

## Overview of Homeless Management Information System (HMIS)

The Institute for Community Alliances (ICA) serves as the Homeless Management Information System (HMIS) Lead Agency for the two HUD recognized continuum of care in Vermont. ICA is a non-profit organization that supports data-driven solutions and community information systems that help communities address housing instability, homelessness, food insecurity and related issues. ICA provides HMIS lead services and database administration in 14 states covering 36 HUD defined continua of care. ICA also provides technical assistance and short-term database support in communities throughout the country.

HMIS is a client centered database mandated by Congress via the HEARTH Act of 2009 for use by organizations throughout the country that receive funding from the US Department of Housing and Urban Development (HUD) in the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs. Additionally, HMIS use is required by rule in other federal programs at Health and Human Services (HHS) and Veterans Affairs (VA). There are more than 500 pages of written guidance related to the system, covering everything from technical and security standards, database configuration, data collection procedures, and reporting.

The agencies receiving these federal funds provide street outreach, emergency shelter, transitional housing, eviction prevention, rapid re-housing, permanent supportive housing, and coordinated entry. HMIS use is not restricted to agencies receiving federal funding in these categories. If an agency provides these services, regardless of funding, they can become a participating agency and track their programs and services in the system. The greater the system participation, the more accurate the picture of homelessness in a community.

Each community's HMIS is required to perform several essential functions. These include:

1. Produce an unduplicated count of persons experiencing homelessness over a defined period of time.
2. Collect client level data on persons experiencing homelessness.
3. Generate annual program level reporting, including on persons served and outcome of services provided.
4. Generate system/community/Continuum of Care level reporting, similar to program level reporting, including on performance metrics defined by HUD.
5. Generate data for the Annual Homeless Assessment Report (AHAR), the required report submitted annually to Congress.
6. Provide a coordinated entry system to prioritize persons experiencing homelessness for the necessary and appropriate housing interventions.

The Vermont HMIS has been in operation since the early 2000s. It became a statewide system in 2016 with the inclusion of the Chittenden County CoC HMIS along with the Balance of State HMIS. The software vendor in use is Bitfocus Clarity Human Services, which was chosen by the CoC membership in 2021 to replace the incumbent software that no longer met the needs of the agencies.

The ICA Vermont staff provide support, training, reporting, and other technical assistance to HMIS participating agencies throughout the state. At present, 54 agencies and 224 users are active in the system on a near daily basis.

Near live time data can be found on the ICA website (cookies must be enabled and ad blockers disabled to view):

<https://icalliances.org/vermont>

Additionally, historical data may also be found on the ICA website: <https://icalliances.org/vermont-data-and-reports>

## HMIS and Coordinated Entry

Communities receiving HUD funding under the Continuum of Care program are required to develop and maintain a system for prioritize persons experiencing homelessness for housing and related services. This coordinated entry system is structured based on certain programmatic requirements set for by HUD as well as policies and procedures developed by the continuum of care. In Vermont there are two main systems created and administered by the continua of care in Chittenden County and the Balance of State. If a continuum of care receives HUD funding to administer its coordinated entry system it is required to use HMIS to maintain the system, specifically the prioritization data collection and subsequent priority list.

Collection of coordinated entry data in HMIS gives communities a lot of information, but it does not result in the creation or addition of safe, affordable, or accessible housing. It does, however, provide a picture of the extent of the need for housing, especially for the most vulnerable in our communities.

Online dashboard is available at <https://icalliances.org/vermont-coordinated-entry-dashboard>

As an example, in the 12-month period ending June 30, 2023, Vermont exited 2,640 households (both singles and households with two or more persons). Their exit destinations and time in coordinated entry prior to exit are as follows:

Exited to Permanent Destination Breakdown		
Destination	Count HoHs <input type="text"/>	Average Days in Project
Rental by client, with ongoing housing subsidy	573	282.14
Rental by client, no ongoing housing subsidy	435	165.74
Staying or living with family, permanent tenure	103	206.08
Staying or living with friends, permanent tenure	50	187.66
Owned by client, no ongoing housing subsidy	31	177.84
Owned by client, with ongoing housing subsidy	11	235.04

  

Exited to Non-Permanent Destination Breakdown		
Destination	Count HoHs <input type="text"/>	Average Days in Project
No exit interview completed	681	324.37
Other	317	378.87
Emergency shelter, including hotel or motel paid for with emergency shelter v...	101	283.84
Staying or living with friends, temporary tenure (e.g., room, apartment, or hous...	76	214.48
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/tr...	61	249.72
Deceased	60	316.71
Jail, prison, or juvenile detention facility	46	300.66
Staying or living with family, temporary tenure (e.g., room, apartment, or hous...	42	218.42
Data not collected	34	393.96
Transitional housing for homeless persons (including homeless youth)	18	246.82
Hospital or other residential non-psychiatric medical facility	12	310.50
Long-term care facility or nursing home	10	313.18
Residential project or halfway house with no homeless criteria	8	225.25
Substance abuse treatment facility or detox center	8	286.33
Hotel or motel paid for without emergency shelter voucher	7	154.18
Client doesn't know	3	174.20
Client prefers not to answer	3	57.50
Foster care home or foster care group home	0	342.25

In summary, more people exited to non-permanent housing than exited to permanent housing. This can largely be attributed to the lack of access to housing across the state. At the current rate of successful housing placement compared to need, the state of Vermont will not end homelessness until 2051 at the earliest.

ICA is happy to provide additional information and data upon request.

Respectfully submitted by Adam Smith, HMIS Director (adam.smith@icalliances.org)