

Program Name: <u>Maricopa County Homeless Management Information System</u>					Component Name: <u>N/A</u>				
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1	2	3	4	5	6	7	8	9	
Policy		Planning		Intervention		Impact		Accountability	
6	4,5	CDBG, prevention, and outreach agencies, that provide homeless services, which are not required to participate in HMIS are not participating in HMIS.	Information about HMIS will be provided to agencies at their forums. Project team will meet with every CDBG, prevention, and outreach agency in Maricopa county to discuss and potentially schedule participation in HMIS.	<u>Short Term</u> HMIS staff will attend one agency forum per quarter. Will attempt to schedule two implementations per month.		90% of available CDBG, prevention, and outreach agencies in Maricopa county will participate in HMIS.		1 a. CDBG award list 1 b. Web-site 1 c. Web-site 1 d. N/A, N/A, N/A 1 e. Other agency compiles data 2 a. Arizona Association of Community Action Programs 2 b. Web-site 2 c. Web-site 2 d. N/A, N/A, N/A 2 e. Other agency compiles data 3 a. PATH reports 3 b. Web-site 3 c. Web-site 3 d. N/A, N/A, N/A 3 e. Other agency compiles data	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.

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Policy	Planning		Intervention		Impact		Accountability		
				<u>Intermediate Term</u>					
				<u>Long Term</u>					

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3	2,6	Agencies aren't utilizing HMIS to share information between agencies.	Meetings for agency administrators to discuss starting data sharing. In-service workshops for case managers on how to setup data sharing. Monitoring visits to document difficulties, barriers, successes, etc.	<u>Short Term (2007 – 2008)</u> Meetings will be setup between agencies to discuss sharing client level data and how it is working for current agencies.		40% of participating provider agencies will share client level data.		1 a. Quarterly Agency Reports 1 b. Central database 1 c. Shreveport, LA 1 d. Daily, Staff, N/A 1 e. Automated database 2 a. ROI report (maybe) 2 b. Central database 2 c. Shreveport, LA 2 d. Daily, Staff, N/A 2 e. Automated database 3 a. Open vs. Closed Record Report 3 b. Central database 3 c. Shreveport, LA 3 d. Daily, Staff, N/A 3 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.

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Policy	Planning		Intervention		Impact		Accountability		
				<u>Intermediate Term (2008 – 2010)</u> More meetings will be setup between agencies to discuss sharing client level data and how it is working for current agencies.		80% of participating provider agencies will share client level data.		1 a. Quarterly Agency Reports 1 b. Central database 1 c. Shreveport, LA 1 d. Daily, Staff, N/A 1 e. Automated database 2 a. ROI report (maybe) 2 b. Central database 2 c. Shreveport, LA 2 d. Daily, Staff, N/A 2 e. Automated database 3 a. Open vs. Closed Record Report 3 b. Central database 3 c. Shreveport, LA 3 d. Daily, Staff, N/A 3 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.
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3	2,6	The need for the community to have timely, credible, quality data.	Training of staff on utilization of HMIS to reduce error rates. User Group creating a required fields list for HMIS.	<u>Short Term</u> Monthly quality assurance reports provided to agencies to help reduce error rates.		a) HMIS users will maintain less than 5% duplicate client error rate. b) HMIS users will attain less than 10% null field error rate.		1 a. Duplicate client report 1 b. Central database 1 c. Shreveport, LA 1 d. Monthly, Sys Admin, N/A 1 e. Automated database 2 a. Null data reports 2 b. Access database 2 c. On-site 2 d. Monthly, Sys Admin, N/A 2 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.

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				<u>Intermediate Term</u> Monthly quality assurance reports provided to agencies to help reduce error rates.		a) HMIS users will attain less than 4% duplicate client error rate. b) HMIS users will attain less than 8% null field error rate.		1 a. Duplicate client report 1 b. Central database 1 c. Shreveport, LA 1 d. Monthly, Sys Admin, N/A 1 e. Automated database 2 a. Null data reports 2 b. Access database 2 c. On-site 2 d. Monthly, Sys Admin, N/A 2 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.
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3	2,6	Agencies are using internal manual/automated and redundant processes to perform tasks instead of HMIS when available.	HMIS staff will perform work flow analysis of agencies under implementation. HMIS staff will perform updated work flow analysis to agencies upon request. HMIS staff will train agencies on how to use HMIS to track bed nights and to replace internal redundant manual/automated processes.	<u>Short Term</u> Agencies using HMIS will be provided an updated work flow analysis by request of the agency within 30 days of the request.		100% of shelters using HMIS will track bed nights through HMIS.		1 a. Narrative Report 1 b. Excel spreadsheet 1 c. On-site 1 d. By visit, HMIS Staff, N/A 1 e. Working with Agencies 2 a. Monthly Bed Night Report 2 b. Central database 2 c. Shreveport, LA 2 d. Daily, Staff, N/A 2 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.
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Policy		Planning		Intervention		Impact		Accountability	
6	4,5	Agencies that provide beds that are not required to participate in HMIS are not participating in HMIS. (A portion of the DV agencies are resisting joining HMIS and decision won't be made until HUD makes a final decision	Information about HMIS will be provided to agencies providing beds at their forums. Project team will meet with every bed provider in Maricopa county to discuss and potentially schedule	<u>Short Term</u> HMIS staff will attend one agency forum per quarter. Will attempt to schedule one implementation per month.		90% of available beds in Maricopa county will participate in HMIS.		1 a. Continuum of Care Exhibit I 1 b. Excel spreadsheet 1 c. MAG 1 d. Annual, MAG staff, Annual 1 e. Contact agencies by phone 2 a. HMIS Bed Provider List 2 b. Crystal Reports 2 c. On-site 2 d. Monthly, Sys Admin, N/A 2 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.

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Policy	Planning		Intervention		Impact		Accountability		
		about DV agencies)	participation in HMIS.	<u>Intermediate Term</u> HUD will make ruling on DV agencies.		98% of available beds in Maricopa county will participate in HMIS.		1 a. Continuum of Care Exhibit I 1 b. Excel spreadsheet 1 c. MAG 1 d. Annual, MAG staff, Annual 1 e. Contact agencies by phone 2 a. HMIS Bed Provider List 2 b. Crystal Reports 2 c. On-site 2 d. Monthly, Sys Admin, N/A 2 e. Automated database	Quarterly review of the measurement tools in comparison to our outcome/output goals and results. Corrective action plan submitted to Advisory Board for any outcomes/outputs not meeting the goals with recommended corrective actions for their approval.
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