Homeless Management Information System (HMIS) Annual Performance Report (APR) Summary Report

November 1, 2024

The Partnership Center, Ltd.

Introduction

The information in this report comes from Annual Performance Report (APR) data for HMIS Dedicated grants funded by the Continuum of Care (CoC) Program. All reports submitted to HUD during the Federal Fiscal Year (FY) 2022 (10/01/2021-09/30/2022) were used in the development of this report.

Data was representative of most of the country. All states and territories except American Samoa (no HMIS Grant), the District of Columbia (stopped receiving an HMIS grant 3/31/2019), North Dakota (report submission outside of the date range generated), and Wyoming (stopped receiving an HMIS grant 10/1/2019) reported on at least one grant.

The Data

Data was taken from 260 unique APRs, representing individual dedicated HMIS projects, submitted to the Sage HMIS Reporting Repository. Some of the 260 APRs were from CoC geography which had more than one grant. Some grants also reported on HMIS implementations which encompassed multiple CoCs. To the extent possible, if a single HMIS implementation received multiple grants, researchers deduplicated the grants using only the most recently submitted HMIS APR for this report. The specialized HMIS-dedicated grants for YHDP and DV Bonus were removed as duplicates. After deduplication, there were 173 unique HMIS Implementations included.

The Implementations and Coverage

Implementation Type

The APR asked respondents to identify the type of implementation they were reporting on. In this report, there are issues with what type of implementation a Continuum identifies as. For example, in one state with multiple CoCs which researchers know has a single Statewide HMIS implementation, several of the CoCs identified incorrectly as “single CoC” and “multiple CoC” implementations instead of as a “statewide” implementation. Additionally, a State with only one CoC identified as a single CoC implementation, not a statewide implementation. The inconsistency in defining an implementation is significant when data from multiple APRs in one implementation is used and deduplication is attempted. We assume that if the question asks about data coverage across an implementation with two HMIS-dedicated grants submitting reports at the same time both would have the same information. This, however, is not consistently the case.

The definitions of implementation used in the APR are articulated in the reporting guidance as:

- **Single CoC implementation**–A single CoC, which has not partnered with any other CoC around HMIS data collection and has a single HMIS software into which the entire CoC’s data is collected.

- **Multiple CoC implementation**–A group of CoCs, often with bordering geographic boundaries that have elected to operate one HMIS implementation for the entire region. In this case, there is a single HMIS software system used by multiple CoCs. The implementation may share HMIS staff or each CoC may staff their portion of the implementation.

- **Statewide implementation**–A state that is composed of a single CoC or two or more CoCs that have elected to use a single HMIS to cover the entire state.[1]

The reports identify the following types of implementations:

Implementation Type	Count of All APRs	Deduplicated Number of APRs
Single CoC Implementation	148	137
Multiple CoC Implementation	66	21
Statewide Implementation	46	15
Total	260	173

Centralized or Decentralized Model

The APR defines different HMIS models as:

- A **centralized model** is one in which the HMIS lead fulfills all responsibilities for system administration; [A Single Implementation would use this model as would another type of implementation where all HMIS staffing and support are located together and provide system administration, training, and or user support to all the HMIS participants.]

- A **decentralized model** is one in which local entities assist the HMIS lead in fulfilling responsibilities for system administration. [A decentralized model may have one system administrator managing the overall HMIS but is assisted by trainers, user support staff, or other professionals who are located in CoCs and respond primarily to the needs of the CoC in which they are located.]

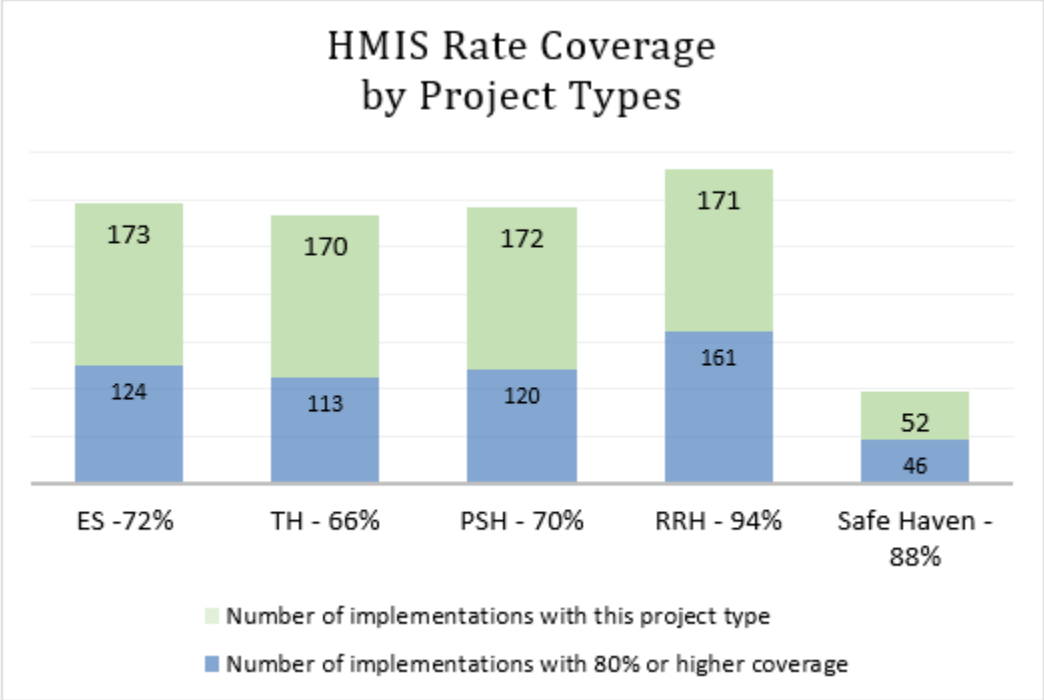
Model Type	Count of All APRs	Deduplicated Number of APRs
Centralized	205	155
Decentralized	55	18
Total	260	173

The identification as centralized and decentralized has not changed much since the 2019 report.

[1] This definition conflicts with the definition provided in HUD FAQ 672 states that "A state with only one CoC should code itself as a Single CoC Implementation."

Coverage

HMIS carries out data collection based on project types. Different project types have differences in the populations served and have different data collection requirements. For a community to have confidence in their system-wide reporting, most projects should be included in the implementation. HUD has always encouraged 100% participation, but very few communities have achieved that rate across all types.



When comparing the HMIS coverage rates reported in the 2019 and 2022 APRs to the rates reported in the Housing Inventory Count (HIC) for 2021 and 2022, we noticed some of the coverage rates documented in the APRs are more similar than others, with Permanent Supportive Housing having the greatest divergence and Emergency Shelter most similar.

Project Types	Coverage: 2019 APR Reported	Coverage: 2022 APR Reported	Coverage: HIC-2021	Coverage: HIC-2022
Emergency Shelter (ES)	67%	72%	70%	72%
Transitional Housing (TH)	64%	66%	70%	71%
Permanent Supportive Housing (PSH)	62%	70%	81%	80%
Rapid Re-Housing (RRH)	93%	94%	88%	88%
Safe Haven	92%	88%	93%	92%
Other Permanent Housing (OPH)	Null	Null	79%	60%

The HMIS Leads identify the lack of coverage, especially in smaller and more rural geographies continuing to be a challenge. Often the loss of one shelter in a CoC with relatively few beds makes a significant difference in coverage rates, and consequently in the ability to measure system-wide performance. Faith-based organizations and VA-funded projects are cited repeatedly as the ones with

the most issues in participation. Many communities report taking steps towards incorporating these projects into their HMIS implementation through education and community-building events and while some have been able to successfully include new projects/organizations – many still have not.

Federal Partner Participation

HUD manages federal partner program participation in HMIS. The HUD-funded homeless assistance projects (funded by the CoC and Emergency Solutions Grants – ESG - programs) have high rates of participation. The CoC Program has 100% participation and ESG Program follows closely with 98% participation. **It** should be noted **that these funding sources** statutorily require HMIS data entry and reporting on the funding**,** which is submitted to the Sage HMIS Reporting Repository and must be generated from the HMIS to pass validations.

Of the 173 implementations, 42% of them (73) did not have any Housing Opportunities for Persons With AIDS (HOPWA) projects. In implementations with HOPWA funding, 64% of recipients are entering at least some data into HMIS but 34% do not have data entered. These small numbers for participation continue likely because HOPWA does not require HMIS use, along with the difficulties of generating a HOPWA APR from HMIS data.

The U.S. Department of Health and Human Services (HHS) federal partners have high participation rates.

- Most communities had a **Projects for Assistance in Transition from Homelessness (PATH)** program. The HHS Substance Abuse and Mental Health Services Administration (SAMHSA): PATH program has a 94% HMIS participation rate. SAMHSA has consistently required its PATH recipients to collect data in HMIS and generate their PATH reports from HMIS and has programming specifications for it.

- The HHS **Runaway and Homeless Youth (RHY)** programs (**Basic Center (BCP), Transitional Living (TLP), Street Outreach, and Material Group Homes**) are not funded in all communities. RHY-funded BCP shelters exist in almost all implementations, but less than half of the implementations had RHY-funded TLP within their service area and only 20% had a Maternal Group Home. Participation rates were high; the shelters averaged a 99% participation rate, Transitional Living 98%, 100% in Street Outreach, and 100% in Maternal Group Homes. Noteworthy again is that all RHY reporting goes through a system that will only accept an HMIS CSV export of all the project data hashing all Personally Identifiable Information (PII).

HMIS Leads consistently identify U.S. Department of Veterans Affairs (VA) projects as a chronic pain point in their system. Issues raised include Supportive Services for Veteran Families (SSVF) recipients not contributing data directly to the local HMIS; inconsistent Veteran Integrated Service Network (VISN) and CoC boundaries; and little or no participation from HUD VA Supportive Housing (HUD VASH) recipients. The HUD VASH Translator Tool, designed to provide CoCs with the ability to transform a report from the HOMES database, has had varied levels of success across the country. Some CoCs report using the tool and HOMES report with few issues while many others indicate that their vendor does not have an import process to accept the files or that accessing the ability to do the import in their system is cost prohibitive.

- The **HUD VASH** program leads the list of low-participating projects. Only 66% of the areas with HUD VASH reported participation. The main challenges with HUD VASH data include:

    - Low HMIS bed coverage because neither HUD nor VA require HMIS data entry.
    - Incomplete household information when relying on data from VA because that data collection is based on the veterans served as opposed to the entire household.
    - Lack of shareable data from the Public Housing Authorities (PHAs).

- The **Supportive Services for Veteran Families (SSVF)** program is required to use HMIS and has a 94% HMIS participation rate. Their reporting is generated from HMIS using the HMIS CSV file submitted to the SSVF Repository monthly. It is noteworthy that SSVF programs can operate across a Veterans Integrated Services Network (VISN). There are only 18 networks in the contiguous United States and thus one CoC may be saying data is not collected on their SSVF recipients because it is being captured in a different HMIS implementation.

- **Grant and Per Diem (GPD)** participation rate was 94% out of the implementations that identified having one of these program types. It is only in this current fiscal year, beginning October 1, 2023, that the VA has mandated GPD Case Management grantees contribute veteran data to the local HMIS.

The Software

Vendors and Market Share

HMIS officially began in 2004 with HUD's publication of the 2004 HMIS Data and Technical Standards Final Notice. By 2008, there were thirty-four different HMIS vendors. HUD required that an "off the shelf" product was used, but to do that, extensive customization was required to make systems compliant with the 2004 HMIS Data and Technical Standards. Some of the software was created from programs that worked well for an intended purpose, such as case management tracking, but was not designed to be a many-to-many relational database model which is necessary to match Data Standards requirements. Over time, the system requirements changed annually or biennially. Since 2008, likely due to continued changes and increased complexity, the HMIS vendor pool decreased. In the past four years alone there has been a decrease from sixteen vendors to twelve – only about one third of the software options that were available when HMIS initially started are available to communities now.

For the most part HMIS and comparable database vendors are for-profit companies and HMIS is a business venture for them. Knowledge and concern about homelessness varies across companies. In some vendor companies, their HMIS software is a significant part of their corporate operation. In others, it is only a small mention on their website. Even for those vendors where profit motive is low, the cost of doing business and maintaining constantly changing software is an issue due to programming costs or continuing to stay current with reporting, data standards changes, and other community needs.

HMIS reporting is predicated on the HMIS Data Standards elements and by how data is required to be collected within a system. Any change in one element has a ripple effect across HMIS. When changes are made, HMIS end users must be retrained; the element, if it is replacing another, must have the data previously collected mapped to it; and the code for all reporting that either generates the information from the element or uses the element as part of a query has to change, including when the report is for local purposes only.

HMIS and comparable databases must include not only all the elements of the Data Standards, but all the structural requirements for collection. In late 2023, as data for this report was being pulled, the issues with software vendors around timeliness, accuracy, and reporting have increased, in conjunction with the implementation of the FY2024 HMIS Data Standards updates.

Tracking the movement of clients across projects in the database is difficult, and then requiring different intake/exit data sets for subsets of data (i.e. project types) is often not understood by coders. Householding for the HMIS client base and reporting requirements with fluid households as the units of configuration is harder than in most other kinds of system and many software systems were not built for reporting based on ever-changing household configurations. Rather, many were built to manage an unchanging household configuration.

Much like HMIS Leads and providers, software vendors have been impacted by turnover and restructuring. At least 5 of the current 12 vendors have been acquired by private equity [2](e.g., CaseWorthy, Bitfocus, Foothold, Social Solutions, and WellSky), and some of them sold multiple times. Given the limits to growth and profits in HMIS, in the scope of a large firm driven primarily by profits, the stability of HMIS and the attention paid to HMIS products may be a lower priority. As HMIS continues to represent a smaller share of a vendor's work, there may be fewer resources dedicated to the product, and it may be a lower overall priority in the workflow of the vendor.

Almost all (99%) of the software used by the CoC as the HMIS solution was designated for use by the CoC. The average amount of time implementations report having used the same software is 10.93 years, but the number of implementations (15) who project to change systems in this year is high at 9%. The rate of changing software systems has not declined since first counted in 2019. The rate continues to grow. Over the previous two years, 18 implementations out of the 173 (10.4%) changed systems and another 15 (9%) indicated they would be changing within the year. The APRs report that the vendors with customers expected to switch products are Bell Data Systems (2), CaseWorthy (1), Eccovia (1), Efforts to Outcomes (3), and WellSky (8).

[2] https://www.prnewswire.com/news-releases/caseworthy-receives-majority-investment-from-symphony-technology-group-301412276.html
https://www.exitgroup.com/transaction/asgs-acquisition-of-bitfocus-leading-system-administration-and-software-development-firm/
https://mergr.com/transaction/alpine-sg-acquires-foothold-technology
https://www.crunchbase.com/acquisition/apax-partners-acquires-social-solutions--ad42c069
https://vistapointadvisors.com/news/mediware-acquires-bowman-systems

Vendor- Software System	Implementations Currently Using	Current Market Share
Adsystech - Adaptive Enterprise Case Management	1	1%
Bell Data Systems - Client Services Network	4	2%
Bitfocus - Clarity Human Services HMIS	45	26%
CaseWorthy - HMIS	10	6%
Coelho Consulting - CARES	1	1%
Custom/Other	2	1%
Eccovia Solutions - ClientTrack	21	12%
Foothold Technology - AWARDS	10	6%
Simon Solutions - Charity Tracker	1	1%
Social Solutions - Efforts to Outcomes (ETO); Apricot	4	2%
The Partnership Center, Ltd - VESTA	1	1%
WellSky (Mediware) - ServicePoint	72	42%
Multiple systems in use	1	1%

Software Functionality

In the HMIS APR, HUD asked specific questions about software functionality:

- Is the software able to generate the most recent HMIS CSV? All 100% (173) said "yes."
- Is the software able to generate the most recent HMIS CSV hashed for RHY? Almost all, 99% (172) said "yes."

The majority of the implementations report that they could generate the: APR, CAPER, PATH Report, Data Quality Report, LSA Table Shells, and System Performance Measures. There were contradictions reported between implementations about whether a particular software could produce certain reports.

The Sage HMIS Reporting Repository, which accepts all APRs and CAPERs for HUD, tells a different story. Analysis of Sage data found that though the overall report could be generated, there were times where the detail was not accurately produced. Some systems were able to report a total number of persons or households under a given criteria, but the detailed line-item descriptions were missing or calculating incorrectly. For example, in one system the number of persons exiting was correct but the destinations of where they exited to did not balance with the number exited. Upon investigation, Sage administrators found additional vendors with reports with the same kinds of issues.

Comparable database vendors appear to have the most difficult time with understanding and complying with the HMIS Data Standards and thus the ability to generate reports. These systems struggled to accurately generate the core HUD program reports (APR and CAPER). HUD created an exception template for Victim Service Providers (VSP) to use as an alternative to the APR/CAPER CSV uploading for reports. However, the problems of VSP reporting are beyond the inability of the system to generate the CSV format but in some cases the comparable databases are not even collecting some key elements (income, benefits, exit destination, etc.) needed for the reporting. The templates are null/blank for when this is the case for some questions and report validation is impossible.

Only 64% (111 implementations) indicated they could automatically exit clients in their system. Those systems which were identified by at least half of the implementations using them as having an inability to auto exit include: Bell Data Systems (50%), Simon Solutions (100%), and Wellsky (74%). Of those who said they could automatically exit, an additional 18% (31) never ran the automatic exiting functionality. The remainder reported running the auto exit functionality in the system: weekly (27), monthly (14), quarterly (24), bi-annually (2), annually (3), only before major reports like the AHAR, HIC, SPM (10). The implication of this is significant. For ESG it means that almost half of the reporting across the country with night-by-night shelters may not be showing persons exiting their systems and may not be able therefore to deduplicate the mass shelters. For the system measurement including AHAR, and SPMs it could mean an overcount of homelessness.

Software Administration

Interestingly 91% of the implementations identify the HMIS is hosted by and backed up by a vendor either on their site or in a cloud system licensed by the vendor. Additionally, 61% of the implementations also identified the HMIS Vendor as being responsible for overseeing the security of the HMIS Systems.

Role	Hosts the HMIS	Oversees the Security	Backs Up the Data
HMIS Vendor – Staff	158	106	157
HMIS Lead – System Administrator	11	60	11
Other	0	5	2
Not Done in Our System	2	0	1
Paid Consultant to HMIS or CoC	2	1	1
HMIS Lead – Data Analyst	0	1	1

For software functionality to succeed the systems need to be set up correctly. System setup is overwhelmingly reported (83%) to be done by the System Administrator at the HMIS Agency. Key to system setup is HMIS Project typing and the collection of elements which describe the size, scope, and funding of the project itself. Ninety-seven percent of the implementations identified have the ability to generate some kind of Project Descriptor Data Element (PDDE) Report and are reported to be reviewed.

Comparable Databases

The HMIS APRs documented that victim-service providers (VSP) are only funded within 70% of the CoC implementations reporting. Of that 70%, all but three implementations reported their VSPs were using one of 22 different “comparable databases” that could generate the required CSV reports for their funding.

Many of the implementations cited different VSPs each with different comparable databases. There were 225 VSPs in total identified with systems. Of those identified, Osnium had the market’s largest share.

However, it is important to note that "share" is not as one-to-one with implementation use as it is in HMIS, as each individual VSP may have a different system within an implementation. Noteworthy is that there are several that are "homegrown systems" where they are using coding or using R or SaaS connections and several who still claim Excel/Access can generate the CSV reports.

Comparable Databases	Implementations with VSPs Using this software	Share
Apricot	32	14%
Bell Data	1	0%
Bitfocus	4	2%
CAFÉ	1	0%
CaseWorthy	3	1%
Clarity	7	3%
ClientTrack	8	4%
Clients First/Salesforce	3	1%
Community Services	1	0%
Connect Cause	1	0%
Empower DB	35	16%
ETO	19	8%
Excel/Access	4	2%
Foothold	8	4%
Infonet	3	1%
Osnium	56	25%
R	2	1%
SaaS	1	0%
SD-HMIS DV	2	1%
VA Data	4	2%
Vela	5	2%
WellSky	25	11%

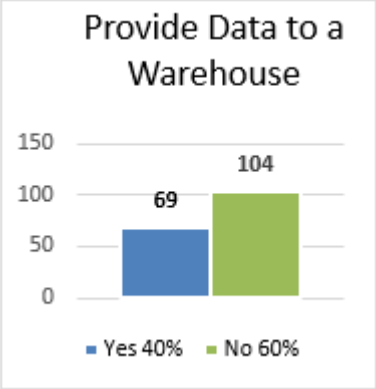
Warehousing

Data warehousing has had a 28% increase in usage between 2019 and this report. The descriptive information on why warehouses were used indicates reliance on warehousing to either integrate data with non-HMIS participating entities throughout a geographic area or identify root causes of homelessness. The most mentioned data collaboration was with behavioral health system data and criminal justice data. Warehousing is also identified as a method of deduplication for some.

General warehouse purposes were identified as:

- Identification of the scope of homelessness state-wide
- Better coordination of resources with other non-homeless systems

- Analysis of systems of care response (identifying patterns of service use and/or gaps in services)
- Coordination of publicly shared data
- Deduplication



As de-identified client-level data collection continues to be contemplated at HUD, we looked to see if any lessons from warehouse use between implementation types could be found. We were looking to see if existing data sharing practices/procedures/policies in CoCs based on multi-area implementations would support warehousing more. This did not appear to be the case as Single CoC's warehoused the most. We found that only some implementations removed PII and/or encrypted the data prior to transport and others did not almost equally. Generally, those implementations sending the full un-hashed data to warehouses had some restrictions on who can see the PII.

Implementation Type	Warehouse - Yes	Warehouse - No
Multiple CoC Implementation	7	14
Single CoC Implementation	60	77
Statewide Implementation	2	13

Warehousing takes all forms. Listed below are some examples of data warehouse descriptions that HMIS Leads reported in their HMIS APR.

Pittsburgh: "DHS created the Data Warehouse by consolidating its internal human services data (e.g. behavioral health, child welfare, intellectual disability, homelessness, and aging.) Over time the warehouse expanded to include data from other sources. The Data Warehouse now includes **data from 29 sources** (e.g. DHS, PA Department of Human Services, Allegheny County and City of Pittsburgh Housing Authorities, local school districts, the Allegheny County Medical Examiner, and the criminal justice system) and **contains more than a billion records from over one million distinct clients**. The purpose of the data warehouse is to analyze client data in order to provide better coordination of services to the residents of Allegheny County and to streamline planning and expenditures of scarce resources to address the needs of the residents. Homeless data is regularly utilized to analyze usage in other systems and better coordinate services to clients. Additionally, HMIS data is also stored and can be pulled through a software system created by Green River. This system is designed to aid in required reporting processes and allow providers and DHS to continuously monitor the health of each program and the system as a whole."

Texas Homeless Network: "'EPCH actively uploads HMIS data into the Statewide Data Warehouse administered by the Texas Homeless Network (THDSN). The use & purpose of the statewide homelessness Data Warehouse are: Maximize the use of anonymous & de-identified data for reporting & research purposes as well as personal & identifiable data for reporting & care coordination purposes. Standardize data sharing policies, procedures, & practices across CoC geographies to increase data security & decrease unauthorized uses & disclosures of client-level data. Support statewide efforts to use data to allocate resources, secure necessary funding, & connect & leverage existing programs & services across systems of care. Create an integrated platform that has capacity to import & link client-level data from various state & local systems of care & local homeless programs & serve as a powerful, data driven tool used to inform policy & resourcing decisions Data sharing through a Data Warehouse will enhance coordination with providers across CoC geographic areas, emergency assistance (EA) systems, other intersecting systems of care & resources (e.g. justice & healthcare sectors). Data sharing will also support improved reporting, planning, & resource allocation strategies at both the local & state levels. Standardized data sharing across Texas will improve how services & housing are accessed by the most vulnerable households, people experiencing & those at-risk of homelessness, leading to improved outcomes & increased efficiencies."

New York State: "The HMIS Lead contributes HMIS data to New York State Data Warehouse Environment (NYSHADE), a de-identified database of homeless client demographic and service activity, allows authorized personnel at homeless and human service provider agencies throughout the State of New York to aggregate demographic and service delivery information, subject to appropriate inter-agency agreements, for the purpose of analyzing statewide homeless datasets to investigate and understand the relationship between public policy and homelessness in New York. In compliance with all State and Federal requirements regarding client and consumer confidentiality and data security, NYSHADE is designed to collect and deliver timely, unduplicated, credible, quality data about service for persons experiencing homelessness or persons at risk of becoming homeless."

The Cost of HMIS

Income

During FY2020 the 260 HMIS dedicated grants reported their finances based on the grant received rather than the implementation. A review of the reported information showed that recipients followed instructions on this and reported based on the specific grant. Therefore, financial information is taken from all of APRs except for Unified Funding Agencies (UFA) who do not report income or expenses by project.

The recipients reported receiving $54,901,712 in income from all funding sources over the year. HUD provided 84% of this income totaling $45,849,699 from CoC Administration, Planning and UFA grants, CoC project grants' HMIS line items, CoC HMIS Dedicated grants, ESG dedicated HMIS grants, and HOPWA grants. The other federal partners who utilize HMIS for their reporting including HHS's RHY and PATH programs and the VA programs combined provided less than 1% of the funding, only $182,889.


CoC-Dedicated HMIS
ESG -Dedicated HMIS
State Government
CoC Project HMIS BLI
Local Government
Other
Participation/User Fees
CoC Admin/Planning/UFA
Private
VA
HOPWA
PATH
RHY
CoC-Dedicated HMIS
ESG -Dedicated HMIS
State Governm...
CoC Project HMIS BLI
Local Government
Other
Partici... User Fees
CoC Admin/ Planni... UFA
Pri...

Income/Funding Sources	Total received	Percentage
HUD: CoC Grant (Dedicated HMIS Grants Only)	$ 36,477,567	66.44%
HUD: ESG (Dedicated HMIS Grant)	$ 5,151,196	9.38%
State Government	$ 2,754,685	5.02%
HUD: CoC Project Grants	$ 2,594,276	4.73%
Local Government	$ 2,196,750	4.00%
Other	$ 1,630,594	2.97%
Participation/User Fees from Projects/Agencies	$ 1,567,178	2.85%
HUD: CoC Administration/Planning/UFA Funds	$ 1,536,673	2.80%
Private/Foundation/Fundraising	$ 719,915	1.31%
HUD: VA Grantees – Through VA Program Grantees	$ 128,750	0.23%
HUD: HOPWA	$ 89,988	0.16%
HHS: PATH – Through PATH Grantees	$ 50,479	0.09%
HHS: RHY – Through RHY Grantees	$ 3,660	0.01%
Total	$ 54,901,712	100.00%

Cash match was reported as $12,111,390, which one would assume would be some of the income from source identified above and not an extra $12 million in cash generated for HMIS. In-kind match was reported as $1,659,880.

Expenditures

Expenditures	**Amount**
Equipment (Server, Computers, Printers)	$ 376,611.08
Software (Software Fees, User Licenses, Software Support)	$ 10,047,094.30
Services (Training, Hosting, Programming)	$ 4,418,678.53
Personnel (Costs Associated with Staff)	$ 21,791,132.19
Space and Operations	$ 1,352,775.18
Administration	$ 2,210,859.23
Total	**$ 40,197,150.51**

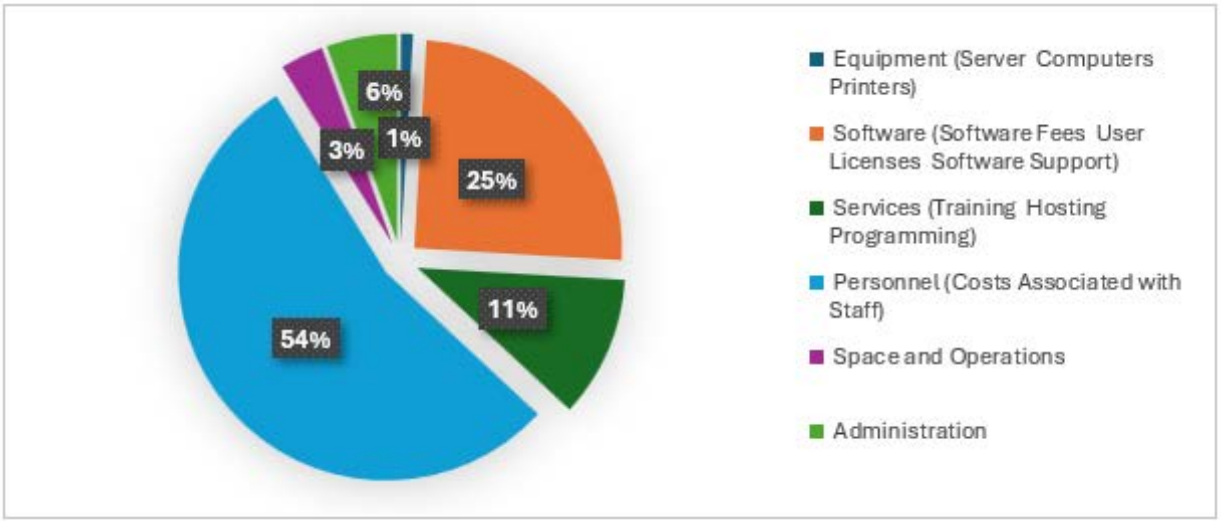
Software Costs

In this one year of reporting, HUD provided over $10 million to recipients to pay for licensing/user fees.

Vendor-Software	Cost charged to HUD for Software Licenses and User Fees from Dedicated HMIS grants
Adsystech - Adaptive Enterprise Case Management	$ 25,751
Bell Data Systems - Client Services Network	$ 34,580
Bitfocus - Clarity Human Services HMIS	$ 3,833,025
CaseWorthy - HMIS	$ 113,226
Coelho Consulting - CARES	$ 74,000
Eccovia Solutions - ClientTrack	$ 1,819,055
Foothold Technology - AWARDS	$ 555,980
Simon Solutions - Charity Tracker	-
Social Solutions - Efforts to Outcomes (ETO); Apricot	$ 197,121
The Partnership Center, Ltd - VESTA	$ 156,830
WellSky (Mediware) - ServicePoint	$ 2,960,084
Multi-vendor/software	$ 277,441
Total payment by HUD for licenses and fees	**$10,047,093**

Making HMIS work

The majority of HMIS Dedicated grant funds were used to pay for staffing costs associated with HMIS.



All implementations have an HMIS Lead that works with all participating CoCs to develop basic technical, security, privacy, and data quality standards; and all implementations have a process in place to update the standards. In general, the HMIS Lead staff (system administrator, data analyst, or local HMIS support staff) generate the key system-wide reports from the HMIS including the Data Quality Report, LSA, and SPMs. They also are the people identified in most implementations as the monitors of data quality across the system.

Role	Runs the Data Quality Report by Project	Monitors Data Quality	Runs/Produces LSA Information	Runs/Produces System Performance Measures
HMIS Lead – System Administrator	96	103	129	124
HMIS Lead – Data Analyst	38	42	30	32
HMIS Regional/Local Support Staff	7	5	2	2
CoC Staff	5	10	5	9
Recipient Agency (Grantee) – Staff	17	2	0	0
HMIS Vendor – Staff	6	5	6	6
Other	4	6	1	0

Most of the implementations described the relationship between the CoC Board and the HMIS Lead as positive. They indicated detailed procedures and checks and balances in place to support these relationships. Many implementations have the HMIS Lead represented on the CoC Board, and many have HMIS committees for support and oversight. Noteworthy is that there do not appear to be any significant deviations from HUD requirements.

The Housing Inventory Count (HIC) and the Point-in-Time (PIT) Count are, in general, compiled, by the HMIS Lead agency staff.

Role	Compiles Data for the HIC	Generates/Compiles/Compares Data from HMIS for the PIT
HMIS Lead – System Administrator	109	100
HMIS Lead – Data Analyst	29	37
HMIS Regional/Local –Support Staff	6	7
CoC Staff	23	21
HMIS Vendor – Staff	3	5
Paid Consultant to HMIS or CoC – Consultant	2	2
Other	1	1

All but two implementations have an HMIS with an “Agency Agreement” on the use of the HMIS with all agencies who have programs on the system.

The implementations identified 62,373 HMIS users. They said that 100% of users are trained in the system prior to receiving a password or login and 98% sign a user agreement which outlines basic privacy and security policies applicable to users.

Role	Sets Configuration and User Levels	Trains New Users	Provides On-Going Training for Users	Trains HMIS Lead Agency Staff	Provides User Support for HMIS Software Issues	Provides User Support for Data Entry Issues
HMIS Lead – System Administrator	127	107	106	101	102	101
HMIS Lead – Data Analyst	18	22	22	10	23	28
HMIS Regional/Local – Support Staff	17	21	25	7	23	24
HMIS Vendor – Staff	7	8	6	48	13	8
CoC Staff	1	2	3	1	1	2
Recipient Agency (Grantee) - Staff	0	0	3	0	0	1
Paid Consultant to HMIS or CoC	1	3	1	3	3	2
Other	2	6	7	3	8	7

The range in user training is as diverse as the implementation sizes and locations - including the length of the training in-person vs. online; in real time vs. video; and the utilization of testing. Refresher training was noted as helpful for those communities who offered such.

Commonly the training topics included:

- Security
- Entry/Exit Workflow for different program types
- Client Privacy
- Reporting
- Common Errors
- HMIS Policies and Procedures

Data entry has not caught up to 2024 methodology. Real-time data collection is an explicitly stated requirement or goal for some, but not all implementations. Most require data to be input within a week – but implementations are split on whether they have variations in timeline expectations for different project types.

Recommendations

Based on the analysis above there are 6 recommendations on how HUD can improve its HMIS efforts.

1. Align the definitions of implementation in all HUD materials.
    - Single CoC implementation–A single CoC, which has not partnered with any other CoC around HMIS data collection and has a single HMIS software into which the entire CoC's data is collected.
    - Multiple CoC implementation–A group of CoCs, often with bordering geographic boundaries that have elected to operate one HMIS implementation for the entire region. In this case, there is a single HMIS software system used by multiple CoCs.
    - Statewide implementation–A state that is comprised of a single CoC or two or more CoCs that have elected to use a single HMIS to cover the entire state. *(A state with only one CoC should code itself as a Statewide Implementation)*

    In addition to syncing up the definition of Statewide Implementation across HUD guidance, HUD should amend the definitions to include mention of software and server to further assist the Multiple and Statewide implementations in understanding what kind of implementation they are.

2. As CoCs continue to change software and use systems outside of the community's selected HMIS for a variety of data collection purposes, HUD should create data transfer specifications and policies to provide the technical support currently missing.
3. HUD should implement Software System Validation Testing. Creating a testing system that identifies errors directly to vendors and enables vendors to validate their reports as compliant to HMIS data standards required output would increase the confidence level of HMIS reporting and provide unbiased information to communities and VSPs about compatibility. Additionally, HUD can use this information to ensure that their substantial resources being used for HMIS and comparable databases are limited only to those who meet data collection and reporting standards established by HUD and their federal partners.
4. HUD and HMIS users should carefully monitor the reduction of HMIS vendors and the movement of most existing vendors to private equity and take actions (5 and 6 below) to try to ensure CoCs are still able to access affordable and reliable software. The market is by its nature extremely limited and 100% of it is currently served by an existing vendor. Given the limited growth opportunities and ever evolving data collection and reporting complexities, vendors may not be able to dedicate sufficient time and resources to maintaining properly functioning HMIS software. A continued decrease of software options in the market may have a negative impact on the overall quality and cost of HMIS software. As described in the Council of Economic Advisers Issue Brief, "When there is little or no competition, consumers are made worse off if a firm uses its market power to raise prices, lower quality for consumers, or block entry by entrepreneurs."
5. HUD should streamline reporting requirements. Based on conversations with multiple HMIS and comparable database vendors, including those that have exited the market, increased reporting complexity is hindering smaller vendors and driving up costs for CoCs that then need to license more expensive HMIS software to meet minimum requirements. To address this, HUD could mandate a single standardized reporting format (e.g., HMIS CSV) and create a central reporting repository that would produce the other project and system-level reports. This approach would eliminate the need for multiple vendors to develop highly complex reports, simplifying the process for all involved and

likely lowering costs for baseline HMIS costs. HUD would also have more flexibility to generate ad hoc reports using this model. Freeing up these reporting resources may enable the CoC to implement other improvements ranging from increased end user training to implementing APIs to integrate data collected in other databases.

6. HUD should mandate increased vendor transparency. This includes requiring vendors to publicly disclose their pricing models for baseline HMIS functionality, their software uptime, and their ability to meet established deadlines (such as their *actual* release dates for HMIS Data Standards and HUD APR/CAPER). This can help ensure their customers (and HUD) understand the need for HMIS resources, build trust, and improve vendor accountability.

This material is based upon work supported, in whole or in part, by Federal award number H-21-NP-OH-0002 awarded to The Partnership center, Ltd by the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. Neither the United States Government, nor any of its employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately-owned rights. Reference herein to any individuals, agencies, companies, products, process, services, service by trade name, trademark, manufacturer, or otherwise does not constitute or imply an endorsement, recommendation, or favoring by the author(s), contributor(s), the U.S. Government, or any agency thereof. Opinions contained herein are those of the author(s) and do not necessarily reflect the official position of, or a position that is endorsed by, HUD or any Federal agency.