent duplicate payment errors.

Bringing Non-HUD Funded Providers “Into the Fold”

The State of New Jersey and the Appalachian Regional Coalition on Homelessness (ARCH) in Tennessee have developed partnerships which have successfully brought non-HUD funded providers into their HMIS implementation. Forming these partnerships is a key step in building a comprehensive HMIS that encompasses the entire homeless service delivery continuum. From its inception, the New Jersey Statewide Collaborative has planned carefully for diverse provider HMIS data collection, reporting, and evaluation needs. This embedded flexibility affords the Collaborative the opportunity to expand HMIS partnerships across state agencies and their unique homeless programming. The New Jersey Projects for Assistance in Transition from Homelessness (PATH) program – a community-based, street outreach program funded by the federal Substance Abuse and Mental Health Services Administration (SAMSHA) – is now able to meet its data and reporting needs in

twenty-one counties across the state through HMIS. In rural Tennessee, churches are integral partners in providing services to individuals and families experiencing homelessness. So, when the Appalachian Regional Coalition on Homelessness (ARCH) -- the Northeastern Tennessee CoC -- first began planning for its HMIS, they chose to work hand in hand with a coalition of local pastors to create a joint system for data collection. The resulting HMIS coordinates service provision by linking non-profit providers with faith-based organizations and churches through a collaborative data sharing tool. The inclusion of churches helps ARCH reduce service duplication, track true service costs, and enhance the regional referral network.

Conclusion

Each of the case studies in this document demonstrates the creative ways in which communities are utilizing data on homelessness for enhanced system effectiveness. HUD encourages each CoC to maximize the usefulness of HMIS beyond simply meeting reporting requirements, and will continue to develop best practice case studies (such as these) as models for other communities. Readers are encouraged to model local practices on the methodologies discussed herein and reach out to those persons listed in each case study should they have additional inquiries. Electronic versions of these case studies are available at www.hudhre.info.

Introduction

In 2008, the community of Columbus, Ohio updated and adopted the *Rebuilding Lives Plan* (originally written in 1999), a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness. The revised plan contained eleven new strategies; among them was the development of a Unified Supportive Housing System (USHS). USHS is being developed as a collaborative effort between the Alcohol, Drug and Mental Health Board of Franklin County (ADAMH), the Columbus Metropolitan Housing Authority (CMHA), and the Community Shelter Board (CSB). The new system will target single adults, couples and families with children who have at least one adult household member who has a chronic disabling condition and may also experience long-term homelessness. This case study focuses on the use of data extracted from the HMIS and community mental health data system to help identify and select those clients with the greatest need for entry into permanent supportive housing units in the community.

Description of Innovative Project

USHS is a community collaboration intended to coordinate efforts to place the most vulnerable of the community's homeless population into the most appropriate supportive housing. It is an unprecedented collaboration in Columbus among three of the entities that come into the closest contact with people experiencing homelessness. A central aspect of this collaboration is the innovative use of data to accomplish the goals of the overall system. HMIS data is routinely matched with ADAMH and CMHA data to identify the most vulnerable individuals and families for referral to supportive housing.

The goals of the new system include:

- Simplifying and strengthening the current permanent supportive housing system.
- Increasing the number of clients served.
- Increasing resources to serve a larger client population.



Homelessness in Columbus / Franklin County, Ohio

- Population:
Franklin County – 1,129,067¹
City of Columbus - 743,364
- Homeless Point in Time Count (2009): 1,380

¹ 2008 Population Estimates, U.S. Census Bureau; www.factfinder.census.gov

- Increasing client and provider access to supportive housing units.
- Matching clients with the right services and the right housing for their needs.
- Encouraging clients to reach their greatest level of independence.

Three projects are planned to pilot this new system. Full implementation will be based on the results of these three pilots. This case study focuses primarily on the “Southpoint Place Lease-Up Project,” the first pilot started under this initiative. The other two pilot projects, the “Move-Up” project and “Commons at Buckingham Lease-Up Project” will begin in 2010.

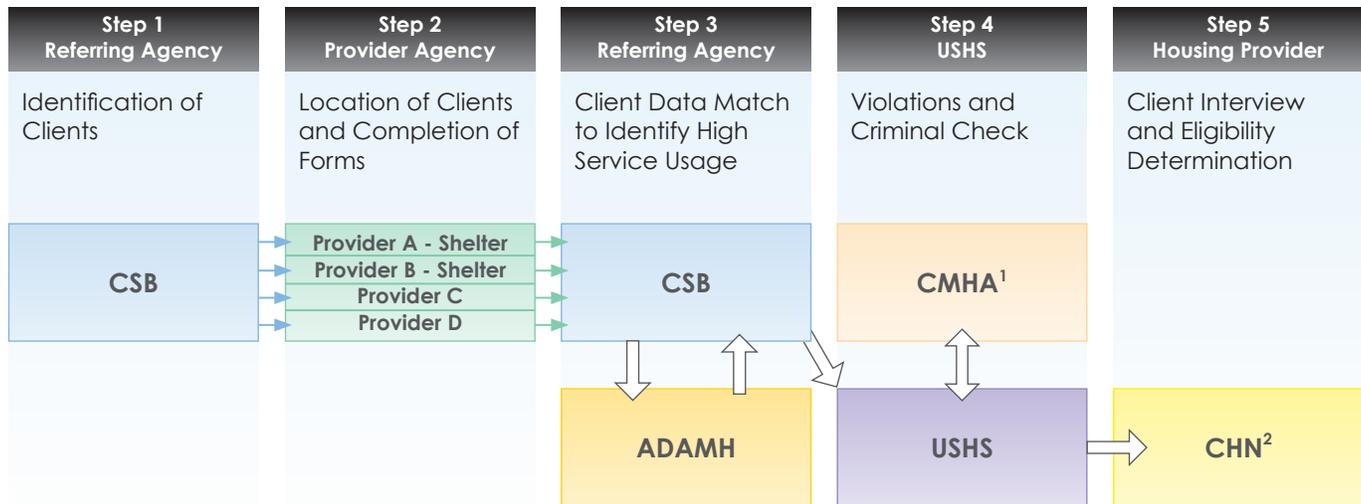
The Southpoint Place Lease-Up Project tested a centralized client assessment, eligibility and admission process for permanent supportive housing units (Figure 1 next page). The goal of the process was to quickly and efficiently identify the clients most in need of housing placement. Southpoint Place is an 80 unit permanent supportive housing development that opened in August 2008 with 25 units targeted for chronically homeless single adults and 15 set aside for ADAMH clients using the mental health system.

CSB developed the following criteria to create a pool of applicants eligible for the 25 chronic homeless units:

1. All active outreach clients (individuals living on the streets or places not meant for human habitation) receive first priority. Active outreach clients are identified through HMIS data as those individuals who have entered but not exited an outreach program.
2. Active shelter clients identified in the HMIS data which more specifically indicates either:
 - a. Cumulative length of shelter stay in emergency shelters that exceeds 300 days over the last three years; or
 - b. Four or more shelter stays during the last three years with a cumulative length of stay that exceeds 120 days.

The pool of potential candidates was selected based on the above criteria and distributed to emergency shelters and outreach providers, who contacted clients to determine their level of interest in moving to Southpoint Place. Prospective tenants filled out Indication of Interest (IOI) and Release of Information (ROI) forms, along with associated documentation (proof of identity, certificate of disability, proof of income, etc.), and submitted these to CSB.

Figure 1: Southpoint Place Identification and Selection Process Homeless Housing Candidates

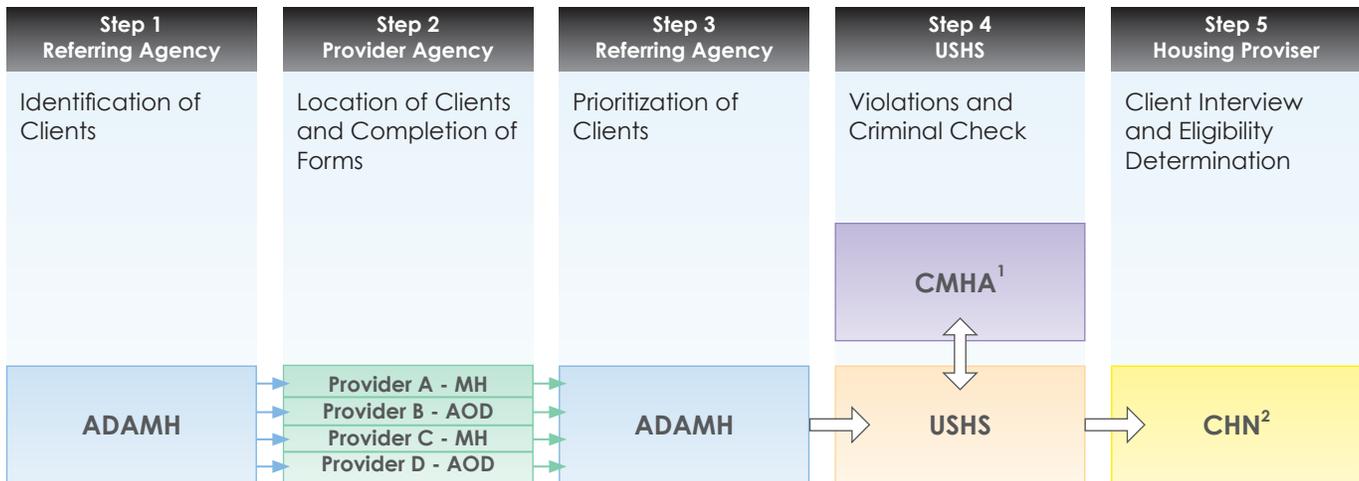


1 Data is matched to the Columbus Metropolitan Housing Authority (CMHA) database to check for a criminal history or previous violations in public housing.

2 Community Housing Network (CHN) is a nonprofit organization that provides property management services at Southpoint Place.

CSB then provided the client data to ADAMH, where staff matched it against their own database system, the Multi-Agency Community Services Information System (MACSIS). The MACSIS database combines outpatient and inpatient payment information for the Ohio Department of Mental Health, and the Ohio Department of Alcohol & Drug Addiction Services. This system compiles behavioral healthcare services data for both Medicaid paid and non-Medicaid paid services. Each client in the pool received a “high”, “some”, or “none” designation based on the level of services received in the previous 12 months. “High” utilization was a designation given to clients who, compared to the rest of the pool of applicants, were in the top 25% of service utilization. “Some” utilization was given to those clients who received fewer services than the top 25%, but still some services in the previous 12 months. The “none” designation was given to those that had no ADAMH service utilization in the previous 12 months. Based on these designations, scoring was attached to each client in the pool based on their service utilization level. An additional score was given to clients based on the extent of their disabilities (i.e., clients with a multiple disability diagnosis received a higher score than those that had a dual disability diagnosis). Because all of these units were targeted specifically to chronically homeless adults, all clients were also screened to meet the federal definition for chronic homelessness. Based on all of the information above, CSB prioritized potential tenants based on their extent of homelessness, disability score (multiple/dual/single diagnosis) and mental health service utilization in the preceding 12 months.

**Figure 2: Southpoint Place Identification and Selection Process
Non-Homeless Housing Candidates**



1 Data is matched to the Columbus Metropolitan Housing Authority (CMHA) database to check for a criminal history or previous violations in public housing.

2 Community Housing Network (CHN) is a nonprofit organization that provides property management services at Southpoint Place.

Matching HMIS data with ADAMH data was the most important element of this approach. A study conducted by CSB and ADAMH showed a high percentage match between the population served in permanent supportive housing and the population served by ADAMH. For calendar year 2008, the data match between the two organizations showed that 63% of clients served in supportive housing had been involved in the mental health system in the 12 months prior to the analysis, and 82% had received mental health services in their lifetime.

For the 15 units at Southpoint Place reserved for non-homeless, disabled ADAMH clients, the process for developing and prioritizing a pool of applicants had distinct goals unique to the mental health system (Figure 2). ADAMH's priority for these units was to relieve the inpatient hospital bed crisis in Franklin County. The goal was to develop a system to move people through the housing continuum from a more service intensive environment to one that was less so, depending on a client's individual need. Candidates were identified from residential facilities working closely with case managers and resident managers. The ADAMH pool of eligible candidates was prioritized based on residential status, length of time in residency, and recommendation by the service provider.

Once both the CSB and ADAMH clients were identified and prioritized, USHS completed the process of screening clients into housing. Background and credit checks were conducted and the potential pool of clients was checked against the local public housing authority database for eligibility. This step helped make the housing provider's work more efficient once client files were received. Then, USHS forwarded the client

files to the housing provider for final interviews and approvals. USHS maintained communication with the housing provider, emergency shelters, outreach and residential programs to expedite the housing process. The process from initial receipt of the client's file to the time when the client moved into Southpoint Place was approximately 45 days.

Impact and Anticipated Benefits

While evaluation of the Southpoint Place Lease-Up Pilot is still underway, several observations can be made about ways in which the processes developed under this pilot might serve the larger supportive housing system.

Those observations include:

- Data matching across systems can effectively identify possible tenants for new project lease-up where individuals (and families) can be placed in the units most appropriate for their needs.
- HMIS-based data matching can accelerate housing placement for long-term and chronically homeless clients in shelter or on the streets.
- Centralized admission provides a workable strategy for increasing simplicity and efficiency in the tenant selection process.

Initial results also show that inpatient hospitalization costs for current Southpoint Place tenants is lower than costs for these same individuals prior to living in supportive housing. In addition, more clients are now using ADAMH outpatient services as a result of their initial engagement with the services offered at Southpoint Place. Overall, this approach appears to be fairly effective in reducing the community's cost of care for these clients.

Columbus is continuing to build on this pilot project to create a more streamlined and efficient approach to permanent housing placement. In this effort, the community is actively pursuing several other related strategies:

- While Southpoint Place demonstrated the benefits of having a pro-active referral process for filling units as opposed to waiting passively for clients to "sign up" for housing vacancies, the community will be working to develop its process for future lease-up challenges -- both in these units and other new projects.
- USHS will be working to develop a "client vulnerability assessment" tool and an inventory/vacancy management system for all supportive housing.

- As part of the Move-up Pilot, which will be starting in the beginning of 2010, USHS will be developing a “tenant assessment” tool for use in identifying tenants in supportive housing that are ready to move to more independent housing in the community

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