

# Maricopa County HMIS Assessment

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## 1. Executive Summary

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In September of 2013, Brande Mead, Human Services Program Coordinator and administrator of the CoC planning process in Maricopa County, in concert with Continuum of Care members from throughout Maricopa County, submitted a request to HUD for Technical Assistance (TA) to conduct an assessment of the governance, management, and functionality of the currently configured Homeless Management Information System (HMIS). This TA request identified the following core concerns:

- *Maricopa County's HMIS must be able to track homeless individuals as they move throughout the CoC's multiple city jurisdictions and account for the variety of resources that contribute to efforts to end homelessness across the county.*
- *The adequacy and authority of Maricopa County's HMIS governance and decision-making model is not sufficient for the complex and far reaching oversight needs established under HEARTH and the CoC Program Interim Rule.*
- *Driven largely by the HEARTH Act, Maricopa County stakeholders desire to expand the scope of HMIS to create a strategic and coordinated service delivery approach rather than a collection of individual and uncoordinated programs, and seek to assure that the HMIS can support that activity.*
- *HMIS must accommodate the design and implementation of Coordinated Assessment and data sharing.*
- *HMIS stakeholders need to better understand the resource needs and funding and business model necessary to implement and sustain HMIS improvement efforts.*

In large degree, Maricopa County stakeholders were seeking external perspective on the adequacy of their HMIS as a trustworthy platform for achieving shared community-wide goals for improving data collection, reporting, and analysis in the service of program and policy planning and in support of emerging models of coordinated assessment. Included in this overarching scope were questions regarding the functionality of Bowman Systems' *ServicePoint* software for Maricopa County's intended purpose, and concerns regarding the capability of Community Information & Referral (CI&R) – the vendor managing the County's HMIS implementation.

Provision of technical assistance was approved by HUD in the fall of 2013, and assigned to a joint team from ICF International and Abt Associates -- both long-term HUD contractors with broad-based expertise in HMIS systems management and implementation. TA was initiated through a comprehensive systems assessment that analyzed HMIS governance, project management, and system usability and effectiveness. Assessment findings and recommendations were drawn from multiple stakeholder interviews, meetings with HMIS project management and system administration staff, survey results from HMIS stakeholders throughout the county, review of existing HMIS grant and budget data, and a series of on-site meetings that included CoC officials, CI&R, and county-level HMIS funders and partners.

On the basis of this comprehensive HMIS assessment, the HUD TA team recommends that Maricopa adopt a new HMIS governance structure; implement a revised HMIS project oversight and management approach; and conduct a "visioning" exercise to help refine long-term HMIS project goals and strategies.

The detailed recommendations in this HMIS Assessment Report are organized around five main areas of inquiry and are briefly summarized below:

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### 1. How can HMIS governance and decision making be improved?

**Governance Recommendations: Reorganize the HMIS governance structure to enable improved oversight and leadership.** This should include efforts to:

- A. Clarify and redefine the structure, strategy and protocols for HMIS governance;
- B. Establish a common HMIS governance agreement, to be adopted by the Maricopa County Continuum of Care (CoC), lead HMIS administrative entity, and contributing HMIS organizations;
- C. Clarify responsibilities for staffing and facilitation of the HMIS and CoC governance functions; and
- D. Restore and expand reliance on HMIS end-users groups for feedback on system efficacy, reliability, and usability.

**System Management Recommendations: Reorganize HMIS project management structure to provide necessary clarity regarding accountability, decision-making, and leadership.** This should include efforts to:

- A. Enhance coordination of HMIS with other local homeless data gathering and planning efforts (i.e. PIT, HIC);
- B. Establish CoC standards and locally-based systems for monitoring data quality at the CoC- level; and
- C. Designate, train, and support the functioning of project-level HMIS system administrators within contributing HMIS organizations.

### 2. How can HMIS design and usability be improved to make it a better tool for program planners and policy makers?

**Data Sharing Recommendations: HMIS data sharing protocols must be updated and refined to promote data sharing and client service coordination across provider agencies and funding types or sources.** This should include efforts to:

- A. Initiate a CoC-wide Data Sharing Work Group to identify data sharing goals and policies and procedures to support those goals;
- B. Institute standards for data-sharing while maintaining vigilance in respecting privacy rules, HIPAA regulations, and 42CFR compliance; and
- C. Minimize the use of client-customized sharing determinations.

**Data Quality Recommendations: Improve HMIS report generation support and output quality.** This will be facilitated by commitments to:

- A. Establish HMIS participation expectations for all agencies that aim for “real time” data entry as the preferred protocol;
- B. Provide increased numbers of user licenses so as to support use of HMIS by all interested, engaged parties;
- C. Provide more intensive new-user training; and
- D. Provide more frequent and advanced training on custom report generation, and use of the Advanced Reporting Tool (ART).

### 3. How can HMIS improvements support a coordinated assessment and intake environment?

**Coordinated Assessment Recommendations: Maricopa County CoC should consider a coordinated assessment system with multiple-location access points, use of a uniform intake tool, and standardized assessment and referral procedures.** This model can be advanced through commitments to:

- A. Establish common protocols to accommodate the level of participation that should be expected from each provider and program;
- B. Designate “official” points of entry into the system in each CoC for people experiencing homelessness or a housing crisis;

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- C. Effectively and efficiently triage clients – moving consumers into the most appropriate system of care for their situation; and
  - D. Rely on common intake information to place consumers in the most appropriate program or set of programs as quickly as possible.

**4. What are the immediate next steps necessary to develop and implement desired systems improvements and change?**

**Strategic Visioning Recommendations:** *HMIS stakeholders including CoC staff, funders, CI&R, and county agency staff should work together to “reset” open and transparent communication and identify a set of guiding principles that will drive system improvements. This should include efforts to:*

- A. Develop a communication strategy for CI&R and Maricopa County CoC to support open, transparent, frequent, and structured communication. Define decision-making processes and document results.
- B. Design and conduct a Maricopa County data systems “visioning” process in fall of 2014 with the goal of identifying guiding principles for HMIS and data systems enhancements and steps necessary to implement those enhancements;
- C. Develop an implementation action plan for an HMIS improvement strategy, based on TA recommendations and informed by CoC visioning process.

Maricopa County CoC is well on its way to creating a more comprehensive and effective data collection and management strategy for homeless programs and clients. In the next six months, Maricopa County CoC stakeholders will need to develop and implement a more coordinated and intentional strategy for homeless data management, one that enumerates all persons who experience a housing crisis, tracks the inventory and provision of services and housing, manages client services in a way that successfully links clients to appropriate services and programs, and leverages the collective understanding of program and system performance to support ongoing improvement efforts.

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## 2. HMIS Assessment Approach and Focus

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### 2.1 Background and Context

The Maricopa County Continuum of Care (CoC) includes five Emergency Solutions Grant (ESG) entitlement areas, and more than 9,200 square miles of area that encompass both highly urbanized central city regions, suburban and rural areas. This complexity poses multiple challenges for system planners and homeless assistance providers in their efforts to end homelessness, not the least of which is the challenge of consistent, complete, and accurate data collection and data management.

Currently, Maricopa County does not have a fully developed and comprehensive strategy for collecting and managing data on people who experience homelessness and are accessing the CoC's various homeless assistance services. Consequently, it is difficult for the various entities and constituent groups involved in efforts to end homelessness to undertake regional planning, coordinated service provision, program monitoring, and evaluation in a cohesive manner. It is clear, however, that across the region, stakeholders are committed to developing this capacity and are focused on pursuing the systems change necessary to achieve it.

This report identifies challenges and gaps, and recommends specific strategies to improve management of the Maricopa County Homeless Management Information System (Maricopa HMIS) implementation so that data are more accessible, inter-relatable, and useful for individual case planning as well as for program-level, system-level, and statewide planning and evaluation.

#### Maricopa County HMIS Implementation

Beginning in 2004, Congress directed the U.S. Department of Housing and Urban Development (HUD) to work with all CoCs receiving HUD homeless assistance funding to implement a local database to collect information on persons experiencing homeless. In Maricopa County, the Maricopa Association of Governments (MAG), convened a group of CoC stakeholders to define an HMIS implementation strategy. In doing so, the CoC identified Bowman Systems' *ServicePoint* as the software for the system, and selected Community Information & Referral as the lead agency authorized to manage the HMIS implementation.

For over a decade, Community Information & Referral (referred to as CI&R throughout the remainder of this report) has served as the HMIS Lead Agency for the Maricopa County CoC. CI&R has 5.0 full-time equivalent employees that work on HMIS, six of whom work exclusively on the HMIS implementation.

In its role as the HMIS Lead Agency, CI&R is responsible for working closely with each contributing HMIS organization to ensure that HMIS is implemented as consistently and effectively as possible, and in compliance with all HUD HMIS data collection, reporting, and technical standards. In addition to working closely with each provider agency, CI&R also serves as the primary point of contact with Maricopa County's software vendor (Bowman Systems), designs and delivers all HMIS trainings, provides technical support to the over 525 unique users of the HMIS, and staffs the Maricopa HMIS Advisory Board.

#### ***Homelessness in Maricopa***

On any given night, nearly 6,000 people experience homelessness in Phoenix/Maricopa County  
***(2014 Point-in-Time Count)***

It is estimated that each year, nearly 23,000 people use the homeless assistance system in Maricopa County  
***(2013 Annual Homeless Assessment Report)***

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In addition to the HUD funding CI&R receives for HMIS, there are several other local agencies that provide funding for the HMIS – some with programs and client populations directly linked to the HMIS, others with a public policy commitment to comprehensive data collection and management. These funders include the Maricopa Association of Governments, Arizona Department of Economic Security, City of Peoria, Valley of the Sun United Way, user fees and other fees from local contributors.

### **HMIS under the HEARTH Act**

In 2009, the McKinney-Vento Act, which regulated national homeless programs and funding for more than twenty years, was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act encourages CoCs to utilize data collected in their local HMIS to better understand the needs of homeless individuals and families and, consequently, to make data-driven policy and funding decisions that ultimately help “move the needle” on ending homelessness.

The implementation of the HEARTH Act began with the release of a series of regulations that will govern the way that CoCs, providers, and HMIS implementations operate. The two core regulations that are referenced throughout this report are the HMIS Requirements Proposed Rule (2011), and the CoC Program Interim Rule (2012). Both of these rules have significant implications for a CoC’s HMIS implementation. Once finalized, the HMIS governance structures, policies and procedures, and best practices previously encouraged by HUD will become mandatory for all HMIS implementations.

Additionally, in the CoC Program Interim Rule, HUD mandates CoCs to measure and report outcomes at both a program- and system-level (and CoC-level), and to implement a system of coordinated assessment. Both system-level measurement and coordinated assessment are reliant on the ability of the HMIS to capture and report out on quality, accurate, and complete data on all persons served in their homeless assistance system. With the release of these new requirements, CoCs from across the country have felt added pressure to ensure that their HMIS is poised and ready to meet those standards.

### **Maricopa County HMIS Request for HUD HMIS Technical Assistance**

In September of 2013, MAG Human Services Program Coordinator Brande Mead, on behalf of CoC members and stakeholders throughout the Maricopa County CoC, submitted a request to HUD for Technical Assistance (TA). A stated goal for pursuing HUD TA was to conduct a comprehensive assessment of both governance and technical challenges with the HMIS. The concerns voiced included:

- Questions regarding the adequacy and authority of the current governance model;
- Uncertainty over the ability of the Maricopa County HMIS to support implementation of key new HEARTH requirements, including coordinated assessment and system-level performance monitoring;
- Questions regarding the system’s inability to accurately track the utilization of and need for homeless assistance services across the various geographic regions and political jurisdictions throughout the county;
- Concerns regarding the ability of the HMIS to accommodate local needs in relation to coordinated assessment, including the challenges associated with data sharing; and
- Request for an external assessment of the capacity of the current HMIS Lead Agency (CI&R) to meet the increased HMIS demands under HEARTH given current funding levels and staffing models.

HUD forwarded this request for response to its team of national TA providers serving HUD’s Region 9 (Arizona, California, Nevada, Hawaii, and the territories of American Samoa, Guam and the Northern Mariana Islands), and this

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task was then assigned specifically to ICF International and Abt Associates. Staff from ICF and Abt completed preliminary conversations with contacts at MAG and CI&R to better understand the scope of their request and obtain more detailed information on their TA needs. ICF and Abt then submitted companion requests to HUD for approval to conduct a comprehensive HMIS assessment and to provide associated on-site and remote technical assistance to Maricopa CoC and other HMIS stakeholders across the state.

### HUD Technical Assistance

This HMIS assessment, and the technical assistance that will follow, are not taking place independent of other, related assessment and technical assistance efforts in Maricopa County and Arizona, but as part of a larger effort to improve data collection efforts and increase participation in HMIS. Other complementary assessments and technical assistance work ongoing throughout Arizona include each CoC's participation in the HUD CoC Checkup process, which solicits feedback on critical capacity needs relative to preventing and ending homelessness, including HMIS and data collection capacities; HUD's Priority Community Initiative in Tucson/Pima County and Phoenix/Maricopa County; the 25 Cities Effort undertaken by a partnership among HUD, USICH, and Veteran Affairs to end Veteran and chronic homelessness.

## 2.2 HMIS Assessment Design

### HMIS Assessment Approach

For the purposes of this HMIS assessment, a team of TA providers worked closely together. Chris Pitcher (ICF) led the TA team with strong support from Matt White (Abt Associates). The TA team completed initial planning and coordination for HMIS TA with MAG, who as the principal author of the TA request letter, positioned itself as the entity that TA staff worked most closely within the first stages of response to the TA request.

In early 2014, the TA team began a series of calls and interviews to improve their understanding of the current Maricopa County HMIS implementation. Among the first interviews conducted were two remote conversations with HMIS leadership at CI&R, where TA staff discussed the issues identified in the request for the assistance and sought to understand CI&R's perspective on the many issues that CoC leaders had identified. Other interviews were conducted with key stakeholders. The focus of these conversations was on understanding how they currently utilize the HMIS, challenges experienced in its application, and hopes for future development, particularly around the areas of coordinated assessment and system-level performance measurement.

To understand the broader landscape of homeless data collection and management, TA staff conducted a web-based survey of all organizations participating in data collection, management, and/or reporting of data on people who experience homelessness. This survey was intended to reach staff most directly involved in the day-to-day operations of the HMIS. Over 125 unique respondents anonymously completed the survey.

In mid-March, the TA team travelled to Maricopa County to meet directly with several key stakeholders. The intent of the time on-site in Arizona was to clarify and confirm initial understandings of the challenges being experienced in the HMIS implementation, and to initiate the process of identifying potential recommendations for systems improvement of the Maricopa County HMIS. Among the activities completed while on-site were an education session with CoC staff and current HMIS Governing Group members that encouraged them to think strategically about how they'd like to see the HMIS expand and improve in light of HEARTH requirements for HMIS.

The TA Team also met directly with CI&R's full cadre of HMIS implementation staff to develop a fuller picture of CI&R's approach to and capacity for management of the HMIS.

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## Structure of HMIS Assessment Report

Based on the information and insights gathered by the TA team in this on-site and remote assessment process, the TA team is presenting several key findings and related recommendations to help Maricopa County strengthen its statewide HMIS implementation. The findings and recommendations in this report are organized in relation to a handful of core issues or concerns, including:

- HMIS governance and decision-making;
- HMIS design and usability;
- HMIS improvements to support coordinated assessment; and
- Coordination between HMIS and other data sources tracking the experience of homeless persons across the state.

The remainder of this report will explore these issues and related recommendations for HMIS improvement for further consideration by CoCs and other key stakeholders.

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## 3. Recommendations for an Improved Maricopa County HMIS

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As described in detail in the section above, the findings and recommendations in this report are derived from multiple sources and activities, including: a statewide electronic stakeholder survey; a review of the management structure of the Maricopa HMIS project; review of HMIS governance documentation; targeted interviews with end users of HMIS and with key stakeholder who collect, analyze, and report data on homeless persons and services in central Arizona; a series of site-based dialogues and meetings with key stakeholders; multiple conversations with the CI&R's HMIS staff; and a review of key partners' data collection and reporting needs.

On the basis of this review, the TA team is offering a series of recommendations that are intended to help address widely identified concerns regarding systems governance, management, and implementation. In general, the TA team believes that Maricopa County's existing HMIS provides a sound structure and foundation for fulfilling both programmatic and regional CoC obligations. While current HMIS functionality minimally meets the current needs of homeless assistance providers, policy planners, and CoC jurisdictions, a number of significant structural improvements will be necessary to help make Maricopa HMIS a truly viable planning and management tool. In particular, it will be important to redefine communication and end user relationships within the system in order to support data reporting with the level of accuracy, integrity, and accessibility that current partner's desire. All partners agree on the need for timely, complete, and high quality HMIS data to support the needs of system leaders and policymakers in analyzing the performance of individual projects, assessing the outcomes achieved by the homeless services system, and planning for continuing program and policy development that will help to attain stakeholders' long-term goals and objectives.

This section discusses our findings and recommendations in response to four key questions:

1. *How can Maricopa's HMIS governance and decision-making best be improved (Section 3.1)*
2. *How can the HMIS design and usability be improved to make it a better tool for program planners and policymakers (Section 3.2)*
3. *How can the Maricopa HMIS best support a coordinated assessment and intake environment (Section 3.3)*
4. *How can stakeholders and investors in the Maricopa HMIS project best advance the functionality and utility of data and data systems in developing and advancing strategies for preventing and ending homelessness (Section 3.4)*

### 3.1 Transform HMIS Governance and Decision-Making

While HUD rules now require that each CoC clearly identify an HMIS Lead Agency and develop a written governance charter that establishes HMIS project oversight and governance rules, it's not clear the current implementation of the Maricopa HMIS has developed either. As a consequence, the CoC has failed, in turn, to promote effective leadership, ownership, or strategic direction for the HMIS initiative. Tied to this larger issue, the current Maricopa HMIS Advisory Board structure, membership, and management approach does not provide sufficient project oversight or guidance to assure system responsiveness and quality. More specifically:

- There is a lack of clarity regarding who makes HMIS governance decisions, how they get made, and how decisions are then implemented or enforced.
- There are no tools, contracts, agreements, or MOUs in place between the CoC, local funders and CI&R to establish a clear process for raising and resolving HMIS issues and problems or ensuring accountability among HMIS entities.

- There is no clear link or direct governance relationship between the CoC and the Maricopa HMIS Advisory Board.
- Meaningful participation on the governing group by local homeless program staff is inconsistent and unreliable as a vehicle reflecting the will and commitment of the full CoC.
- Maricopa HMIS Advisory Board members lack the technical knowledge and experience to determine if the HMIS initiative is working appropriately and successfully.
- Maricopa HMIS Advisory Board members do not possess sufficient understanding of HMIS costs, system design considerations, or programmatic needs to be able to provide thoughtful and strategic direction to CI&R in its role as technical project manager.
- Maricopa HMIS Advisory Board members have not sufficiently defined project management performance metrics for CI&R.

***Finding 1: The current HMIS governance structure does not provide adequately or appropriately for Maricopa County CoC oversight of HMIS activity and responsibility.***

- The current Maricopa HMIS Advisory Board does not formally represent the interests of the Maricopa County CoC and lacks the authority to contractually bind either CI&R or the CoC to any particular HMIS participation principles or outputs.
- The current governance structure does not adequately address the requirements for CoC direction and oversight of HMIS activities now required by the HUD CoC Program Interim Rule.
- CI&R's current role in compliance monitoring and enforcement inadvertently and inappropriately absolves the CoC from conducting these same functions and establishing specific protocols and policies for data sharing, privacy, and system security.
- Independent agencies and projects participating in HMIS often make ad hoc decisions about client data management based on individual case planning and care coordination needs. This patchwork approach of managing data makes overall data sharing approaches, system privacy and security governance, oversight, and monitoring complicated.

**HMIS Governance Recommendations**

**A) Clarify and redefine the scope of responsibilities of HMIS governance strategy and protocols.**

- Clarify expectations in crafting a new governance model for the Maricopa County HMIS that provides leadership, oversight and direction of the Maricopa County HMIS.
- The new governance model should include consideration of the role of a broader strategy for homeless data collection, management, and reporting that reaches beyond HMIS data to leverage information and analysis opportunities from other data systems and sources throughout the county and metro region.
- In light of the revised scope adopted, develop new governance and decision-making processes and protocols appropriate to that refined role.
- Develop new governance standards that allow each county jurisdiction (and/or state program partners) to shape the specifics of local/regional data gathering, while still ensuring full HUD compliance for the CoC, ESG recipients, and HUD-funded providers participating in the Maricopa County HMIS.

**B) Redefine/redesign composition of the Maricopa HMIS Advisory Board.**

- If the existing Maricopa HMIS Advisory Board is reconfigured as a more broadly focused HMIS and Homeless Data Governing Group not limited exclusively to HMIS data, but still providing direction to the HMIS Lead Agency, its membership and composition should be reconsidered accordingly.
- A reconfigured Maricopa HMIS Advisory Board should include representation from all key stakeholder groups – i.e., city jurisdictions within Maricopa County, state programs and/or funders requiring use of HMIS, and other local systems tracking data specific to homeless populations and/or services. This group, however, may not necessarily need to include representatives from each and every constituent or incorporated jurisdiction. It will need, however, to embody CoC oversight and direction of the Maricopa County HMIS project as reflected in the common governance document.

- Planning for a new Maricopa HMIS Advisory Board should establish the criteria by which individual representatives will be appointed (e.g., What level of technical knowledge of HMIS is preferred?) as well as establishing expectations regarding ongoing participation (e.g., Can representatives assign a delegate to participate in their stead? How often can meetings be missed before voting privileges are revoked?).
- Explore in greater depth how best to redefine the structure of HMIS project governance in the context of commitment to broader regional or even statewide data collection, management, and reporting needs through a proposed statewide planning and “visioning” process.

#### **C) Clarify responsibility for staffing and facilitating governance functions**

- It should be the role of the designated HMIS Lead/management entity (i.e. CI&R) to support and facilitate the ongoing work and functions of the Maricopa HMIS Advisory Board.
- Staff from the identified HMIS Lead (CI&R) should be charged with responsibility for establishing meeting agendas, managing group communications, maintaining minutes and written records, and ensuring adequate follow-up on identified issues.

#### **D) Restore and expand reliance on end users groups to help enhance HMIS operations.**

- CI&R, in its role as Technical Project Manager, should be tasked with responsibility for developing and managing HMIS end user groups, structured to support broad and easily accessible participation by end users who will assist by advising on day-to-day operational issues.
- While these end user groups will not have “governing” responsibilities in oversight of the HMIS project, their experience and insights should be shared with and reflected in the overarching governance process.

***Finding 2: The current HMIS project management structure does not provide sufficient clarity regarding accountability, decision-making, or management leadership. While CI&R generally earns high marks for end user assistance, day-to-day problem-solving and troubleshooting support, the system has not clearly identified a mechanism for prioritization of efforts or for establishing project performance metrics.***

- The current Maricopa HMIS Advisory Board does not have sufficient structure and protocols in place to direct the HMIS project and/or CI&R as its key “vendor” in managing the Maricopa County HMIS initiative.
- CI&R currently enters into HMIS participation agreements with individual homeless assistance agencies, but does not execute a CoC-level agreement that defines standards of performance for HMIS system maintenance, training, user support, or analytical and reporting support. Such functions, instead, appear to be managed on an ad hoc basis. This diffused management process and lack of documented performance standards generally make it more challenging for the CoC to hold CI&R accountable to a defined level of performance.
- CI&R HMIS help desk staff are generally reported by stakeholders to be helpful with data entry questions, data corrections, and HMIS system troubleshooting – though apparently less so in assisting with production of custom data reports and analysis.
- While CI&R staff do their best to respond to a wide variety of user demands and system needs (including system development, maintenance, training, end user support, reporting, etc.), the process for determining and managing priorities appears to be somewhat arbitrary.
- On balance, CI&R has done a credible job under less than opportune circumstances in supporting the historical evolution of Maricopa County’s HMIS implementation. There is every reason to expect that they can continue to demonstrate skill and competence in continuing to serve as the technical manager in the evolving implementation of the HMIS project.

### **System Management Recommendations**

**A) HMIS project oversight should be better coordinated with other local and statewide homeless data gathering and planning efforts. A reconstituted Maricopa HMIS Advisory Board can help in successfully pursuing this objective.**

- The Maricopa County HMIS should be implemented as a component part of more comprehensive statewide homeless data gathering and analysis strategy that helps to inform program policy, planning, and evaluation. That vision should be more fully developed and articulated through the proposed “Visioning Process”.

**B) Data quality expectations and guidelines should be standardized by the *Maricopa HMIS Advisory Board*; monitoring for data quality must be established and enforced and at the CoC-level.**

- The HMIS implementation must be fully responsive to all relevant HUD rules and requirements as articulated both in HUD’s published HMIS Data and Technical Standards and in the recently implemented interim rules for CoCs and ESG.
- The Maricopa County CoC needs to assume responsibility for HMIS compliance monitoring and enforcement of provider participation, data quality, system security, privacy compliance, and data sharing consistency among all sharing partners.

**C) Designate, train, and support the functioning of project-level HMIS contacts within contributing HMIS organizations.**

- The responsibility for training end users, ensuring consistency and compliance with HMIS usage policies, and supporting HMIS data report generation and analysis needs to be shared beyond CI&R staff to designated contacts within each HMIS contributing organization.

## 3.2 Enhance Systems Usability

A key to making Maricopa County HMIS a better tool for data collection, management, and reporting will be ensuring that a strategic approach to data sharing is defined and successfully deployed among all HMIS users.

***Finding 1: Current data sharing protocols do not promote the kind of data sharing and client service coordination across provider agencies that Maricopa County stakeholders are seeking.***

- The historically “closed” nature of the Maricopa County HMIS limits its accessibility and utility as a tool supporting cross-agency collaboration on shared client populations.
- Maricopa County HMIS stakeholders have expressed strong interest in increasing service delivery efficiency and improving case management outcomes by more permissive sharing of client data.
- Maricopa County HMIS stakeholders also expressed the desire to improve data quality by using a more open HMIS environment to reduce duplicate records and data inconsistencies.
- Maricopa County HMIS lacks policies that provide standardized process rules for how participating HMIS organizations might agree to share data.
- Client consent protocols for data collection and participation in HMIS are specific to each agency, creating a patchwork data sharing arrangement that can be confusing for clients and difficult for system administrators to monitor and manage.
- Maricopa County HMIS stakeholders have established universes of service providers that share like clients (individuals vs. families) but these universes are incomplete and may contribute to the ineffective silo approach to service delivery that the data sharing protocols seek to eliminate.

### Data Sharing Recommendations

**A) Review and adopt, where appropriate (following careful consideration of implications), a comprehensive, CoC-wide data sharing policy.**

- Maricopa County HMIS should develop a strategy for data sharing and disclosures as a component of a comprehensive privacy policy directive. This HMIS policy directive will establish baseline client participation and data sharing expectations for HMIS.
- An *informed consent* protocol can and should be used to secure minimal data sharing among all HMIS participating partners as a means to facilitate client “look up” functions and improve data quality.

- An *informed consent* protocol can and should be used to secure appropriate data sharing consent from clients when the need for data sharing meets the standard for a defined business purpose (e.g., case coordination, improved service delivery, administrative purposes, and tracking client movement across jurisdictions).

**B) Adopt HIPAA compliance and 42CFR.**

- Adopt HIPAA compliance and 42CFR as the minimum top rule for data sharing, as well as enabling agencies within CoCs to negotiate sharing rules based on a defined “business need to know” for purposes of client case planning and care coordination.

**C) Minimize use of client-customized sharing determinations.**

- Maricopa County HMIS should make efforts to minimize the use of client-customized sharing determinations. Individual client-tailored sharing will probably not work without accruing substantial exposure to breaches of confidentiality.
- Sharing rules, in turn, should preferably be defined at the program or project level, as a means of affording both maximum client and agency protections.

***Finding 2: Currently, some data reports generated from the Maricopa County HMIS are suspected by stakeholders to be incomplete, inaccurate, and of questionable quality. Generating high quality, well-regarded, and trusted data, however, requires active user involvement and more intensive training. Difficulties associated with users’ lack of capacity and/or access to the database continues to contribute to providers’ frustration in producing acceptable levels of data reporting quality.***

**Data Quality Recommendations**

- A) Maricopa County HMIS should establish HMIS participation expectations for all participating agencies that require “real time” data entry as the preferred protocol and data entry within 24 hours as the most permissive allowable standard.**
- B) Maricopa County HMIS should endeavor to provide enough user licenses to support use of HMIS by all interested, engaged parties, thereby minimizing second- and third-hand data entry.**
- C) CI&R should seek to provide more intensive new-user training, with more comprehensive user manuals and reference materials.**
- D) CI&R should seek to provide more frequent and advanced training on custom report generation, and on use of the Advanced Reporting Tool (ART), in particular.**

### **3.3 Develop a Comprehensive Data Management Strategy for Coordinated Assessment**

Underlying the initial Maricopa County TA request was a strong desire among CoC leadership to advance regional planning in order to promote systems efficacy and efficiencies, and to avoid conflicting models and/or expectations, in developing a comprehensive strategy for coordinated assessment. Establishing coordinated system entry would supplant a process that is currently highly fragmented, often based on personal relationships between caseworkers, or tied to small-scale formal or informal relationships between agencies. The geographic challenges in developing coordinated assessment approaches across all Maricopa County geography are, admittedly, considerable. Furthermore, as demonstrated by this report's other findings and recommendations, the data system functionality required to ensure effective data sharing, real time information on the availability of beds and units, and mechanisms for reserving units for triaged clients will require a significant investment of time and resources in the Maricopa County HMIS.

In conducting the TA assessment, the HUD TA team intentionally put off serious exploration of coordinated assessment issues in order to focus on the more immediate issues and concerns surrounding Maricopa County HMIS functionality.

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The TA team intended that energies should and could be better focused on building a comprehensive strategy for coordinated assessment once the HMIS recommendations were developed and an HMIS improvement response was underway. The series of recommendations discussed in the paragraphs that follow are intended to help “jumpstart” the process of deliberations among stakeholders. None are intended to be pre-emptively prescriptive, and all should be carefully considered prior to any efforts at implementation.

### **Coordinated Assessment Recommendations**

#### **A) Document the level of participation that should be expected from each provider and program, and establish protocols to accommodate it.**

In moving toward coordinated assessment, Maricopa County CoC policy-makers, funders, and stakeholders should undertake collaborative system mapping within the CoC’s programs to identify the following:

- Which of the current intake approaches and protocols can be readily integrated into a coordinated client intake and assessment approach?
- Which additional service systems and mainstream providers would be willing to participate in exchange for reduced intake burden and a clear, streamlined intake process?
- Which systems are unwilling to participate? How might their exclusion affect the establishment of a geographically- or population-targeted system?
- Which services systems can and should be segregated into separate “networks” – e.g., family programs, domestic violence programs, and transition-age youth programs? Are existing outreach teams specifically targeting one of these populations? Should they (and the emergency beds and permanent housing units to which they have access) remain segregated from the system of coordinated intake or should attempts be made to include them?
- Which geographies can be wholly segregated and encapsulated in their own program clusters?
- Which geographies are missing critical resources such as emergency shelter beds that can be used while families or individuals are waiting for housing locators to identify permanent housing resources? Can these geographies be broadened or interwoven with adjacent geographies to provide adequate coverage to the targeted population?

#### **B) Consider designating multiple official points of entry into the system for people experiencing homelessness or a housing crisis within the Maricopa County CoC.**

Of the models established as best practices across the country, most Maricopa County CoC providers will most likely find a multiple-location system using a uniform intake tool to be most appropriate. In this model, clients may call or go to any one of multiple participating homeless prevention or homeless assistance programs at different geographic locations. Assessment staff at each location use standardized intake, assessment, and referral procedures and tools, often in the context of shared HMIS data collection and reporting

The Maricopa County CoC will need to establish the mechanisms through which coordinated assessment will take place. A combination of centralized telephone systems and physical locations will likely be necessary, given the geographic spread of the Maricopa County service areas. One or more physical points of contact within each county jurisdiction can be supplemented by a central telephone line, such as CI&R’s existing 211 system. Assessment staff might be out-stationed at partner agencies such as public benefit offices. As long as consistent protocols are used for triaging clients, expanding the number of intake points will still result in improved coordination. However, a system based on multiple points of entry will require effective communication between the various entities conducting assessment. Regular coordination meetings among outreach and intake workers within each established geographic region will be necessary; both to discuss contacts made with individuals and families and to ensure ongoing consistency in the methods used to triage and prioritize applicants.

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**C) Effectively and efficiently triage clients – moving clients into the appropriate system of care for their situation – and then only intake clients for whom homeless assistance is truly most appropriate.**

The Maricopa County CoC will need to establish written roles, responsibilities, and protocols for coordinated assessment based on the existence and capacity of programs within those areas. Following national best practices, establishing a simple, consistent triage tool will help homeless individuals and families access the most appropriate, least resource-intensive, services for them.

**D) Use the intake information to place the client in the most appropriate program or set of programs, as quickly as possible.**

The coordinated assessment system should have clear and consistent protocols for programs to notify intake centers of openings and to assist intake staff in matching clients with those available program slots based on the results of their assessments.

### **3.4 Final Thoughts & Next Steps**

The many HMIS challenges and homeless data management gaps currently documented in Maricopa County are significant, but can be resolved with shared focus and collective effort. The TA team recommends that Maricopa County adopt a new HMIS project governance structure and implement a revised HMIS project management and oversight approach to further refine comprehensive HMIS project and data systems goals, approaches to coordinated assessment, and strategies for CoC participation in regional decision-making.

Implementation of HMIS TA improvement recommendations will require the continued strong partnership of CI&R, county-level stakeholders, independent funders, and, most critically, the membership and provider agencies from each of the participating agencies across the Maricopa CoC. The centrality of the role of the CoC in providing much more explicit and focused direction to the HMIS project has been established under the HUD CoC Program Interim Rule, and CoC leadership is actively considering how their relationship to the HMIS project must change.

#### **Immediate Next Steps**

- a) Develop a communication strategy for CI&R and Maricopa County CoC to support open, transparent, frequent, and structured communication. Define decision-making processes and document results.**
- b) Design and conduct a Maricopa County data systems “visioning” process in fall of 2014 with the goal of identifying guiding principles for HMIS and data systems enhancements and steps necessary to implement those enhancements.**
- c) Develop an implementation action plan for an HMIS improvement strategy, based on TA recommendations and informed by CoC visioning process.**

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## Appendix A – Maricopa HMIS Stakeholder Survey

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The intent of this survey is to collect anonymous feedback from staff at agencies that are currently using the Maricopa County HMIS. The information gathered in this survey will be used to inform Technical Assistance (TA) efforts to strengthen the Maricopa HMIS Implementation. We greatly appreciate your confidential responses to the survey!

1. What is your role in your agency?

Please only select one option.

- Agency leadership (e.g. Executive Director, manager)
- Direct care staff (i.e. work directly with clients)
- Research, policy or advocacy staff
- IT or technical support staff

2. Is your agency required to enter client-level data into your CoC's local HMIS as a condition of funding?

- Yes
- No

3. Please describe the way(s) in which you currently use the Maricopa HMIS.

Please select all that apply.

- Enter data into HMIS
- Run standard reports out of HMIS
- Review standard reports from HMIS
- Provide local technical support for HMIS (e.g. help other staff at your agency use the HMIS by answering questions or providing them with user support)
- Generate the Annual Performance Report (APR) for your project
- Run specialized, custom reports for program planning or evaluation
- I do not personally use HMIS

4. How long have you been using HMIS?

- Never used HMIS
- Less than 1 year
- Between 1-3 years
- More than 3 years

5. How confident are you in the quality and accuracy of the data entered into HMIS for your organization?

- Not at all confident
- Somewhat confident
- Confident
- Very confident

6. How confident are you in the quality and accuracy of the data entered into HMIS for the entire CoC?

- Not at all confident
- Somewhat confident
- Confident
- Very confident

7. How confident are you in the quality and accuracy of the reports generated from HMIS?

- Not at all confident
- Somewhat confident
- Confident
- Very confident

8. Have you ever received training from the HMIS Project team?

- Yes
- No

9. Support and Training from the Maricopa HMIS Project team (Community Information and Referral)

On a scale of 1-5 (with 5 being "Very satisfied") how satisfied are you with the following,

1 (Not sure/never received)    2 (Not at all satisfied)    3 (Somewhat satisfied)    4 (Satisfied)    5 (Very Satisfied)

- Training on how to enter data into HMIS
- Training on how to run reports from HMIS
- Help Desk response to a question you submitted to Maricopa HMIS Project team
- HMIS Advisory Board meetings with Maricopa HMIS Project team
- Communication from Maricopa HMIS Project team on HMIS (e.g. website, email list, help desk, etc.)
- Access to other problem solving support

10. To what extent do you use HMIS data for the types of reporting or analysis described below?

- Not at all    Sometimes    Often    Very often
- Generate a required report for a funder (e.g. HUD's Annual Performance Report) (APR)

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Measure the outcomes of clients served by my project(s)  
Understand the quality of data entered into HMIS  
Identify gaps in resources and services for clients  
Continuum of Care strategic planning  
Continuum of Care evaluation of project performance

11. Considering your experiences with HMIS reporting, and/or your access to HMIS data, please provide any feedback that you believe is important to share.

12. Do you know how decisions are made about the HMIS system?

Examples include: What data will be shared, what reports will be run from the HMIS, costs for HMIS participation, and what data quality benchmarks have been established for the HMIS implementation.

Yes

No

Please explain your answer in more detail:

13. How comfortable are you with your ability to participate in defining HMIS governance and/or decisions about use of the HMIS in your CoC?

Not at all

To some degree

Pretty comfortable

Very comfortable

14. Are you familiar with the HMIS Policies and Procedures established for Maricopa HMIS Project?

Yes

No

14 A. If you are familiar with the Policies and Procedures, please select which of these forms you have used.

Code of Ethics

HMIS Client Acknowledgement Form

HMIS Data Quality Plan

HMIS Partnership Agreement & Addendum

HMIS Project Report Request Form

Maricopa CoC Approved Data Share Elements

15. Does your agency have internally developed HMIS Policies and Procedures to ensure timeliness and accuracy of HMIS data entry?

Yes

No

15 A. If yes, do you internally monitor your agency-specific HMIS policies and procedures?

Yes

No

16. Does the HMIS team provide creative solutions to issues identified?

Not at all

To some degree

Somewhat creative

Very creative

17. Have you or representatives from your agency requested custom reports from the HMIS team?

Never requested a custom report

Sometimes requested a custom report

Often requested a custom report

17 A. If you have often or sometimes requested a custom report, what is the timeliness of the response by the HMIS team?

Not at all timely

Timely to some degree

Timely

Very timely

18. Do you support enhanced data sharing, if "opt out" provisions would make data sharing more tenable?

Yes

No

Please explain your answer in more detail:

19. Would you be comfortable using HMIS to manage data sharing and documenting permissions (who shares with whom and what data is to be shared) instead of a separate manual process?

Yes

No

Please explain your answer in more detail:

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20. In light of your personal history as a user of HMIS, what – if anything – might you suggest that would improve the quality of your HMIS experience going forward?

21. Please share any additional comments or thoughts that may have been prompted by the questions or responses you've provided above.