

Worksheet for HMIS Software Capacity Evaluation

Introduction

This tool is designed to help CoC and HMIS staff assess if a HMIS meets the community's data collection and usage needs. This tool can identify areas for needed change or support the development of functional requirements for a Request for Proposals (RFP) for HMIS vendors.

Contents:

This workbook contains four worksheets:

- Basic Assessment
- PDDE worksheet contains the Program Descriptor Data Element
- UDE worksheet contains the Universal Data Elements
- PDE worksheet contains the Program-Specific Data Elements

How to Use the Tool:

The Basic Assessment worksheet allows for the examination of specific software functionality within HMIS. Review each item and indicate if it is available in the HMIS. Within the Basic Assessment, three items refer to the March 2010 HUD HMIS Data Standards. Each item has an individual worksheet to allow for the assessment of individual data elements by descriptor and response categories.

Software Selection Check Sheet

Description		Yes No		Notes
Client Data Collection				
1	Client intake			
2	Needs assessments			
3	History of services provided			
4	Resources directory to provide information and make referral, an I&R application			
5	Client financial worksheets			
6	Case management (needs assessment)			
7	Program entry and exit history			
8	Referral management (referral type, follow up, status)			
9	Client follow-up			
10	Capacity to record family and household relationships			
11	Collection of socio-demographic information			
12	Assessments for determining client self-sufficiency			
13	Does the software collect all of the HUD Program Descriptor Data Elements (see worksheet labeled PDDE Assessment)?			
14	Does the software collect all of the HUD Universal Data Elements (see worksheet labeled UDE Assessment)?			
15	Does the software collect all of the HUD Program-Specific Data Elements (see worksheet labeled PDE			
Functionality to Support Case Management				
16	User friendly interface			
17	data			
18	Reminder capability ("tickler")			
19	Print capabilities			
20	Process for flagging incomplete records			
Data Sharing				
21	Capability to share client level data across programs or agencies.			
22	Flexible data sharing capability so that clients and agencies can identify which part or parts of client files can be shared.			
23	Flexible data sharing capability so that clients and agencies can identify the agencies with which information can be shared.			
24	Capacity to set time limits on the sharing of client level data or agency information.			

Software Selection Check Sheet

Description		Yes	No	Notes
Reporting Capacity and Import/Export Capacity				
25	Built-in standard reports and forms for the U. S. Department of Housing and Urban Development such as the Annual Progress Report/Annual Performance Report (APR), including a report on missing data.			
26	Built-in standard reports and forms for the U. S. Department of Housing and Urban Development such as the Homeless Prevention and Rapid-Rehousing Program (HPRP) Quarterly Performance Reports (QPR), including a report on missing data.			
27	Built-in standard reports and forms for the U. S. Department of Housing and Urban Development such as the Annual Homeless Assessment Report (AHAR), including a report on missing data.			
28	Built-in standard reports and forms for other federal reports and forms, such as the PATH Annual Report or RHYMIS.			
29	Has canned program-level demographic report with numbers and characteristics of clients served.			
30	Has canned program-level data quality assessment reports for analysis and correction.			
31	Has canned Continuum-level data quality assessment and HMIS usage reports for monitoring and compliance.			
32	Ability to generate and save customized reports and forms from within the application without programmer's assistance on multiple levels:			
	a. Client and program level reports and forms that permit individual users to build their own reports and forms by choosing fields, sort orders, data ranges, etc.			
	b. Agency level reports that permit reports and forms to be built reflecting data collected by multiple users in multiple programs within a given agency.			
	c. System-wide reports that demonstrate the usage of services based on data collected by multiple users and multiple agencies within the Continuum of Care.			
	d. Communal reports that can be generated by the Continuum of Care, including the HUD Outcome Measures and CoC defined Outcome Measures.			
	e. Reports and forms must be viewable onscreen in a print preview and exportable to PDF, Excel and user-friendly format. Print screen capability is also desirable.			
	g. Flexibility in generating queries to extract information based on specific data elements or configurations of data elements to use with industry standard applications including common databases, spreadsheets, and report writing tools such as Access, Excel, or Crystal Reports.			
	h. Statistical analytic tools.			

Software Selection Check Sheet

Description		Yes	No	Notes
Information and Referral, Housing Information				
33	I & R application must adhere to the AIRS Data Transfer Protocols.			
34	I & R application must incorporate the AIRS XML file protocols.			
35	Experience in importing and exporting I&R data from other database systems.			
36	Referral tracking and reporting capacities specific to services referred from I&R application and allowing for tracking from within the client data collection module.			
37	Real-time capability to handle residential logs of bed availability, a bed reservation system, and waiting list capacity.			
38	Capability of handling vacancy and rental information for transitional and permanent housing.			
Security				
39	Technical safeguards to ensure a high level of client confidentiality, specifically to the:			
	a. Back end server(s) including data encryption and transmission			
	b. User name and password access			
	c. Automatic timeout/logoff			
	d. Read, write, edit and delete capabilities			
	e. Module and sub-module access			
	f. Group level access			
	g. Automated audit trail			
	h. 128-bit encryption and SSL certifications			
40	Compliant with HIPAA and any and all applicable federal, state and local laws and regulations regarding privacy and confidentiality.			
41	Must have capacity to securely manage data stripped of identifiers that is transferred from each agency to an aggregate level database.			
42	Ability to define and redefine levels of access to client information within each agency and the CoC.			
Systems Integration				
43	Programming: Willingness and experience in customizing automated and manual import/export utilities, with date specification and a transaction			
44	Open programming language that would permit integration and transfer of data between diverse database systems.			
45	Project management: Capability and experience to manage migration of data from legacy systems.			
46	Capability to integrate from multiple databases for communal reporting.			
47	Capacity for import/export data transfer through Comma Separated Values (.CSV).			
48	Capacity for import/export data transfer through Extensive Markup Language (.XML).			

Software Selection Check Sheet

Description		Yes	No	Notes
Training & Documentation				
49	Training to ensure successful implementation and continuing operation of the software.			
50	On-line help available and easily comprehended.			
51	Help desk (24 hour or Local Standard Time compatibility 800 toll free number).			
52	Software problem/issue submission and resolution tracking capacity with follow up protocols.			
53	Demo database available for training and testing use. Must be able to be refreshed for sequential training sessions.			
54	Understandable user and system administrator manuals updated to the current version of the software.			
Software Development				
55	Provisions for receiving and responding to software client feedback on future development.			
56	Provisions for receiving, evaluating, and responding to software fixes.			
Support & Maintenance				
57	Provisions for ongoing system maintenance.			
58	Technical support and maintenance for web based system hardware and software.			
59	Technical support and assistance for system administrators.			
60	Technical support for system users.			
61	Ability to have on-site technical support for initial implementation of the system.			
62	Unobtrusive maintenance: frequency and nature of upgrades timing of implementation with notification.			
User-Friendliness				
63	Rate ease of use of screens for: (1= very easy 2=somewhat easy 3=somewhat difficult 4= very difficult)			
	a. client intake			
	b. assessment of need			
	c. history of services provided			
	d. identification of resources through Information and Referral (I&R)			
	e. program exit/discharge			
	f. client follow-up (i.e. long term outcomes of			
64	Rate overall: (1=very satisfied 2=somewhat satisfied 3=somewhat dissatisfied 4=dissatisfied)			
	a. ease of navigation			
	b. look of HMIS screens			

Software Selection Check Sheet

Description		Yes	No	Notes
Vendor History and HMIS Services				
65	Demonstrated successful implementation in HMIS in at least 3 CoCs.			
66	Has sufficient, dedicated support staff knowledgeable of HMIS application.			
67	Help desk availability during shelter operating hours with demonstrated, satisfactory response times.			
68	Technical support for system administrators.			
69	Technical support for system users. (any additional cost?)			
70	Ability to have onsite technical support for initial implementation.			
71	Provisions for ongoing system maintenance. (any additional costs?)			
72	Has understandable user and system administrators manuals updated to the current version of the software.			
73	Has demo database available for training and testing use. Demo DB must be updated with latest version of software upgrades.			
74	Has demonstrated ability to make ongoing product enhancements to comply with industry standards. (any additional costs?)			
75	Has demonstrated, satisfactory response times for fix and patch releases.			
Costs				
76	Licensing			
77	Support and/or help desk			
78	Training			
79	Add-ons to general HMIS product (PATH reporting, call center management, etc.)			
80	Fees for custom software necessary for reporting			
81	Fees for correction of data (consolidation of duplicate records)			
82	Fees for data imports/exports			
83	Fees for software updates and/or upgrades (new versions, fixes, and/or patches)			

HUD Data Elements				
Program Descriptor Data Elements (PDDEs)				
Description	Response Categories	Yes	No	Notes
Organization Identifier				
Organization Identifier	A unique Organization Identifier needs to be assigned to each distinct organization that operates a CoC Program. There is no specified format for this data element.			
Organization Name				
Organization Name	An Organization Name needs to be identified for each distinct organization that operates a CoC Program.			
Program Identifier				
Program Identifier	A unique Program Identifier needs to be assigned to each distinct CoC Program. There is no specified format for this data element.			
Program Name				
Program Name	A unique Program Name must be recorded to each distinct CoC Program.			
Direct Service Code				
Direct Service Code	Yes, No			
Site Information				
Program Site Configuration Type	Single site, single building, Single site, multiple buildings, Multiple sites			
Site Address	Address, City, State (two-letter state abbreviation), Site Address, Zip code (5-digit numeric code)			
Geocode	Numeric geocode format			
Site Type	Non-residential: services only, Residential: special needs and non-special needs, Residential: special needs only			
Housing Type	Mass shelter/barracks, Dormitory/hotel/motel, Shared housing, Single Room Occupancy (SRO) units, Single apartment (non-SRO) units, Single homes/townhouses/duplexes, Not applicable: non-residential program			

Continuum of Care Number				
Continuum of Care Number	HUD Assigned Number			
Program Type Code				
Program Type Code	Emergency shelter, Transitional housing, Permanent Supportive Housing, Homeless Outreach, Homelessness Prevention and Rapid Re-Housing, Services Only program, Other, Safe Haven, Permanent Housing (e.g., Mod Rehab SRO, subsidized housing without services)			
Bed and Unit Inventory Information:				
Household Type	Households with children, Households without children			
Bed Type	Facility Based, Voucher, Other			
Availability	Year round, Seasonal, Overflow			
Bed Inventory	Integer			
CH Bed Inventory (PSH Only)	Integer			
Unit Inventory	Integer			
Inventory Start Date	--/--/-- (Month/Day/Year)			
Inventory End Date	--/--/-- (Month/Day/Year)			
HMIS Participating Beds	Integer			
HMIS Participation Start Date	--/--/-- (Month/Day/Year)			
HMIS Participation End Date	--/--/-- (Month/Day/Year)			
Target Population A				
Target Population A	SM, SF, SMF, CO, SM+HC, SF+HC, HC, YM, YF, YMF, SMF+HC			
Target Population B				
Target Population B	DV, VET, HIV, NA			
Method of Tracking Residential Program Occupancy				
Method of Tracking Residential Program	Program Entry and Exit Date Comparison, Bed Management Model, Service Transaction Model			
Grantee Identifier				
Grantee Identifier	Integer			

HUD Data Elements

Universal Data Elements (UDEs)

Description	Response Categories	Yes	No	Notes
Name				
Name	First, Middle, Last, Suffix			
Social Security Number				
- Social Security Number	___/___/___ (Example, 000/11/2222)			
- Social Security Number Type	Full SSN Reported, Partial SSN Reported, Don't Know or Don't Have SSN, Refused			
Date of Birth				
- Date of Birth	__/__/____ Month/Day/Year (Example, 01/23/1967)			
- Date of Birth Type	Full DOB Reported, Approximate or Partial DOB Reported, Doesn't Know, Refused			
Ethnicity and Race				
- Race	American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Don't Know, Refused			
- Ethnicity	Non-Hispanic/Latino, Hispanic/Latino, Don't Know, Refused			
Gender				
- Gender	Female, Male, Transgendered Male to Female, Transgendered Female to Male, Other, Don't Know, Refused			
Veteran Status				
- Veteran Status	Yes, No, Don't Know, Refused			
Disabling Condition				
- Disabling Condition	Yes, No, Don't Know, Refused			
Residence Prior to Program Entry				
- Type of Residence	Emergency shelter, including hotel or motel paid for with emergency shelter voucher; Transitional housing for homeless persons (including homeless youth); Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab); Psychiatric hospital or other psychiatric facility; Substance abuse treatment facility or detox center; Hospital (non-psychiatric); Jail, prison or juvenile detention facility; Staying or living in a family member's room, apartment or house; Staying or living in a friend's room, apartment or house; Hotel or motel paid for without emergency shelter voucher; Foster care home or foster care group home; Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"; Other; Safe Haven; Rental by client, with VASH housing subsidy; Rental by client, with other (non-VASH) ongoing housing subsidy; Owned by client, with ongoing housing subsidy; Rental by client, no ongoing housing subsidy;			

- Length of Stay in Previous Residence	One week or less; More than one week, but less than one month; One to three months; More than three months, but less than one year; One year or longer			
Zip code of Last Permanent				
- Zip code	_____ (Example, 12345)			
- Zip code Data Quality Code	Full or Partial Zip Code Reported, Don't Know,			
Housing Status				
Housing Status	Literally homeless, Imminently losing their housing, Unstably housed and at-risk of losing their housing, Stably housed, Don't Know, Refused			
Program Entry Date				
- Program Entry Date	___/___/_____ (Month) (Day) (Year)			
Program Exit Date				
- Program Exit Date	___/___/_____ (Month) (Day) (Year)			
Computer Generated UDEs				
Personal Identification Number				
- Personal Identification Number	A PIN must be created, but there is no required format as long as there is a single unique PIN for every client served in the CoC and it contains no personally identifying information.			
Household Identification Number				
- Household Identification Number	A Household ID number must be created, but there is no required format, as long as the number allows for identification of clients that receive services as a household.			

HUD Data Elements

Program-Specific Data Elements (PDEs)

Description	Response Categories	Yes	No	Notes
Income and Sources				
- Financial Resources: Income received	Yes, No, Don't Know, Refused			
- Sources of Income	Earned Income, Unemployment Insurance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's disability payment, Private disability insurance, Worker's compensation, Temporary Assistance for Needy Families (TANF) (or use local program name), General Assistance (GA) (or use local program name), Retirement income from Social Security Veteran's pension, Pension from a former job Child support, Alimony or other spousal support, Other source			
- Receiving Income Source	Yes, No			
- Amount of Income	\$ _____ .00			
- Total Monthly Income	\$ _____ .00			
Non-Cash Benefits				
- Non-cash benefits received from any	Yes, No, Don't Know, Refused			
- Source of Non-Cash Benefits	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps); MEDICAID health insurance program (or use local name); MEDICARE health insurance program (or use local name); State Children's Health Insurance Program (or use local name); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Veteran's Administration (VA) Medical Services; TANF Child Care services (or use local name); TANF transportation services (or use local name); Other TANF-funded services (or use local name); Section 8, public housing, or other ongoing rental assistance; Other source; Temporary rental			
Physical Disability				
- Physical Disability	Yes, No, Don't Know, Refused			
- (If yes) Currently receiving services or treatment for this condition?	Yes, No, Don't Know, Refused			
Developmental Disability				
- Developmental Disability	Yes, No, Don't Know, Refused			
- (If yes) Currently receiving services or treatment for this condition?	Yes, No, Don't Know, Refused			
Chronic Health Condition				
- Chronic Health Conditions	Yes, No, Don't Know, Refused			
- (If yes) Currently receiving services or treatment for this condition?	Yes, No, Don't Know, Refused			
HIV/AIDS				
- HIV/AIDS	Yes, No, Don't Know, Refused			
- (If yes) Currently receiving services or treatment for this condition?	Yes, No, Don't Know, Refused			

Mental Health			
- Mental Health Problem	Yes, No, Don't Know, Refused		
- (If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes, No, Don't Know, Refused		
- (If client has a mental health problem) {At entry} Currently receiving services or treatment for this condition? [At annual assessment and at exit]: Received services/treatment while in the program?	Yes, No, Don't Know, Refused		
Substance Abuse			
- Substance Abuse Problem	No, Alcohol abuse, Drug abuse, Both alcohol and drug abuse, Don't Know, Refused		
- (If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes, No, Don't Know, Refused		
- (If client has a mental health problem) {At entry} Currently receiving services or treatment for this condition? [At annual assessment and at exit]: Received services/treatment while in the program?	Yes, No, Don't Know, Refused		
Domestic Violence			
- Domestic violence victim/survivor	Yes, No, Don't Know, Refused		
- (If yes) When experience occurred	Within the past three months, Three to six months ago, From six to twelve months ago, More than a year ago, Don't Know, Refused		
Destination			
- Destination Type	Emergency shelter, including hotel or motel paid for with emergency shelter voucher; Transitional housing for homeless persons (including homeless youth); Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab); Psychiatric hospital or other psychiatric facility; Substance abuse treatment facility or detox center; Hospital (non-psychiatric); Jail, prison or juvenile detention facility; Rental by client, no ongoing housing subsidy; Owned by client, no ongoing housing subsidy; Staying or living with family, temporary tenure (e.g., room, apartment of house); Staying or living with friends, temporary tenure (e.g., room, apartment of house); Hotel or motel paid for without emergency shelter voucher; Foster care home or foster care group home; Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); Other; Safe Haven; Rental by client, VASH Subsidy; Rental by client, other (non-VASH) ongoing housing subsidy; Owned by client, with ongoing housing subsidy; Staying of living with family, permanent t		

Date of Contact			
Date of Contact	____/____/____:____ (Month) (Day) (Year) (Hour) (Minute) (Use 24-hour "military" time)		
Location of Contact	Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside that is not a Homeless Connect-type event); Service setting, non-residential (e.g. Homeless Connect-type event, drop in center, day services center, soup kitchen, etc.); Service setting, residential (e.g. emergency, transitional or permanent housing; treatment facility, including health, mental health, or substance abuse clinic or hospital; jail, prison, or juvenile detention facility; family or friend's room, apartment, condo, or house; foster care or group home)		
Date of Engagement			
Date of Engagement	____/____/____ (Month) (Day) (Year)		
Financial Services Provided			
Start Date of Financial Assistance	____/____/____ (Month) (Day) (Year)		
End Date of Financial Assistance	____/____/____ (Month) (Day) (Year)		
Financial Assistance Type	Rental assistance, Security deposits, Utility deposits, Utility payments, Moving cost assistance, Motel & hotel vouchers		
Financial Assistance Amount	\$ _____.00		
Housing Relocation and Stabilization Services Provided			
Start Date of Service	____/____/____ (Month) (Day) (Year)		
End Date of Service	____/____/____ (Month) (Day) (Year)		
Type(s) of Service	Case management, Outreach and engagement, Housing search and placement, Legal services, Credit repair		