

National Human Services Data Consortium **2016 Spring Conference**
 Los Angeles, CA
 April 13-14, 2016

SHIFTING FOCUS
 Moving the HMIS from a Compliance Model to a Data Driven Model

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Advancing a Technology Culture in Human Services

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About CARES, Inc.

Collaborative Applicant for 7 Continuums of Care (CoCs)

- CA Technical Assistance Provider for 2 additional CoCs

Housing Provider

- Own and operate 24 units of homeless housing in the City of Albany (NY)
- Administer 57-units of permanent supported housing for homeless persons living with HIV/AIDS on behalf of the Albany Housing Authority

HMIS Lead Agency

- 15 CoCs containing 24 Counties
- Local Technical Assistance Provider

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Our Mission

CARES collaborates with and supports our community to create a system of care to prevent and end homelessness.



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In the Beginning was....



The Shift to a Data Driven HMIS didn't happen overnight – We were lacking some key elements for success:


- Staffing
- Community Interest
- Skill sets
- Best Practices

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EVOLUTION OF AN HMIS



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First Model: Compliance

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2004-2006: Pure Compliance

- As needed training
- Part time staffer for 11 counties
- Minimal Reporting
- Vendor handled helpdesk
- Minimal policies and procedures
- Limited non-mandated program participation
- Very little HUD reporting

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Reporting was, literally, a list of UDEs

The Policies and Procedures were adequate for a compliance only project but lacked real security for consumer records.

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2006-2008: Evidence Based Reporting Began

10 Year Plan to end Homelessness

- Foundation funding/reporting
- New focus on community level data
- City funding/reporting
- Increased need for data for grant writing/reporting

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Gaining Community Support for HMIS

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Showing Our Value

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Community Confidence

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Building Trust

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Advisory Committee
CoC Meeting Attendance
Additional Support
Customer Service

TRANSPARENCY AND AVAILABILITY

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Moving to a Data Driven Model:

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2009-2013: A New Funding Source as Catalyst for Growth

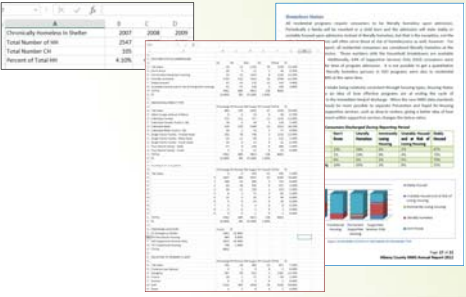


- The first significant change in data standards challenged relationships
- Collaborations increased real-time use of the HMIS
- Additional project types required to use HMIS broke down barriers
- Outcomes drawn from data rather than anecdote
- Funding decisions made at City and State level using HMIS data

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Growth Meant Another Shift in Reporting



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Added Legitimacy Created Added Stress on HMIS Staff and Resources

- Shifted from assumed power to actual authority
- The ability to charge for additional project types allowed expansion of HMIS technology
- Staffing remained at 1 FTE even as expectations and territory, duties and reporting expanded

EVEN SO: there was a continued struggle to shift how the community perceived and used the HMIS.

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Cultural Change: The Biggest Challenge

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When HMIS is brought in at the END of the process and expected to fit seamlessly into an established paradigm it becomes cumbersome to the required data collection, creating an unnecessary burden.

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A Shift in Thinking

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We found that HMIS must be seen as integral to the planning process;

Key concepts for planning with HMIS:

- limitations of the data
- regulations
- possibilities of the data
- software capabilities
- data standards

When project managers explained their expectations and hopes while deciding process, the projects ran considerably more smoothly with less backtracking to find work-arounds.

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2013-Present

The real fun begins!

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Community Buy-in Part 2: Actually using the Data

By 2013 we had achieved:

- Buy in from the local government
- Pressure to participate from other agencies
- Published reports and highlighted participation gaps

BUT NO ONE WAS *REALLY* USING THE DATA: We needed to establish a link between the CoC and HMIS

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Planning Funding Makes the Difference



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The CoC Planning/HMIS Link

- Set measurable CoC Goals
- Track CoC and Project Outcomes
- Support state and local jurisdictions to meet federal regulations
- Prepare the annual application
- Provide support to ensure proper system performance to end homelessness


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Data Driven Projects Require More Staffing *Our Model*

Under a compliance model	Under a data-driven model
1 FTE	5 FTEs
16,600 square miles/13 counties/ 9 CoCs	23,402 square miles/ 24 counties/14 CoCs
250 users	350 users
80 agencies	100 agencies
200 projects	400 projects




To meet the needs of a data driven model, we had to add staff not dedicated to customer service and compliance. We also needed leadership and vision.

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How CARES funded more HMIS staff

- Shifted some payroll supporting the HMIS/CoC process to Planning Grant
- Charged mandated projects which were not part of the CoC
- Began offering more Fee for Service Work
- Applied for more CDBG and Foundation Funding
- Territory Expansion (Economy of Scale)
- Hired for potential and invested in staff development
- Utilized free and low cost software options
- Maximized productivity through updates in technology



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Justifying Additional HMIS Staff

1. Data Completeness Vs. Data Quality
2. Customized reporting for individual community goals/needs
3. More and varied funding sources requires more diverse reporting
4. Intense collaboration
5. Changes in data standards and definitions
6. Staff development needs



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Creating Relevant Reporting

The Struggle is Real

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THE GOAL: Accessible Data

Making reporting more relevant and accessible

- The evolution of reporting
- Different levels of reporting

Website as a tool and resource

- Training library
- Document library

Move involved in community projects

- Food pantry
- Managed Medicaid Project
- AIDS Ambassador project
- COReSTAT
- NYSHADE

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We Started with Accessibility:

We updated our website

- Training Resources**
 - Paper tutorials
 - Recorded Trainings (PP and Webinar)
 - Online training registration
- Documents**
 - Support documents
 - Paper version of all intake/discharge forms
 - Procedural Documents
- Reports**
 - Monthly Data Quality
 - Quarterly
 - Annual
 - AHAR


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Then We Tackled Relevance

- Agencies can take data quality and completeness into their own hands
- CAs can monitor community level data completeness
- Projects can see how other, similar project types are doing with difficult data elements and reach out for peer-to-peer TA
- Issues with community level data reporting for AHAR and CoC become evident quickly



Users can now see how their data quality impacts the entire CoC process and community

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And We Evolved Our Process

(try and try again!)




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We began re-defining our Quarterly Reporting



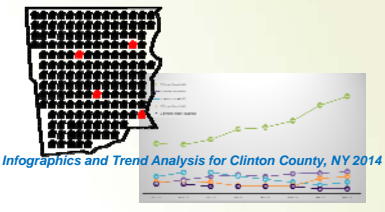
And overwhelmed everyone.

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We Were Work With CAs to Educate the Community




Infographics and Trend Analysis for Clinton County, NY 2014

and Work on Systems Change

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We Constantly Seek Input to



▶ Reassess
▶ Change
▶ Adapt

Feedback

CAREE CoC Quarterly Reports

+ Add Page Title

1. What is your role? (choose all that apply)

- Agency Staff
- Agency Manager
- Agency Executive
- CoC Lead
- Data Analytics Committee Member
- Agency Interchange
- Other (specify)

2. How often you used the CAREE quarterly reports?

- Yes
- No
- Not Sure (please specify in the text)

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What's Next:

- Reporting Evolution
 - Youth/Veteran/ESG/Coordinated Assessment
- Website Changes
 - Interactive Dashboards
 - More Accessible Training Library
 - When to Archive
- Connecting with our Communities
 - Data Committee Meetings
 - Advisory Committee
 - CoC Meeting Attendance

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What We've Learned

- Planning and HMIS cannot live in silos
- HMIS has to be at the table in the CoC
- CoC providers have to be at the HMIS table, too
- There is no comfort level
- Small monetary investments create HUGE gains in productivity
- Even small (TINY!) HMIS projects have resources
- Technology is a real barrier at the project level
 - Perception of technology is an even BIGGER barrier




By working together we know we can build a complete picture in order to facilitate change.

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Making the Most of Recourses

- Sites like Techsoup.org offer low cost software
- Low staff turnover through **thoughtful leadership** builds capacity
- **Websites** are a cheap way to make data available and save staff time
- Training extensively **empowers users** and saves staff time
- Local **staff development** opportunities build skills with existing staff
- Involve **the CoC** by encouraging creation of a data committee and peer review of data creates cooperation and lowers HMIS staff cost
- **Outsourcing** more complex projects gets big results for small cost
- Embracing **mission** and **passion**: Our work makes a difference!



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