COVID-19

Homeless System Response:
Using EHV data between PHAs and CoCs

Introduction

Funded through the American Rescue Plan Act (ARPA), the Emergency Housing Voucher (EHV) program has provided about 70,000 Housing Choice Vouchers to local Public Housing Agencies (PHAs) to assist individuals and families who are experiencing or at risk of experiencing homelessness, have a high risk of housing instability, or are fleeing or attempting to flee situations of domestic violence and abuse. To ensure that this program is successful, locally defined performance measures are needed to assess if recipients are securing housing through Continuums of Care (CoCs) and PHAs. Therefore, it is important that PHAs and CoCs work as partners to ensure that information on issuance and placements are recorded, as well as demographic information like race, ethnicity, and gender, to ensure equitable outcomes for EHV recipients. Using PHA and CoC data in combination can help communities and providers understand the effectiveness of the EHV program in decreasing homelessness or assisting those experiencing housing instability, as well as the degree to which the EHV program addresses racial disparities. For example, data coordination between CoCs and PHAs could help communities understand if there are racial disparities on who can lease up with an EHV and how long EHV clients stay on the program.

Data Collection and Structure in HMIS and IMS/PIC

For all continuum projects participating in the local Homeless Management Information System (HMIS), there is a series of required data points, called the Universal Data Elements (UDE), which every project is required to complete. Some of these UDEs include:

- Name
- Social Security number
- Date of birth
- Race
- Ethnicity
- Gender
- Veteran status
- Disabling condition

Along with these required data points, there are several program-specific data points that are required for federal reporting.

For CoCs that use the coordinated entry system (CES) data elements in HMIS, the coordinated entry data element (4.20) incorporates an option to select for "Referral to Emergency Housing Voucher." Using this data element, CoCs can effectively analyze and better understand the number of individuals and families receiving a referral for an EHV by disaggregated data points such as race, ethnicity, gender, age, and other intersecting identities along with other key performance metrics such as the length of time between assessment and EHV referral.

For reporting and monitoring EHV referrals, CoCs can utilize existing reporting tools and features found in HMIS to gather aggregate numbers of individuals and households referred to EHVs through CES. Provided CoCs have updated HMIS privacy policies that comply with federal, state, and local privacy policy, CoCs can report statistics on:

- The total number of individuals and households referred to EHVs.
- The total number of individuals and households exiting to permanent destinations from EHVs (using EHV in HMIS).
- The average length of time between CES assessment to referral, referral to housing placement with EHV, and CES to housing placement.

EHVs through CES. Provided CoCs have updated HMIS privacy policies that comply with federal, state, and local privacy policy, CoCs can report statistics on:

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- The average length of time between CES assessment to referral, referral to housing placement with EHV, and CES to housing placement.

For more detailed reporting and for CoCs without CES, client information can be exported to a comma-separated value file where the following information is collected and can be used to understand outcomes and disparities in the allocation of EHVs. Data points can include items such as:

- Client demographics (e.g., race, ethnicity, age, gender).
- Assessment, referral, and exit dates.
- Assessment question responses (e.g., length of time experiencing homelessness, household size, domestic violence information).
- Exit information, including reason and destination.

The intersection of these data points may provide further insight; for instance, exit destination by race or age grouping.

For PHAs, the HMIS equivalent is the Inventory Management System/Public and Indian Housing Information Center (IMS/PIC). Using Form 50058, a module of IMS/PIC, client information is collected with data points similar to HMIS as well as thorough employment and financial information. Additionally, PHAs serve clients that may not necessarily come from CoC referrals, such as individuals and families experiencing domestic violence. To reduce potential gaps, data collaboration and communication strategies between PHAs and CoCs are key to improving the success of the EHV program. HUD's EHV Dashboard provides regular updates on key EHV outcome measures.

Data Sharing Through HMIS and IMS/PIC

Understanding EHV outcomes begins with stakeholder inclusion in the process. Stakeholders—including Black, Indigenous, and all people of color reflective of the homeless population within the community who are disproportionately impacted by homelessness—should be included in the development of EHV processes used by CoCs and PHAs. The inclusion of people with lived experience and other stakeholders with unique community insights can increase awareness and understanding of how CoCs can both advance racial equity and bolster the success of direct referrals of households to PHAs.

When a CoC uses HMIS for CES data collection, HMIS can offer a good starting point for developing strategies for referrals and placements of EHV recipients. An effective process could include:

- Utilizing previously collected information through the CES process in HMIS, specifically demographic and vulnerability data.
- Ensuring sufficient information is available about CES and EHV in HMIS to report on key performance metrics. This includes metrics such as the length of time between assessment and EHV referral, length of time between EHV referral and placement, and exits to destinations other than EHV placement.
- Disaggregating data collected through the CES process on race, ethnicity, gender, and age in a way that does not identify or violate the privacy of specific individuals and families.

As a best practice, communities should regularly examine the intersecting data between HMIS and IMS/PIC, particularly as it relates to race, ethnicity, age and disabling conditions, and outcomes. This aims to surface any disparities reflected therein and consider adjusting policies, procedures, and approaches within their CES system that may need to be changed to remedy those outcomes.

Informed communication between CoCs and PHAs is key to implementing an effective strategy. When a CoC is the initial point of contact or entry, the initial data points that a CoC collects to refer EHVs should align with the eligibility requirements of EHVs. Definitions of homelessness and support needs often vary among CoCs and PHAs, meaning establishing transparent communication between the organizations is imperative for decreasing homelessness and improving outcomes for vulnerable populations.

For PHAs, it is important to provide feedback and outcome-level data to CoCs so communities can better understand EHV referral rates and placements. To ensure data and information are shared across the two organizations, improved communication processes could include:

- Bi-weekly calls where staff communicate the status of clients and reporting criteria as they are processed across systems. This strategy blends the case management-related side of the CoC with the program infrastructure of the PHA.
- Development of tabular data sheets that include information such as the number of individuals being referred and placed by race, ethnicity, age, and gender.
- Examining the demographics of households that are issued an EHV and those who ultimately lease a unit with the vouchers.

One of the key considerations in these communication and data-sharing strategies is the incorporation of both quantitative and qualitative data in assessing clients' needs. As data collection practices begin to incorporate more client-informed elements, particularly in HMIS, this qualitative information must be collected and shared with PHAs. Bridging these two data types provides CoCs and PHAs with locally specific information on clients' experiences and circumstances that are not necessarily captured in the standard data collection requirements for either entity independently. Ultimately, the goal of these strategies is to improve coordination between CoCs and PHAs, using data, to equitably award EHVs to eligible households and understand household outcomes.

Data-Sharing Agreements

Another method for improving communication between CoCs and PHAs is through a data-sharing agreement. Data-sharing agreements can facilitate deeper collaboration between partners and help staff across organizations serve their clients on a more detailed level.

Data-sharing agreements offer an excellent bridge between HMIS and IMS/PIC systems, but they may not be feasible or necessary for every community. Numerous state and federal laws protect the privacy of personal information which prevents CoCs and PHAs from sharing any information other than high-level metrics such as percentages of clients by race, ethnicity, gender, and age. However, some of the most important metrics for assessing systemwide effectiveness can be measured in aggregate. Utilizing de-identified (all information that could reveal the identity of an individual has been removed) information can provide a source for assessing the systemwide effectiveness of the EHV program. Data points include:

- Race and ethnicity
- Gender
- Age
- Veteran status
- Disability

These demographic indicators are all currently collected in systems such as CES, HMIS, and IMS/PIC. Provided that all **personal client information has been removed**, data can be used and shared across CoCs and PHAs to monitor the performance of the EHV program through tools such as a dashboard or Google Sheet. For CoCs and PHAs with limited staff and IT support, implementing a co-produced performance dashboard or tool like those outlined above may not be feasible. Instead, a simplified spreadsheet in Microsoft Excel or Google Sheets could provide a quick and actionable substitute where staff can populate and monitor the total number of EHV referrals and recipients with basic demographic characteristics.

A good example of a data-sharing agreement is in Helena, Montana, where the local PHA partnered with the Department of Health and local CoC in a cross-sector housing and healthcare initiative. This project looked to

aggregate client information across multiple data management platforms to more effectively allocate and match clients with services based on need. Data sharing for the project has enabled the Montana Housing Authority to gather data points from HMIS and public organizations such as the Department of Health and Human Services. Strategies such as the one provided could also be utilized by PHAs and CoCs to achieve similar EHV-related goals. To make data-sharing agreements more accessible and easier to implement, communities can review example data-sharing agreements and adopt the provisions they believe would be most beneficial for their own community.

Conclusion

A coordinated information-sharing process between CoCs and PHAs is important in monitoring the referral and placement of EHV recipients. A system that successfully tracks demographic metrics will help ensure that equity is at the forefront of the decisions being made and the assistance being provided in each community. The data-sharing process between participating organizations does not have to be complicated to be effective. The key is deciding what works best in your community based on staff capacity, time allocation, and available technology.