



The U.S. Department of
Housing and Urban Development

SNAPS

Data TA Strategy to Improve Data and Performance



SNAPS VISION FOR DATA AND PERFORMANCE SUCCESS

The Office of Special Needs Assistance Programs (SNAPS) has defined a set of goals it believes represent where the field and Federal government can be in 3-5 years. The three goals below necessitate a technical assistance (TA) strategy to achieve success, recognizing that much work is already underway to support the vision.

Continuums of Care (CoCs), Homeless Management Information System (HMIS) Leads/HMIS System Administrators, HMIS software providers and other interested stakeholders should review this strategy to identify:

- How closely their CoC/HMIS implementation is to achieving the vision and strategies
- If these federal priorities align with their local efforts
- Barriers that they may be facing to implement the vision and strategies

GOALS

1. Communities use their data to optimize systems of care through making ongoing system performance improvements and determining optimal resource allocation.
2. Communities operate data systems that allow for accurate, comprehensive and timely data collection, usage and reporting.
3. Federal government coordinates to receive and use data to make informed decisions in coordination with other data sets, across and within agencies.

STRATEGY 1:

Improve the capacity of people setting up, operating, and benefitting from data systems

Characteristic: Expert Homeless Management Information System (HMIS) Leads and System Administrators		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> Software provider: HMIS Leads are entrusted by CoCs to manage software provider contracts/relationships, and act as fiduciary on behalf of the CoC End User: HMIS Leads support all end users and administrators meet DQ standards (Strategy 2) CoCs: HMIS Leads ensure data is high quality for use in planning/review and ranking 	<ul style="list-style-type: none"> Software provider: HMIS Leads monitor software providers to the terms of the contract, or are provided with accreditation by software providers End User: HMIS Leads have developed training curricula to meet the unique needs of beginner, intermediate, and advanced users CoCs: HMIS Leads support data literacy across CoC planning 	<ul style="list-style-type: none"> Software provider: HMIS Leads conduct frequent monitoring of software providers and have access to all programming specs/logic, terminology assumptions, and report generation functionality End User: HMIS Leads collect data from end users pre- and post-training, and use the results to enhance training curricula and delivery CoCs: HMIS Leads provide/manage/merge and de-duplicate high quality data to support cross-system care coordination and planning efforts
Characteristic: CoCs have data-driven leaders		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> CoC has a data subcommittee 	<ul style="list-style-type: none"> CoC shares a vision to end homelessness CoC supports culture of performance 	<ul style="list-style-type: none"> CoCs are engaged with and sharing data and performance metrics across systems of care

STRATEGY 2:

Data systems collect accurate, comprehensive and timely data

Characteristic: Bed Coverage across Continuum (funded and unfunded)		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> 100% required providers and less than 100% non-required providers contribute to HMIS 	<ul style="list-style-type: none"> 100% all homeless service providers contribute to HMIS 	<ul style="list-style-type: none"> 100% homeless providers and non-homeless service providers contribute to shared data environment
Characteristic: Quality data = Timely Accurate Comprehensive		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> 100% complete Less than 100% accurate No timeliness standard 	<ul style="list-style-type: none"> 100% accurate 100% complete Projects directly enter data within 2 hours for crisis response and project start/project exit PSH projects directly enter data within 24 hours 	<ul style="list-style-type: none"> 100% accurate Customized local data elements are limited to information needed to report, serve and house clients. 100% complete Timeliness meets Coordinated Entry placement and referral needs

STRATEGY 3:

Continuums and stakeholders use data to improve efforts to end homelessness

Characteristic: Continuum of Care (CoC) uses data for system planning		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> Using project-level performance data to make rating and ranking decisions and set local performance goals 	<ul style="list-style-type: none"> Aligning homeless system resources to meet needs of people experiencing homelessness 	<ul style="list-style-type: none"> Using all data sources (including data from non-homeless systems of care) to prevent and end homelessness
Characteristic: Continuum of Care (CoC) uses data for coordination of care		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> Multiple homeless providers coordinating to provide housing and services to individuals (or groups of individual) 	<ul style="list-style-type: none"> All homeless providers removing systemic barriers to housing and services 	<ul style="list-style-type: none"> Homeless providers and non-homeless systems of care coordinating to remove systemic barriers to housing and services
Characteristic: Continuum of Care (CoC) uses data to prioritize existing resources for neediest clients		
Current status (or near-term)	Majority of CoCs in 3-5 years	Advanced CoCs in 3-5 years
<ul style="list-style-type: none"> HUD defines vulnerability (to what) and communities are using all available resources for most vulnerable persons 	<ul style="list-style-type: none"> Homeless system uses RRH for progressive engagement and 100% of PSH is highly targeted 	<ul style="list-style-type: none"> Data from non-homeless systems of care is used to prioritize highly vulnerable persons, plus highly targeted prevention (based on local evidence)