This brief describes the key role that data collection and utilization will play under HEARTH and how philanthropy can be instrumental in the improvement of data systems and practices for measuring homeless outcomes.

Across the social-service spectrum, the ability to demonstrate outcomes is increasingly important. More and more public and private funders expect their grantees to provide evidence that their investment is effective. In the area of homelessness, however, quantifying and reporting results has been far less common than tracking and reporting service levels (people sheltered, meals served), and, until HEARTH, few standard outcome measures were available for use at the community level.

Philanthropy has long emphasized measurement and outcomes, though usually these have been at the individual program level and were different for each program and strategy. New national performance measures in HEARTH apply not just to individual programs, but also at the community level to assess how well each local system is performing. HEARTH outcome measures include:

- Shortening the time individuals and families remain homeless (including time spent in homeless programs)
- Reducing repeat episodes of homelessness
- Reducing the numbers of individuals and families who become newly homeless
- Increasing the rate people achieve jobs and incomes
- Thoroughness in reaching and effectively engaging homeless populations

Together, these criteria can help a community assess how well its system is performing at addressing each person in need’s situation quickly and effectively, and at reducing overall homelessness. These indicators, however, are new for most communities, and measuring them and applying the results to make system improvements pose significant challenges.

Where We Have Been

For many years good data on homelessness was difficult to obtain. Homelessness is not a static condition, and homeless people, because they move around and are often out of sight, are not easy to count. Housing and service programs generally report how many people they serve but have varying levels of information about the results of their services—and very few communities have good information on the joint impact of their programs...
at the system-wide level. In addition, many in the field have felt that, because the macro-factors that create homelessness are difficult to influence, local accountability for client outcomes could not be meaningful.

Beginning in 2004, Congress mandated that all homeless providers funded by the U.S. Department of Housing and Urban Development (HUD) enter data about clients into a local Homeless Management Information System (HMIS). To improve reporting, HUD also began to require that communities receiving federal grants conduct a comprehensive count of homelessness people, both sheltered and unsheltered, at least every other year. It has taken most communities several years to develop strong standard methods for counting and to gather high-quality data in the HMIS systems.

Many places still struggle to enter and report data in a systematic way. In the last few years, however, the overall quality and reliability of this data has grown significantly. These data sources now provide the basis for beginning to measure overall system impact and even to be able to reasonably compare outcomes across providers and programs within a system.

**Moving to Homeless System Performance Measurement**

HEARTH defines for the first time national standards for success and provides performance benchmarks for high-performing communities. While recognizing that homelessness is the result of many factors, the outcome measures establish a way for programs to rate their own performance and for funders and stakeholders to evaluate the system’s combined impact. Even with fluctuating macro-factors such as unemployment and tight housing markets, homeless systems can still assess their impact on the problem of homelessness and begin to seek ways to improve the system’s performance.

With the introduction of the HEARTH outcome measures, local Continuums of Care will first need to understand the results they’re achieving now with their existing set of housing and service resources—in other words, the baseline of current performance. They will need to see what programs and types of programs have the best short- and long-term outcomes for different types of clients. To continue to compete for resources, communities and funders may want to use this information to focus on improving the outcomes of “lower performers” and/or to direct new or existing resources to the programs and types of activities with the highest performance. All of this requires both high-quality data and a method for using it to influence decisions.

Certain places around the country have already begin the process of measuring their programs’ and overall system’s performances. Some communities with long-standing data collection histories already use reports from their HMIS to evaluate provider performance and allocate local or state resources. In a few places, HMIS data is used along with the information from other systems of care, such as mental health or social services, to assess changes in service utilization, estimate cost-savings from housing program participation, and better target services.

In most places, however, outcome measurement is still in its infancy. Providers and government agencies generally have little experience with applying outcome data to decision making. Because HMIS data systems are still fairly new and have produced limited system reports in most communities, confidence in the data is often low. The use of data can also be threatening and scary to providers, especially if there has been little opportunity for community input regarding the process for establishing performance benchmarks, learning to read and understand the results, and receiving support to make change.

**The Role of Philanthropy**

Grantmakers and community funders can play a pivotal role in the shift toward using outcome data to review performance and inform resource allocation decisions. As investors, grantmakers can help drive the change by requesting standard outcome information from grantees, in alignment with the HEARTH Act’s goals. They can participate or lead the planning and design processes that create system-wide measures, establish improvement benchmarks, and help train providers and funders to use locally generated information to inform program and system change. Philanthropic organizations, such as foundations and United Ways, can lead this process by
agreeing to align with other private and public funders to accept common performance goals and standardized reports, and can support the development of infrastructure to make it happen.

**Examples of Leadership and Investments**

**Funder:** St. Luke’s Episcopal Health Charities

**Goal:** Improve coordination among homeless serving agencies and increase use of data to measure outcomes

St. Luke’s Episcopal Health Charities of Texas was investing grant funds in several homeless programs that provide critical services but weren’t very coordinated in their efforts. The foundation decided to take a more strategic focus in their homeless giving and launched the Episcopal Homeless Initiative, focused on helping their core agencies learn to prevent homelessness where possible, and move those who became homeless into housing faster. The foundation realized that to measure progress and learn from each other, the agencies would have to be able to produce high-quality data. They funded the Coalition for the Homeless, which operates the Houston Homeless Management Information System (HMIS) to train providers to use the system, customize it to meet reporting needs, and provide technical support and troubleshooting. The investment not only gave the foundation the data it wanted, it also helped the providers share information and work together to better serve clients. The investment not only helped the providers in the Initiative, it also improved data usage for the entire community, helping them to use reliable data to make informed decisions.

(www.slehc.org/Operations/Partnership_and_Collaboration/Community_Partners.cfm)

Not all investments that support the use of data have to be so large. Smaller grants are also supporting data improvement and usage. For example, in 2012, the Y&H Soda Foundation made a $15,000 grant to EveryOne Home in Alameda County, CA. The grant will be used to offer two awards, one for the program with the highest rate of clients securing permanent supportive housing in the shortest time, and one for the most improved performance. The outcome data used to determine achievements of programs will come from the HMIS database. (www.everyonehome.org/news_12-03-outcome-awards.html)
What You Can Do

- **Support the improvement and/or expansion of the Homeless Management Information System.** Some communities have gotten grants from HUD for the core functions of their HMIS, but many are not funded enough to cover all the programs that should be participating or to produce high-quality analysis. As communities add new programs to the system, additional support for customization, training, reporting, and staff time to produce analysis may be needed.

- **Provide resources and participate in performance improvement processes.** Besides having high-quality data, communities need a well-established and trusted process for using the data and applying the results to resource decisions. Grantmakers can be key to validating the importance of performance measurement, as well as to providing resources in support of community planning, training in reading and using outcome reports, technical assistance to agencies struggling to meet performance benchmarks, and performance incentives to reward improvement.

- **Use outcome data in making future funding awards.** The biggest step philanthropic organizations can take is to help align homeless funding with the HEARTH Act’s goals by using the same measures of performance for evaluating grantee performance. This doesn’t mean other outcome factors cannot be considered as well, but for progress in ending homelessness, HEARTH outcomes cover the key elements related to programs in ending and preventing homelessness. Allowing grantees to apply for foundation or other funding based on their HEARTH outcomes supports the system-wide effort to measure and improve performance in a consistent way that improves critical outcomes for the client.

For more information on performance measurement and homelessness: www.endhomelessness.org

For more information on HMIS systems and their role in homeless outcome measurement: www.hudhre.info/index.cfm?do=viewHMISHome

For more information about the role of philanthropy in ending homelessness: www.funderstogether.org

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1. As an example of how data quality has improved, HUD’s first Annual Homeless Assessment Report to Congress in 2005 included data from only 63 communities. By 2010, 411 communities were submitting some data to this national report.

2. Columbus, Ohio has had a performance measurement system in place for many years. Other communities with notable homeless performance measurement systems include Philadelphia, PA, the State of Michigan, New York City, and Alameda County, CA.