Maryland Balance of State Continuum of Care

Homeless Management Information System Evaluation Report

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Table of Contents

Introduction

The Maryland Balance of State Continuum of Care (MD BoS CoC) was officially formed in January 2020 to improve the coordination of homeless services and the competitiveness of small communities for new resources. Maryland's Department of Housing and Community Development (DHCD) serves as the MD BoS CoC Collaborative Applicant, leveraging its strong financial and grants management capacity to support the CoC program. The five former CoCs that merged to become the MD BoS CoC (Alleghany, Cecil, Garrett, Southern Maryland, and Washington) are now Local Homeless Coalitions (LHCs). A sixth CoC, Harford, merged into the MD BoS CoC in August 2021 and is also an LHC. By joining the MD BoS CoC, the six LHCs now experience a reduced administrative burden among several other benefits.

The Cloudburst Group (Cloudburst) has provided technical assistance to DHCD throughout the merger process and ongoing support to MD BoS CoC leadership in the assessment of its progress toward becoming a high-performing CoC. A critical element of this assessment includes the evaluation of the HMIS Lead/System Administrator, which took place in February and March 2023. The goal of the evaluation is to highlight areas in which the current administration, management, and operation of HMIS is meeting HUD and locally established Homeless Management Information System (HMIS) Lead requirements as well as areas for improvement.

The HMIS evaluation utilized a transparent, multi-pronged approach to collect and assess quantitative and qualitative data to determine whether required HMIS policy, procedures, and data standards have been implemented by the CoC in compliance with HUD and locally established requirements, and whether end user technical assistance and training needs are being met by HMIS staff. The HMIS Evaluation Tool includes an assessment of seven core domains of HMIS administration, management, and operation. The evaluation also included a review of critical HMIS policy and governance documents; an analysis of system performance measures (SPMs); and a survey for end users through which they shared their experience with training, navigating the system, and receiving technical support and provided any other perspective they may have as related to HMIS. This document summarizes the key findings of the HMIS evaluation.

Background and Evaluation Methodology

The Cloudburst team drew upon their extensive experience in evaluating HMIS functions and performance to design evaluation tools that build upon proven techniques. The components of the HMIS evaluation are as follows.

The HMIS Evaluation Tool

The HMIS Evaluation Tool was developed to capture pertinent information about how the HMIS Lead/ System Administrator is performing within the following domains:

• CoC Organization, Governance, and Engagement

• HMIS Lead/System Administrator Organizational Information

• Contracts and Agreements

• HMIS Participation

• Data Usage and Performance Measures

• Data Quality

• Policies, Monitoring, and Compliance

The Cloudburst team administered the tool with the HMIS Committee, a subcommittee of the MD BoS CoC. Composed of representatives from each member LHC and chaired by the HMIS System Administrator, the HMIS Committee provided the critical insight needed to complete the HMIS Evaluation Tool. *(Note: High-frequency HMIS end users from each LHC were also invited to participate in the completion of the HMIS Evaluation Tool in a separate session; however, due to low participation, the results of that session are not included in this final report.)*

Documentation Review

Along with input from the HMIS Committee, completion of the tool also required an evaluation of the CoC's HMIS-related documents. Cloudburst reviewed all relevant HMIS documents, including the MD BoS CoC HMIS Policies and Procedures, and assessed the CoC's SPMs as reported during the two most recent reporting periods.

End User Survey

All HMIS end users throughout the MD BoS CoC were extended an opportunity to complete a brief, anonymous online survey regarding their experience with HMIS training, navigating the system, and technical support. The Cloudburst team used the results of the end user survey to assess HMIS training needs and provide a deeper understanding of how HMIS functions from the end user's perspective. Sixty end users responded to the survey (39 percent response rate).

Key Findings and Emergent Themes

The HMIS Evaluation Tool

CoC Organization, Governance, and Engagement

HMIS Governance

The MD BoS CoC Governance Charter indicates that DHCD is the designated HMIS Lead. The CoC is overdue for an annual review and update of its HMIS governance. In accordance with the CoC Interim Rule *Responsibilities of the Continuum of Care* S.578.7(a)(5), the HMIS Lead must consult with the CoC and collaborative applicant to develop, follow, and annually update a governance charter that includes all policies and procedures needed to comply with HMIS requirements prescribed by HUD. The HMIS Subcommittee reported that the last review of the governance charter occurred in 2019.

HMIS Committee and Other HMIS Structures

The HMIS Committee is active and meets on a monthly basis. According to the MD BoS CoC Governance Charter, the HMIS Committee guides the planning and implementation of the HMIS, provides oversight to the Point-In-Time count and HMIS data quality and compliance, coordinates HUD-required activities and the expansion of HMIS and efforts to ensure accurate, timely and useful data reports, and coordinates training and support around HMIS for providers.

Strategic Planning

An HMIS strategic plan is currently in development and needs updating. Developing a strategic plan or defining a set of goals and objectives for the HMIS Lead/System Administrator and the HMIS implementation at large can be helpful to determine resources, strategies, and structures to help operationalize short-, medium-, and long-term plans as a way to meet these needs. Enhanced HMIS functionality or reporting capabilities may support new funding opportunities or other initiatives to help prevent and end homelessness. Similarly, diverse funding sources can ensure a broad base of stakeholder involvement and limit the risk posed by possible decreases in any single funding source. In addition, strategic planning can bring increased transparency and enhanced collaboration to the CoC's vision for HMIS by aligning the CoC's data needs with the resources and capacity of the HMIS Lead.

HMIS Lead/System Administrator Organizational Information

Team HMIS serves as the MD BoS CoC HMIS System Administrator and is contractually responsible for managing and administering all HMIS operations and activities in accordance with the professional services agreement established with Three Oaks Center (the pass-through entity for DHCD, the HUD-approved HMIS Lead Agency). Team HMIS consists of four staff members: the HMIS System Administrator, two HMIS Lead support staff, and a data analyst, whose combined hourly work constitutes that of approximately 2.5 full-time employees. At the time of this report, the MD BoS CoC has approximately 154 active HMIS end users (based on the most recent end user lists from each LHC), constituting a ratio of approximately 61.6 end users to each HMIS Lead support staff person. This is consistent with the recommended ratio of about 75 end users per full-time HMIS System Administrator, considering other factors such as how many CoCs may be covered by a given HMIS Lead team.

Communication

Per the HMIS System Administrator's self-assessment, Team HMIS is performing well in most aspects of communication, including maintaining regular channels of communication with participating agencies, end users, CoC leadership, and the BoS CoC community at large. Outreach to non-HMIS participating agencies to encourage them to participate is lacking, which the HMIS System Administrator attributes to the need for additional staff.

System Administration and Project Management

The HMIS System Administrator reported a need for additional staff to support day-to-day HMIS operations; project compliance monitoring; the creation, execution, and periodic revision of project work plans; and identification of resource needs.

Training and Technical Support

The HMIS System Administrator indicated that Team HMIS staff possess high levels of technical expertise within the system, including the ability to configure workflows in HMIS, fulfill end user customization requests, and perform statistical analysis for projects across the system. Per the HMIS System Administrator's self-assessment, Team HMIS is excellent at training incoming new end users before permitting them to access client data through the system; however, ongoing assessment of end user training needs is a challenge due to limited staffing.

Staffing limitation is frequently cited as the cause of training and technical support inadequacies. The HMIS System Administrator indicated that staffing limitations impede Team HMIS's ability to perform many critical functions such as monitoring end user compliance with standards of client confidentiality and data collection, entry, and retrieval; reviewing data quality procedures; implementing system design improvements; and developing system enhancements. Additionally, Team HMIS staff are unable to attend training opportunities to enrich their HMIS knowledge.

Financial

HMIS is funded through state and federal funding sources and is tracked by the HMIS Lead/System Administrator through a simple inflow/outflow accounting system. The HMIS Lead/System Administrator is able to regularly and consistently report the financial status of the HMIS implementation to CoC leadership. Per the System Administrator, the amount of financial support for HMIS is inadequate to meet or exceed federal requirements and local priorities, as additional staff are needed to fulfill these requirements.

Contracts and Agreements

CoC

DHCD subgrants HMIS funds (state and federal) to [Three Oaks Center](#), a homeless services and housing provider located within the Southern Maryland LHC. Three Oaks Center then contracts the management and operation of HMIS out to Team HMIS, thereby establishing Team HMIS as the System Administrator of HMIS for the MD BoS CoC. A formal, written contract between Three Oaks Center and Team HMIS documents the responsibilities of Team HMIS as the HMIS System Administrator and clearly distinguishes the responsibilities of Team HMIS from those of DHCD. The contract articulates the tasks Team HMIS is contractually obligated to perform and further states conditions and responsibilities in the event of termination of services (i.e., transition procedure).

For Your Consideration

Consider updating future iterations of the HMIS contract to include:

- *The authority and responsibilities of the CoC and the HMIS Lead/System Administrator in the event of a breach of privacy or security, including a breach by HMIS Participating Organization staff. Consider developing this language and embedding it into future iterations of the contract.*

- *Clarifying statements on the responsibility and procedure for the CoC, HMIS Participating Organizations, and/or HMIS Lead/System Administrator for maintaining stability of funding to adequately operate the HMIS.*

Vendor

Three Oaks Center maintains a formal contractual relationship with the HMIS vendor (WellSky). The vendor contract outlines the require-ments and responsibilities of the vendor (including those required by HUD and its federal partners through its data and technical standards, rules, notices, etc.).

For Your Consideration

Consider updating the HMIS vendor contract to include:

- *Remediation if the vendor is not in compliance with HUD Data and Technical Standards and local contractual obligations.*

- *A service level agreement (SLA) with the vendor that has legally enforceable penalties should the system not maintain a certain level of uptime.*

Participating Projects/Organizations

The MD BoS CoC HMIS Agency Participation Agreement states conditions of participation and agency responsibilities as stewards of HMIS. Per the HMIS System Administrator, every covered homeless organization (CHO) that has access to HMIS has an executed agency participation agreement on record.

For Your Consideration

Consider updating the HMIS Agency Participation Agreement to include:

- *A transition procedure in the event of termination of services, whether voluntary or involuntary.*

- *The authority and responsibilities of the HMIS Participating Organization and the HMIS Lead/System Administrator in the event of a breach of privacy or security, including disciplinary procedures for HMIS Participating Organization staff.*

- *The requirement for the Participating Agency to cooperate with any monitoring and enforcement attempts by the HMIS Lead/System Administrator.*

HMIS End Users

The MD BoS CoC HMIS End User Agreement states the policies and requirements for access to and use of the HMIS to which the staff person will be held accountable, including conditions under which disciplinary action (account suspension) may occur. It explicitly requires end users to acknowledge and agree to abide by the HMIS privacy, confidentiality, and security policies along with general HMIS policies and procedures.

For Your Consideration

Consider updating the HMIS End User Agreement to include:

- *Mandatory reporting protocols and the authority of the HMIS Participating Organization and the HMIS Lead/System Administrator in the event of a breach of privacy or security, including disciplinary procedures for HMIS Participating Organization staff.*

- *Requirements for end users to adhere to any additional policies, standard operating procedures, data quality plans, etc.*

- *Language prohibiting the use of HMIS from unsecured internet connections such as public WiFi hotspots, and from unsecured devices such as public computers or mobile devices without a screen lock.*

Data Sharing Agreement

Per the HMIS System Administrator, the MD BoS CoC maintains written agreements with third parties not subject to the HMIS policies and procedures. These agreements govern the methods and circumstances under which the data is shared and the usage of that data by the third party. The MD BoS CoC Client Consent form notifies clients of the potential for data to be shared with third parties and the circumstances under which it could happen, and provides the client with an opportunity to opt out. The MD BoS CoC Client Revocation of Consent form allows clients to revoke permission to share their personal identifying information and that of each family member under the age of 18 (if applicable) with the partner agencies in the HMIS.

HMIS Participation

The estimated number of non-profits or faith-based organizations that have beds that are not recorded on the MD BoS CoC Housing Inventory Count (HIC) is unknown. While the requirement to increase participation in the HMIS is the responsibility of the CoC, the HMIS Lead/System Administrator plays a critical role in the efforts to increase participation. The HMIS Lead should coordinate with CoC leadership to develop and implement an outreach strategy to recruit non-participating agencies to expand HMIS coverage. The MD BoS CoC does not currently have a plan for increasing coverage rates in the community. This plan should be developed and implemented collaboratively with the HMIS System Administrator and should include strategies for reaching out to other community funding streams to integrate HMIS utilization and data quality requirements into their funding policies and procedures.

For Your Consideration

The HMIS Lead/System Administrator should coordinate with CoC leadership to develop and implement an outreach strategy to recruit non-participating agencies to expand HMIS coverage. The HMIS Lead Standards list several ways HMIS Leads/System Administrators can support the development and implementation of this plan and expand HMIS coverage in general.

Data Usage and Performance Measures

The MD BoS CoC uses HMIS data to measure CoC effectiveness in relation to its goals and benchmarks stated in the annual CoC program applications and to review and identify program and system trends. The MD BoS CoC also uses HMIS data on program performance and community-wide trends and gaps when reviewing funding applications and determining funding eligibility and levels. Data reports utilized for system design and strategic planning activities include Annual Performance Report, SPM, HUD Exchange Reports, Data Quality Reports, Point-in-Time count, HIC, and Projects for Assistance in Transition from Homelessness (PATH) reports. Per the HMIS System Administrator, a dashboard with data visualizations to aid the community in understanding data is currently in development.

System Performance Measures

A year-to-year comparison of the MD BoS CoC's SPMs provides some insight into how well the CoC is meeting key metrics. It is important to note that the addition of a new LHC into the BoS in 2021 is one factor contributing to the year-to-year change in SPMs.

Table 1: *MD BoS CoC SPM FY21 and FY22*

SPMs Data Quality	All Emergency Shelter & Safe Haven		All Transitional Housing		All Permanent Supportive Housing & Other Permanent Housing		All Rapid Rehousing		All Street Outreach	
	FY21	FY22	FY21	FY22	FY21	FY22	FY21	FY22	FY21	FY22
Number of non-domestic violence beds on HIC	406	585	194	197	596	764	86	100		
Number of HMIS beds	283	452	184	187	478	609	80	100		
HMIS Participation Rate from HIC	69.7	77.26	94.85	94.92	80.2	79.71	93.02	100		
Unduplicated Persons Served (HMIS)	640	1132	212	290	582	586	715	1069	534	409
Total Leavers (HMIS)	525	971	133	177	84	85	536	699	293	224
Destination of Don't Know, Refused, or Missing (HMIS)	11	42	2	5	1	1	17	14	122	106
Destination Error Rate (Calculated	2.1	4.33	1.5	2.82	1.19	1.18	3.17	2	41.64	47.32

Data Quality

The MD BoS CoC has established data quality benchmarks and a formally CoC-approved Data Quality Plan (page 18 of the HMIS Policies and Procedures); however, they need to be updated. The HMIS System Administrator reviews and monitors universal data elements (UDEs) monthly, and reviews and monitors data elements beyond the UDEs (such as project descriptor and program-specific data elements) as needed when federal reports are published. The CoC leadership also reviews and monitors data quality as needed, though there is no formalized process for data quality review at this time.

For Your Consideration

The CoC and HMIS Lead may benefit from going through the HMIS Data Quality Monitoring Toolkit process to help them understand where they currently are in areas related to data quality, why they are where they are, and how to improve where they are. Using the Data Quality Management Program (DQMP) can also assist the CoC and HMIS Lead in addressing specific reasons they may be lacking in one or more areas of data quality, providing specific solutions and potential tools based on the "why."

Policies, Monitoring, and Compliance

Policy Development

The MS BoS CoC HMIS Policies and Procedures have been approved by the CoC; however, they are in need of updating to reflect shifts in the CoC's vision, the growth of its membership, and updates to HUD's HMIS requirements and regulations. In its current form, the HMIS Policies and Procedures describe the process for accessing HMIS; the CoC's confidentiality, privacy, and security policies; and policies related to client consent and release of information authorization. The HMIS Policies and Procedures also include sections on the CoC's Disaster Recovery Plan, Data Quality Plan, and Data Quality Monitoring Plan, all of which are in need of updating.

For Your Consideration

According to the HMIS Lead Standards, the HMIS Lead should ensure the completeness of the HMIS Policies and Procedures by addressing the following areas at a minimum:

- *Grant Management Requirements and Process*
- *HMIS Participation Requirements*
- *HMIS End User Requirements*
- *HMIS User Fees (if applicable)*
- *CHO Hardware and Connectivity Requirements (including workstation requirements)*
- *Privacy and Client Rights*
- *Data Security Requirements*
- *HMIS Training Requirements and Process*
- *HMIS Technical Support Process*
- *Data Collection Requirements*
- *Data Quality Requirements*
- *Data Access, Ownership, and Use*
- *Performance Measurement*
- *Grievance Procedure*
- *CHO Compliance Monitoring*
- *Consequences for violation of the HMIS Policies and Procedures*

Monitoring the HMIS Lead/System Administrator

The MD BoS CoC Lead monitors the HMIS System Administrator quarterly to ensure alignment with CoC and HUD policies. Additionally, the CoC Lead monitors whether the HMIS System Administrator fulfills its duties to monitor the HMIS software vendor on items such as HUD compliance, disaster recovery procedures, system security audits, etc., as needed. The HMIS Lead/System Administrator monitoring process needs further development, to include monitoring for adherence to the privacy policy, conflict of interest policy, and recordkeeping requirements among other aspects of HMIS Lead performance and compliance.

For Your Consideration

The *HMIS Lead Improvement Evaluation Matrix may provide a basis for the MD BoS CoC's locally developed HMIS Lead monitoring tool as the CoC works to refine its HMIS Lead monitoring process, and the HMIS System Administrator Checklist can be used as a reference to help the MD BoS CoC identify the key responsibilities as well as needed skill sets of an HMIS System Administrator.*

Monitoring HMIS Participating Agencies

The MD BoS CoC does not currently have a formal monitoring process in place for HMIS participating agencies. A monitoring plan is currently in development, and the HMIS Monitoring Checklist has already been published to the MD BoS CoC website.

For Your Consideration

The following HUD products may be useful to the CoC during the design and implementation of a formal monitoring process:

- *The DQMP is a resource for the CoC, HMIS Lead, HMIS System Administrator, and any other entity responsible for managing the local HMIS implementation. This product is intended to be used by CoCs and HMIS Leads to create a comprehensive HMIS DQMP and framework tailored to meet local needs.*

- *The CoC may elect to use or adapt HUD's monitoring tools. Chapter 29 is CoC Program; Exhibit 29-1 is Recordkeeping Requirements; Exhibit 29-3 is Recipient Grant Management; and Exhibit 29-4 is Subrecipient Grant Management. An internal wellness checklist has been developed to assist grant recipients with self-monitoring.*

Documentation Review

The HMIS Lead/System Administrator should, in conjunction with the CoC, develop, implement, and monitor the use of HMIS Policies and Procedures that reflect the expectations of the CoC for the operation and utilization of the HMIS and management of the data therein. The HMIS Policies and Procedures should outline specific rules for the operation of the HMIS, specific actions to ensure compliance to the rules, and strategies for monitoring compliance to the rules. Relatedly, the HMIS Lead should work with the CoC to complete the requirement in the CoC Program interim rule to "[r]eview, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS."

These plans can be stand-alone documents or part of the broader HMIS Policies and Procedures. The HMIS Lead should support the CoC to meet its requirements of reviewing and updating the plans and policies at least annually. Gathering CHO and other diverse community partner feedback on the revisions to these plans and policies is also recommended. If any HMIS Policies and Procedures are part of a separate document, that document should be referenced in the HMIS Policies and Procedures. Cloudburst's review of MD BoS CoC HMIS documents found the following:

- MD BoS CoC Governance Charter
- HMIS Policies and Procedures, which contain:
  – HMIS Security policy (page 8)
- Agency Participation Agreement
- HMIS End User Agreement
- HMIS Client Consent Form
- Client Revocation of HMIS Consent
- HMIS Monitoring Checklist
- HMIS Privacy Policy
- HMIS Privacy Notice

For Your Consideration

- The CoC needs to create and implement a Client Grievance Policy.
- Refer to the HMIS Lead Standards for a list of minimum requirements for the HMIS Policies and Procedures document.

End User Survey Responses

This section contains a broad analysis of the end user survey, which includes key variations in responses by job role, length of access to HMIS, frequency of access to HMIS, and LHC region. The full summary-level data for the end user survey is attached as an appendix to this document.

Demographics

The key takeaways of the following survey topics or questions are explored within this section:

• Job roles

• Length of access to HMIS

• Frequency of access to HMIS

• LHC representation

Of the 60 end users, 47 percent identified as program managers, directors, or supervisors and 43 percent were frontline or data staff (case managers, intake specialists, outreach team, data entry staff). A plurality (48 percent) of respondents indicated that they have had access to HMIS for more than three years while 30 percent of respondents have had access between one and three years and 18 percent have had access for less than a year. A majority of program managers (54 percent) and frontline staff (50 percent) have had access to HMIS for more than three years. Additionally, 65 percent of respondents indicated that they utilize HMIS at least weekly, including 89 percent of frontline staff. Four respondents indicated they have never used or logged in to HMIS and have been excluded from the results of the rest of this analysis.

All six LHCs were represented in the survey results, with Washington representing the highest number of responses at 15 (27 percent) and Garrett representing the lowest number of respondents at three (5 percent).

Table 2: *Respondents by LHC Affiliation*

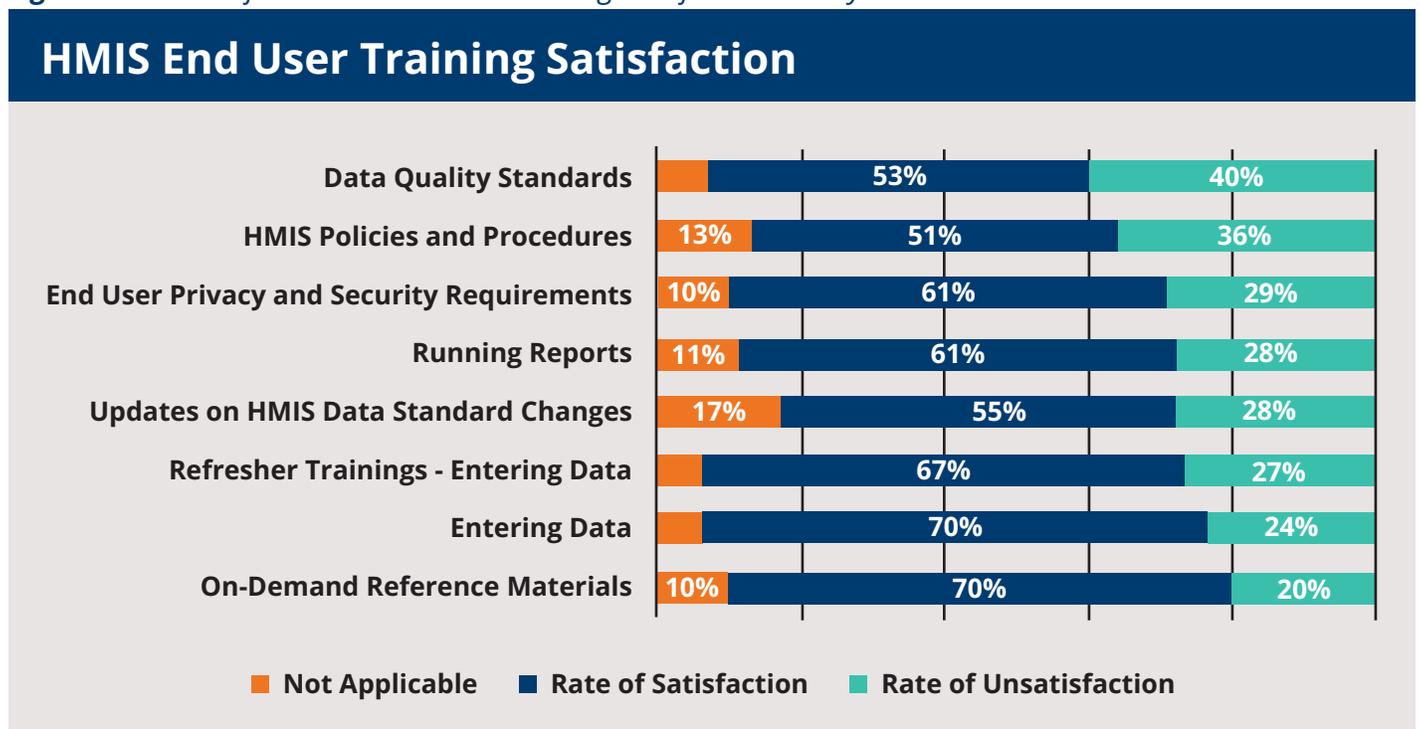| Region	# of Responses	% of Responsess
Washington	15	27%
Harford	14	25%
Cecil	9	16%
Southern Maryland	9	16%
Allegany	6	11%
Garrett	3	5%

Training-Related Metrics

The key takeaways of the following survey topics and questions are explored within this section:

- Does your HMIS Lead or System Administrator offer HMIS training?
- When was the last time you attended an HMIS training or educational event?
- Feelings toward HMIS in general
- Training satisfaction
- Are you knowledgeable on how to access your LHC data (i.e., county-level data)?

Overall participant satisfaction with trainings ranged from 51 percent to 71 percent (shown in Figure 1 below), with reference materials that can be accessed outside of training accounting for the most favorable responses, and training on the CoC's HMIS data quality standards having the least favorable response rate (40 percent of participants were unsatisfied).

Figure 1: *Results of the HMIS End User Training Satisfaction Survey*

HMIS End User Training Satisfaction

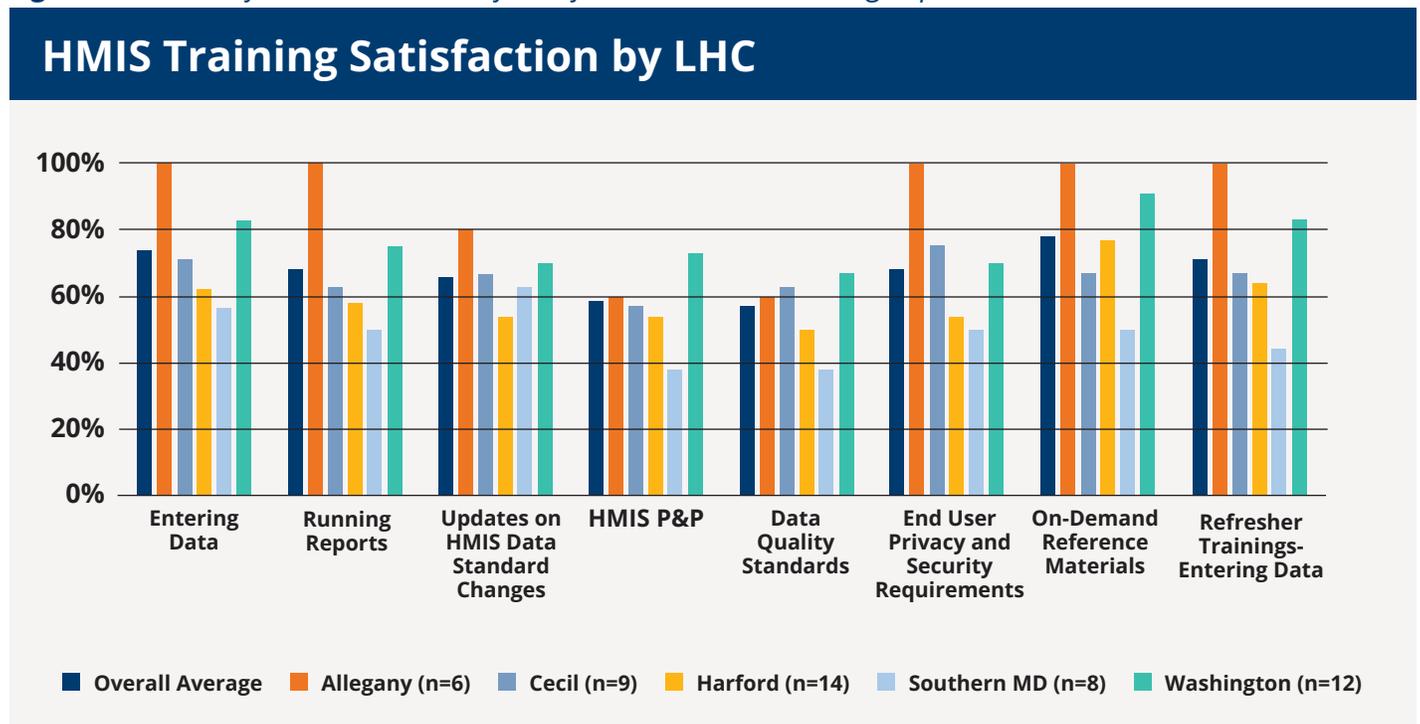|	Not Applicable	Rate of Satisfaction	Rate of Unsatisfaction
Data Quality Standards		53%	40%
HMIS Policies and Procedures	13%	51%	36%
End User Privacy and Security Requirements	10%	61%	29%
Running Reports	11%	61%	28%
Updates on HMIS Data Standard Changes	17%	55%	28%
Refresher Trainings - Entering Data		67%	27%
Entering Data		70%	24%
On-Demand Reference Materials	10%	70%	20%

Satisfaction rates varied slightly, but not significantly by job role, with frontline staff having higher dissatisfaction rates than average, and program managers having higher satisfaction rates than average. However, satisfaction rates varied significantly depending on the length of time a respondent has reported having access to HMIS and the frequency with which users logged in to HMIS (see Table 3 below). Respondents who have used HMIS for less than three years reported having higher rates of dissatisfaction with all training topics, while those who have used HMIS for more than three years reported having higher satisfaction with trainings. This may indicate that trainings need to be better tailored to newer staff who might have less of an understanding of HMIS. It is also important to note that infrequent users of HMIS (classified as accessing HMIS on a monthly or annual basis) have a lower satisfaction rate than the average for refresher trainings on entering data into HMIS (53 percent). Further analysis should be targeted to this group to understand why.

Table 3: *Satisfaction Rates for HMIS Training Topics by HMIS Length of Experience and Frequency of Usage*

HMIS Training Topic	HMIS Experience		Overall Satisfaction Rate(n=47)
	Less than 3 years (n=23)	*More than 3 years (n=24)*	
Entering Data	63%	85%	**74%**
Running Reports	58%	78%	**68%**
Updates on HMIS Data Standard Changes	55%	77%	**66%**
HMIS Policies and Procedures	45%	71%	**59%**
Data Quality Standards	39%	73%	**57%**
End User Privacy and Security Requirements	54%	83%	**68%**
On-Demand Reference Materials	65%	91%	**78%**
Refresher Trainings—Entering Data	58%	84%	**71%**

Overall, more than a quarter of respondents are unsatisfied in six of the eight topic areas. These results indicate that further analysis is needed to determine why respondents are unsatisfied with current trainings so the content, delivery medium, or instructors can be modified to better fit the needs of LHC staff—especially newer staff. Further review is needed to determine why certain LHC are satisfied or unsatisfied with the current training offerings (see Figure 2).

Figure 2: *Results of Each LHC's Level of Satisfaction in HMIS Training Topics*

HMIS Training Satisfaction by LHC

Legend: Overall Average, Allegany (n=6), Cecil (n=9), Harford (n=14), Southern MD (n=8), Washington (n=12)

* Garrett had a sample size of three respondents who indicated a 100 percent satisfaction rate for all topics. Due to the small sample size, it was not included in this chart.

Seventy-nine percent of participants indicated that the HMIS System Administrator does offer HMIS training and 75 percent of participants also indicated that they have attended an HMIS training or education event within the last year. However, for staff who have had HMIS access for less than a year, nearly a third (30 percent) of respondents signaled that they do not know if or do not believe that the HMIS System Administrator offers HMIS training and a third of respondents in Cecil responded similarly. This may indicate that there is a communication gap in when and where HMIS trainings can be accessed for people newer to their roles.

In terms of feelings toward HMIS in general, over 90 percent of participants are confident in HMIS's ability to maintain client confidentiality and understand the purpose and benefits of HMIS. This indicates that training in this area is sufficient. Between 75 percent and 79 percent of participants are confident in their ability to enter accurate data into HMIS, know the required data elements, and believe that HMIS helps better serve their clients. However, in Harford and Southern MD, 43–44 percent of participants indicated that they did not feel confident in their ability to enter accurate data into HMIS—twice the average rate of disagreement. In Harford, participants also indicated that they did not know which data elements are required at a rate higher than the average (29 percent compared to 18 percent). Additionally, HMIS users with less than or equal to three years of experience also indicated that they did not know which data elements were required at a slightly higher rate than the average (25 percent). This indicates training on these topics is needed within these regions and for newer staff.

A majority (69 percent) of participants who have logged into HMIS indicated that they are knowledge-able about how to access their LHC data. However, 20 percent responded "I don't know" as an additional 11 percent responded "No." Cecil, in particular, had a significantly higher rate of negative responses at 44 percent. This may indicate there needs to be additional training or information shared on this topic.

Satisfaction With HMIS Lead/System Administration Staff

The key takeaways of the following survey topic and question are explored within this section:

• HMIS Lead/System Administration Staff ratings

• Does the CoC or HMIS Lead in your community support you in efforts to reduce duplication of data entry to provide information to the HMIS?

A majority of respondents (between 59–82 percent) indicated that HMIS Lead or System Administration staff were "good" or "excellent" in their technical knowledge of HMIS; their responsiveness to requests or questions; and their abilities to interpret and visualize data, communicate HMIS requirements, and design and implement workflows. An additional 20–28 percent of respondents indicated that staff were "average" in these areas. Staff were mostly highly rated in their technical knowledge of HMIS, where all respondents rated staff as average or above.

However, a potential area for improvement is staff's responsiveness to help desk questions, where one in five (22 percent) participants rated staff as "poor" or "very poor." HMIS end users who have had access to HMIS for less than three years were more likely to rate staff as "very poor" or "poor" for responsiveness to custom report requests (22 percent compared to 11 percent—twice the rate of the average) and help desk questions (32 percent compared to 22 percent). Similarly, 20 percent of

program managers also indicated dissatisfaction with the responsiveness to custom report requests. Conversely, an overwhelming amount (86–95 percent) of frontline staff indicated they were satisfied with the knowledge, abilities, communication, and responsiveness of HMIS System Administration staff.

Although there was relatively little response variation by LHC, Harford staff indicated that they are unsatisfied with HMIS Lead staff responsiveness to customs report requests (27 percent) and help desk questions (33 percent), as well as the staff's ability to design and implement workflows for different projects. It is recommended that the committee conduct further outreach to determine how responsiveness of HMIS Lead staff can be improved for newer end users, program managers, and LHC staff in Harford (in addition to improving project workflow for this LHC).

In total, 62 percent of participants indicated that the CoC or HMIS Lead has supported them in efforts to reduce duplication of data. Responses are consistent across job roles, frequency of HMIS use, and HMIS experience. However, of the 13 respondents representing Harford, only 39 percent of participants indicated that this occurs, while a plurality (46 percent) responded "I don't know." This discrepancy should be further explored by the committee.

Other Metrics

The key takeaways of the following questions are explored within this section:

- Are you provided with periodic opportunities (excluding this survey) to give feedback about your experience with the HMIS system?

- If your agency has reporting requirements to any of the federal partners (Veterans Affairs, PATH, Runaway and Homeless Youth, Housing Opportunities for Persons With AIDS, or Veterans Affairs Supportive Housing), have you received training or support specific to their particular data or reporting requirements?

- If available, would your agency be interested in additional HMIS licenses?

A majority of respondents (51 percent) indicated that they are not provided with periodic opportunities to give feedback about their experience with the HMIS system and responses were relatively consistent across LHCs. The MD BoS CoC should create more opportunities to provide periodic feedback for HMIS end users. This could include listening sessions, a rolling feedback/suggestion form, or an annual survey.

A quarter of participants indicated that their agency would be interested in additional HMIS licenses, particularly in the following regions: Garrett, Harford, Southern MD, and Washington. Although no respondents answered "Yes" in Allegany and Cecil, several participants selected "I don't know." All six LHCs may need additional HMIS licenses, if available.

Also, 50 percent of participants indicated that they do not report to another federal system outside of HMIS, while an additional 31 percent reported that they did not know. In total, 10 participants responded that they have other federal reporting requirements within the regions of: Cecil (one staff member), Harford (five), Southern MD (one) , and Washington (three). However, only a majority of staff in Cecil and Washington have been trained on the reporting requirements. Further training is needed on this topic to increase the 50 percent training rate for staff that need to report to other federal partners.

Qualitative Feedback

The survey also contained two open-text questions. Responses are summarized below and detailed responses can be found in the attached full summary-level data.

How can your HMIS Lead improve training opportunities to better fit your needs?

- **Training Content:** Several participants indicated that they would like to be trained on the following topics: accessing data on closed or time-limited projects, maintaining data quality, running back office reports, running grant-specific reports, CoC HMIS standards/policies, and running custom reports. Another participant also reported not being trained on how to enter housing information data into HMIS.

- **Training Delivery and Frequency:** A few participants indicated that they appreciate how trainings and material are easily accessible. However, many responses also indicated that end users would appreciate more trainings as well as refresher courses. One participant indicated that they believe trainings are too fast-paced and a couple of participants suggested that there should be an opportunity for trainings that include more "hands-on" or guided content.

- **Targeted Training by Program, Job Role, Experience, and LHC:** Many responses indicated the need for new user trainings that cover the fundamentals for those inexperienced with HMIS or recently hired. Other responses indicated that there should be catered training for specific roles or programs (such as PATH). This is further supported by the quantitative data within the survey, where frontline staff and newer staff expressed increased dissatisfaction with trainings compared to their counterparts. In addition, a participant indicated that they would appreciate having local training opportunities, especially for new staff.

Please share any additional comments about your HMIS implementation you would like us to know.

- **General HMIS Use:** A few participants commented on the general use of HMIS that ranged in opinion. One participant indicated that they found HMIS useful for tracking and assisting their clients, while another participant indicated that entering data into HMIS duplicates the work they already have to do when working with their clients. An additional participant commented on how they feel HMIS access should have a limit on users since some agencies have too few users and others have too many, which may impact data quality.

- **Gaps in Communication:** While one participant expressed that Jason and Sam are wonderful to work with, many participants commented that they would appreciate improved communication with HMIS System Administration Staff. Some comments suggested more direct communication with providers (especially during reporting time to reconcile errors and anomalies), quicker response times to requests, increased availability to assist with data and tracking needs, and better customer service.

- **Inaccurate and Insufficient Reports:** Participants who discussed the reports in their open-text responses are unhappy with the quality and accuracy of the information delivered. Some concerns include data quality reports not including all current projects and that reports are "typically inaccurate and mostly related to data entry and referrals."

Other Considerations

The Cloudburst team encourages the MD BoS CoC to supplement the information provided in this evaluation with further analysis of the CoC's overall function and performance in order to foster:

• Continuous quality improvement.

• Improved collaboration across HMIS users/partners.

• Increased resources to support a CoC's HMIS.

• Enhanced use of data to support efforts to prevent and end homelessness.

The following considerations may be useful as the CoC works to design and implement improvement strategies.

• The suite of HMIS Lead products is intended to support communities' advancement of goals and support the improvement strategies of the Office of Special Needs Assistance Programs Data TA Strategy to Improve Data and Performance.

• **Comparable Database Responsibilities:** Victim Services Providers (VSPs) that are recipients or subrecipients under the CoC and Emergency Solutions Grants programs are required to collect client-level data consistent with HMIS data collection requirements. The Violence Against Women Act and the Family Violence Prevention and Services Act contain strong, legally codified confidentiality provisions that limit VSPs from sharing, disclosing, or revealing victims' personally identifying information, including entering information into shared databases like HMIS. To protect clients, VSPs must enter required client-level data into a comparable database that complies with all HMIS requirements. HMIS Leads can assist VSPs with their comparable databases, and more information is outlined in the Comparable Database Vendor Checklist and the Comparable Database Manual.

Resources

MD BoS CoC Policies and Procedures

MD BoS CoC Governance Charter

MD BoS CoC Coordinated Entry Policy and Procedures

Coordinated Entry Staff Roles Overview

MD BoS CoC HMIS Policies and Procedures

HUD HMIS Resources for HMIS Leads/System Administrators

HMIS Lead Improvement Evaluation Matrix

HMIS System Administrator Checklist

Tools for Contract Management

HMIS Software Vendor Monitoring Tool

HMIS End User Training Guide

HMIS Software Vendor Capacity Checklist

Data Quality Management Program (DQMP)

HMIS Lead Standards

2004 HMIS Data and Technical Standards Final Notice

HMIS Data Standards

SNAPS TA Data Strategy to Improve Data and Performance

HMIS Guides and Tools: Leads and Governance

HMIS Guides and Tools: HMIS Privacy and Security

HMIS Requirements Proposed Rule

HMIS Staffing and Resourcing Toolkit

General HUD HMIS Resources for End Users

ServicePoint

Team HMIS

HMIS Support

HMIS Calendar

HUD CoC Resources

Balance of State Continuum of Care Toolkit

COVID-19 Homeless System Response: Engaging Individuals with Lived Expertise