Measuring the Performance of Programs That Serve Homeless People

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Background

This concept paper on measuring the performance of programs that serve homeless people has three objectives. It is intended to:

- Help the U.S. Department of Housing and Urban Development (HUD) improve and expand upon national reporting of performance for HUD programs that serve homeless people;
- Help state and local planners, program administrators, and homeless assistance providers design expanded performance measurement systems that are tailored to local needs and client populations; and
- Help HUD and other federal agencies streamline and coordinate national reporting of performance across federal government programs that serve homeless people, including plans for the use of new Homeless Management Information Systems (HMIS) for national performance reporting.

On February 8 and 9, 2005, HUD sponsored a meeting of state and local practitioners and policy-makers, national advocacy organizations, federal agency staff, and researchers and consultants to discuss these topics. An earlier version of this concept paper served as background for that meeting, and was revised to reflect the insights and information that emerged from the meeting. In addition, the paper incorporates comments received at a meeting of the National Human Services Data Consortium in Phoenix on April 12, 2005.

HUD's Current Performance Measures

HUD administers three McKinney-Vento competitive grant programs—the Supportive Housing Program, Shelter Plus Care, and Single Room Occupancy Moderate Rehabilitation for the Homeless, and one formula program, the Emergency Shelter Grants program. HUD's current performance measures are focused on the competitive programs. At the beginning of 2005, HUD had three national performance measures or indicators for these programs:

- *Transitional housing*: the percentage of clients exiting from a transitional housing facility who go to permanent housing. For this indicator, permanent housing includes both permanent supportive housing for formerly homeless people and permanent housing without supportive services.
- *Permanent housing:* the percentage of residents of permanent supportive housing programs for formerly homeless people who stay in that housing facility for at least six months.

- *All recipients of McKinney-Vento competitive grant funding:* the percentage point difference between the proportion of clients with earned income at program entry and the proportion of clients with earned income at exit.

These performance measures are based on the Annual Progress Report (APR) submitted to HUD by grantees. HUD uses the measures to fulfill Government Performance Results Act (GPRA) reporting requirements and to provide feedback to grantees and providers of housing and services to homeless people. A technical assistance project now under way for HUD is examining the program models and practices of providers that have led to superior performance on these three indicators. The project will lead to a guidebook to enable other providers to learn from those models and practices.

Strengths and Weaknesses of HUD's Current Competitive Performance Indicators

The current performance indicators for HUD McKinney-Vento competitive grants measure the *outcomes* of program activities. In contrast, most national performance indicators developed so far by HUD and other agencies for reporting under GPRA measure only the *activities* funded by government programs or the *outputs* of the programs. Activities and outputs do not describe whether a program is meeting its goals for improving the lives of individual clients or alleviating a widespread social or economic problem.

Exhibit 1 illustrates the distinction between activities, outputs, and outcomes for homeless assistance programs. It also illustrates the close relationship between the current HUD outcome measures and the ultimate program goals—ending homelessness by helping homeless people become stably housed and self-reliant.

Exhibit 1: Activities, Outputs, and Outcomes for Ending Homelessness

Goals	Activities	Output Measures	Outcome Measures
End homelessness: Formerly homeless people become stably housed	Develop transitional housing Link transitional housing residents to services Assist with housing search	Number of people served in transitional housing Hours of case management provided to transitional housing residents	Homeless people move to permanent housing
	Develop permanent housing for the formerly homeless	Number of units of permanent housing Hours of case management provided to clients	Formerly homeless people remain in permanent housing
End homelessness: Homeless and formerly homeless people become self-reliant	Link unemployed homeless people to employment and training programs Link unemployed homeless people to mental health and substance abuse services	Hours of training received by homeless clients Hours of case management provided to clients	Unemployed homeless people become employed

However, HUD's current performance measures also have some weaknesses.

- They focus on only two outcomes—permanent housing and employment—ignoring other dimensions of self-reliance and well being for individuals and families, and special populations such as runaway youth, victims of domestic violence, and dually-diagnosed individuals.
- They largely ignore the emergency shelter component of the homeless service system. A few shelters may receive supportive services funding under the Supportive Housing Program (SHP) and therefore report on the employment performance indicator described above. As state and local government grantees under a formula-based program, ESG grantees report to HUD through the Integrated Disbursement Information System (IDIS) and not through the APR. Up to now, HUD has not used ESG reporting to create performance measures for shelters.
- The APR is a program-level reporting tool and is not designed to capture client-level outcomes fully. As a result, the APR data cannot describe the client population with much precision or associate outcomes with the characteristics of individual clients. For example, a transitional housing program may report that 50 percent of its clients suffer from mental illness and that 50 percent are individuals (not in families), but are those the same clients? If the program reports that 70 percent of its clients exit to permanent housing, what are the characteristics of the 30 percent who exit without achieving that objective?
- As a program-level reporting tool, the APR does not capture well the housing stability of formerly homeless people. For example, it shows the destinations of people who leave transitional housing, but not whether they remain in permanent housing for some period of time. For permanent supportive housing, it shows only lengths of stay for the particular housing facility, but not whether formerly homeless people remain stably housed for a longer period in *some* type of permanent housing.
- The APR may include some duplicate reporting, as a program can be the recipient of more than one HUD McKinney-Vento competitive grant (that is, it may consist of more than one "project" from HUD's standpoint). In this case, there may be two or more APRs showing the same outcomes for the same people.
- Despite careful instructions on how to complete the APR, many definitions are ambiguous. For example, when does an intake to a residential program occur—when the individual or family is admitted into the program or when he or they move in? Where along the continuum of training activities, supported work, and market-rate employment does the "employment" that implies self-reliance begin? For programs that use a "transition in place" model, when does the exit to permanent housing occur? What is the "exit moment" for transitional housing programs that provide follow-up supportive services after the individual or family has moved to permanent housing?

- The APR lacks internal checks for consistency among answers that should be consistent, and it has no feedback systems prior to submission for requiring correction of inconsistent or missing data. HUD staff must contact local program staff after submission of their APR to correct inconsistent or missing information. This creates challenges to using APR data for performance reporting.

Many of these shortcomings are common to administrative data systems. Absolute clarity of the definitions is never achieved, and incomplete reporting and data quality problems will plague any system to some extent. However, HUD's Office of Special Needs Assistance Programs has recently developed and implemented a data quality system that can identify data inconsistencies in APR reporting and incomplete reporting. In addition, several other developments during the 2004-2006 period should make it possible for HUD, other funders of programs for homeless people, and other policy-makers and stakeholders to develop better performance measurements for programs that serve homeless people.

New Opportunities for Improved Performance Measures

The developments that will enable better performance measures for homeless programs are:

1. The implementation of local Homeless Management Information Systems (HMIS);
2. The redesign of the entire Integrated Disbursement Information System (IDIS) at HUD;
3. The continued evolution of goal-setting and performance measurement by the federal agencies administering programs that serve homeless people; and
4. The continued evolution of goal setting and performance measurement by state and local policy-makers administering programs that serve homeless people.

1. HMIS

Homeless Management Information Systems (HMIS) are being implemented, following federal guidelines, by local and state consortia of governmental and private funders and service providers known as Continuums of Care (CoCs). CoCs are the entities to which HUD has given the responsibility and authority to create strategic plans for reducing homelessness and to submit the consolidated applications for HUD McKinney-Vento discretionary grant funds. The annual CoC application requires ranking of all requests for new and renewal funding for all providers within a geographic area. Some CoCs cover a single city, but many cover a metropolitan area, a group of counties, a large portion of a state, or the entire state. HUD has now required all Continuums of Care to make substantial progress towards implementing HMIS; in the national competition among CoCs, funding applications are ranked in part on the basis of their HMIS progress.

The HMIS has many advantages for developing better performance reporting.

- Each local HMIS is a client-level data system, with discrete and uniquely identified records for each individual served by programs that are part of the Continuum of Care.
- Those data elements that are required of all local HMIS have clear definitions, spelled out in a Notice that has been through extensive and careful scrutiny. The data standards currently are being programmed into private vendor software systems used by many CoCs and providers of homeless and other social services for planning, case management, client service, and reporting. CoCs that have existing ("legacy") client-level data systems are incorporating the HMIS data elements and standards into their systems. HUD is providing training on the implementation of the HMIS throughout the country.
- The HMIS has a rich set of variables covering basic client characteristics (e.g., age, race/ethnicity, gender); these *Universal* data elements must be collected by all providers participating in the HMIS. Programs that complete APRs and similar reports to funders are also collecting *Program-Specific* data elements on client characteristics that are measured at or soon after intake and again at exit (e.g., income, health status). Collection of Program-Specific data elements is mandated for all programs funded by the HUD discretionary grant programs, and it is encouraged for any other program for which performance measurement is important.
- When the HMIS has been fully implemented, a CoC will be able to use HMIS data for longitudinal analysis—for example, for understanding patterns of homelessness by clients who move from provider to provider or in and out of homelessness.
- Because each client record includes unique identifiers (name, date of birth, and social security number), it is possible to link HMIS data to other administrative data sets that have information on the use of public benefits and services. Linking HMIS data with other data sets creates opportunities for more effective performance reporting, especially at the local level.
- While some CoCs and providers have already been using existing client-level data systems for planning, service provision, and setting local funding priorities, many more CoCs and providers will use HMIS for these purposes. The local and operational uses of HMIS data should provide incentives for complete and timely reporting of accurate data.

A list of the Universal and Program-Specific HMIS data elements can be found at the end of this paper.

2. Redesign of IDIS

HUD is in the process of redesigning the Integrated Disbursement Information System (IDIS). IDIS serves as the program reporting system for all of the Department's programs that provide formula grants to states and units of local government:

- Community Development Block Grants (CDBG),

- Housing Assistance Partnerships (HOME),
- Housing Opportunities for People with Aids (HOPWA), and
- Emergency Shelter Grants (ESG).

While only ESG is explicitly designed to address homelessness, CDBG, HOME, and HOPWA funds are often sub-allocated by local and state government grantees to residential and service programs that serve homeless people.

For ESG, IDIS asks for aggregate reporting by facility on the number of clients served and a limited set of aggregate client characteristics (race/ethnicity, individuals/families, needs-related characteristics). IDIS also requests information on the type of housing the facility provides. This is not nearly as much information as is reported in the APR for HUD discretionary grant programs, and ESG reports do not include any information on outcomes.

The redesign of IDIS will create an opportunity to add new data elements to IDIS, including outcomes for individuals and families, to permit the system to be used to report on the performance of ESG-funded shelters. In addition, it may be possible for providers of shelter and services for homeless people that receive funding from CDBG and HOME as well as funding from the homeless assistance programs to submit a consolidated IDIS or IDIS/APR report based on similar reporting elements or requirements.

In a redesigned IDIS, providers that participate in the Continuum of Care could calculate performance measures from HMIS data and report the results via IDIS. This linkage between HMIS and IDIS could be pursued immediately, as ESG-funded shelters are required to participate in the HMIS to the extent of collecting and providing Universal data elements. Shelters have been given priority for early HMIS participation. Once ESG reporters have a basic set of client characteristics for those served by shelters, they will be able to report on service patterns such as lengths of stay in the shelter. So far, the proposed redesign of IDIS includes a measure of the number of clients "stabilized" by shelters. It will be necessary to add a limited number of additional data elements, such as destination at exit, to create a measure that reflects whether the shelter stay has stabilized a client and helped him or her to leave homelessness.

3. Performance Reporting Across Federal Agencies

National responsibility for reducing and ending homelessness, and for alleviating immediate suffering and long-term consequences for people who become homeless, is spread across several agencies of the federal government. Exhibit 2 provides examples of performance measures used by agencies other than HUD to measure program performance. Many of them measure outcomes, although some measure activities or outputs. Some of the measures are for programs targeted only to homeless people, while others are applied to homeless people, or people at risk of becoming homeless, as part of a broader group of eligible clients. For the latter group of programs, the measures are not focused explicitly on the goal of ending homelessness.

Exhibit 2: Examples of Performance Measures of Federal Agencies other than HUD that Serve Homeless People

Agency	Program	Performance Measure
Department of Labor Employment and Training Administration	One Stop Centers	Two related measures: 1) percentage served by the program who are individuals with disabilities; and 2) percentage of individuals with disabilities exiting the program who are placed in unsubsidized employment
Department of Labor Employment and Training Administration	Workforce Investment Act Adult and Youth Programs	Two related measures: 1) percentage of adults served by the program who are employed in the first quarter after program exit; and 2) percentage of those employed in the first quarter after program exit who are still in employment in the third quarter after program exit Percentage of 14-18 year olds entering without a high school diploma or equivalent who obtain one by the first quarter after program exit
Veterans Administration Veterans Health Administration	Domiciliary Care for Homeless Veterans and Health Care for Homeless Veterans Community-based Contract Residential Care Program	Percentage of those exiting the program who go to independent housing (own apartment, room, or SRO arrangement) or to a secure institutional living arrangement
Department of Health and Human Services Administration for Children and Families	Runaway and Homeless Youth	Percentage of youth exiting the program who are living in safe and appropriate settings Percentage of runaway youth who contact the National Runaway Switchboard (NRS) for counseling and referral to safe shelter or other services earlier rather than later in their runaway episode
Department of Health and Human Services Substance Abuse and Mental Health Services Administration	Projects for Assistance in Transitions from Homelessness (PATH)	Percentage of enrolled homeless persons with serious mental illnesses who receive community mental health services
Department of Health and Human Services Health Resources and Services Administration Bureau of Primary Care	Health Care for the Homeless	Number of uninsured and underserved persons served by Health Centers

The data elements for the HMIS were developed with input from senior staff responsible for managing programs that serve homeless people at federal agencies other than HUD, and the data elements were chosen with a view to the potential use of the data system for national performance reporting across the federal government.

Agencies other than HUD could use the HMIS to create improved performance measures for their programs or to improve reporting on current measures. The federal agencies could take advantage of the participation in local HMIS of those of their grantees that already are part of CoCs. They also could encourage or even mandate participation in HMIS by other grantees.

Performance indicators that measure outcomes for clients could be based on the current Universal and Program-Specific HMIS data elements, or the agencies could create additional response categories or data elements appropriate to their specific client populations and goals. A federal agency that used the HMIS as a platform for performance measurement would benefit from the work that has already been accomplished in the HMIS to create clear data definitions, to elaborate data privacy and security standards, and to provide technical assistance and training on software development and implementation.

Two or more agencies could create common performance measures for programs that have similar goals, activities, or clients. Common performance measures and HMIS-driven reporting could simplify the reporting burden for the many local programs and providers that are funded by more than one federal program.

Federal agencies could agree on common performance measures that relate to national goals and objectives for reducing homelessness and for transforming the nature of the system of service for people experiencing homelessness or at risk of becoming homeless. These objectives and HMIS-driven outcome measures would be shared by all of the federal agencies that serve homeless people and become part of each agency's GPRA strategic plan.

4. State and Local Performance Measurement Systems

States and CoCs are developing their own performance measurement systems that are tailored to local patterns of homelessness, to the types of clients most commonly served locally, and to the way in which homeless programs fit into the context of other state and local social services. Some of these performance measurement systems have already been developed based on existing client-level data systems or in anticipation of the implementation of HMIS.

State and local systems often have a broader reach than national reporting systems, reporting on a more detailed set of outcomes. Systems designed by states, CoCs, private funders, and provider organizations may also be used in a more immediate way for continuous feedback and program redesign.

For all of the reasons stated above—client level data with clear definitions, longitudinal capability, and capability to be used for other programs and linked to other data sets—the HMIS data platform will create opportunities for local performance measures that are well-designed and accurately reported. These indicators can be selected and applied by individual

programs, providers, and private funders; by CoCs; or by state agencies that fund programs and activities serving homeless people. The performance measures can be based on the HUD-defined HMIS data elements, on data elements that have been augmented with additional response categories, or on additional data elements that reflect local client populations and the use of performance measurement for program improvement.

Challenges for Performance Measurement

There are many challenges that developers of national or local performance measurement systems must meet. Following is a discussion of some of those challenges:

1. Maintaining the focus on outcomes
2. Measuring performance across providers and system-wide
3. Tailoring the performance measures to the type of program and client
4. Encouraging providers to focus on the most needy clients

1. Focusing on Outcomes

For purposes of program management and monitoring, it is important to be able to answer questions about program *activities*, such as whether funds have been drawn down within reasonable timeframes and whether they have been spent on eligible activities. It is also important to measure the capacity of the service systems by keeping track of such program *outputs* as numbers of units of housing developed or subsidized; numbers of bed nights available to clients; staff to client ratios; and hours spent providing a particular service. And an important part of program planning and implementation is to compare outputs with needs, as in the gaps analysis that is part of the CoC's annual application to HUD, and to look at productivity measures such as the relationship between outputs and costs.

However, activity and output measures cannot substitute for *outcome* measures that answer the *fundamental question of how the program's accomplishments (activities and outputs) relate to its basic goals*. Outcome measures ask how change occurs in the presence of the program—either system-wide change or changes in the lives of the people a social program is designed to serve.

The three performance measures currently used by HUD for the McKinney-Vento discretionary grant programs are clear examples of outcome measures. They focus on client-level ends to homelessness (achieving permanent housing, remaining in permanent housing) and greater self-reliance (becoming employed). Similarly, the next generation of performance measures for HUD, other federal agencies, and local policy makers should also focus on outcomes.

The goals created for a program—and therefore its outcome measures—usually have a logical (and sometimes empirically demonstrable) relationship to an even more fundamental or widely accepted objective. For example, we almost certainly can agree

that for a homeless person being sheltered is better than living on the street, because of the health and safety implications of being unsheltered. We also can agree that becoming employed is a desirable objective for most working- age individuals because of its positive effects on net income as well as on self-esteem and other aspects of mental health. Ultimately, however, program goals and, therefore, outcome measures are normative. For public programs, goals are chosen by the consensus-making processes of the political system, such as the enactment of legislation.

Ideally, outcomes for performance measurement should also meet the test that they are likely to occur *because* of the program rather than occurring coincidentally with the program's activities. Establishing causation distinguishes between outcomes (what happened?) and impacts (did the outcome occur because of the program, or would it have happened anyway?). When possible, outcomes should be tested through research that can show whether the program actually causes the outcome measured by the performance indicator. However, it is often not possible to meet this test, and the designers of performance measures must fall back on logic or common sense rather than waiting for the results of research.

In addition, there is often a continuum rather than a clear dichotomy between outputs and outcomes, and it may be more feasible to measure an intermediate outcome than a long-term outcome.[1] For example, the current HUD performance measure that focuses on moving to permanent housing could be thought of as an intermediate outcome for residents of transitional housing, while never becoming homeless again would be a longer-term (and more difficult to measure) outcome.

2. Measuring across Providers

Performance measurement occurs at two levels: at the level of the individual provider of service and at the level of a system of service, such as the local Continuum of Care or the national system of homeless assistance. On the one hand, measuring performance at the level of the individual provider is fundamental and appropriate, because program design and practices are most easily and effectively modified to improve performance at the provider level. On the other hand, many of the most important outcomes for clients can be measured well only by looking at the patterns of service for a client across multiple providers in a Continuum of Care. In addition, there are important goals—and therefore important outcome measures—that relate to what is happening to the social phenomenon or system: to homelessness in general or to the whole system of homeless assistance. A goal that may be appropriate for the system as a whole, such as reducing lengths of stay in transitional housing, may not be a positive or appropriate goal for an individual client.

An example of a client outcome that ideally should be measured across providers is *remaining in permanent housing for at least six months*, one of the current HUD

[1] Logic models, which are a kind of formalized common sense, are often used to describe the relationships among program activities, outputs, and intermediate and long-term outcomes. Theodore H. Poister, *Measuring Performance in Public and Non-Profit Organizations*. San Francisco: Jossey-Bass, 2003, pp.35-47.

performance measures. At the provider level, this measure reveals only whether a client stayed in the same permanent housing facility for the formerly homeless for six months or more. However, the measure does not distinguish between HUD McKinney-Vento funded permanent housing that provides extensive supportive services and permanent housing that is less service intensive. It might be appropriate for a specific client to move to service-enriched permanent housing and then (in less than six months) to move to a more independent permanent housing setting. There may be other valid reasons for a client to move first to one permanent housing facility and then another, including the quality and suitability of the housing units available in different facilities, the characteristics of the neighborhood, and the affordability of the rent. Therefore, it would be better to measure an individual client's stay in permanent housing over time and across providers that are part of the Continuum of Care—at least until the point when the client has exited to "mainstream" permanent housing, rather than permanent housing for homeless people.

It may even be possible to do better than that: Since many exits from transitional or permanent housing for homeless people are to public housing and housing assisted by the Housing Choice Voucher program, it would be desirable to include data from the local public housing authorities (PHAs) in a system for determining whether a formerly homeless individual or family remains in permanent housing. This could be done at the Continuum of Care level by matching clients identified in the HMIS as having moved to public housing or Section 8 housing with the household-level administrative data maintained by PHAs, in order to determine how long the client remains in PHA-assisted housing.

Another way of measuring stability in permanent housing would be to use the HMIS data to find out whether clients who achieve permanent housing when they exit from a particular program return to shelters or transitional housing facilities within some period of time. This is less difficult than matching data to PHA-provided permanent housing, and it also avoids counting as impermanent private, market-rate housing or subsidized housing not associated with a PHA program. *Not returning to a shelter or transitional facility* clearly can only be measured on a system-wide basis. The larger the geographical coverage of a Continuum of Care and its HMIS (and the more complete the coverage of shelters and transitional housing), the more accurate the measurement of this outcome is likely to be.

It may be desirable to create performance measures at the CoC or national level that are system-wide in nature—that describe what happens to the system of homeless assistance rather than aggregating the outcomes of individual clients. Examples of such measures are:

- Reducing chronic homelessness,
- Reducing the use of shelters,
- Shortening shelter and transitional housing lengths of stay, or
- Shifting the funding burden of homelessness away from homeless-specific programs to mainstream programs.

Underlying these statements about what is desirable for the system may be inferences about what is beneficial for individual clients, but the goals and associated measures are fundamentally different from client-level outcomes in that they provide a picture of the entire system.

3. Tailoring to Programs and Clients

With a richer and more flexible database, it may be possible to define more clearly the separate goals of shelters, transitional housing, permanent supportive housing, and mainstream permanent housing and then to create additional performance measures related to those goals. It also may be possible to develop objectives for both residential and supportive services programs funded by HUD that focus more closely on the type of services provided and the type of clients served. For the programs of other federal agencies, it will be particularly important to go beyond the current HUD measures to reflect the different underlying objectives of the programs (e.g., improving health) and the special client groups served (e.g., youth, victims of domestic violence).

Matching objectives to the needs of different client groups has two dimensions:

1) Creating goals and associated performance measures appropriate to the needs of particular client groups, and
2) Creating performance measures that relate to the appropriate definition of self-reliance for particular groups of clients.

The first dimension requires operational definitions of self-determination or improved quality of life that relate to the problems and needs of particular clients. For example, for families with children and for unaccompanied youth, it may be desirable to attempt to measure the effectiveness of programs in offsetting the long-term harm that can result from being homeless as a child. Some dimensions of this, such as housing stability (in the narrow sense of not becoming homeless again) may be measurable from HMIS data. But other dimensions, such as quality of parenting, will not be readily measurable from any administrative data system. Still others, such as avoiding criminal activity or association with the criminal justice system, may require additional HMIS data elements or matching to other administrative data systems.

As another example, many programs that serve chemically dependent adults who have become homeless consider achieving and maintaining sobriety the most important outcome. The current HMIS data elements can measure this only inferentially, through changes in self-reported general health status and through achieving employment and permanent housing for longer periods. But it might be possible for some programs to add a data element that is collected at the time of program exit and reports such information as the number of months the client has remained clean and sober.

The second dimension is creating performance measures that are related appropriately to the circumstances of clients with different types of challenges and disabilities. One of the

current HUD performance measures, achievement of income through employment, probably needs tailoring to specific population groups. The goals established for HUD's McKinney-Vento programs use a broader term—self-reliance—that reflects the fact that not all people served by programs for homeless people can be expected to work. Permanent housing and a stable source of benefit income may be an appropriate alternative to employment for some client groups.

Despite the inclusion of indicators of disability type, HMIS data also fall far short of clinical assessments of the severity of mental illness or developmental disabilities. However, it should be possible to combine answers to the HMIS questions on disabilities with information on income source (receipt of SSI income), service use, and patterns of homelessness over time to identify clients for whom an outcome measure other than employment is more appropriate.

4. Targeting the Most Needy

A related issue—but a separate issue from choosing the right performance measures for different client groups—is the need to create performance measures with *standards* (performance expectations) that encourage programs to serve clients with challenges severe enough that, without the help provided by the program, they are at great risk of remaining homeless or returning to homelessness. Programs that serve people with severe challenges should not be penalized for doing so by the performance measurement system. This is a classic issue for performance measurement: it is important not to measure performance in a way that encourages programs to select the easiest to serve clients—sometimes called "cream skimming," "picking the cream of the crop," or simply "creaming."

Programs that have employment as their primary objective have a long tradition of attempting to deal with the issue of appropriate targeting. At times, these programs have used multivariate regression analysis applied to information on historical outcomes of employment and training programs to predict the likelihood that a client with particular characteristics will succeed (in becoming employed, in increasing employment income).[2] Programs then can be measured on the extent to which the actual outcomes for the actual clients the program serves exceed the outcomes that the model predicts for those clients.

The performance data for HUD's McKinney-Vento programs from the Annual Performance Report have not been well suited to modeling the expected performance of people with different levels of disadvantage. Because APR information on client characteristics is aggregated to the program level, and because categories for special needs characteristics are not exclusive, it is difficult—if not impossible—to measure the challenges faced by a program's clients using APR data. For example, in the APR it is not possible to determine how many clients have more than one identified disability (among mental illness, chemical

[2] To understand how the Employment and Training Administration of the US Department of Labor has used these techniques and what the results may have been, see Burt S. Barnow and Jeffrey A. Smith, "Performance Management of U.S. Job Training Programs: Lessons from the Job Training Partnership Act," *Public Finance and Management,* 4(3) 2004, pp.247-287.

dependence, and developmental disability). Nor is it possible to infer, from other information, how many of a program's clients have severe disabilities.

The Program-Specific HMIS data elements will permit the identification of clients with multiple disabilities, and there is a follow-up question for mental health and substance abuse on whether the disability is expected to be persistent and impairs the client's ability to live independently. While this falls far short of a clinical determination of severity, it would be possible to combine these data elements with others into a composite index of severity of special needs. For example, the HMIS Universal data element on where the client slept the night before intake (e.g., whether the client was discharged from a treatment program) and the length of stay at that place could be combined with either the Universal or (when available) the Program-Specific data elements on disability.

Other Universal data elements, including age, whether the client was in a place not fit for human habitation the night before intake, and the number and ages of children might be used as well, as part of a composite index of the degree of challenges faced by a particular client.

When Program-Specific HMIS data elements are available, an index could be created that also included such information as highest level of education attained, whether the client is a victim of domestic violence, self-assessment of health, receipt of SSI, and employment status at the time of intake or assessment.

An approach that uses sophisticated analytical techniques to set performance expectations based on client characteristics is attractive, but it has some drawbacks. First, it depends on the availability of a client-level dataset with information both on client characteristics and on outcomes that can be used to develop a model. Depending on the outcome measured, there may be "legacy" data systems that preceded HMIS that could be used to develop a preliminary model, to be refined later through the addition of a larger number of geographic areas and programs.

Second, it is more difficult to make simple statements about outcomes if performance standards are set through comparison to the predictions of a model. Instead of reporting that "70 percent of our transitional housing clients move to permanent housing," the provider would have to say something like: "Some 70 percent of our clients move to permanent housing, and that is 10 percentage points higher than would be expected, based on the special needs of the clients we serve." Or, "Although 70 percent of our transitional clients move to permanent housing, this is fewer than for other transitional housing programs with similar clients, so we need to think about alternative approaches for placing people in permanent housing."

Furthermore, since regression models always provide an incomplete understanding of what drives outcomes, if high stakes are riding on outcome measures (e.g., funding priorities within a Continuum of Care), the models used could become the focus of a great deal of controversy and could weaken the support of some stakeholders for the concept of measuring performance. If "creaming" is a concern, an alternative way of controlling it that has been

used in many communities is to have groups of peers evaluate both the outcome *measures* appropriate to different types of clients and the performance level or *standard* that is reasonable to expect from similar agencies working with similar types of clients.

Finally, appropriate targeting is not as simple as always serving the clients with the most severe challenges. Policy-makers, funders, and providers also must try to serve those for whom the program can make a difference, so that resources are not wasted on efforts that do not pay off or are not cost-effective. This has implications both for the choice of goals (is it really possible to "end" homelessness or should the goal be to reduce it below some threshold?) and for the way in which performance measures are structured. For example, measures that describe levels of change for individual clients reward both serving the neediest (who have greater potential for change) and serving those for whom the program is likely to be effective.

Options for Performance Measures

The following menu of performance measures is intended to serve as a starting point for discussing the performance measures that could be used by HUD, by other federal agencies, or by state and local policy-makers in the future. This list is anything but exhaustive. At the same time, it is not meant to imply that a family of performance measures—even those that cross federal agencies or are selected by local and state policy makers—should be this long. The list is intended to provoke discussion by moving from the level of principles and challenges to the level of specific measures.

Exhibit 3 provides a list of the performance measures that might be created from HMIS data. They are divided into system-level measures and client-level measures. System-level measures would be generated at the CoC/HMIS level, and they could be aggregated from the CoC to the national level. Client-level measures could be applied at the program level or the CoC level, and they also could be aggregated from the CoC to the national level. The rest of this section discusses how each of the performance measures might be constructed.

Exhibit 3: Examples of Possible Performance Measures Using HMIS Data

System-level Performance Measures

1. Reduce chronic homelessness
2. Reduce multi-episode patterns of homelessness
3. Reduce use of shelters
4. Increase placements in permanent housing
5. Increase receipt of mainstream benefits
6. Reach a large fraction of all homeless people

Client-level Performance Measures

7. Achieve appropriate permanent housing
8. Remain in permanent housing
9. Increase income
10. Increase employment
11. Increase skills and education
12. Improve health
13. Improve well-being of children
    - Family reunification and stability
    - School enrollment
    - Health

System-Level Performance Measures

System-level measures offer a set of core measures against which to evaluate the performance of all CoCs in meeting national and local goals related to reducing and preventing homelessness. The system-level measures proposed below are for the most part not tailored to particular program and client types, although some measures do not apply to domestic violence shelters. Instead, the measures provide a standard set of outcome data that can be compared across CoCs and aggregated to the national level. In general, the proposed measures are not appropriate for performance assessment at the program level, because measures such as "reducing shelter use," when applied at the program level, might create disincentives for targeting the most needy clients.

The proposed system-level measures are based primarily on the HMIS Universal data elements. However, some measures rely on Program-Specific data elements, which may not be reported by all providers in the CoC. Prior to finalizing the measures, it will be important to test them with HMIS data from a sample of communities across the country

to determine the feasibility of including Program-Specific data elements and to evaluate the extent to which the measures produce reliable results.

1. Reduce Chronic Homelessness

Reducing chronic homelessness is an important goal for federal, state, and local agencies serving homeless persons. Progress in reducing chronic homelessness can be measured by tracking changes in the number of chronically homeless people within a CoC. Results can then be aggregated to the state and national level. In addition to federal and state agencies that serve homeless people, reducing chronic homelessness is an appropriate performance measure for "mainstream" agencies that have responsibilities for reducing the risk of becoming homeless for vulnerable population groups, such as ex-offenders and persons with mental illness.

The current federal definition of a chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation or in an emergency shelter during that time.

The HMIS Universal data elements can be used to determine whether a person meets the current federal definition of chronic homelessness. However, HMIS must have several years of data in order to be able to track a client's episodes of homelessness over a three-year period. In the absence of longitudinal data, providers can ask clients a series of questions to determine how long they have been homeless and how many episodes of homelessness they have had in the past three years. This information could be entered into a separate field in the HMIS to be analyzed alongside disability and household status. Once longitudinal data are available, this separate field will no longer be needed.

Although there is broad consensus on the importance of measuring performance against the goal of reducing chronic homelessness, there is less agreement on how chronic homelessness should be defined for the purposes of performance assessment. Several aspects of the current federal definition of chronic homelessness are challenging for CoCs and providers. First, there is no standard definition of an "episode" of homelessness. At present, CoCs develop their own criteria for determining when one episode of homelessness ends and another begins. The definition most often used for residential programs is that a new episode of homelessness begins when a person returns to the shelter system after having been out of the system for at least 30 days; if the person has been out less than 30 days, readmissions are considered separate shelter stays within the same homeless episode. The basis for this definition is research showing that most people who return to shelter after leaving the system generally do so within 21 days; after 30 days, returns are much less frequent. There is less agreement on how to treat the use of non-residential services in determining when an episode of homelessness starts and ends.

CoCs and providers have also raised objections to the disability criterion in the current federal definition of chronic homelessness. One objection is that the criterion itself is not

valid, because persons can be chronically homeless in terms of their patterns of homelessness and shelter use and not have a disabling condition. Another objection concerns the difficulty of collecting disability information from clients. Many provider staff are not trained to diagnose disabilities and are uncomfortable making this kind of assessment. The HMIS data standards have tried to address this problem by allowing information on disability to be collected in several ways – through client interview, self-administered form, observation, or assessment.

A third area of concern is the exclusion of families. Many CoCs and providers believe that families that exhibit patterns of homelessness and shelter stays consistent with the concept of chronic homelessness – i.e., intensive use of homeless services over an extended period of time – should be included in analyses of chronic homelessness. However, because the characteristics and service needs of chronically homeless families are different from those of chronically homeless individuals, a separate definition of chronic homelessness for families may be warranted.

Finally, excluding clients of transitional housing programs from the definition of chronic homelessness is problematic in some communities. The rationale for excluding transitional housing is that people who stay in transitional housing for a year or more would meet part of the definition of chronic homelessness by virtue of the program rules, even if otherwise they would not meet the criteria of repeated or prolonged periods of homelessness. However, some transitional housing programs operate more like emergency shelter than permanent housing, with average lengths of stay substantially shorter than the 24-month program maximum. Automatically excluding these transitional housing clients from the definition of chronic homelessness would likely lead to an undercount of chronic homelessness. A related issue is that measuring performance against the current definition of chronic homelessness requires a high level of participation in HMIS by emergency shelters, which may be problematic in some communities.

Once HMIS is fully operational and longitudinal analysis of shelter stay patterns is possible in a range of communities, it may be possible to eliminate some of the client-level characteristics that are part of the current federal definition of chronic homelessness (individual status, disabling condition) and to apply instead a definition of chronic homelessness based entirely on patterns of homelessness. Or HMIS data can be analyzed to produce an alternative categorical definition of chronic homelessness, based on the set of individual or family characteristics found to be associated with long and repeated episodes of homelessness.

System-Level Performance Measure: Reduce Chronic Homelessness	
Measure	Number of people in the homeless services system who have a disabling condition, were served as individuals, and were continuously homeless for a year or more or had at least four episodes of homelessness in the past three years
Level of analysis	CoC, with potential to aggregate to national
Standard	Drop in annual count of chronically homeless persons by a specified number or percentage
HMIS data elements*	• 2.14 Household Identifier Number (to identify persons served as individuals) • 2.7 Disabling Condition (to identify persons with a disability) • 2.8 Residence Prior to Program Entry (to identify homeless people among those using supportive services only programs) • 2.10 Program Entry Date (to identify episodes, lengths of homelessness, and appearance in the homeless services system during the operating year) • 2.11 Program Exit Date (to identify episodes, lengths of homelessness, and appearance in the homeless services system during the operating year) • 2.13 Program Identification Number (to exclude stays in transitional and permanent housing)
Alternative measures	• Drop disabling condition • Add families • Include transitional housing stays • Refine lengths of stay and number of episodes
Issues	• No standard definition of homeless "episode" • Depends on high level of HMIS participation among shelters
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

2. Reduce Multi-Episode Patterns of Homelessness

Reducing multi-episode patterns of homelessness is related to reducing chronic homelessness in that chronically homeless people tend to have multiple episodes of homelessness. However, instead of focusing on the most challenging clients, this measure sets as the objective a reduction in the percentage of *all* clients who become homeless again within a specified period of time after exiting the system. The purpose of the measure is to assess the system's ability to ensure that people leaving homeless assistance programs maintain permanent housing.

Progress can be measured by tracking the percentage of clients successfully exiting the homeless services system who access emergency shelters, transitional housing facilities, or are otherwise determined to be homeless again within a two-year period. Clients who exit to an emergency shelter or transitional housing facility are excluded because they continue to be homeless. The appropriate level of analysis for this measure is the CoC, since it is necessary to consider the client's entire service record to identify true exits

from the system (as opposed to moves among programs) and reentries. CoC results could then be aggregated to the national level.

There are several challenges associated with assessing CoC performance against this measure. First, there needs to be an agreed-upon definition for what constitutes an "exit" from the homeless services system. This is closely related to the definition of homeless episode discussed above. A person who moves directly from emergency shelter to transitional housing or from one shelter to another can easily be determined to be in the same episode of homelessness. However, for a client who exits to an unknown destination, the CoC needs a way to determine whether his reentry into the system represents a new episode of homelessness or whether he has remained homeless since the last exit.

A second challenge is accounting for people who are permanently housed but return to the homeless system for supportive services. For people accessing services-only programs, HMIS data element 2.8, Residence Prior to Program Entry, could be used to determine their housing status the first time they receive the services. People living in permanent housing would not be counted as returning to the system for the purposes of this performance measure. Similarly, people accessing homeless prevention services would not be counted, since they are by definition not homeless.

Third, this measure might not be consistent with the goals of some types of programs. For example, programs that serve victims of domestic violence maintain an "open door" policy that encourages clients to return if they find themselves in an abusive situation. For these programs, recidivism may not be a negative outcome, because most victims of domestic violence return to their abuser several times before making a permanent break.

A related problem with this measure is that it treats all repeat episodes of homelessness within a two-year period as a negative outcome. This ignores the fact that some people may have to experience more than one episode of homelessness before they are successful in obtaining and maintaining permanent housing. An alternative would be to count the number of homeless episodes for each client and track changes in either the average number of episodes (for people with more than one episode) or the percentage of people with different numbers of episodes.

The need for an alternative measure depends in part on how a homeless episode is defined. If a client can stay out of the homeless services system for several months and still be considered to be in the same homeless episode, more than one episode in a two-year period might indeed be a negative outcome. If, by contrast, a new homeless episode begins any time a client is out of the system for 30 days, two or three episodes of homelessness might be acceptable before a client becomes stably housed. Once longitudinal HMIS data are available, analysis of service use patterns can be used to help set appropriate measures and benchmarks for reducing multi-episode patterns of homelessness.

System-Level Performance Measure: Reduce Multi-Episode Patterns of Homelessness	
Measure	Percent of clients exiting the homeless services system who access emergency shelters, transitional housing facilities, or are otherwise determined to be homeless again within a two-year period. Measure excludes clients who exit to an emergency shelter or transitional housing facility.
Level of analysis	CoC, with potential to aggregate to national
Standard	Drop in percentage of such persons
HMIS data elements*	• 2.11 Program Exit Date (to identify people who exited the system and start the clock for returns within two years) • 2.12 Personal Identification Number (to identify people who exited to an emergency shelter or transitional housing program) • 2.10 Program Entry Date (to identify new episodes of homelessness occurring within two years of the exit) • 2.13 Program Identification Number (to determine which program type people entered, if a new episode of homelessness occurred within two years) • 2.8 Residence Prior to Program Entry (to determine whether people accessing services only programs are homeless)
Alternative measures	• Reduce period of time from two years to one year • Exclude returns from permanent housing to transitional housing • Track average number of homeless episodes per client
Issues	• No standard definition of homeless "episode" • Depends on high level of HMIS participation among shelters
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

3. Reduce Use of Shelters

This system-wide measure is important for assessing performance in both homelessness prevention and CoC resource allocation. The measure is related to changes in the pattern of service provision for homeless people that are widely believed to be desirable:

- Preventing evictions from regular permanent housing units (for example, through emergency rental assistance in unsubsidized housing and crisis intervention for disruptive subsidized housing tenants); and

- "Diverting" those exiting from "non-housing" residential situations such as mental health, substance abuse, and correctional institutions away from shelters and into permanent or transitional housing.

The measure could be a simple count of the annual number of shelter bed nights used in a CoC. The standard would be that these numbers decrease from year to year. An additional measure could be developed that focuses on discouraging placements in shelters by residential facilities serving special needs populations, such as hospitals, treatment centers, jails, and prisons. HMIS Universal data element 2.8, "Residence Prior

to Program Entry," could be used to identify people discharged from such facilities and entering shelter. Once again, the standard would be that the number of such entries should decrease from year to year.

Either of these ways of measuring reduced shelter use could be combined with local "street counts" of the unsheltered homeless, to make sure that people are not simply being discouraged from entering shelters.

Domestic violence shelters should probably not be included in this measure. As discussed above, victims of domestic violence typically move in and out of shelters many times before they succeed in leaving their abuser permanently. For this population, an increase in shelter use could be a positive outcome, suggesting that more clients are in the shelter "phase" and making progress toward escaping the abuse.

System-Level Performance Measure: Reduce Use of Shelters	
Measure	Total shelter nights used per year
Level of analysis	CoC, with potential to aggregate to national
Standard	Drop in annual count of shelter nights by a specified number or percentage
HMIS data elements*	• 2.13 Program Identification Number (to identify shelters); • 2.10 Program Entry Date (to start the clock for shelter stays during the reporting year) • 2.11 Program Exit Date (to determine the number of nights in shelter stay during the reporting year)
Non-HMIS data	• Annual "street counts" of unsheltered homeless people
Alternative measures	• Measure focused on shelter entries by people discharged from hospitals, treatment centers, jails, prisons, and other residential facilities serving special needs populations • Exclude domestic violence shelters
Issues	• Depends on high level of HMIS participation among shelters
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

4. Increase Placements in Permanent Housing

This would be a system-wide measure of the percentage of all clients served in shelters and transitional housing programs who exit to permanent housing—either permanent housing for formerly homeless persons or other types of permanent housing covered by the response categories of the HMIS "destination" question. It would be measured by dividing the annual unduplicated count of individuals and families who exit from shelters and transitional housing to permanent housing by the annual unduplicated count of all residents of shelters and transitional housing.

The measure would differ from HUD's current APR-based measure in that 1) it would include shelters (not just transitional housing facilities), and 2) it would focus on all clients who live in transitional housing during a year, not just on those who exit during

that year. These two changes make the measure more stringent – all providers are encouraged to place all clients in permanent housing as soon as possible. They also render performance against the measure more susceptible to changes in the number of people served in shelters and transitional housing (i.e., if the number of clients served in shelters and transitional housing grows at a faster rate than the number placed in permanent housing, performance will decline).

It is also important to note that this measure only tracks performance against the short-term goal of *placing* clients in permanent housing. Performance against the longer-term objective of helping clients to *maintain* permanent housing can be tracked at the system level through the measure "Reduce Multi-Episode Patterns of Homelessness" (see #2 above) and at the client level through the measure "Remain in Permanent Housing" (see #8 below).

An additional measure might distinguish between permanent supportive housing and housing without supportive services and would measure the placements from both transitional housing and permanent supportive housing into subsidized or unsubsidized permanent housing outside the system of homeless assistance. Further, it might be appropriate to track outcomes separately for chronically homeless people, as placement into permanent housing may be more challenging for this population.

A potential problem with this measure (and any variants) is that it requires that shelters as well as transitional housing providers collect information on the destination of clients after exit (HMIS Program-Specific data element 3.10). The Program-Specific data elements are optional for programs that are not funded by the HUD discretionary grant programs and for which the local CoC (or the program) has decided that the Program-Specific data elements would be too burdensome. At this point, shelters funded by ESG are among those providers required by HUD to collect and report only the Universal data elements, although other funders and CoCs may be encouraging or requiring shelters to report the Program-Specific data.

System-Level Performance Measure: Increase Placements in Permanent Housing	
Measure	Percentage of all clients served in shelters and transitional housing who exit to permanent housing
Level of analysis	CoC, with potential to aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant clients making such exits during the reporting year
HMIS data elements*	• 2.13 Program Identification Number (to identify shelters and transitional housing) • 2.11 Program Exit Date (to identify an exit during the reporting year) • 3.10 Destination (to determine that the exit was to permanent housing)
Alternative measures	• Include exits from permanent supportive housing to mainstream permanent housing • Create different standards for chronic and non-chronic homeless

System-Level Performance Measure: Increase Placements in Permanent Housing	
Issues	• Depends on willingness of shelters to collect information for HMIS data element 3.10 • Need to decide which response categories for 3.10 are permanent housing; e.g., is family, friend, or foster care permanent if the client intends to stay there for a certain number of days or months • Need to decide how to handle "don't know" and "refused" responses; i.e., omit from analysis or consider not permanent housing
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

5. Increase Receipt of Mainstream Benefits

This system-wide objective is based on the premise that a stable source of income is important for ending homelessness for all clients and for helping them avoid returning to homelessness. Some of the Program-Specific HMIS data elements could be used to measure the extent to which individuals and families with certain characteristics receive the benefits for which they are likely to be eligible. Because the data elements on income and non-cash benefits are collected both at program entry/assessment and at exit, they could be used to measure the change in the percentage of likely eligible clients who receive those benefits between entry and exit, but for a system-level measure it might be sufficient simply to measure the year to year change in the percentage of presumptively eligible clients receiving the relevant benefit at any time during the collection of HMIS data for that client.

Some examples of performance measures that could be developed from Program-Specific HMIS data are:

a. **SSI or SSDI:** The percentage of clients reporting a developmental disability or a mental health problem "expected to be of long-continued and indefinite duration and impairing ability to live independently" who have SSI or SSDI income.

b. **Veteran's Benefits:** The percentage of veterans who appear, on the basis of income, disabilities, and the detailed data element on military service, to be eligible for veteran's pensions and disability benefits who receive these benefits.

c. **TANF:** The percentage of unemployed families with children with TANF income[3] and the percentage of families with children with TANF child care, transportation, or other non-cash services.

d. **Health Insurance:** The percentage of all clients with Medicaid and of children with State Children's Health Insurance Program (SCHIP).

[3] Based on the HUD-defined HMIS data standards, it will not be possible to determine how many homeless families were receiving TANF but have been sanctioned or reached a TANF time limit. States or CoCs that want to use the HMIS to base a performance measure on the relationship between TANF and the homeless service system should consider adding another data element to the HMIS.

e. **Food Stamps:** The percentage of all clients with Food Stamps.

A broader measure would be the percentage of all clients for whom the Program-Specific data elements are collected that report *some* source of income, regardless of what it is. For example, performance measures developed for the state of Florida require providers to connect each client to at least one mainstream resource of any kind.

As a system-wide measure, this approach has the disadvantage that it does not cover clients in programs that report only the Universal data elements. These are programs that are not funded by the HUD discretionary grant programs and for which the local CoC (or the program) has decided that the Program-Specific data elements would be too burdensome. At this point, shelters funded by ESG are among those providers required by HUD to collect and report only the Universal data elements, although other funders and CoCs may be encouraging or requiring shelters to report the Program-Specific data.

Another concern with this measure is that it holds CoCs responsible for aspects of connecting people to mainstream resources that may be outside their control. There are four steps involved in connecting homeless clients to mainstream resources: identifying eligible clients; applying for benefits; enrolling in the benefits program; and receiving the benefits. The homeless system can be held accountable for identifying eligible clients and helping them to apply for benefits. However, the extent to which these clients are enrolled in the programs and actually receiving benefits depends in large part on the effectiveness of the mainstream agencies. At the same time, bringing in mainstream agencies and encouraging them to become effective providers of mainstream services to homeless clients is one of the responsibilities of the CoC.

An alternative way of measuring the extent to which homeless people are connected to mainstream benefits, which would be more complete and accurate in its coverage of homeless clients, would match HMIS client records with client records in the administrative data of mainstream programs. This approach would require an agreement between the local HMIS administrator and the administrator of the data for the mainstream program, to protect client confidentiality. For that reason, it is unrealistic to expect this approach to be used for performance measurement aggregated to the national level. However, local policy makers could take this approach and apply it at the CoC level.

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *a. SSI or SSDI*	
Measure	Percentage of those clients who report a developmental disability or a severe mental health problem who have SSI or SSDI income
Level of analysis	Program or COC and could aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant clients served during the reporting year who receive SSI or SSDI

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *a. SSI or SSDI*	
HMIS data elements*	• 3.1 Source and Amount of Income (to identify SSI or SSDI income at program exit or, if no exit during the reporting year, at program entry) • 3.4 Developmental Disability (to identify clients with a developmental disability) • 3.6 Mental Health (to identify clients with mental health problems expected to be of long-continued and indefinite duration and to impair ability to live independently)
Alternative measures	• Alternative for shelters choosing not to collect Program-Specific data would be a match of client IDs to Social Security Administration records
Issues	• Depends on willingness of shelters to collect information for HMIS data element 3.10 • Holds CoCs responsible for clients' actual receipt of benefits, which may be out of their control
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *b. Veteran's Benefits*	
Measure	Percentage of those veterans who appear to qualify for veteran's pensions or disability benefits who receive these benefits
Level of analysis	Program or COC and could aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant clients served during the reporting year who receive veteran's pensions or disability benefits
HMIS data elements*	• 2.6 Veteran Status (to check for consistency with element 3.16) • 3.16 Veteran's Information (to determine eligibility for veteran's benefits) • 3.3 Physical Disability • 3.6 Mental Health • 3.1 Source and Amount of Income (to identify veteran's disability payments and veteran's pensions at program exit or, if no exit during the reporting year, at program entry)
Alternative measures	• Include VA medical services identified in data element 3.2, Non-Cash Benefits • Alternative for shelters choosing not to collect Program-Specific data would be a match of client IDs to Veterans Administration records
Issues	• All homeless people can be assumed to be income eligible • Data elements on disabilities are likely to miss some veterans qualifying for VA disability benefits; nonetheless, ultimate target percentage should be less than 100 percent because of data noise • Holds CoCs responsible for clients' actual receipt of benefits, which may be out of their control
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *c. TANF*	
Measure	Percentage of unemployed families with children who receive TANF income
Level of analysis	Program or COC and could aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant households served during the reporting year who receive TANF
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 2.3 Date of Birth (to identify households with children) • 3.12 Employment (to identify households with no employment or trivial amounts of employment) • 3.1 Source and Amount of Income (to identify TANF income at program exit or, if no exit during the reporting year, at program entry; also may be used to identify households with trivial amounts of employment)
Alternative measures	• Include or substitute TANF services identified by data element 3.2, Non-Cash Benefits • Alternative for shelters choosing not to collect Program-Specific data would be a match of client IDs to state or local TANF agency records • Alternative for programs choosing not to collect data for element 3.12 would be to based the identification of employment only on data element 3.1
Issues	• All homeless people can be assumed to be income eligible • Household may be warehousing TANF eligibility or may have been sanctioned or have reached time limit; because of this and data noise, ultimate target percentage should be less than 100 percent • Need to decide whether to apply at the individual or household level for multi-person households • Holds CoCs responsible for clients' actual receipt of benefits, which may be out of their control
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *d. Health Insurance*	
Measure	Percentage of all households that have Medicare, Medicaid, SCHIP, or VA Medical Services
Level of analysis	Program or COC and could aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant households served during the reporting year who have health insurance
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 3.2 Non-Cash Benefits (to identify Medicaid, Medicare, SCHIP, and VA Medical Services at program exit or, if no exit during the reporting year, at program entry)

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *d. Health Insurance*	
Alternative measures	• Create separate indicators for each program, based on the presumptively eligible populations (e.g., exclude those with Medicare from among the elderly presumed eligible for Medicaid) • Alternative for shelters choosing not to collect Program-Specific data would be a match of client IDs to state Medicaid records, excluding those who report they have other benefits
Issues	• All homeless people can be assumed to be income eligible for Medicaid • Could measure for clients rather than households, but may be too difficult to be precise about which household member is covered • Holds CoCs responsible for clients' actual receipt of benefits, which may be out of their control
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

System-Level Performance Measure: Increase Receipt of Mainstream Benefits *e. Food Stamps*	
Measure	Percentage of all households that have Food Stamps
Level of analysis	Program or COC and could aggregate to national
Standard	Annual increase by a specified number of percentage points in percentage of relevant households served during the reporting year who have Food Stamps
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 3.2 Non-Cash Benefits (to identify Food Stamps at program exit or, if no exit during the reporting year, at program entry)
Alternative measures	• Alternative for shelters choosing not to collect Program-Specific data would be a match of client IDs to Food Stamps program records
Issues	• All homeless people can be assumed to be income eligible for Medicaid • Need to decide whether to apply at the individual or household level for multi-person households (e.g., percentage of clients in households with Food Stamps or percentage of households with Food Stamps) • Holds CoCs responsible for clients' actual receipt of benefits, which may be out of their control
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

6. Reach a Large Fraction of All Homeless People

This system-level measure would calculate the number of uniquely identified people who, during a limited period of time, enter the homeless service system reporting that they spent the previous night in a place not fit for human habitation (based on HMIS Universal data element 2.8, Residence Prior to Program Entry). It would compare that number to the results of a local point-in-time survey of unsheltered homeless people (a

"street count") implemented at roughly the same time. The street count would estimate the number of unsheltered homeless people who do not come into shelters or other portions of the homeless service system.

This measure would not be feasible until most of the providers in the area covered by a local HMIS were reporting data to HMIS. In addition, the measure is sensitive to changes in the methodology of the point-in-time count of unsheltered homeless people. CoCs new to conducting street counts tend to begin by focusing on a small geographic area and then gradually increase the coverage of the count over time. In addition to expanding the geographic range of the count, they may include new places, such as encampments and abandoned buildings, as community support for the count grows. In order for this measure to be effective, CoCs need to have achieved a certain degree of stability in their street counts, or at least be able to estimate how much of the change in unsheltered numbers from year to year can be attributed to changes in the count methodology. Even if attention is paid to these issues, a remaining problem with this measure is that it is fed by two different data sources – an HMIS-based count of shelter entries and the point-in-time street count – which vary in their methodology and accuracy.

System-Level Performance Measure: Reach a Large Fraction of Homeless People	
Measure	Comparison between the number of uniquely identified clients entering homeless assistance programs from the street during a month and a "street count" conducted during the same month
Level of analysis	CoC
Standard	Gap between street count and unduplicated count of those entering programs decreases by a specified number or percentage annually
HMIS data elements*	• 2.10 Program Entry Date (to identify those entering during the month) • 2.8 Residence Prior to Program Entry (to identify clients spending previous night in to identify previous night in places not fit for human habitation)
Non-HMIS data	• Annual "street counts" of unsheltered homeless people
Alternative measures	• Exclude clients entering non-residential programs (i.e., change the measure to "house a large fraction of all homeless people" rather than "reach a large fraction of all homeless people") • Exclude clients entering programs whose zip code of last permanent address (HMIS data element 2.9) is outside the CoC
Issues	• Need to decide how to handle "other," "don't know," and "refused" responses to data element 2.8; e.g., omit from analysis and weight to total or include these clients in number that were on the street?
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

Client-level Performance Measures

Most of the following client-level measures can be used only for clients served by programs and providers that report Program-Specific data elements to the HMIS. A common theme is that these client-level measures look for a positive change in the client's circumstances between the time client needs are assessed (close to program entry) and the point at which the client exits either the program or the homeless service system. In the early stages of HMIS implementation, these client-level performance measures can be used to measure performance only at the individual provider or program level. When an HMIS is more fully implemented, the performance measures will be able to assess the progress of clients served by more than one provider—for example, clients who move between transitional and permanent supportive housing.

By measuring changes in circumstances between program entry and exit, the client-level measures account for some of the differences in client characteristics that can affect outcomes. Nonetheless, some of the proposed measures may not be appropriate for certain types of clients. One way of addressing this problem is to identify, for each measure, the programs or client groups for which the measure is not appropriate and simply exclude those groups from the measure. However, it may be difficult to determine which programs or groups should be excluded at the CoC or national level, without detailed knowledge of the characteristics of clients served by different local programs.

Another way of tailoring outcome measures to client characteristics is to allow programs themselves to choose from a menu of client-level measures that capture improvements in housing stability, material well-being, and physical health. Those individual measures could then be combined into an overall measure of increased client self-reliance that could be compared across programs serving diverse client types.

In addition to allowing programs or CoCs to choose which measures to apply, performance standards or benchmarks within each measure could be adjusted for client characteristics at the program level, either by the programs or by the CoC. Local control over performance standards would also enable CoCs or programs to take into account contextual factors – such as a tight housing market, high unemployment rate, or absence of certain types of services – that affect client outcomes.

Tailoring performance measures to the characteristics of the client population and the local context creates more credible outcome data and provides a more precise evaluation of a program's strengths and weaknesses. It also reduces the incentive for programs to engineer high performance by recruiting high-functioning clients. However, having programs report on different measures and against different benchmarks makes it more complicated to compare performance across programs – for the purposes of making funding decisions, for example – and to report on program results at the CoC or national level.

7. Achieve Appropriate Permanent Housing

This measure would use the "destination" data element of the HMIS to calculate the number and percentage of clients in emergency shelters and transitional housing who exit to permanent housing. There are a number of ways in which the measure could be tailored to the client population and encourage appropriate targeting.

- The *outcome* defined by the measure could vary with the client population. Some types of clients could be expected to move to "mainstream" permanent housing, while for others permanent housing for formerly homeless persons would be deemed appropriate.
- The performance *standard* (expected level of performance) could vary depending on the type of program (shelters vs. transitional housing) and the type of client population (defined either categorically or through a regression model).
- The measure could be applied to all residents rather than just to those who exit in order to encourage shorter lengths of stay in shelters and transitional housing, or it could be adjusted for the number of days (for shelters) or months (for transitional housing) that an exiting client stayed in the facility.
- The measure could include social services only (SSO) programs, counting only those clients who, based on the data element on residence prior to program entry, were homeless at the time they began receiving services from the program.
- CoCs and providers could add other response categories or data elements for a more accurate determination of whether living with family or friends is a permanent housing placement.
- CoCs and providers serving runaway youth and victims of domestic violence could add response categories or data elements that better reflect the goals and desired outcomes of those programs.

Client-Level Performance Measure: Achieve Appropriate Permanent Housing *a. Mainstream Housing*	
Measure	Percentage of *all residents* of emergency shelters and transitional housing during a year who exit to mainstream permanent housing during that year
Level of analysis	Program, CoC, and could aggregate to national
Standard	Annual decrease in gap between last year's percentage and an expected percentage that is based on client characteristics

Client-Level Performance Measure: Achieve Appropriate Permanent Housing *a. Mainstream Housing*	
HMIS data elements*	• 2.13 Program Identification Number (to identify shelters and transitional housing) • 2.14 Household Identifier Number (to identify members of a household) • 2.10 Program Entry Date (to identify clients served during a reporting year) • 2.11 Program Exit Date (to identify an exit during the reporting year) • 3.10 Destination (to identify exits to housing owned or rented by the client or by a family member or friend if the client's tenure is expected to be permanent)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth • 2.14 Household Identifier Number (to identify number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.14 General Health Status (at entry)
Alternative measures	• Percentage of clients exiting during the reporting year that exit to mainstream permanent housing (current HUD measure) • Analyze across programs to identify permanent housing reached on second or subsequent move (e.g., from emergency to transitional to mainstream housing) • Adjust for length of stay in shelter or transitional housing • Include SSO programs
Issues	• Need to decide whether to exclude some clients or only to adjust the standard set for each program and CoC • Need to refine adjustments for client characteristics based on analysis of HMIS data and other information
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

Client-Level Performance Measure: Achieve Appropriate Permanent Housing *b. Permanent Supportive Housing*	
Measure	Percentage of all residents of emergency shelters and transitional housing during a year for whom permanent supportive housing is appropriate who exit to permanent housing during that year
Level of analysis	Program, CoC, and could aggregate to national
Standard	Annual decrease in gap between last year's percentage and an expected percentage that is based on client characteristics

Client-Level Performance Measure: Achieve Appropriate Permanent Housing *b. Permanent Supportive Housing*	
HMIS data elements*	• 2.13 Program Identification Number (to identify shelters and transitional housing) • 2.14 Household Identifier Number (to identify members of a household) • 2.10 Program Entry Date (to identify clients served during a reporting year) • 2.11 Program Exit Date (to identify an exit during the reporting year) • 3.10 Destination (to determine that the exit was to permanent housing for formerly homeless persons)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 2.14 Household Identifier Number (to identify number of children) • 3.3 Physical Disability • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.14 General Health Status (at entry)
Alternative measures	• Percentage of clients exiting during the reporting year that exit to permanent supportive housing (current HUD measure) • Analyze across programs to identify permanent housing reached on second or subsequent move (e.g., from emergency to transitional to permanent supportive housing) • Adjust for length of stay in shelter or transitional housing • Include SSO programs • Exclude exits to mainstream housing
Issues	• Need analysis to define those for whom PSH is not needed
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

8. Remain in Permanent Housing

In the early stages of HMIS implementation, when relatively few providers of permanent supportive housing participate in the HMIS, the outcome defined by this measure could be the same as the outcome for the current HUD performance measure: the percentage of residents of a particular permanent supportive housing facility for formerly homeless people who remain in that facility for at least six months. The performance standard could vary depending on the client population. The outcome could be adjusted to take account of residents who stay for fewer than six months but for whom the "destination" data element shows that they moved to permanent housing.

After participation in the HMIS is more widespread, the measure could be applied across providers of permanent supportive housing, so that a client who moved between permanent housing facilities within the CoC but remained for a total of more than six months would be deemed to have achieved the outcome. In this case, the outcome might be redefined to require at least a year of continued residence in permanent supportive housing.

For those CoCs able to obtain client-level data from the local PHAs (or, with the consent of the PHAs, directly from HUD), the measure could be expanded to include lengths of stay in public housing or in private rental housing in which a formerly homeless client uses a Housing Choice Voucher.

When coverage of residential programs in a CoC is complete or close to complete, the measure could be based on the number and percentage of clients who have exited to permanent housing who do not reappear in a shelter or a transitional housing facility within some period of time.

Client-Level Performance Measure: Remain in Permanent Housing *a. Permanent Supportive Housing*	
Measure	Percentage of residents of permanent supportive housing during a year who have been continuously in permanent supportive housing within the CoC for at least a year
Level of analysis	CoC and could aggregate to national
Standard	Annual decrease in gap between last year's percentage and an expected percentage that is based on client characteristics
HMIS data elements*	• 2.13 Program Identification Number (to identify permanent supportive housing) • 2.14 Household Identifier Number (to identify members of a household) • 2.12 Personal Identification Number (to identify length of stay across different providers of permanent supportive housing) • 2.10 Program Entry Date (to start the clock for the stay in permanent supportive housing and to identify continuous lengths of stay across providers) • 2.11 Program Exit Date (to determine the length of stay for those exiting permanent supportive housing)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth • 2.14 Household Identifier Number (to identify number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse
Alternative measures	• Include stays in mainstream permanent housing that can be measured over time (e.g., to public housing and Section 8 vouchers, measured using PHA data) • Include exits to mainstream permanent housing if client does not reappear in shelter or transitional housing for a year • Apply only to clients for whom permanent supportive housing is appropriate (e.g., exclude those without disabilities)
Issues	• Requires full participation of CoC's permanent supportive housing providers; alternative is current HUD measure at provider level (length of stay six months)
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

Client-Level Performance Measure: Remain in Permanent Housing *b. Mainstream Permanent Housing*	
Measure	Percentage of residents of emergency shelters, transitional housing, or permanent supportive housing who exit to mainstream housing and do not reappear in the homeless service system for at least two years
Level of analysis	Program, CoC, and could aggregate to national
Standard	Annual decrease in clients who enter programs during the reporting year who were in the CoC's homeless services system within the previous two years and exited to mainstream housing; number or percentage decrease is based on client characteristics
HMIS data elements*	• 2.13 Program Identification Number (to identify shelters, transitional housing, and permanent supportive housing) • 2.10 Program Entry Date (to identify start of episode during the reporting year) • 2.11 Program Exit Date (to identify an exit within the previous two years) • 3.10 Destination (to identify exits to mainstream permanent housing)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth • 2.14 Household Identifier Number (to identify number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse
Alternative measures	• For those exiting to public housing and Section 8 vouchers, measure lengths of stay in that housing using PHA data
Issues	• Depends on full participation by all providers in the CoC
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

9. Increase Income

This measure would add the amounts of income reported from all sources at entry/assessment and would compare them to the amounts reported at exit. It is the type of measure that could lend itself to performance standards (expectations) that control for client characteristics, either through basing the standard on multivariate analysis of the relationship between client characteristics, such as disability and age, and the amount of income that can be expected at program exit, or by creating separate indicators and standards for different categories of households. Performance standards could also be modified to take into account the local factors limiting income growth that may be outside the control of the homeless services system.

An issue complicating the interpretation of changes in income for multi-person households is that the composition of the household could change between entry/assessment and exit. For example, a child receiving an SSI benefit might join the household between entry/assessment and exit. Is that change a real increase in income or only the amount needed to provide for the child?

Another challenge, which also applies to measures 10 and 11 below, is determining the extent to which this measure is appropriate for emergency shelters. If a person enters a program and exits the next day, it is unlikely that his income will increase between program entry and exit. Shelters could be excluded from this measure, or an alternative measure could be developed for shelters that tracks the percentage of clients who have applied for mainstream benefits or have otherwise been connected to sources of income (for example, through referrals to job training centers). Another option would be to apply the measure only to clients who have been served for a certain number of consecutive days or weeks, giving program staff the opportunity to engage with them.

For formerly homeless clients in permanent supportive housing, measuring changes in income over time might be more appropriate than comparing income at entry and exit. In addition, the measure could be modified to allow the maintenance of income, as well as increases in income, to be treated as a positive outcome.

Increases in income, employment (measure 10), and skills and education (measure 11) are alternative ways of measuring improvements in client self-reliance. As such, they particularly lend themselves to a "menu" approach in which the CoC or program decides which measures are appropriate for different client groups. A baseline standard for performance might be, for example, successful outcomes in one of the three areas, not all three. For each of these measures, general performance guidelines can be established at the national level, but CoCs should have the opportunity to set benchmarks for program improvement that are consistent with local constraints and opportunities.

Client-Level Performance Measure: Increase Income	
Measure	Change between each client (or household's) total income from all sources at entry into the homeless services system (or into the program) and total income from all sources at exit (from the system or the program)
Level of analysis	Program or CoC
Standard	Year to year average change in monthly income (dollars) for all clients, with amount of expected increase adjusted for client characteristics
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 2.10 Program Entry Date (to identify start of episode of service) • 2.11 Program Exit Date (to identify exit) • 2.12 Personal Identification Number (for CoC level measure, to identify episodes that cross different providers) • 3.1 Income and Source (to calculate total monthly income at entry and at exit) • 2.3 Date of Birth (to exclude unaccompanied youth)

Client-Level Performance Measure: Increase Income	
HMIS data elements to adjust for client characteristics	• 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.8 Domestic Violence • 3.1 Income and Source (at entry) • 3.12 Employment (at entry) • 3.13 Education (at entry) • 3.14 General Health Status (at entry)
Alternative measures	• Exclude shelters (especially if measure at program level) • Include all residents of permanent supportive housing, not just those who exit
Issues	• Percentage change is preferable in some ways, but would be distorted by changes from very low (or zero) base • Need to refine adjustments for client characteristics based on analysis of HMIS data and other information
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

10. Increase Employment

This measure would track the percentage of clients who are unemployed at the time of program entry and employed at the time of program exit. The standard would be an annual decrease in the gap between the previous year's percentage and an expected percentage based on client characteristics. Different standards might be created based on age, household size and composition, disabilities, and health status, for example. While employment may not be an appropriate goal for all homeless clients, it is for many. And it is an easier goal to measure than some other improvements in a client's quality of life or self-reliance, for which it may serve as a surrogate measure. For example, it may be easier (and more acceptable for non-clinicians) to report employment to a dataset than to report whether a chemically dependent client has remained clean and sober or a client with mental illness has remained stable.

The HMIS program-level data elements include several measures of employment that can be used to refine this performance measure. In addition to whether a client is employed, HMIS contains data on the amount of monthly employment income, the number of hours worked in the past week, and whether the employment is permanent, temporary, or seasonal. This makes it possible to create definitions of employment that exclude trivial amounts of employment income or hours worked. It is also possible to make distinctions among levels of employment based on amount of income, number of hours worked, hourly wage, and by one dimension of job quality (i.e., not temporary or seasonal employment). Using these data elements, the performance measure could be modified so as to count increases in the number of hours worked and nature of the job as positive

outcomes, even if a client's basic employment status does not change between program entry and exit.

Local CoCs or funders may want to add to the HMIS other data elements related to employment to refine this measure further. For example, they could build in elements to measure the stability of a client's employment history or other dimensions of job quality besides whether the work is permanent, temporary, or seasonal. Job retention is a critical dimension of employment that can be tracked for residents of permanent supportive housing by comparing their employment status at different periods of time, not just program entry and exit. For transitional housing programs, HUD Supportive Housing Program funds can be used to provide follow-up case management services to clients for six months after program exit. These services could include tracking clients' employment status at 60, 90, and 120 days after program exit and intervening if necessary to help the client stay employed.

One of the weaknesses of the proposed measure is that it is sensitive to the number of exits a program has during the year. A program can achieve 100 percent performance based on one exit – one person who entered the program unemployed and left employed. While this is clearly a positive outcome, more than one data point is needed to provide evidence of high performance. Therefore, for permanent supportive housing programs in which the number of exits per year is very small, an additional measure might be the percentage of all clients who are employed in a given year.

For programs in which the length of stay is very short – such as shelters and some transitional housing programs – the COC or program might choose to collect additional data on the number of clients referred to employment services between entry and exit. Alternatively, the employment measure could only be applied to clients that have been served in a program (or in the homeless services system) for a certain number of weeks or months, to allow staff an opportunity to stabilize the client and assist him in obtaining employment.

Client-Level Performance Measure: Increase Employment	
Measure	Among those unemployed (individuals or households) at entry into the homeless services system (or program), percentage employed at exit (from the homeless services system or program)
Level of analysis	Program or CoC
Standard	Annual decrease in gap between last year's percentage and an expected percentage that is based on client characteristics

Client-Level Performance Measure: Increase Employment	
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 2.3 Date of Birth (to exclude unaccompanied youth and elderly heads of household) • 2.10 Program Entry Date (to identify start of episode of service) • 2.11 Program Exit Date (to identify exit) • 2.12 Personal Identification Number (for CoC-level measure, to identify episodes that cross different providers) • 3.1 Income and Source (to identify employment at entry and exit and exclude trivial amounts) • 3.12 Employment (to identify employment at entry and exit and exclude trivial amounts)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth (to identify children) • 2.14 Household Identifier Number (for number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.8 Domestic Violence • 3.1 Income and Source (at entry) • 3.12 Employment (at entry) • 3.13 Education (at entry) • 3.14 General Health Status (at entry)
Alternative measures	• Include increased quality of employment—e.g., temporary to permanent, higher hourly wage, part-time to full-time • Exclude shelters (especially if measure at individual program level) • Include all residents of permanent supportive housing, not just those who exit • Create measure for employment retention
Issues	• Need to decide on standards for trivial and non-trivial employment, based on hours per week, expected tenure of employment and hourly wage rate
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

11. Increase Skills and Education

This measure would track the percentage of clients with no high school diploma or GED at entry into the homeless services system who had a high school diploma or GED at exit. The standard would be an annual decrease in the gap between the previous year's percentage and an expected percentage based on client characteristics. This is an important complement to a performance measure based on increases in employment. Clients with severe disadvantages may be more successful in leaving homelessness through increasing their skills and employability than through going to work immediately. It may also be that employment at the time of program exit is not as good

as increases in skills and education as an indicator of how stable and self-reliant the client will be in the long run.

The measure would be based on the Program-Specific data element on education, which includes the highest level of school completed (with GED as a separate category), whether the client has received vocational training or apprenticeship certificates, and whether the client is currently in school or working on a degree or certificate. For clients entering the system with very low levels of educational attainment, the measure could be modified to include those in school or working on any degree or certificate at exit. The measure would be most appropriate for programs that receive funding for education or job skills training or for which education and skills improvement are program goals. It would be less appropriate for programs – such as shelters – in which program stays are very short.

As described above, this measure could be presented alongside the income and employment measures as part of a "menu" of measures assessing increased client self-reliance. Programs would not be expected to be successful in achieving all three outcomes for the same client during the same operating year, but rather would be evaluated against one or more of the measures as appropriate given the client characteristics, program goals, and local context.

Client-Level Performance Measure: Increase Skills and Education	
Measure	Among those with no high school diploma or GED at entry into the homeless services system, percentage with high school diploma or GED at exit
Level of analysis	Program or CoC
Standard	Annual decrease in gap between last year's percentage and an expected percentage that is based on client characteristics
HMIS data elements*	• 2.3 Date of Birth (to exclude children and the elderly) • 2.10 Program Entry Date (to identify start of episode of service) • 2.11 Program Exit Date (to identify exit) • 2.12 Personal Identification Number (for CoC-level measure, to identify episodes that cross different providers) • 3.13 Education (to identify clients with no high school diploma or GED at entry and with high school diploma or GED at exit)
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth (to identify children) • 2.14 Household Identifier Number (for number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.8 Domestic Violence • 3.1 Income and Source (at entry) • 3.12 Employment (at entry) • 3.13 Education (at entry) • 3.14 General Health Status (at entry)

Client-Level Performance Measure: Increase Skills and Education	
Alternative measures	• Include vocational training or apprenticeship certificates • For those with very low levels of education, include those in school or working on any degree or certificate at exit • Include clients moving from high school or GED at entrance to post-secondary degrees at exit • Exclude shelters (especially if measure at individual program level) • Include all residents of permanent supportive housing, not just those who exit
Issues	• Need to refine adjustments for client characteristics based on analysis of HMIS data and other information
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

12. Improve Health

Many people experiencing homelessness have poor overall health, and an improvement in their health between assessment and exit is an important objective in itself, as well as a possible indication of their ability to become self-reliant. The HMIS Program-Specific data elements include an indicator of overall health based on a self-assessment by the client that his or her general health is excellent, very good, fair, or poor. This data element could support a performance measure based on changes in self-assessed client health between entry and exit: among those rating their overall health as poor or fair at entry into the homeless service system, the percentage whose health has improved to good, very good, or excellent.

The performance standard would be a decrease in the gap between the previous year's percentage and a target percentage based on client characteristics, or a decrease in the gap between the health of homeless clients and the health of similar population groups. The health self-assessment question in HMIS is also widely used in surveys of other populations, so external benchmarks are possible. These external survey results could also be used to determine how to adjust the performance measure for the characteristics (e.g., age, disability, gender, race/ethnicity) of the clients served by a particular provider or program.

Client-Level Performance Measure: Improve Health	
Measure	Among those rating their overall health as "poor" or "fair" at entry into the homeless service system, percentage whose health has improved to "good," "very good," or "excellent"
Level of analysis	Program or CoC
Standard	Annual decrease in gap between last year's percentage and a target percentage based on client characteristics

Client-Level Performance Measure: Improve Health	
HMIS data elements*	• 2.10 Program Entry Date (to identify start of episode of service) • 2.11 Program Exit Date (to identify exit) • 2.12 Personal Identification Number (for CoC-level measure, to identify episodes that cross different providers) • 3.14 General Health Status (to identify changes in self-reported health at entry and exit) • 2.3 Date of Birth • 2.14 Household Identifier Number (to identify potential caregivers) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse
HMIS data elements to adjust for client characteristics	• 2.3 Date of Birth (to identify children) • 2.14 Household Identifier Number (for number of children) • 2.7 Disabling Condition • 2.8 Residence Prior to Program Entry • 3.4 Developmental Disability • 3.5 HIV/AIDS • 3.6 Mental Health • 3.7 Substance Abuse • 3.8 Domestic Violence • 3.1 Income and Source (at entry) • 3.12 Employment (at entry) • 3.13 Education (at entry) • 3.14 General Health Status (at entry)
Alternative measures	• Compare health at exit to a national benchmark for poor people of similar age and with similar disabilities
Issues	• Need to refine adjustments for client characteristics based on analysis of HMIS data and other information
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

13. Improve the Well-being of Children

For a child, experiencing homelessness can have both immediate and long-term consequences. The instability of homelessness can prevent regular school attendance and impede access to adequate nutrition and healthcare, even more than among other children of poor families. In addition, many parents who become homeless have been separated from their children, either through the processes of child welfare agencies or because they have left the child with a relative or friend during the crisis that led to homelessness. A major objective of many programs that serve homeless adults is to reunite parents with their children in a stable residential setting that supports good parenting and sound child development. Therefore, performance measures that might be chosen for programs that serve families could include family reunification and stability, school attendance for children, and children's health.

The HMIS data elements include separate identification of each person entering the system of homeless assistance and a household identifier that shows which people are served together at program entry and exit. Children and adults can be identified by date of birth. An indicator of the extent to which a program—or a progression through more than one program during an episode of homelessness—unites children with parents might be a count of the number of children who: 1) are identified as being together in a household with an adult at the time of exit to permanent housing and 2) were not in a household with the same adult at program entry. Because the HMIS records information for each person and not just each household, when a child moves into a residential facility, that event is recorded in the HMIS and a separate record is established for both the child and the household that the child has joined.

An additional measure might use the data on composition of households experiencing homelessness to determine the extent to which children are "lost" from adult-led households during episodes of homelessness. Once again, this is possible because of the way in which person and household-level records are handled by the HMIS. The standard would be that such patterns of homelessness decrease.

School enrollment could be measured from the Program-Specific HMIS data element that asks about the current and recent school enrollment status of children between the ages of 5 and 17. This data element is recommended rather than required and suggested only at client assessment. But an HMIS could choose to collect the information at program exit as well, in order to assess how many homeless children not enrolled in school at program entry become enrolled during the period of service. The HMIS could also ask additional questions related to children's schooling, including the number of school days the child has missed over a specific period of time.

An alternative way of measuring the extent to which homeless children are enrolled in school would be to match HMIS records to local school records. As with any data matching, this would require an agreement between the local HMIS administrator and the school system to protect client confidentiality.

The question on general health status is optional for all clients served by programs that report Program-Specific data elements. For children, the source of information would be either the parent's assessment or a caseworker observation. A provider, CoC, or federal or state agency for which child outcomes are important might make this question mandatory and might add more detailed data elements on children's health and on health services received by children.

Client-Level Performance Measure: Improve the Well-Being of Children *a. Family Reunification*	
Measure	Children in household at exit to permanent housing who were not part of that household at beginning of homeless episode (or not part of household at entry to the program)
Level of analysis	Program or CoC
Standard	Increase in annual number of such children
HMIS data elements*	• 2.14 Household Identifier Number (to identify members of a household) • 2.12 Personal Identification Number (for CoC-level measure, to identify episodes that cross different providers) • 2.13 Program Identification Number (to exclude SSO programs and permanent housing) • 2.3 Date of Birth (to identify children) • 2.10 Program Entry Date (to identify children present at entry) • 2.11 Program Exit Date (to identify children present at exit) • 3.10 Destination (to determine that the exit was to permanent housing)
Alternative measures	• Include children not present at entry to permanent supportive housing who join the household during the stay in permanent supportive housing
Issues	• Need to think about how to set standard appropriate for the size of the problem (e.g., by asking about children not present at program entry, by using an external source of information on number of parents without physical custody of children)
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

Client-Level Performance Measure: Improve the Well-Being of Children *b. School Enrollment*	
Measure	Among children between 5 and 17 not enrolled in school at entry into the homeless services system or into the program), percentage enrolled at exit (from the homeless services system or the program)
Level of analysis	Program or CoC
Standard	Increase in annual number of such children
HMIS data elements*	• 2.10 Program Entry Date (to identify start of episode of service) • 2.11 Program Exit Date (to identify exit) • 2.12 Personal Identification Number (for CoC-level measure, to identify episodes that cross different providers) • 2.3 Date of Birth (to identify children 5 to 17 at entry and at exit) • 3.17 Children's Education (to identify enrollment status at entry and exit)
Alternative measures	• Include children who stay in permanent supportive housing • Percentage of all children enrolled in school at exit
Issues	• The HMIS notice does not envision collecting this information at exit, so this component would have to be added. An alternative is matching client IDs to local school records.
** In addition to those data elements needed for unduplication and identification of service during the reporting year.*	

Homeless Management Information Systems

Required Response Categories for Universal Data Elements

2.1 Name	**Response Categories**			
Current Name	First Name	Middle Name	Last Name	Suffix
Other Name Used to Receive Services Previously	First Name	Middle Name	Last Name	Suffix
Example	John	David	Doe	Jr.

2.2 Social Security Number	**Response Categories**
Social Security Number	____ ___ _____ (example: 123 45 6789)
SSN Data Quality Code	1 = Full SSN Reported 2 = Partial SSN Reported 8 = Don't Know or Don't Have SSN 9 = Refused

2.3 Date of Birth	**Response Categories**
	__ __/__ __/__ __ __ __ (e.g., 08/31/1965) (Month) (Day) (Year)

2.4 Ethnicity and Race	**Response Categories**
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 = White

2.5 Gender	**Response Categories**	
	0 = Female	1 = Male

2.6 Veteran Status	**Response Categories**
	0 = No 1 = Yes 8 = Don't Know 9 = Refused

2.7 Disabling Condition	**Response Categories**
	0 = No 1 = Yes 8 = Don't Know 9 = Refused

2.8 Residence Prior to Program Entry	Response Category
Type of Residence	1 = Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher) 2 = Transitional housing for homeless persons (including homeless youth) 3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) 4 = Psychiatric hospital or other psychiatric facility 5 = Substance abuse treatment facility or detox center 6 = Hospital (non-psychiatric) 7 = Jail, prison or juvenile detention facility 10 = Room, apartment, or house that you rent 11 = Apartment or house that you own 12 = Staying or living in a family member's room, apartment, or house 13 = Staying or living in a friend's room, apartment, or house 14 = Hotel or motel paid for without emergency shelter voucher 15 = Foster care home or foster care group home 16 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train /subway station/airport or anywhere outside) 17 = Other 8 = Don't Know 9 = Refused
Length of Stay in Previous Place	1 = One week or less 2 = More than one week, but less than one month 3 = One to three months 4 = More than three months, but less than one year 5 = One year or longer

2.9 Zip Code of Last Permanent Residence	Response Categories
Zip Code	_ _ _ _ _ (e.g., 12345)
Zip Data Quality Code	1 = Full Zip Code Recorded 8 = Don't Know 9 = Refused

2.10 Program Entry Date	Response Categories
	__ __/__ __/ __ __ __ __ (example: 01/30/2004) (Month) (Day) (Year)

2.11 Program Exit Date	Response Categories
	__ __/__ __/ __ __ __ __ (example: 01/31/2004) (Month) (Day) (Year)

2.12 Personal Identification Number	Response Categories
	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.
2.13 Program Identification Information	**Response Categories**
Federal Information Processing Standards (FIPS Code)	10-digit FIPS code identifying geographic location of provider (see Part 5 of Notice for instructions on how to obtain FIPS code).
Facility Code	Identification code for facility where services provided (Locally Determined)
Continuum of Care Code	HUD-Assigned
Program Type Code	1 = Emergency shelter (e.g., facility or vouchers) 2 = Transitional housing 3 = Permanent supportive housing 4 = Street outreach 5 = Homeless prevention (e.g., security deposit or one month's rent) 6 = Services only type of program 7 = Other
2.14 Household Identification Number	**Response Categories**
	A Household ID number must be created, but there is no required format as long as the number allows identification of clients that receive services as a household.

Homeless Management Information Systems

Required Response Categories for Program-Specific Data Elements

3.1 Income and Source	Response Category	
	Source of Income	Amount from Source
Source and Amount of Income	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) (or use local program name)	$_ _ _ _.00
	9 = General Assistance (GA) (or use local program name)	$_ _ _ _.00
	10 = Retirement income from Social Security	$_ _ _ _.00
	11 = Veteran's pension	$_ _ _ _.00
	12 = Pension from a former job	$_ _ _ _.00
	13 = Child support	$_ _ _ _.00
	14 = Alimony or other spousal support	$_ _ _ _.00
	15 = Other source	$_ _ _ _.00
	16 = No financial resources	
Total Monthly Income	$_ _ _ _.00	

3.2 Source of Non-Cash Benefit	Response Category
Source of Non-Cash Benefit	1 = Food stamps or money for food on a benefits card
	2 = MEDICAID health insurance program (or use local name)
	3 = MEDICARE health insurance program (or use local name)
	4 = State Children's Health Insurance Program (or use local name)
	5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	6 = Veteran's Administration (VA) Medical Services
	7 = TANF Child Care services (or use local name)
	8 = TANF transportation services (or use local name)
	9 = Other TANF-funded services (or use local name)
	10 = Section 8, public housing, or other rental assistance
	11 = Other source

3.3 Physical disability	Response Category	
	0 = No	1 = Yes

3.4 Developmental Disability	Response Category	
	0 = No	1 = Yes

3.5 HIV/AIDS	Response Category	
	0 = No	1 = Yes

3.6 Mental Health	Response Category	
Mental health problem	0 = No	1 = Yes
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No	1 = Yes

3.7 Substance Abuse	Response Category	
Substance abuse problem	1 = Alcohol abuse 2 = Drug abuse 3 = Dually diagnosed	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No	1 = Yes

3.8 Domestic Violence	Response Category	
Domestic violence experience	0 = No	1 = Yes
(If yes) When experience occurred	1 = Within the past three months 2 = Three to six months ago 3 = From six to twelve months ago 4 = More than a year ago 8 = Don't Know 9 = Refused	

3.9 Services Received	Response Category	Examples
Date of Service	__ __/__ __/__ __ __ __ (Month) (Day) (Year)	(08/31/1965)
Service Type	1 = Food	Emergency food programs and food pantries.
	2 = Housing placement	Housing search
	3 = Material goods	Clothing and personal hygiene items
	4 = Temporary housing and other financial aid	Rent payment or deposit assistance
	5 = Transportation	Bus passes and mass transit tokens
	6 = Consumer assistance and protection	Money management counseling and acquiring identification/SSN
	7 = Criminal justice/legal services	Legal counseling and immigration services
	8 = Education	GED instruction, bilingual education, and literacy programs
	9 = Health care	Disability screening, health care referrals, and health education (excluding HIV/AIDS-related services, mental health care/counseling, and substance abuse services)
	10 = HIV/AIDS-related services	HIV testing, AIDS treatment, AIDS/HIV prevention and counseling
	11 = Mental health care/counseling	Telephone crisis hotlines and psychiatric programs
	12 = Substance abuse services	Detoxification and alcohol/drug abuse counseling
	13 = Employment	Job development and job finding assistance
	14 = Case/care management	Development of plans for the evaluation, treatment and care of persons needing assistance in planning or arranging for services
	15 = Day care	Child care centers and infant care centers
	16 = Personal enrichment	Life skills education, social skills training, and stress management
	17 = Outreach	Street outreach
	18 = Other	

3.10 Destination	Response Category
Destination	1 = Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)* 2 = Transitional housing for homeless persons (including homeless youth)* 3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) 4 = Psychiatric hospital or other psychiatric facility 5 = Substance abuse treatment facility or detoxification center 6 = Hospital (non-psychiatric) 7 = Jail, prison or juvenile detention facility 10 = Room, apartment, or house that you rent 11 = Apartment or house that you own 12 = Staying or living in a family member's room, apartment, or house 13 = Staying or living in a friend's room, apartment, or house 14 = Hotel or motel paid for without emergency shelter voucher 15 = Foster care home or foster care group home 16 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train /subway station/airport or anywhere outside) 17 = Other 8 = Don't Know 9 = Refused
Tenure	1= Permanent 2= Transitional 8 = Don't Know 9 = Refused
Subsidy Type	0= None 1= Public housing 2= Section 8 3= S+C 4= HOME program 5= HOPWA program 6= Other housing subsidy 8 = Don't Know 9 = Refused
For response categories marked with an asterisk (*), these destinations are currently not eligible for HOPWA funding.	

3.11 Reason for Leaving	Response Category
Reason for Leaving	1 = Left 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/persons 9 = Death 10 = Unknown/disappeared 11 = Other

3.12 Employment	Response Category	
Employed	0 = No	1 = Yes
If currently working, number of hours worked in the past week	_____ hours	
Employment tenure	1 = Permanent 2 = Temporary 3 = Seasonal	
If client is not currently employed, is the client looking for work	0 = No	1 = Yes

3.13 Education	Response Category	
Currently in school or working on any degree or certificate	0 = No	1 = Yes
Received vocational training or apprenticeship certificates	0 = No	1 = Yes
Highest level of school completed	0 = No schooling completed 1 = Nursery school to 4th grade 2 = 5th grade or 6th grade 3 = 7th grade or 8th grade 4 = 9th grade 5 = 10th grade 6 = 11th grade 7 = 12th grade, No diploma 8 = High school diploma 9 = GED 10 = Post-secondary school	
If client has received a high school diploma, GED, or enrolled in post-secondary education, what degree(s) has the client earned	0 = None 1 = Associates Degree 2 = Bachelors 3 = Masters 4 = Doctorate 5 = Other graduate/professional degree	

3.14 General Health	Response Category
	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Don't Know

3.15 Pregnancy Status	Response Category	
Pregnancy Status	0 = No	1 = Yes
Due Date	__ __/__ __/__ __ __ __ (Month) (Day) (Year)	

3.16 Veteran's Information	Response Category	
Military Service Eras	1 = Persian Gulf Era (August 1991 – Present) 2 = Post Vietnam (May 1975 – July 1991) 3 = Vietnam Era (August 1964 – April 1975) 4 = Between Korean and Vietnam War (February 1955 – July 1964) 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 I (April 1917 - November 1918)	
Duration of Active Duty	_____ months	
Served in a War Zone	0 = No	1 = Yes
If yes, name of 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 4 = Bad conduct 5 = Dishonorable 6 = Other	
3.17 Children's Education	**Response Category**	
Current Enrollment Status	0 = No	1 = Yes
If yes, name of child's school	_____ (Example: Lone Pine Elementary School)	
If yes, type of school	1 = Public school 2 = Parochial or other private school	
If not enrolled, last date of enrollment	__ __/__ __ __ __ (Month) (Year)	
If not enrolled, identify problems in enrolling child	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	