

# **What Works in Partnership Building for HMIS:**

## **A Guide for the Los Angeles/Orange County Collaborative**

**April 30, 2003**



U.S. Department of Housing and Urban Development  
Office of Community Planning and Development

## **Acknowledgments**

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## Section One: Introduction

To inform its implementation of a countywide homeless information management system, the Los Angeles/Orange County (LA/OC) Collaborative is interested in identifying and understanding successful models for collaboration on information technology. This document presents descriptions of how other jurisdictions around the country have implemented an HMIS in their communities. The document highlights What Works in each community – examples of decisions and practices that can help inform the LA-OC HMIS decision-making process.

The LA/OC Collaborative is comprised of the Cities of Glendale, Los Angeles, Long Beach, Pasadena, Pomona and Santa Monica and Los Angeles and Orange counties. The LA/OC Collaborative represents an area that includes a population base of approximately 12.5 million and a geographic area that encompasses almost 4,900 square miles. Hundreds of agencies operate close to 18,500 shelter beds for people who are homeless in the LA/OC Collaborative jurisdiction. Under the auspices of the LA/OC Collaborative, the majority of these agencies are expected to jointly implement a regional HMIS to support local data collection, service and planning functions and to fulfill the HMIS directive from HUD. The LA/OC Collaborative HMIS will capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness within the LA/OC Collaborative area.

The LA/OC Collaborative is specifically seeking information that relates to important issues identified by its local stakeholders in the initial stages of the HMIS planning process. The LA/OC Collaborative's areas of interest include:

- Multi-continuum collaboratives (e.g. multiple jurisdictions, regions within regions, statewide implementations), particularly exploring data sharing and successes with cross-jurisdictional data analysis. Successful practices to develop common data standards and reconcile competing philosophies. Maintaining agency autonomy despite large-scale collaboration.
- Models with a non-profit host agency. How non-profit gained public entity trust, overcoming public-private IT sharing barriers, and other data sharing successes (aggregate and client-level).
- Models with funder partnerships and/or other data integration to limit duplication of provider reporting. (e.g. separate database for State funding, United Way funding, homeless funding, etc.)
- Models with strong respect for client privacy and security.
- Models to understand good data management practices – who manages, analyzes, releases the information. Balancing agency input with objectivity.

## **Community Highlights**

Six communities, including the District of Columbia, the Kansas City metropolitan area, San Diego County, and the States of Georgia, Massachusetts, and Wisconsin were selected for this guide.

### **State of Georgia**

Georgia's HMIS, known as Pathways Community Network (Pathways) began in Atlanta with a community-based process designed to develop an HMIS to meet local homeless provider needs. Using a 2002 CoC SHP grant, Pathways is expanding statewide to all Georgia Department of Community Affairs (DCA) funded homeless programs. Pathways incorporates a unique privacy and confidentiality training requirement, whereby all users are required to attend and pass a class on privacy/confidentiality issues annually before they are issued a system password.

### **Kansas City Metropolitan Area**

In 1984, the MidAmerica Assistance Coalition developed MAACLink for the multi-county Kansas City metropolitan area of Missouri and Kansas to track information on emergency food and utility assistance. Since that time, MAACLink has evolved to accommodate a broad range of case management and reporting functionality, and has become an area HMIS. Because of its origins managing emergency assistance, MAACLink has tremendous participation from faith-based and non-traditional HMIS participants. As well, MAACLink has a strong fund management module, which allows agencies to manage client resources within the HMIS.

### **State of Massachusetts**

Massachusetts has a long history of collecting information on homelessness and service usage. Homeless providers in the City of Boston used the original ANCHoR software, until they migrated to a new software package in 1999. Emergency shelter, transitional housing, and supportive service providers are now using their HMIS, known as CSPTech, statewide. Massachusetts has been highly successful in addressing privacy and security concerns among their providers and in engaging consumers in the planning, implementation, and operational stages of their HMIS

### **San Diego County**

San Diego's HMIS began with an extensive planning process in 1998. Initially, a group of ten providers worked with the San Diego Regional Task Force on the Homeless to implement a legacy system, which was later migrated into the San Diego Regional Homeless Information System (HIS) in October 2000. Data from the HIS has resulted in streamlined client referrals, improved case management, more effective use of emergency resources, and more accurate, timely reporting. The Task Force uses student interns to provide an affordable, flexible training program that reinforces data quality.

### **Washington, D.C.**

Washington, D.C.'s HMIS has been collecting data since October 2001, building on a previous manual system for collecting client-level data that was used beginning in 1995. The Community Partnership, a non-profit organization that allocates and administers all of the district's local and federal homeless funds, manages the HMIS. The District achieved 100% participation of

publicly funded shelter programs in about one year. Many participating domestic violence agencies use client coding, rather than standard identifiers, to protect client confidentiality. The Partnership is currently focused on data quality issues.

**State of Wisconsin**

Wisconsin began statewide HMIS implementation in 2001 after an extensive and inclusive software selection process. At the time, one continuum in the state had an existing HMIS, but all four CoCs decided to work jointly to upgrade to a single statewide HMIS, referred to as WISP, administered by the Wisconsin Department of Administration (DOA). DOA offered proactive support to providers around the state, using an incentive approach to encourage agencies to participate in the HMIS. For instance, DOA eliminated 2002 monthly and quarterly program reporting requirements for DOA-funded providers that were on-line by January 1, 2002 and fulfilled the minimum data entry requirements. As a result, Wisconsin has very high participation in a fairly short timeframe.

Each of these six communities’ experiences and decisions in their HMIS implementations can yield valuable information for the LA/OC Collaborative. Specifically, the table provides a quick reference that suggests What Works communities that best illustrate each LA/OC Collaborative’s areas of interest.

LA/OC Area of Interest	What Works Community
Multi-Continuum Collaboratives	State of Georgia Kansas City Metropolitan Area State of Massachusetts State of Wisconsin
Non-profit Host Agency	Two models of non-profit vendors: State of Georgia Kansas City Metropolitan Area San Diego County State of Massachusetts Washington, D.C.
Funder Partnerships and/or other Data Integration	All of the What Works examples incorporate reporting for multiple funders beyond HUD Continuum grants. Kansas City Metropolitan Area integrates that HMIS with operating the area’s emergency assistance program.
Client Privacy and Security	All of the What Works examples have extensive client protections in place. Specifically, see the States of Georgia and Massachusetts for interesting models.
Strong Data Management Practices	State of Massachusetts

## Section Two: What Works in Partnership Building for HMISs

Each of the following What Works descriptions are organized similarly to help readers locate the information in which they are most interested. Each write-up begins with a general description of the project, followed by sections on Community Information, HMIS Information, Data Elements & Information Sharing, Local Participation, System Outcomes, and Lessons Learned.

Most of the terms used in this section are standard HMIS concepts. Readers can learn more about general HMIS concepts from the HMIS Implementation Guide, which is available at HUD's HMIS website <http://www.hud.gov/offices/cpd/homeless/hmis/>. However, readers may not be as familiar with the terms used to describe the extent to which client data is identifiable.

- *Identifiable client data* refers to client-level data that includes name, DOB, Social Security number or other easily identifiable attributes.
- *Masked client data* refers to data that uses a unique identifier to mask client identity, although each record can be traced back to the original client with the appropriate algorithm. Masked data is most often used to protect client identity and to generate a fairly accurate unduplicated count.
- *Anonymous client data* refers to data where all identifying information has been stripped away and any data fields that suggest identity based on unique characteristics are suppressed. Identifying information and unique identifiers are generally stripped once duplicate records have been eliminated from the database.
- *Aggregate data* represent more than one record; whereas, individual client data represent one person. In aggregate, a community might report that 10% of the individuals in their shelter system experience chronic homelessness. The information is derived from client-level data, but is reported in aggregate. When many client records are merged together, aggregate data can help protect client privacy. Typically, only anonymous or aggregate data are released to the public.

These terms are used in the Data Elements & Information Sharing section to describe each community's data.

## What Works in GEORGIA

Georgia's HMIS, known as Pathways Community Network (Pathways) began in Atlanta with a community-based process designed to develop an HMIS to meet local homeless provider needs. The process began long before the Congressional HMIS directive. Using a 2002 CoC SHP grant, Pathways is expanding statewide to all Georgia Department of Community Affairs (DCA) funded homeless programs. Pathways incorporates a unique privacy and confidentiality training requirement, whereby all users are required to attend and pass a class on privacy/confidentiality issues annually before they are issued a system password.

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### COMMUNITY INFORMATION

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Community Contact: John Bassett, HTF Director  
Georgia Department of Community Affairs  
(404) 679-3170  
[jbassett@dca.state.ga.us](mailto:jbassett@dca.state.ga.us)

Bill Matson, Executive Director  
Pathways Community Network  
(404) 584-6591  
[william.matson@pcni.org](mailto:william.matson@pcni.org)

Jurisdiction: The State of Georgia

Population Size: 8.4 million people

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### HMIS INFORMATION

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Local HMIS Name: Pathways Community Network, Inc. (Pathways); locally developed, now commercially marketed.

# Agencies/Programs: All DCA-funded agencies (220 agencies statewide) will be expected to participate. Currently, 100 agencies participate to some degree.

# of Client Records: 200,000 client records

System Functionality: Intake/Exit, Assessment, Service Tracking, Budgeting, Reporting, Electronic Referrals, Outreach via wireless interface, and GIS reporting. Plan to add web conferencing (chat, audio, and video) this spring.

Lead Agency: Pathways Community Network, Inc and Georgia DCA.



Host Agency: Pathways Community Network, a non-profit that incorporated for the purpose of developing and managing the Pathways software.

Staffing: One at DCA (Project Manager), Nine at Pathways (Project Manager, Agency Outreach Coordinator, 3 Training/Technical Support Staff, 2 Systems Analysis/Development staff, System Administrator, and Administrative Assistant).

Governance Structure: An agency Executive Council provides guidance to Pathways staff on high level implementation issues. User groups meet monthly to review implementation issues, share helpful experiences, identify potential system improvements, and test new system enhancements before release.

Stage of Implementation: Pathways is fully implemented in Atlanta, and is being rolled out to the remainder of the State.

Coverage Level: Approximately 50% coverage of DCA funded agencies.

Coverage Goal: 90% by 2005.

Start-up Budget: Software had been previously developed, so there were no software acquisition or start-up costs.

Operating Budget: FY03 Budget \$600,000 across DCA and Pathways. DCA's HMIS budget supports personnel, TA, and user assistance. Pathway's Georgia HMIS budget includes 7 FTEs, training contractors, travel, software development, hardware acquisition, facility rental (including data center). Funding sources include HUD, HHS, local and state government agencies, contributions, and fees for services.

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#### DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements: Required data fields include first name, last name, DOB, and other HUD APR data. Required data elements were determined by participating agency executives in the context of HUD reporting requirements.

Unduplicated Count: Users have access to client first name, last name, DOB and ID (such as social security number) to use to search for an existing client to prevent duplicate data entry.

Client Consent: Written informed consent is used except for services provided by telephone, in which case informed oral consent is used. One agency uses an 8-minute video in their waiting room to inform clients of Pathways in advance of the case management interview.

Data Sharing:	At the point of service delivery, homeless consumers determine whether that agency can access their data. There are no pre-arranged data sharing agreements, and consumers are not asked ahead of time which agencies they should grant access. This results in a very restrictive privacy policy, and gives consumers more control of their information. Clinical case notes are never shared between agencies, and other highly confidential case management information may also be shielded from sharing.
HMIS Integration:	Pathways does not merge data with any other homeless databases, since it would be cost-prohibitive and the other agencies would lose the benefits of online services integration and collaboration.
Mainstream Integration:	Data are aggregated with other sources periodically for research purposes. The Pathways system already collects data from mental health and city agencies.
Security Mechanisms:	Pathways users must attend a class on privacy and confidentiality issues and pass a test on the material prior to receiving a user password. Individual agencies have their own protocols for protecting sensitive client information on shared data screens. Some case management screens are agency-specific only, and are not shared. The system also incorporates information security best practices, such as built-in technological features to protect client information. Community-wide reports do not include identifiable data.
Data Quality:	Agencies can run reports that identify common data entry errors. The system also checks new intakes for similarities to existing client records, and informs the user if similar records. This limits the extent to which clients are duplicated within the database.

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## LOCAL PARTICIPATION

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Types of Partners:	Homeless, domestic violence, HIV/AIDS, mental health, information & referral, community action, and other agencies all participate in Pathways. Ultimately, all DCA-funded agencies statewide will be included.
Buy-in Strategies:	The Pathways system began long before the HUD mandate. Pathways was founded by homeless providers that wanted to use enterprise technology to enhance their collaborative work. The number of participating agencies has steadily increased as additional agencies have seen others benefit from the system.

Consumer Involvement:	Consumers have been involved from the beginning through user groups and participation of executive councils. These groups are integrally involved in planning and testing system enhancements.
DV Agency Participation:	Several domestic violence agencies have been using Pathways for more than a year. Pathways' commitment to privacy was key to their participation.
Participation Issues:	There are not any major constituencies that do not participate.
Training & Support:	Pathways provides an intensive privacy and confidentiality training program in conjunction with Georgia State University. All users are required to attend training and pass a test on the material before a password is issued to the individual. The passwords are valid for one year, and the individual must be retrained before the password is renewed. This reinforces Pathways' commitment to confidentiality, and ensures that users understand how to protect client privacy.

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## SYSTEM OUTCOMES

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Business Improvements:	Pathways has improved service delivery in Georgia by giving homeless providers the ability to create and monitor unique, multi-agency case management plans for individual clients.
Impact of Data	Pathways' data have been used to inform funders about homelessness in Atlanta. As more providers are on-line, the data can be used to explain statewide trends in homelessness. Agencies also use the data for planning and resource allocation.

## What Works in

### KANSAS CITY METROPOLITAN AREA

In 1984, the MidAmerica Assistance Coalition developed MAACLink for the multi-county Kansas City metropolitan area of Missouri and Kansas to track information on emergency food and utility assistance. Since that time, MAACLink has evolved to accommodate a broad range of case management and reporting functionality, and has become an area HMIS. Because of its origins managing emergency assistance, MAACLink has tremendous participation from faith-based and non-traditional HMIS participants. As well, MAACLink has a strong fund management module, which allows agencies to manage client resources within the HMIS.

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#### COMMUNITY INFORMATION

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Community Contact:	Jan Marcason, Executive Director Mid-America Assistance Coalition (816) 561-2727 <a href="mailto:maccexec@maaclink.org">maccexec@maaclink.org</a>
Jurisdiction:	Five-county Kansas City Metropolitan Area, including Jackson, Clay and Platte counties in Missouri and Johnson and Wyandotte counties in Kansas.
Population Size:	1 million people

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#### HMIS INFORMATION

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Local HMIS Name:	MAACLink; locally developed, now commercially marketed.
# Agencies/Programs:	140 social service agencies, including emergency assistance agencies, food pantries, emergency shelters, transitional housing, and supportive service providers.
# of Client Records:	400,000 individuals in 135,000 households, including 1,000,000 records of service
System Functionality:	Standardized Intake, shared data system, case management module that supports “strength-based” case management, utility assistance features for case assistance tracking, a hotline feature with bed registry for emergency shelters, 42 standard reports.
Lead Agency:	Mid-America Assistance Coalition, a private non-profit organization.
Host Agency:	Mid-America Assistance Coalition.

Staffing:	4 FTEs (network administrator, PC support specialist, training coordinator, and two part-time data entry staff) for primary support plus contract support for hardware maintenance and software/Citrix support. The Executive Director also provides program management/strategic design. All MAACLInk staff can shadow users to provide technical assistance.
Governance Structure:	MAACLInk is governed by the Board of Directors of the Mid America Assistance Coalition. The Agency Relations Committee provides monthly oversight of the system and other MAAC programs. The Homeless Services Coalition of Kansas City has adopted MAACLInk as its HMIS, and its Coordinator is housed at MAAC and involved in the development of features that relate to HUD requirements.
Stage of Implementation:	MAACLInk has been in use since 1984, but continues to expand to other providers.
Coverage Level:	90% coverage of all shelter beds, including publicly funded and privately funded faith-based organizations.
Coverage Goal:	100% coverage by 2004.
Start-up Budget:	The system began in 1994 with a \$185,000 TIAP grant. Start-up costs for an agency include the database structure (approximately \$3,000), a one-time set up fee per computer, and licensing for machines that do not have Windows 2000. Training costs are additional.
Operating Budget:	MAAC's annual operating budget of approximately \$600,000 is funded by foundations, program fees, corporate grants, the United Way, individuals and religious congregations.

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#### DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements:	Required data fields include: name, DOB, race/ethnicity, social security number (or other identifier), address and household relationship.
Unduplicated Count:	Users search for existing clients (by name, DOB, SSN, alias, physical characteristics, and address) before entering new clients to prevent duplicate entry. If another record with the same name or SSN exists, the system prompts the user to verify that it isn't the same individual. The system will not allow individuals with the same SSN to be entered into the database.

Client Consent:	Clients are asked to sign a release of information each time service is rendered and entered into the system.
Data Sharing:	Agencies can elect to share data or to be designated as a hidden agency. If an agency elects to share, the client demographic, household member, income, and any non-confidential services and status information is open to other users who have that level of security access. For all agencies, confidential information on crisis issues, case management goals, and health information is restricted to users within the agency who have appropriate levels of security authorization.
HMIS Integration:	The MAACLink database is not aggregated with any other homeless information systems.
Mainstream Integration:	The MAACLink database is not aggregated with any other mainstream information systems.
Security Mechanisms:	Confidential client information, such as crisis issues, case management goals, and health information is never shared outside an agency. Data access is also limited by security authorization. For instance, intake workers are limited to the subset of data that they need to perform their jobs, whereas case managers can view their clients' full range of information. Other technical security features are also employed.
Data Quality:	Many data quality controls are built into the system, such as fixed response options. MAAC staff can shadow users to help them through specific questions as they use the application. MAAC's Outreach & Training Coordinator also provides quality control of data.

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## LOCAL PARTICIPATION

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Types of Partners:	Emergency assistance agencies, food pantries, emergency shelters, transitional housing, and supportive service providers participate in MAACLink.
Buy-in Strategies:	Over the years, agency word of mouth has been the most successful way of recruiting new partners. Since the system was designed to distribute emergency assistance resources, partners achieve real benefits through participation; therefore, there is a high degree of support from faith-based providers that might not have joined on if the system was primarily oriented towards government reporting.

Consumer Involvement:	MAAC underwent a two-year panning process that included consumers and other stakeholders.
DV Agency Participation:	Domestic violence case managers use MAACLink to monitor the use the discretionary homeless case management funds and program outcomes. If a client is already in MAACLink, the DV agency records the services received from their agency; however, most do not enter new clients into the system. DV services are listed as anonymous services in shared client records.
Participation Issues:	There are not any major constituencies that do not participate in MAACLink.
Training & Support:	MAACLink uses training to reinforce confidentiality and privacy practices, as well as software functionality training. The Outreach & Training Coordinator is primarily responsible for user training.

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## SYSTEM OUTCOMES

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Business Improvements:	Users estimate that MAACLink saves agencies 8 hours of staff time each month that previously would have been spent compiling reports. MAACLink maximizes utilization of emergency assistance, since eligibility guidelines are built directly into the system. MAACLink prompts intake workers about federal and state programs for which a client may be eligible. MAACLink also provides more time for direct client interaction, and minimizes record keeping responsibilities of staff, since case managers do not have to complete duplicative intakes and data entry.
Impact of Data	MAACLink's Annual Statistical Report on Emergency Assistance is used by a wide range of policy makers and elected officials for program planning and resource allocation.

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## LESSONS LEARNED

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System Design	To gain broad participation, the system must be 1) easy to use, 2) reliable, 3) inclusive of a wide range of providers, and 4) robust enough to accurately and quickly provide reports.
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## What Works in MASSACHUSETTS

Massachusetts has a long history of collecting information on homelessness and service usage. Homeless providers in the City of Boston used the original ANCHoR software, until they migrated to a new software package in 1999. Emergency shelter, transitional housing, and supportive service providers are now using their HMIS, known as CSPTech, statewide. Massachusetts has been highly successful in addressing privacy and security concerns among their providers and in engaging consumers in the planning, implementation, and operational stages of their HMIS.

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### COMMUNITY INFORMATION

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Jurisdiction: State of Massachusetts

Population Size: 6.4 million people

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### HMIS INFORMATION

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Local HMIS Name: Connection, Service, and Partnership through Technology (CSPTech) Project; vendor developed software.

# Agencies/Programs: 80 agencies, 220 programs

# of Client Records: 64,000 client records

System Functionality: Intake/ Exit, Information & Referral, Assessment, Service Tracking, Bed Register, Reporting – canned and custom.

Lead Agency: Center for Social Policy (CSP), McCormack Institute, University of Massachusetts Boston

Host Agency: University of Massachusetts Boston



Staffing:	Project Manager, 2 full-time and 2 part-time Technical Assistants, Systems Administrator, part-time data analysis team, part-time support staff.
Governance Structure:	The CSPTech Steering Committee (comprised of ~25 people representing funders, providers, advocates, and consumers) meets quarterly. Advisory committees include: Consumer Advisory, Public Policy/Access to Data, Fundraising, and Evaluation.
Stage of Implementation:	Collecting Data since 1999 with CSPTech, and in legacy system prior to that.
Coverage Level:	60% coverage for emergency shelters.
Coverage Goal:	<i>Access to Data Committee</i> governs release of data. Local release policy requires a minimum coverage level of 60% in order to aggregate and release data.
Start-up Budget:	\$225,000 to support personnel, vendor contracts, and hardware costs.
Operating Budget:	FY03 Budget \$630,000 to support personnel, vendor contracts, and hardware costs.

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#### DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements:	Required data fields include: intake/exit dates, gender, DOB, race, marital status, immigration status, language, residential history, income, services, education/skills, employment, medical, mental health, substance abuse, veterans status, and case management data.
Unduplicated Count:	CSPTech generates an unduplicated count using a unique ID at the central server. All data in the system are masked from users at other agencies, unless the agencies have explicitly agreed to share data. Even the system administrator cannot view identifiable client information, as key identifying fields are stripped from the record before the data are merged into the central database. Portions of the first and last name, DOB, and gender are used to create the unique ID.
Client Consent:	Informed oral client consent is used for general participation in CSPTech. Written client consent is required when agencies share client information.

Data Sharing:	Identifiable CSPTech data may be shared among agencies <u>only</u> between agencies that have explicit written interagency agreements and written client consent forms for each client.
HMIS Integration:	Some homeless service providers have chosen to continue to operate their own MISs. CSPTech is beginning to work with five agencies to periodically upload data for deduplication.
Mainstream Integration:	CSPTech does not merge its data with any other mainstream databases.
Security Mechanisms:	Passwords, certificates (Public Key Access) for computers, data encryption, firewall, user training and written policies and agreements. CSPTech also contracts with a security systems corporation to periodically conduct penetration testing.
Data Quality:	CSPTech provides monthly training for system users. CSPTech regularly run data quality queries to test the database. The results are distributed to agency Executive Directors and Site Administrators to highlight site-specific data issues, and CSPTech staff follow-up with each site to discuss ways to improve quality. If sites are unresponsive, agency funders are asked to intervene to encourage improved participation.

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## LOCAL PARTICIPATION

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Types of Partners:	Emergency and transitional shelters for families and individuals, including domestic violence shelters. Supportive service, and outreach programs also participate.
Buy-in Strategies:	Agencies were immediately attracted to CSPTech for the benefits (report writing, client/service tracking). Funders helped to engage more resistant providers. Ongoing communication occurs through newsletters, data releases that can be used for advocacy and grant writing purposes, and user training. Individual agency users have presented how they use CSPTech and its benefits to the Steering Committee.
Consumer Involvement:	Consumers are actively involved in system planning through the Consumer Advisory Committee, which is facilitated by a consumer who is a member of CSPTech staff. Consumers are also involved in training CSPTech users. Consumers are given a stipend for their time.

DV Agency Participation: A couple of Domestic Violence (DV) shelters are using CSPTech, and there are plans to add others. CSPTech has defined very clear, strict privacy policies and security features to gain DV agencies' confidence.

Training & Support: CSPTech provided monthly training to users. Training is provided throughout the state. Individualized technical support is also offered, as needed.

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## SYSTEM OUTCOMES

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Business Improvements: As users are more confident and knowledgeable, data quality improves. Agencies that are using the system correctly, report that it makes their work easier. CSPTech has recently contracted with an outside evaluator to gauge the extent to which the HMIS has improved business practices.

Impact of Data: Data releases with demographic and trend information are widely distributed to local stakeholders, once approved by the Access to Data Committee, to assist with advocacy and grant writing.

Data have affected allocation strategies. For example, a state agency allocated more resources to homeless youth programs after learning that 12% of homeless individuals in shelter were between the ages of 18 – 24.

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## LESSONS LEARNED

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Privacy & Security Although Massachusetts had extensive policies and procedures in place, the stakeholders engaged in a lengthy process to develop specific policies and standard operating procedures (SOPs) to respond to the specific challenges posed by a web-based system.

Technology Conversion from the state's legacy system posted technical problems that exceeded CSP's expertise. CSPTech contracted with an internal UMass technology group to host the statewide servers, thus finding the most cost-effective solution.

Outreach CSPTech needed ongoing staff outreach to maintain buy-in and support from agencies when HMIS participation was voluntary. Initially, the CSPTech project was able to provide a one-time start-up stipend of \$1,000 for each agency to offset costs. Sustaining participation has emerged as a major barrier, so CSPTech will now be required for certain government-funded programs.

## Analysis & Data Quality

Timely, accurate data entry has been more difficult than initially imagined. The budget must include resources for training, agency follow-up, and data validation. The community must also establish formal procedures for vetting, approving, and releasing data.

## What Works in SAN DIEGO

San Diego's HMIS began with an extensive planning process in 1998. Initially, a group of ten providers worked with the San Diego Regional Task Force on the Homeless to implement a legacy system, which was later migrated into the San Diego Regional Homeless Information System (HIS) in October 2000. Data from the HIS has resulted in streamlined client referrals, improved case management, more effective use of emergency resources, and more accurate, timely reporting. The Task Force uses student interns to provide an affordable, flexible training program that reinforces data quality.

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### COMMUNITY INFORMATION

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Community Contact:	Deborah Lester, Program Analyst Regional Task Force on the Homeless (858) 694-8725 <a href="mailto:Deborah.lester@sdcounty.ca.gov">Deborah.lester@sdcounty.ca.gov</a>
Jurisdiction:	San Diego County, including City of San Diego Continuum and the San Diego County Continuum.
Population Size:	2.9 million people

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### HMIS INFORMATION

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Local HMIS Name:	San Diego's Regional Homeless Information System (HIS); vendor developed.
# Agencies/Programs:	30 agencies; 45 programs, including emergency shelters, transitional shelters, permanent supportive housing, case management, and supportive service/case management programs.
# of Client Records:	More than 10,000 client records.
System Functionality:	Intake/Exit, Information & Referral, Assessment, Service Tracking, Bed Reservation, Reporting – canned and custom.
Lead Agency:	Regional Task Force on the Homeless (Task Force), a partnership of public agencies, private groups, and homeless advocates who share the vision of an end to homelessness in San Diego County.
Host Agency:	The Task Force contracts with the vendor to host the HIS servers.

Staffing:	2 FTEs: Program Analyst for overall program coordination, local administration, and data analysis; and 2 Student Interns who provide group, on-site group training, and technical support (Help Desk); prepare training documentation; and other logistical support. The Task Force is seeking other funding to expand data analysis, among other activities.
Governance Structure:	The HIS Project has an Advisory Board, comprised of members of the Task Force's Board of Directors, agency participants and homeless advocates. During planning, the Task Force used a committee structure to explore topics and make decisions on different issues. The Task Force communicates with stakeholders using newsletters, email, and meetings as needed. Meetings often center on policy changes (e.g. HIPAA) and software upgrades.
Stage of Implementation:	Began collecting data in October 2000, after 2+ years of planning and data collection in previous legacy system.
Coverage Level:	Approximately 40% coverage for emergency and transitional shelter beds.
Coverage Goal:	55% coverage of emergency and transitional shelter beds by November 2004.
Start-up Budget:	Not available.
Operating Budget:	FY03 Budget approximately \$200,000 to support personnel, licensing, annual HMIS software support and maintenance fees, and overhead costs is funded by San Diego County (ESG, CDBG and State funds), United Way of San Diego County, and two dedicated HUD SHP grants.

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#### DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements:	The primary required data fields are the HUD APR data elements. The minimum data set is required for City, County and HUD funded agencies, approximately 75% of the total number of users.
Unduplicated Count:	Agencies can choose whether their clients' records are open or hidden. Users search the database (or those records that are visible to them) for clients before a new client is entered into the database. For hidden client records, the unique identifier is used to generate an unduplicated count at the server-level. The unique ID is comprised of parts of name, gender and DOB.

**Client Consent:** Before entering client data into the HIS, the agency is required to get a written release of information from the client. Agencies use their own forms, although forms must meet minimum language standards specified by the Task Force. Written consent is used, since internal data sharing among programs within an agency is still considered data sharing by the Task Force.

**Data Sharing:** Data sharing is used among programs for case management purposes; however, agencies can choose to close their client records. Data sharing has streamlined intake process and reduced duplication benefits. For instance, the regional hotel/motel voucher program uses the HIS to ensure that households don't get assistance from multiple programs.

**HMIS Integration:** St Vincent De Paul (SVDP), one of the largest homeless service providers in San Diego, operates its own HMIS. The Task Force and SVDP aim to periodically aggregate the data from each system in a separate unduplicated client database for research and reporting purposes. In the future, the Task Force may also consider periodically merging in data from other smaller provider databases, if these providers decide not to participate in the HIS.

**Mainstream Integration:** The HIS is not currently integrated with any mainstream databases. San Diego County is interested in pursuing integration with SMART system (one centralized database for all County information), which would enable some data sharing with county human service departments.

**Security Mechanisms:** The HIS uses standard software features for security.

**Data Quality:** The Task Force uses extensive training protocols and education of users to improve data quality. Agencies are responsible for their own data quality control. The Task Force spends a great deal of time helping agencies clean up their data. For instance, when agency questions the numbers generated by the HIS for the program APR, the Task Force staff helps the agency use the Report Writer query to produce a client level APR report. This report is used to check for missing/wrong program entry/exit dates, check totals, and generally troubleshoot data. The Task Force encourages agencies to run APR reports quarterly to clean up data, which does help quality.

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## LOCAL PARTICIPATION

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Types of Partners:	The HIS encompasses emergency shelters, transitional shelters, permanent supportive housing, case management, and supportive service/case management programs.
Buy-in Strategies:	The Task Force uses relationship-building to build agency support and trust. Existing users who are confident in system security help sell the system to their peers. Agencies express interest in participating when their existing system is inadequate, and they are seeking a more sophisticated solution. The HIS offers a cost-effective solution. For instance, one agency saved \$50,000 by working with the HIS project instead of purchasing its own independent database. The Task Force has difficulty engaging agencies that have more demanding reporting requirements than the HIS can currently manage. Ideally, all of the California groups that are working on HMIS issues can help leverage the State to simplify and standardize state reporting requirements.
Consumer Involvement:	During planning process, consumers were formally engaged. One homeless advocate is on the advisory Board, which provides a consumer perspective in the decision-making process.
DV Agency Participation:	Anticipate that DV shelters will begin to use the HMIS within next six months. The DV Council recently selected the HIS to track bed availability and service usage for the DV Hotline.
Participation Issues:	There aren't any groups of providers that have opted not to participate; however individual agencies are sometimes reluctant to participate. HIV/AIDS and youth programs already participate.
Training & Support:	The Task Force employs two part-time student interns to work on training issues, which gives the Task Force the flexibility to provide on-site training to participating agencies. Agencies really appreciate this, since it limits the amount of time that staff members are away from their work. The interns also find computer training labs to host group training in locations distributed across the county, significant since it can take more than 2 hours to travel from one end of the county to the other. The Task Force has also produced extensive documentation on the HIS, including training manuals and step-by-step instructions that translate technical language to case manager friendly terms. The emphasis on training helps with quality control, since instructions are tailored to local data entry standards and can be made site- and program-specific.



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## SYSTEM OUTCOMES

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**Business Improvements:** Data sharing has resulted in streamlined client intake, improved case management, and more effective use of emergency assistance resources. For instance, winter shelters and rotational site shelters use the HIS to eliminate repetitive intakes from night to night at different shelter sites and to monitor overall length of shelter stays. The regional hotel/voucher program uses the HIS to prevent households from receiving emergency assistance from multiple agencies.

**Impact of Data:** Data has been used to improve the management of specific programs, as described above. Reports have been taken to policy makers to report on progress.

## What Works in WASHINGTON, D.C.

Washington, D.C.'s HMIS has been collecting data since October 2001, building on a previous manual system for collecting client-level data that was used beginning in 1995. The HMIS is managed by the Community Partnership, a non-profit organization that allocates and administers all of the district's local and federal homeless funds. The District achieved 100% participation of publicly funded shelter programs in about one year. Many participating domestic violence agencies use client coding, rather than standard identifiers, to protect client confidentiality. The Partnership is currently focused on data quality issues.

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### COMMUNITY INFORMATION

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Community Contact: Ann Oliva, Director of Programs  
The Community Partnership  
(202) 543-5298, x 106  
[annoliva@community-partnership.org](mailto:annoliva@community-partnership.org)

Jurisdiction: Washington, DC

Population Size: 572,000 people

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### HMIS INFORMATION

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Local HMIS Name: The D.C. Homeless Management Information System (HMIS); vendor developed.

# Agencies/Programs: 45 agencies (300 users), including emergency, transitional, and domestic violence shelters; permanent supportive housing programs; and mainstream service providers.

# of Client Records: Approximate 20,000 client records

System Functionality: Intake/ Exit, Information & Referral, Assessment, Service Tracking, Reporting – canned and custom.

Lead Agency: The Community Partnership, a non-profit community-based organization.

Host Agency: The HMIS server is located with vendor, but CP acts as the system administrator.

Staffing:	The Partnership employs a System Administrator (1 FTE), Part-time Program Director (20-30% FTE to oversee system policy issues and negotiate contracts); Support Staff (.5 FTE to review data quality, reporting and troubleshooting). Each agency is also required to designate an Agency Administrator.
Governance Structure:	A Common Standards Committee was convened to assist with planning, system selection, and development of Standard Operating Procedures. The committee is convened, as needed, for task specific activities. The Community Partnership reports to city government.
Stage of Implementation:	Implementing data since October 2001, and previously collected manually in a spreadsheet format since 1995.
Coverage Level:	100% coverage for all publicly-funded shelters (except HUD CoC grantees funded between 1988 – 1994, which are in the process of coming on-line.) The system includes data on 85% of the emergency shelter beds - all but three of the emergency shelters. One shelter merges data manually each year. 60% coverage of transitional shelter beds, and 60% of permanent supportive housing programs.
Coverage Goal:	Plan to expand coverage to transitional and permanent supportive housing programs that are not contracted by the Partnership over the next 3 years.
Start-up Budget:	\$135,000 to support server/user licenses, provider equipment, server hardware, customization, and training funded by the Partnership administrative pool (SHP admin, City grants, and ESG).
Operating Budget:	FY03 Budget \$93,000 – 98,000 to support personnel (\$50,000 – 55,000), vendor charges (\$43,000 for back-up, security, annual vendor support fee, and Protegrity software support fee) funded by the Partnership administrative pool. Data analysis is provided through other Partnership staff.

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#### DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements:	Emergency shelters are asked to collect as much information as possible, but required to collect check in/out dates, DOB, and most collect name and social security number. Transitional shelters minimum data set includes the HUD APR data elements.
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Unduplicated Count: D.C. has a system of central intake for families, which automatically creates an unduplicated record of family households. Emergency shelter records are unduplicated using the unique client identifier (generated from the name, gender and DOB). After completing the unduplication query, data are cleaned manually using spreadsheet queries, and then uploaded into SPSS for analysis.

Client Consent: The DC HMIS uses informed oral consent procedure for client inclusion in the database. Data are not yet shared among agencies.

Data Sharing: Within the next 3 years, inter-agency sharing is envisioned. Agency directors are currently hesitant to share information.

HMIS Integration: The HMIS data are annually, manually integrated with data from one of the larger, non-participating shelters to generate the city's yearly unduplicated count. Attempts are being made to generate a similar unique identifier to simplify the aggregation. Outreach agency data are also merged manually. Outreach agencies will be on-line with the HMIS in the future.

Mainstream Integration: The HMIS data are not currently merged with any other mainstream databases. In the next 3 years, the Partnership intends to work with the mental health service delivery system to jointly analyze data in order to better understand chronic homelessness.

Security Mechanisms: The software uses Protegrity database encryption, and all of the standard embedded software protections. All users sign confidentiality agreements. Organizational policies dictate access and data release. DV clients can be entered using an internal agency code, so identity of the client is masked, but the agency can continue to enter data cumulatively into the client record. Data are only merged for administrative purposes, so no agency can see other agencies' information.

Data Quality: Training is improving data quality. Support staff person reviews all data for consistency and flags quality concerns. The System Administrator reviews the flags, and addresses issues with the originating agency, as necessary. Currently, the HMIS produces a monthly report (that looks similar to the old manual monthly program reports), which the program director must sign assuring data accuracy (or flag known issues) and submit to the Partnership. Aggregate data is not released until approved by Partnership staff. The Partnership issues an annual report on homelessness to community to use for local advocacy, grant writing, and the HUD gaps analysis.

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## LOCAL PARTICIPATION

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Types of Partners:	Emergency, transitional, and domestic violence shelters; permanent supportive housing programs; and mainstream service providers participate in the HMIS.
Buy-in Strategies:	DC instituted a manual reporting system in 1995. This prepared agencies for the process of data entry and regular client-level reporting. The new HMIS just simplifies the old process. All Partnership contractors (agencies funded to provide homeless services in the city) are required to enter data in the system, and the Partnership pays for all software licensing, etc. There are currently a few other agencies that do not receive Partnership funding that also participate, and pay their own licenses.
Consumer Involvement:	Consumers are part of the Advisory Committee.
DV Agency Participation:	Domestic violence providers do participate in the HMIS. Their original barriers were privacy, confidentiality and security. The extensive system security features eased provider fears. Developing a policy on data release also helped to address provider concerns. Agencies have the option of entering clients anonymously, but this affects the ability of the system to generate unduplicated data, so it is discouraged. Agencies also enter clients using client coding to mask client identity while maintaining the agency's ability to continue to link the client to the record and to maintain a continuous case management record.
Participation Issues:	Outreach agencies do not use the current HMIS, but will be integrated as resources are available and technology and software improves. The Partnership also has plans to implement a Bed Registration module, which will integrate the Hotline with the HMIS.
Training & Support:	Basic and Intermediate training is provided twice monthly. The System Administrator and Support Staff person are available to provide technical support and data quality follow-up, as needed.

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## SYSTEM OUTCOMES

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Business Improvements:	Most of the changes have been realized at the system level. Unduplication and reporting are much faster, more accessible, and presumably more accurate. However, recent changes in reporting definitions have affected accuracy. At the program level, reporting capabilities have improved. Larger organizations are beginning to use the data to look at program effectiveness.
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Impact of Data:

The HMIS data are used to produce annual demographic reports on homelessness with trend data on how groups are using the shelter system. The data from the legacy system was used to compare results of the city's 12-hour emergency shelters to the 24-hour emergency shelters with services. As a result, most of the 12-hour shelters were converted to 24-hour, service-enriched programs. As well, the data was invaluable for completing the recent federal Interagency Chronic Homeless NOFA.

## What Works in WISCONSIN

Wisconsin began statewide HMIS implementation in 2001 after an extensive and inclusive software selection process. At the time, one continuum in the state had an existing HMIS, but all four CoCs decided to work jointly to upgrade to a single statewide HMIS, referred to as WISP, administered by the Wisconsin Department of Administration (DOA). DOA offered proactive support to providers around the state, using an incentive approach to encourage agencies to participate in the HMIS. For instance, DOA eliminated 2002 monthly and quarterly program reporting requirements for DOA-funded providers that were on-line by January 1, 2002 and fulfilled the minimum data entry requirements. As a result, Wisconsin has very high participation in a fairly short timeframe.

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### COMMUNITY INFORMATION

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Community Contact:	Julie Hovden, Community Services Specialist Wisconsin Department of Administration (608) 261-8159 <a href="mailto:Julie.hovden@doa.state.wi.us">Julie.hovden@doa.state.wi.us</a>
Jurisdiction:	State of Wisconsin: 72 counties comprising four CoCs, including Madison/Dane Co CoC, Milwaukee/Milwaukee Co CoC, Racine/Racine Co CoC, and Balance of State CoC
Population Size:	5.4 million people

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### HMIS INFORMATION

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Local HMIS Name:	WISP; vendor developed software.
# Agencies/Programs:	100 agencies, including 60 emergency shelters, 21 DV agencies, 36 supportive/transitional housing agencies, 18 agencies with motel voucher programs, 2 PATH agencies and one Shelter Plus Care agency. Anticipate increasing to 150 agencies by 12/31/03 and 175-200 agencies by 12/31/04.
# of Client Records:	53,000 client records
System Functionality:	Intake/ Exit, Assessment, Service Tracking, Bed Reservation, HUD APR. DOA is currently working on developing the WI Community Guide, which will be operational late 2003 and is planned to be a public access website that lists all housing and homeless assistance resources available statewide.

**Lead Agency:** Wisconsin Department of Administration (DOA), which is the State department that administers all of the state and federal (formula allocations) homeless grant programs, and is grantee for projects in the Balance of State CoCs (69 counties). DOA also administers state and federal non-homeless housing programs.

**Host Agency:** DOA owns the servers, but they are located at the software vendor site. DOA also contracted with the vendor for system administration and technical support.

**Staffing:** By April 2003, there will be 4.0 FTEs (spread across 7 positions) supporting WISP. In 2004, anticipate adding another .5 FTE. The 4.0 FTEs provide project management & coordination; technical assistance and support; grant writing; training (new & current users); development and implementation of WI Community Guide with affordable housing database; data cleansing; marketing; report generation; invoicing for participation fees; development of policy and training materials/manuals; and issuance of hardware and connectivity stipends to WISP agencies

**Governance Structure:** The WISP Steering Committee, an advisory board composed of partner agency representatives, meets regularly to assist in the development of overall policy.

**Stage of Implementation:** Began training participating agencies in May 2001, and collecting data in July 2001. Full implementation is planned by 12/31/04.

**Coverage Level:** Emergency Shelter beds: 55% coverage; Transitional Housing Units: 57% coverage; Permanent Supportive Housing Units: 14% coverage; Motel vouchers: 53% coverage.

**Coverage Goal:** Over the next 12 months, coverage is anticipated to increase to 70% for emergency shelters; 75% for transitional housing; 50% for permanent supportive housing units; and 80% for motel vouchers.

**Start-up Budget:** \$170,000 for software licensing, hardware, training, and data conversion costs funded with ESG, HOWPA, and CoC Administration funds; and Agency Participation Fees.

**Operating Budget:** FY03 Budget \$403,000 for personnel, travel, hardware, software vendor contracts, connectivity expenses, and special projects (e.g. development of the WI Community Guide) funded by ESG, HOWPA, and CoC Administration funds; two dedicated SHP grants; and Agency Participation Fees.



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## DATA ELEMENTS & INFORMATION SHARING ISSUES

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Minimum Data Elements:	Required data fields include: client name, county of service, DOB, sex, race, marital status, household information, disability, residential/homeless history, employment information, military status, client needs, referrals, and check-in/check out dates.
Unduplicated Count:	All agencies enter data into a common database that generates a unique ID based on parts of the name, gender and DOB. The unique ID is used to calculate an unduplicated count. Identifiable client data is not aggregated or distributed at any level.
Client Consent:	WISP has a standard consent form for general agencies, one for Domestic Violence agencies (that routinely close their records), and one for HIV/AIDS agencies. Clients do not have to consent to have their information entered into WISP; however, they are informed of WISP and the reasons/benefits of data collection. WISP requires written consent for data sharing.
Data Sharing:	Identifiable WISP data may be shared with written client consent. All medical information is closed (not shared) except a Yes/No disability status. All DV and HIV/AIDS agencies close records to general homeless agencies. In limited cases, information is shared between DV agencies or between HIV/AIDS providers.
HMIS Integration:	To date, homeless service providers that chose to continue to operate their own MISs do not share their data for unduplication purposes; however, DOA anticipates merging WISP data with other homeless provider databases for reporting unduplicated data beginning in 2003.
Mainstream Integration:	WISP does not merge its data with any other mainstream databases.
Security Mechanisms:	Each Partner Agency executes a Partner Agreement; each user signs a Responsibility and Ethics form. Copies of Partner Agreements are maintained by DOA, but each agency maintains its own user agreements. DOA is in the process of developing an extensive Standard Operating Procedures manual that will be distributed to all WISP agencies. Log on IDs and passwords are distributed to users separately using two different communication methods (phone, mail, email). Because of State privacy law, WISP automatically closes all medical information, and agencies do not have the option of sharing that type of client data. Client consent forms (general, DV, and HIV/AIDS) inform each client about WISP and provides client with an opportunity to share their data.

Written consent is required for data sharing; the consent is good for up to 3 years unless the client rescinds permission. Reports that include unique identifiers are shredded after review/validation.

Data Quality: Reports are generated periodically to evaluate the completeness of the required data fields, with special focus on the fields used to generate the unique identifier. Agencies with excessive null values are notified of the problem, and then monitored to ensure that the required data is entered. System level reports are currently being developed to monitor a variety of data elements to compare usage over time.

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## LOCAL PARTICIPATION

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Types of Partners: Emergency shelters, transitional and supportive housing providers, domestic violence agencies, motel voucher programs, and PATH programs participate in WISP.

Buy-in Strategies: Eighteen providers initiated interest in developing a better way to track their clients in transitional and supportive housing. These agencies helped encourage their peers to participate. A statewide solution was pursued as the most cost-effective approach. In 2001 at the beginning of WISP implementation, DOA offered bonus points in the competitive statewide ESG-THP application process for agencies that agreed to participate in WISP. In 2002, DOA offered bonus points (to new agencies that agreed to participate) and demerit points (to agencies that had previously agreed and then failed to do so). In 2003, DOA plans to score participation in WISP at the community and individual agency level. As well, agencies that are on-line by the beginning of each year and input minimum required data do not have to submit monthly program funding reports to DOA.

Consumer Involvement: Formerly homeless consumers employed by partner agencies have been involved from the beginning of WISP. DOA recently contracted with a consultant who is formerly homeless to provide technical assistance on how to achieve greater involvement from people who are currently homeless.

DV Agency Participation: Approximately 50% of the Domestic Violence (DV) agencies in Wisconsin participate in WISP. 99% of the DV client records are closed. Several agencies use the anonymous feature of WISP to ensure client anonymity; however, since that feature eliminates the ability of the system to achieve an unduplicated count, many agencies enter client names and choose not to share client data.

A DV workgroup of the WISP Steering Committee is developing marketing materials to “sell” participation in WISP. The workgroup is also identifying all of the DV reporting requirements for HHS VOCA and VOWA funding, so WISP can be programmed to be more responsive to DV agency reporting needs.

- Participation Issues: Runaway youth (under 18 yrs of age) programs are currently not participating in WISP. HIV/AIDS are planned to begin participation in August 2003.
- Training & Support: WISP uses a train-the-trainer model to train WISP users, with one-on-one follow-up to individual users, as needed. Users are expected to input data and use the software independently; therefore, each agency must assign and train a staff member to act as the agency WISP administrator. To minimize WISP user dependence on DOA staff, a procedures hierarchy has been established. For example, WISP users with questions are instructed to follow these steps, in order, proceeding until their question is resolved: use the on-line help, ask other staff in the agency, ask the agency’s WISP administrator, ask someone from another partner agency, discuss at a user group meeting, email the System Administrator at the DOA. In addition to sponsoring periodic statewide WISP user meetings, the DOA is encouraging and assisting partner agencies to establish local user groups.

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## SYSTEM OUTCOMES

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- Business Improvements: DOA has observed that there has been a change in the philosophical mindset of providers from “my client” to “our client”, which they attribute to using a common database and sharing client information. Data from WISP is beginning to be used to support grant applications.
- Impact of Data: DOA is just beginning to feel confident about data coverage and accuracy to begin to use data for policy purposes; however, this is viewed as a major future benefit of WISP.

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## LESSONS LEARNED

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Training	The train-the-trainer approach works really well for agencies that have a technology/computer infrastructure already established and have more than 2-3 WISP users. For many of the smaller agencies using WISP the train-the-trainer approach does not work as well since staff turnover is often very high and the agencies don't always have a good IT infrastructure. Over time, we will modify our training approach to better accommodate the various expertise levels of our agencies. Communities should plan to provide adequate time and resources for training and retraining. Assess computer literacy prior to attendance at HMIS training. Establish a training database for users to practice on. Provide a paper manual with an on-line help function.
Expectations	Everything will take longer than expected.
Staffing	WISP is still understaffed. DOA projects that between 5-6 FTEs are needed for this level of implementation to adequately manage central coordination, training, technical support, and local system administration issues.