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IMPACT – Information Management, Public Access, Community Transformation: Year Two Evaluation Report, September 1, 2001 through August 31, 2002

Oscar Gutierrez

University of Massachusetts Boston, oscar.gutierrez@umb.edu

John McGah

University of Massachusetts Boston

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IMPACT – Information Management, Public Access,
Community Transformation

Year Two Evaluation Report
September 1, 2001 through August 31, 2002

Prepared by:

Oscar Gutierrez and John McGah

Center for Social Policy
McCormack Institute of Public Affairs
University of Massachusetts Boston

December 20, 2002

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Executive Summary

The goals of the IMPACT project are “to improve access to and delivery of human services for low-income residents, strengthen community planning and resource allocation, and enhance understanding of data on homelessness can be gathered and aggregated on local and national levels to accurately capture the scope of the problem and the effectiveness of efforts to ameliorate it.”

The Center for Social Policy (CSP), McCormack Institute at the University of UMass Boston was commissioned to produce a series of evaluation reports of the IMPACT project; *this is the second of three reports covering year two activity of the IMPACT*. The Year One report focused on processes in place to implement the project. This report (year Two) continues to look at processes but now also starts to assess progress towards outcomes. The overall evaluation focuses on three broad categories: (1) information and referral, (2) case management, and (3) community planning.

Along those lines, the CSP evaluation team collected and analyzed data from focus groups conducted in Lake County with case managers, agency directors, project management and partners; meetings with project management staff; case manager surveys; agency administrator surveys; as well as data provided by project management staff as requested. These data included usage reports generated from the case management and information and referral technology tools.

The IMPACT Project is basically on track given the timeline changes that were approved by the Department of Commerce. There is some frustration being experienced among users of the system within service agencies. This is to be expected given the massive cultural change that is underway to implement the case management system (ServicePoint). How that frustration is dealt with by all stakeholders will likely define the level of success that IMPACT project reaches.

In that sense Year Three is a critical timeframe. Stakeholders, planners, service providers, and consumers alike will need to see outcomes in order to keep momentum. The further the project is implemented the greater these outcomes will be.

The remainder of the Executive Summary lists the status of recommendations from the Year One Evaluation Report followed by new recommendations at the close of Year Two.

Update on Recommendations From Year One

What follows is a list of specific recommendations made by the CSP Evaluation Team in the Year One Evaluation Report (2001) and a brief description of the status of related actions. For further detail on each recommendation see the Year One Evaluation Report recommendations section. (In that section under each recommendation is a clarifying paragraph labeled “Rationale”.)

Structure

Recommendation 1. Institute a broad-based Steering Council or Committee comprised of agency, advocacy, local government and consumer representation for the next two years. This committee could meet on a quarterly basis.

Status – At the end of Year Two, the Project Management Team had just established and had an initial meeting of a broad-based Steering Committee as described in the first recommendation. The project currently requires an enormous amount of coordination between homeless service agencies, Management Services, Planning Department, BVM Communications, Bowman Internet Systems, Health Department, UMass, United Way, and has several committees and commissions already in place and contributing to the project in various capacities. This group includes one member from each IMPACT sub-committee, the project director, Lake County Community Planning technical expert, and the president of the Homeless Coalition. The group is expected to continue to meet quarterly.

Recommendation 2. Establish a formal reporting mechanism of outcome-related criteria that satisfies three different sets of constituencies: service agencies, consumers, and funders or local government.

Status – BVM Communications has created formal reporting mechanisms for the kiosks and provider/web version. The IMPACT project staff has created a formal reporting mechanism to report outcomes from the case management system. These reports are used in the interim until a larger reports module is in place.

Recommendation 3. Form an outreach committee to work on the expansion of the IMPACT network.

Status - The original 9 providers piloting the case management system are still in the process of “getting comfortable” with ServicePoint and one agency has not implemented the system. It is expected that all agencies will be fully using the system by December 31, 2001. Therefore, by April 2002, project staff should be able to aggregate complete and accurate data for the first quarter of 2002. Active outreach and fundraising efforts are planned to begin after successful results can be documented for the first quarter of 2002.

Recommendation 4. Organize to develop an expansion of services and sustainability strategy that goes beyond the year 2003.

Status - An expansion of service and sustainability strategy will be developed in coordination with the outreach team mentioned in recommendation 3. Project staff expect future HMIS funding to be secured through Continuum of Care funds and County support, kiosk maintenance and/or expansion is expected through

advertising/sponsorship efforts, and the provider/web version is expected to be funded through user fees and/or local funds.

System Architecture

Recommendation 5. Move to accelerate the implementation of the overall IMPACT architecture, such that data can be collected for analysis and evaluation.

Status - At the end of August 2002, 8 of 9 ServicePoint users are implemented, the Provider Version is complete, and 7 of 9 kiosks are in place. During year two, the one remaining ServicePoint agency and two kiosks will be implemented, the reports module will near completion, and the Provider Version will expand the number of licenses assigned. Project staff believe that taking the time to restructure the database is in the best long-term interest of the project, even if that results in the delay of certain infrastructure outcomes.

Recommendation 6. Initiate the development of the Interactive Voice Response application.

Status - This has been terminated since hotline services are available in Lake County utilizing the I&R database and due to unexpected costs and implementation resources.

Information & Referral

Recommendation 7. Assess the feasibility of proceeding with the conversion of the Helping Hands database to SQL Server.

Status - The Helping Hands database conversion to SQL Server 2000 is in process.

Recommendation 8. Continue and finalize development of the web version of the Helping Hands database.

Status - The Provider Version that offers I&R information via the Internet is currently available to social service providers who purchase a license. The committee is currently in the process of developing the web version targeting the general public. The web version is expected to be available in late 2002.

Recommendation 9. Implement an interim audit procedure to validate the language translation process.

Status - The Spanish translation has been more complex than expected and costs for a worthy solution are beyond the budget. Members of the Planning Committee are rethinking the translation strategy and will likely restructure the

taxonomy of the database, and convert to SQL Server so as to translate terms rather than complete text.

Case Management

Recommendation 10. Develop a support mechanism for the case management system implementation.

Status - The current formal support mechanism for technical assistance (TA) with ServicePoint is phone support provided by the technical specialist and project director. (Users of the system continue to call the project director out of habit but should direct their TA calls to the technical specialist.) These staff members are able to respond to all questions and problems that arise but there is evidence that not all problems are being submitted by phone or at all. Through the case management committee, participating agencies address the non-technical aspects of implementing a HMIS. Examples include the significant time spent on privacy issues and the discussion on developing a rapport with clients while using an HMIS. However, a more defined strategy and list of issues can be developed to address these issues more strategically.

Recommendation 11. Establish a peer-to-peer ongoing training program for ServicePoint.

Status – Staff within each agency train new staff as they join the agency and the IMPACT Project Management provides on-site trainings/refreshers as needed.

Recommendation 12. Develop a strategy to expand the service base and use of the case management system.

Status - The County's Management Services division and Planning Department will continue to maintain the ServicePoint system beyond the grant term. Additional funding will be acquired through the County's Continuum of Care funds. Currently, 3-5 agencies are interested in implementing the ServicePoint after the initial 9 agencies are operating smoothly. Additional outreach will be put in place as described in recommendation 3.

Recommendation 13. Move to develop a set of standard operating procedures (SOPs) for the central server but most importantly for the participating provider agencies.

Status – It is agreed that the committee needs to develop Standard Operating Procedures to govern the IMPACT system. These are under development.

Recommendation 14. Move to develop policies regarding release of data sets to the public.

Status - As mentioned earlier, the project will request the Lake County Coalition for the Homeless to act as the authorizing body to release information attained through the IMPACT system. If this is agreed, the coalition can develop a set of policies to determine the criteria for the release of information.

Community Planning and Implementation

Recommendation 15. Improve the mechanisms to document community planning and coordination.

Status - The committee will develop a simple mechanism to monitor how client data and information from the reports module are used for community planning.

Recommendation 16. Develop tools and training to support participating agencies in estimating expected impact of services.

Status - The committee will instruct agencies how to complete surveys or other information requests in order to assess the impact of these systems.

Recommendation 17. Move to introduce a simplified systems implementation and systems usage audit mechanism.

Status - Program timelines and checklists are already in place to monitor the implementation process of each module (i.e. ServicePoint, Kiosks, Provider Version, etc.) as well as kiosk and provider version usage. However, the committee will develop a mechanism to track the agencies' use of the ServicePoint system.

Recommendations for Year Two

1. Set a proactive kiosk strategy to stabilize usage and set an upward usage trend, however modest.

Analysis of kiosk usage patterns shows significant variability indicating the need for a proactive strategy to set and maintain usage levels across the various kiosk locations that are consistent with numbers and types of clients served.

A proactive strategy may take several forms. It may focus on staff proactive actions, kiosk promotion and visibility in and out of kiosk locations, or client motivation tactics to use the kiosks more than once.

A proactive strategy should be formulated with a commitment to set an upward usage trend.

2. Provide an explanation of the usage patterns and motivating factors for high usage kiosk locations (Waukegan Rooms 222 and 150) and low usage kiosk locations (Zion and Behavioral Health).

The data seem to indicate that Waukegan Room 222 and Waukegan Room 150 have slightly better overall usage patterns than other locations. One evident factor may be the size of the population served. There are however, some usage patterns that seem to indicate the presence of a motivating factor to increase usage.

Similarly it is possible to identify locations with low usage patterns such as Zion and Behavioral Health. Demonstrate that the level of activity is consistent with the clients served per unit of time. If this is not evident, identify the motivating or inhibiting factors and take consistent or proactive action to improve usage trends.

3. Develop a proactive strategy to respond to issues that may emerge from kiosk user surveys.

Analysis of kiosk user survey data show overall favorable user satisfaction and adequate ease of use. However, there seem to be a number of areas where improvements to content and process can be made. The following are suggested areas for improvement. They are placed in the context of what the design team can learn in order to improve the application.

- Improve the design and development team’s understanding of user search criteria so that user satisfaction improves by a reasonable factor.
- Improve the design and development team’s understanding of user information requirements so that the measure of information match can be improved.
- Improve the design and development team’s understanding of how users can complete the Learning Center sessions so that their experience contributes to their increased understanding of health or safety issues.
- Improve the design and development team’s understanding of the user interaction with specific eligibility programs so that their experience contributes to their identification and follow-up with program application.

4. Continue the support of BVM Olienti and Bowman Internet Systems collaboration to enhance the integrated features of IMPACT.

The integration of the BVM Fifth Media application with the Information and Referral component of ServicePoint called ResourcePoint is a contribution to the Homeless Management Information Systems field. This aspect of the IMPACT project

provides a clear example of how innovative technologies can be used to foster excellence and improved services in community-based organizations.

It is recommended that the integrative work of these two applications be supported to completion.

5. Develop a strategy for the inclusion of all participating agencies to use the ServicePoint system.

In order to achieve the level of service that will directly benefit both clients and caseworkers alike, it is necessary for the IMPACT project to be more or all-inclusive. Ensure that all committed agencies do participate in the use of the ServicePoint system. This strategy may call for the expansion of agency coverage from the original agreements.

6. Document to what extent the 8 Case Management benefits identified in the Case Management section of this report have been realized.

Prior to the beginning of the ServicePoint implementation, participating agency administrators were asked to articulate the anticipated benefits from using the system. Articulate whether the benefits identified before implementation have been realized. Re-visit these issues and assess whether the expected benefits still apply. Obtain an updated set of articulated expectations and formulate an appropriate strategy to achieve them.

7. Develop a proactive strategy to incorporate case management support in ServicePoint.

A distinction should be made between data collection for reporting purposes and case management support through ServicePoint. Lake County has begun the implementation of data collection mechanisms through ServicePoint. However, the more substantive case management use of the tool is yet to be realized. Develop a strategy to more closely integrate ServicePoint to the day-to-day case management activities of selected participating agencies.

We recommend that the goals of this task start modestly. That is, begin with tracking all referrals for all sites for a month straight then review the results both in the data collected as well as the operational benefit. Create a simple report to share with executive directors and service staff (ServicePoint users) to show the real results of their added effort. Ideally select sites that share clients.

8. Develop a more proactive strategy to capture the technical assistance needs of ServicePoint users who for different reasons are not utilizing the phone supported provided.

Phone support provided by the IMPACT Technical Specialist and Project Director have succeeded in meeting the needs of questions and concerns that have reached the TA

hotline. However it became evident that not all concerns, fears, and problems were addressed. We recommend continued work towards identifying those concerns of users through the Case Management committee. One option is to conduct more regular user group meetings which will get at problems, hopefully nipping concerns in the bud, as well as spreading word of what is working well including best practices in Lake County for implementation, and thereby helping create momentum towards County-wide implementation.

9. Begin planning policies for access to aggregate data

As data entry and usage of ServicePoint likely increases it is important to think through issues of access to this community data prior to the need. Answers to the following questions: Who has access to the aggregate? When is the data ready for release? How accessible with the data be? Who owns the aggregate data?

10. Create a shared understanding among stakeholders of the process of incorporating Catholic Charities data.

Catholic Charities is one of the largest service agencies in Lake County. There are great benefits to the entire system from their inclusion. However, failed expectations around the linkage to Catholic Charities' data system can be big trouble. There should be a clear and realistic understanding of the timeline, benefits, and limits to linking with Catholic Charities' system.

11. Create work plan with timelines and benchmark goals to track and encourage progress incase management tool utilization.

We recommend that a work plan and timeline be established with benchmark dates to help encourage and ensure the steady increase of the case management tool (ServicePoint). The plan should have realistic goals that are tied to levels of implementation at each agency (e.g., by March 30, 2003, Agency XYZ will have all service records in for the Month of March and continue to enter service records moving forward.) There should also be a shared understanding as to what the consequences are for failing to meet agreed upon goals.

12. Develop a more regular schedule of ServicePoint trainings.

More frequent trainings would help solve the lack of informed staff due to staff turnover and standardize a consistent message delivered to users of the system. We recommend creating a manageable schedule that is not overbearing to the Technical Specialist and that there is a great enough need to fill a session, ideally at least 10-12.

13. Obtain a paper assessment form that exactly mirrors the order of the ServicePoint software.

This was recommended in one of the focus groups conducted in Lake County. Each agency may have slightly different need for their paper forms but having an electronic document that agencies can alter for their needs that matches ServicePoint is recommended. These currently exist in other cities around the country can be provided by the CSP Evaluation Team.

14. Create a strategy through user group meetings and/or Case Management Committee issues of how to create trust with a client using technology.

The issue of trust surfaced more than once in the focus groups and is important to staff/client buy-in. How do you balance the flow of conversation with a client based on his/her needs with the standardized case management tool? Solutions may be quite easy (keep notes section in the paper file and/or enter in the ServicePoint notes section any additional information not captured) or quite difficult (going with the flow of the conversation but making sure all the needed data is collected and entered in the system.) There may be different solutions at different agencies but this is an important issue to create a solid foundation for moving forward.

15. Create standardized language for consent form to share client level information.

There are currently different consent forms being used. There should be one form with different options, or standardized language that relates to sharing with ServicePoint that can be inserted into existing forms.

16. Continue to develop a plan for funding for IMPACT after the end of the Department of Commerce Grant.

Some options have been discussed including selling advertising space in the Helping Hands system, applying to foundations, partnering with state agencies, applying for federal funding including Community Development Block Grants, and HUD SuperNOFA funds for HMIS. For each option, planners should assess the its likelihood of successfully raising money and determine who can do the work required to implement it.

IMPACT Focus Groups

This section describes focus group discussions facilitated by the CSP Evaluation Team in August 2002. The key questions we used to frame the focus group discussions were (1) who is using the IMPACT system tools? (2) At this point, what is your assessment of whether the technology is worth it in the end? (3) At this point where is there buy-in to IMPACT and where is there resistance?

The following are highlights of comments in the different focus groups:

Case Management Users Focus Group

This group included staff and directors that were using the ServicePoint web-based software for case management and general data collection.

Remarks generated from the question, “What has been positive in your experience related to using ServicePoint?”

- The users’ meetings are very helpful
- Making customized paper forms makes a big difference
- Smaller sites are having great success with very manageable number of clients (about 16 families / year)

Remarks generated from the question: “What has been the experience with clients in using ServicePoint?”

- There is a fascination with the system in some people’s part
- Some resent all the questions when they just came for food
- Many clients like the idea of saving time when more sharing occurs
- There are mixed reactions at my agency, some are leery of sharing any health information
- It generates interest for some who are interested in computers

Remarks generated from the question: “What would you upgrade related to using ServicePoint?”

- Only 1 site is currently using services section of ServicePoint
- Many sites are not getting the data entered
- For an agency with many locations, they consumers have less trust for staff and system at some as opposed to others
- Some users are waiting for all bugs to be gone
- Not everyone is getting the minimal data in
- It takes a lot of time to utilize at this point
- Adding children is cumbersome
- Difficult to get back data (reports) in a quick manner
- Paper forms need to be in exact same order of ServicePoint
- Not enough data to utilize referrals
- Lack of manpower
- Staff turnover is great
- Some sites lacking DSL capability
- Some staff don’t have computer at desk

These responses, particularly the negatives ones, are not unique for communities at this point of implementation. This is the beginning phase of the implementation of ServicePoint which means a significant cultural shift for staff and agencies that have

previously used another system to document (or not) information on client interaction, there is not a base of referrals from other agencies from which to build on and make life easier for case managers, staff are still learning the system, there has not been time to date to build great trust around the system among staff and between staff and clients, staff have little extra time to add additional components to their work; staff changes; the push for usage comes primarily from agency directors at this point who have more to gain in using the system at this stage making staff feel that they do extra work to benefit management not themselves directly.

These are significant, but not unique or unexpected problems. The case management group has been good at addressing these issues to a degree but needs to continue to communicate with end users in creative ways and identify creative ways of resolving them. It was generally agreed that once Catholic Charities, one of the largest service providers and referral generator in Lake County, becomes part of the system, that case managers will benefit more from the system. All stakeholders should have a shared understanding of the process to incorporate Catholic Charities data. This will help manage expectations of timelines and benefits.

Community Planning Focus Group

The Community Planning Group described some of the frustration existing among users of the ServicePoint System in the short-term, and optimism for the long-term. They are hopeful that the obstacles they are discovering with that aspect of the project are bumps on the road to implementation of a new, ambitious system. At present they do not see the benefits from the time and technology that is being utilized. For example there is little knowledge of the reports that can be created in ServicePoint using the Report Writer function, or from running existing reports. In fact the question remains among some staff, “Why am I doing this?” In the *long-term* they feel a fully running system with greater usage (and the inclusion of Catholic Charities) will benefit service providers, consumers, and planners alike.

Regarding the kiosks, usage is up including a number of applications for jobs some of which ended in job placement. There is effort being made to get workforce development representation on the Project Planning Team and hope that regional movement

Key remark generated from the question, “What has been positive in your experience related to using ServicePoint, Kiosks, web based I&R?”

- The system is better than using the Redbook since that is only updated every 3 years and ServicePoint is real time.

Key remark generated from the question, “What would you upgrade related to using ServicePoint?”

- Staff needs greater incentive to utilize the system more fully.

Other key remarks on what has overall been positive:

- Project Director has been tremendous as he keeps persevering.
- We understand this is a Marathon
- We got the money to do this
- The partnership with BVM has been very positive

Other key remarks on what overall could be improved:

- 15% of project director's time is inadequate to needs of the project
- Need to increase overall usage
- The kiosk system needs a lot of marketing
- Would like to see more advertisers placing ads on the kiosks
- Will apply as Continuum of Care for Federal HUD funding form HMIS

Health Center Visit

In August 2002, CSP Evaluation team observed kiosk usage at the Health Department in the Belvidere Building in Waukegan and spoke to a few kiosk users in both English and Spanish. Kiosks were placed in an easy access location with signs that read, "Visit the Kiosk." The results were inconclusive due to the low number of users that day, however we did find the following:

- Some Spanish users were not sure if they were welcome to use the system
- Overall the system worked very well
- Users found the system very easy to understand and logical and found what they were looking for.

Provider Version Information & Referral

Again at the Health Department in the Belvidere Building in Waukegan, the CSP Evaluation team met with the project director, a health department director, and 3 staff workers. Overall the users we talked to were very positive of their experience but indicated they were the exceptions among staff colleagues, most of whom had not used it much or at all. All in the focus group felt the investment of time and resources was definitely worth it. Some key user comments include the following:

- I need to do a fast intake and don't have time to use it during an interview. I use it during downtime only.
- There are a lot of service agencies that I can utilize on there
- The training was good in the overview I got
- I am using it but others in my office are not (they are not comfortable with it and don't have time to put in to build comfort level.)

- Another agency said there was not a lot of use at his agency beside himself, but they had just got computers in there so it was all new.
- A memo went out to all staff about the desktop version but people will need more prodding to get used to it.
- There needs to be more cheerleading to increase usage
- Some computers cannot access from their desktops
- Workforce Development is the most popular section
- A hands on training with more detail provided on the system would help
- Trainings are best done on site.

Focus Group Conclusions

In the end, focus group participants feel the case management tool is being used by a good portion of participating agencies for some basic information only. There is little use to date of services and referrals. Members of the focus groups overall agree that when the services and referrals are entered consistently, and there is greater capability among staff to utilize reports, then the investment of time and technology will be worth it. However at the moment it does not all feel worth it to many. Most remain optimistic about the long-term benefits once greater utilization is reached. The greatest buy-in at present appears to come from directors of service agencies and City planners. There is less buy-in at present among front-line staff working with clients.

Focus group members of the provider version Information and Referral system (Helping Hands) agreed that the system was efficient and helpful and very much worth the effort on their part and others. However they noted a real need for greater access to computers, more “selling” of the system to other staff, and more in-depth training on the system.

The Community Planning focus group members described a frustration point in the implementation process in the early stages of implementation but were optimistic that these obstacles would be overcome and the long term benefits would be realized.

IMPACT Technology Usage and Status

This section provides an analysis of IMPACT technology usage within Lake County. It breaks the analysis down by the major technologies identified namely:

- Kiosks
- Learning Centers
- Case Management

The section also provides an analysis of the on-line user surveys that are automatically collected at the Kiosks.

The analysis provided here is based on data supplied on electronic or paper form to the evaluation team. Basically there were four sources of data:

- Kiosk and Learning Center usage statistics

- Kiosk user surveys
- Client aggregate data from Case Management System
- Surveys from administrative personnel at participating case management agencies

The evaluation team conducted a comparative assessment of the yearly statistics versus the set baseline for the IMPACT project¹. The IMPACT project baseline document sets specific usage targets and coverage criteria by technology type. This was particularly applicable to the assessment of Kiosks and Learning CD technologies. In Case Management the evaluation team requested aggregate client data and survey analysis as their basis for evaluation.

Kiosks

The analysis of Kiosk usage is based on the information provided to the evaluation team on the following locations:

- Waukegan - Waiting Room 150
- Waukegan - Room 222
- Behavioral Health. Immunization
- Waukegan - WIC Waiting Room
- North Chicago Clinic - Near Front Door
- Round Lake Park - Waiting Room
- Zion - Waiting Room

Kiosk information is based on data from years 2001 and 2002 and refers exclusively to Kiosk usage at the sites mentioned above. Other “general-purpose” kiosks (i.e. kiosks located at Jewels stores) are excluded from the analysis.

Users can go into numerous areas of the application to conduct inquiries. Of the most pertinent information are Community Life and Community Service inquiries. In the first category the types of inquiry include Business, Health, Jobs and Other. The second category includes access to the Helping Hands database and Missing Children. In addition, a Lake County Health Department Survey is recorded.

The data submitted to the evaluation team for the year 2002 is broken down into the following categories:

- Spanish CDs
- English CDs
- Helping Hands and Jobs
- Survey Responses

¹ See Baseline Document in Appendix F of this document.

Overall Kiosk activity by end users has been consistent across all locations ranging between 5,000 and 15,000 touches per month. A notable exception in 2001 is the activity recorded between the months of January and July at the Women’s Health, Waukegan, and Waiting Room 150. As Figure 1 shows, the level of activity of above 30,000 touches was maintained during the months of January to March and consistently decreased to comparable levels with other locations in August and September. Figure 2 shows that in the year 2002 Room 150 has shown similar usage patterns

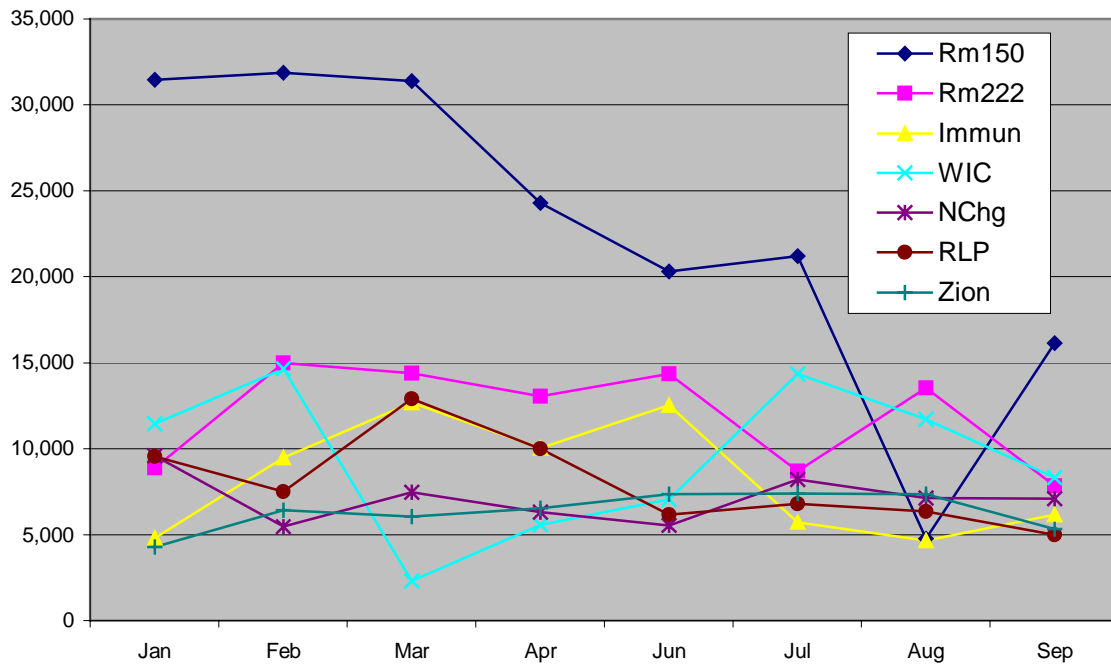


Figure 1. Total Kiosk Touches January – September 2001

The year 2002 shows similar usage patterns across all participating locations. Touches also range between 5,000 and 15,000 with some locations showing a slight decline below the 5,000 touches during specific months. Of particular interest is the activity usage of the location shown as “Behavioral Health” in Figure 2. In 2002, this location experienced average usage in January below 5,000 touches for the months of February to June. July showed a remarkable increase in usage to above 30,000 while other locations particularly Round Lake, Zion and Room 150 experienced usage decline during that same month.

While these series do not show the presence of specific seasonality patterns, they help to explain several behaviors:

- a) The usage pattern range is between 5,000 and 15,000 touches per month.
- b) There appears to be no significant policy to either sustain a desirable usage level or increase usage trends across the system of seven kiosks. A possible exception to this observation is the usage pattern for 2002 at the North

Chicago location where usage is overall average but shows consistency and an upward trend.

Note that data for the month of May 2001 was not supplied.

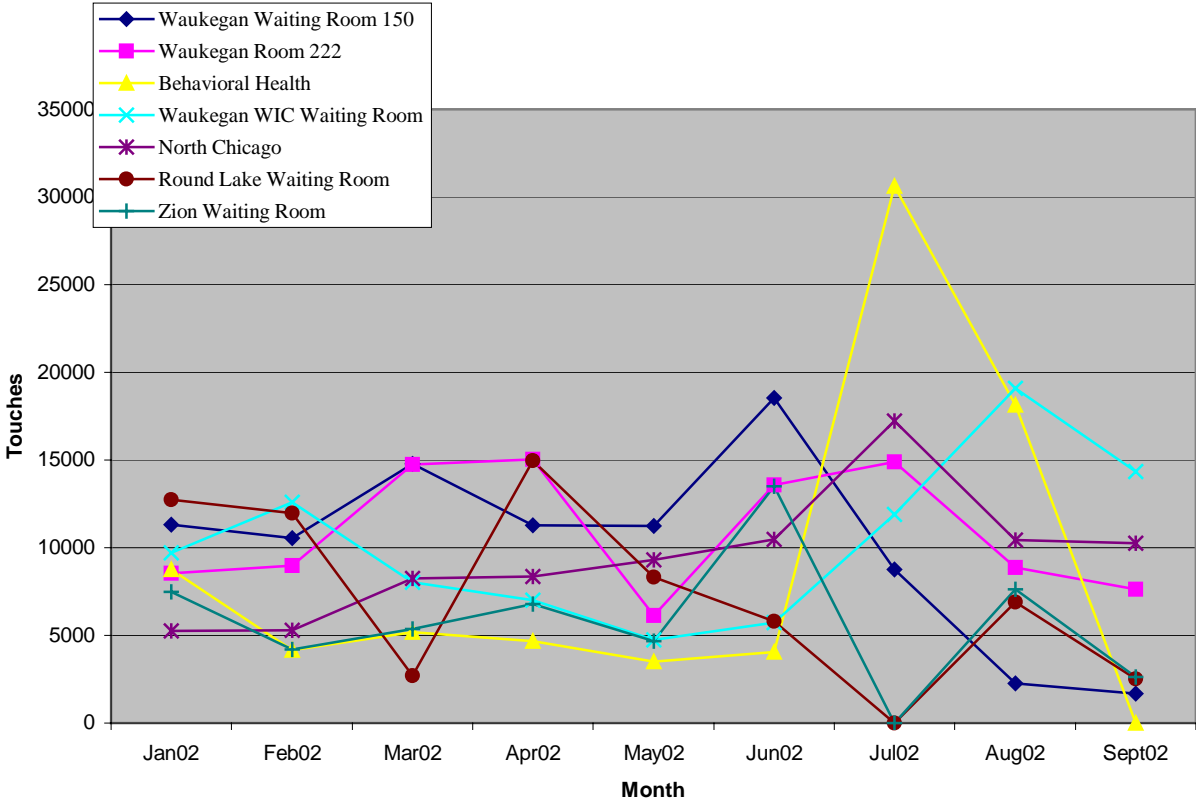


Figure 2. Total Kiosk Touches January – September 2002

- c) There appear to be factors that have motivated or inhibited usage. On the upside this is particularly evident in the situations described above, especially Room 150 in 2001 and Behavioral Health in July of 2002. On the downside the activities of August 2001 and July 2002 could be revised for an explanation.

A comparison of the cumulative (i.e. total) touches per year per location is shown in Figure 3. It can be seen that there is a slight increase in usage across all locations. An exception being the Room 150 location that in 2001 experienced six consecutive months above the normal range. Therefore it can be concluded that in spite of a lack of a proactive strategy to manage usage trends, access to the kiosks has indeed increased.

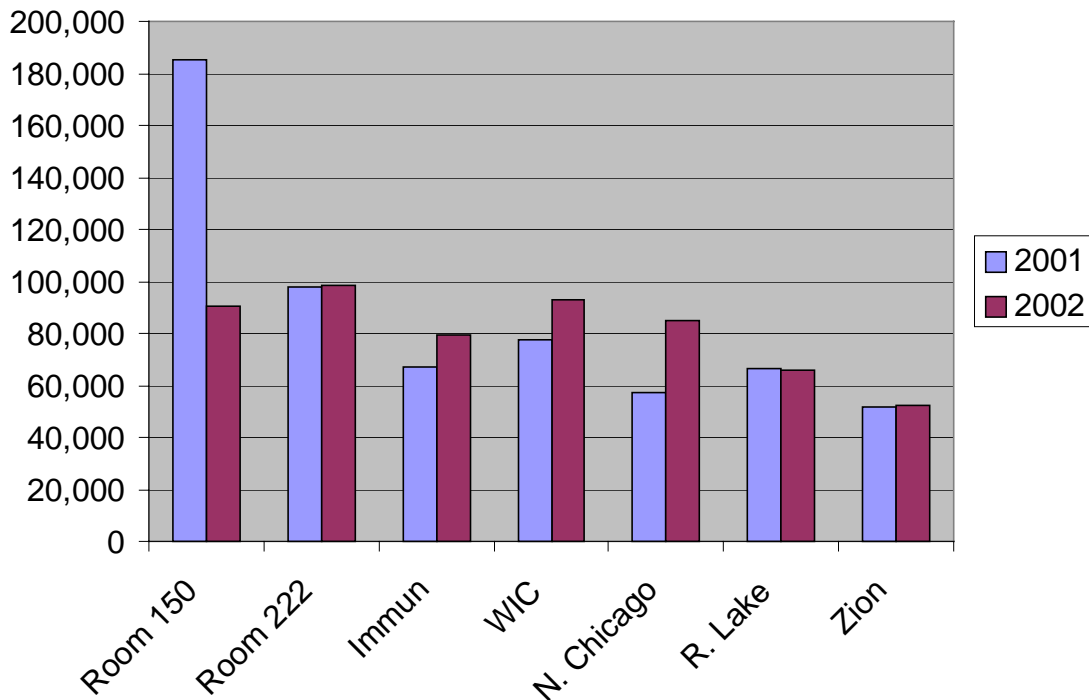


Figure 3. Total Touches Years 2001 and 2002

Baseline Comparison. Kiosks Community Service Information (Overall)

Comparative analysis of actual touches versus baseline data (i.e. estimated touches set prior to the beginning of the project) show actual touches slightly below baseline estimations. These baseline estimations are based on Learning Center kiosk sessions set at 15 touches per session. Table 1 shows the numeric comparison for nine-month periods only and Figure 4 shows the comparison in graphical form. Actual touches represent 77% of the estimated goal.

This percentage should not be regarded as indicator of poor performance. The baseline estimation was set for *nine* locations. The data presented to the evaluation team is based on usage from *seven* locations. If we estimate the inclusion of 2 additional locations for 2002, the numbers appear to be significantly in line with baseline estimations representing 98% of the estimated goal. Table 2 shows this modified comparison.

From analysis of Table 2 it is safe to conclude that kiosk activity has been at par with baseline estimations.

	2002	Locations
Estimated	731,250	9
Actual	558,090	7

Table 1 Estimated vs. actual overall kiosks touches based on nine-month estimation.

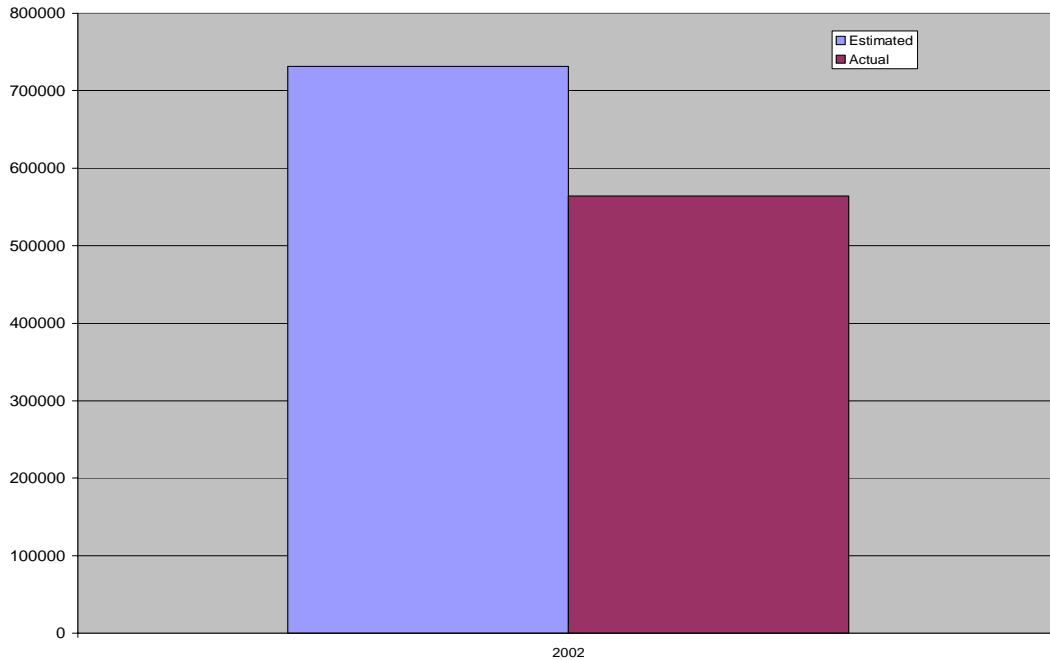


Figure 4. Estimated vs. Actual Touches per 9-month Period

	2002	Locations
Estimated	731,250	9
Adjusted Actual	717,544	9

Table 2. Adjusted overall actual touches based on estimated total locations.

Helping Hands and Jobs

The helping hands and jobs category of inquiries accounts for the bulk of the kiosk activity at all locations. The usage pattern seems to follow the overall kiosk usage with one minor indication that points towards a measure of seasonality. Note in Figure 5 that in the summer months most locations, particularly Room 150, Room 222, North Chicago, WIC and Behavioral Health show an upward trend. This behavior is consistent with the evaluation team’s expectation that summer month behavior could show

increased usage activity. It is however not significant. This is perhaps due to our sense of no proactive strategy to manage usage trends.

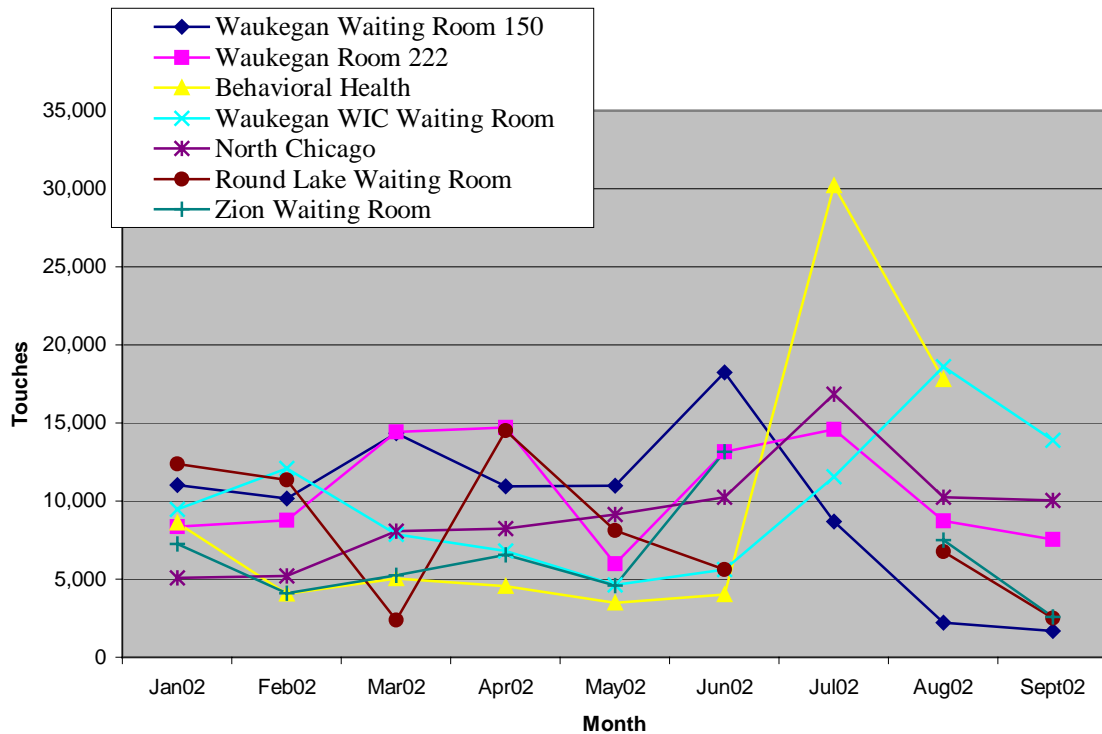


Figure 5. Helping Hands & Jobs Touches January – September 2002

Learning CD

The Learning CDs are a suite of three touch-screen applications that have been integrated within the BVM Fifth Media application. Three major learning topics are covered in Spanish and English:

- Home safety, “Home SAFE Home”, “En Casa y Sin Peligros”
- Immunizations, “Immunizations on Parade”, “Desfile de Vacunas”
- Pregnancy, “Having a Healthy Pregnancy”, “La Alimentación del Bebé”

Spanish Version

The data shown in Figures 6 and 7 are based on the usage period from February 26, 2001 to May 31, 2002. Figure 6 shows that issues concerning pregnancy and infant nutrition consumed almost half of all inquiries in the Spanish language (44% “La Alimentación del Bebé”). Next were issues concerning home safety (30% “En Casa y Sin Peligro”) and finally topics covering immunization (26% “Desfile de Vacunas”).

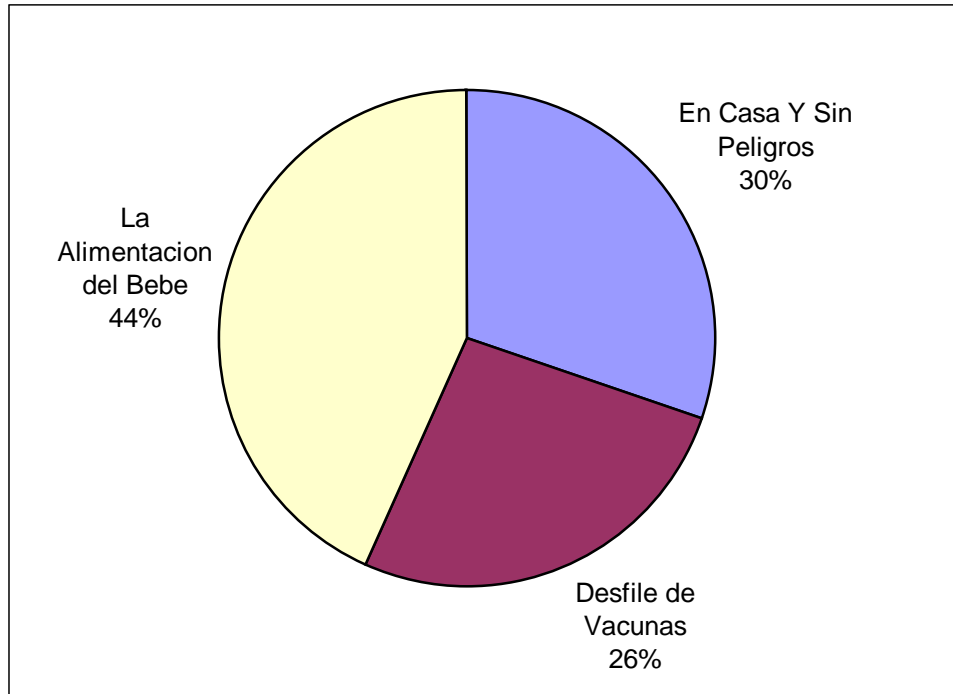


Figure 6. Distribution of Spanish Language Inquiries into the Learning CDs by Topic

Figure 7 shows Learning CD usage (i.e. total inquiries for the period) across all seven locations. In all locations pregnancy and infant nutrition are the most reviewed topics by users. There is a split among locations with regard to the other two topics; WIC, Round Lake, Room 150 and North Chicago show “Home Safety” as their second topic, while Room 222 and Behavioral Health show “Immunization” as their second topic. Zion displays equal attention to the second and third topics.

Even though it can be seen from Figure 1 that overall kiosk activity at Zion is below average, it would be useful to provide an explanation of why Learning CD activity is so low. Similar arguments could be made of the North Chicago and Behavioral Health locations. By looking at overall and Hispanic community populations as follows:

	Total	Hispanic	Percent
Waukegan:	87,901	39,396	44.08%
North Chicago:	35,918	6,552	18.24%
Round Lake:	5,842	1,292	22.11%
Zion:	22,886	3,487	15.36%

Table 3. Overall and Hispanic population at major Kiosk Locations

It is not possible to explain low usage activity as a function of population alone. The evaluation team does not have sufficient data regarding clients served by location to make a more significant assessment.

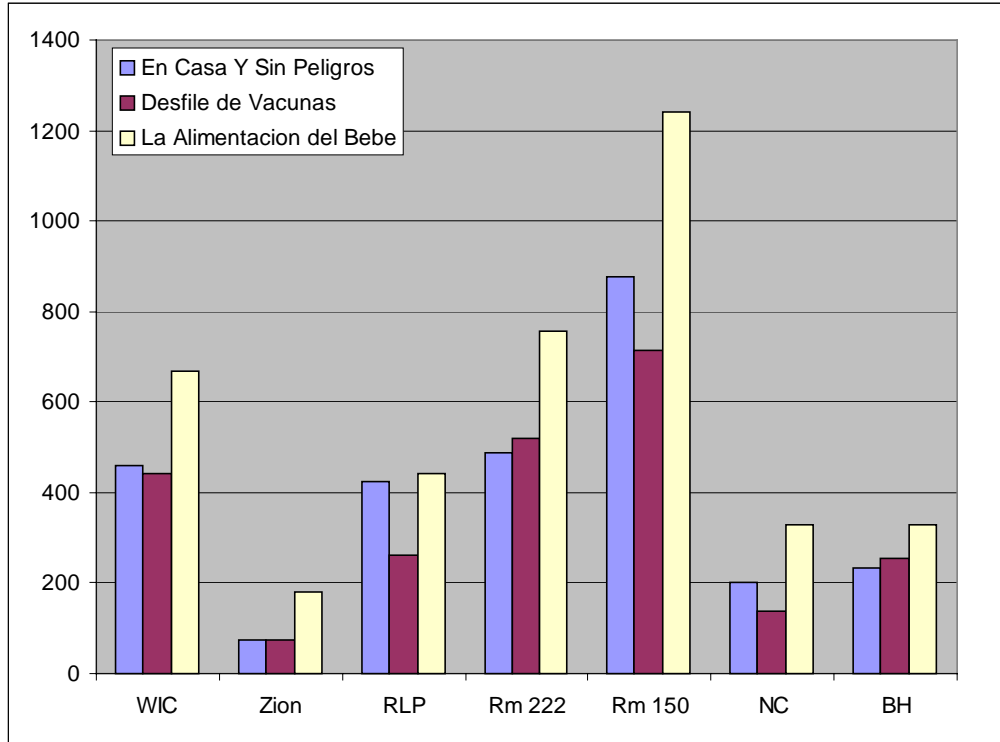


Figure 7. Distribution of Spanish Language Inquiries into the Learning CDs by Location

What seems to be significant in Figure 7 is that Rooms 222 and 150 show significant comparative usage. In the same way, it would be useful to provide an explanation for such usage level in order to understand whether usage at these locations is a function of the size of the population served or if there are important motivating factors that encourage users to access the system.

Figure 8 shows Spanish CD usage trends for all locations for the period January – September 2002. It is evident that there is a slightly declining trend. The most notorious pattern is the one shown by the Round Lake waiting room. The data shows that even though the location got off to a very good start, reaching an overall peak in February of 185 total CD inquiries, usage declined steadily to almost zero in June. No more data was supplied for this location after that month. The same downward pattern is indisputable in Room 150 and Behavioral Health where this activity has been significantly below the average.

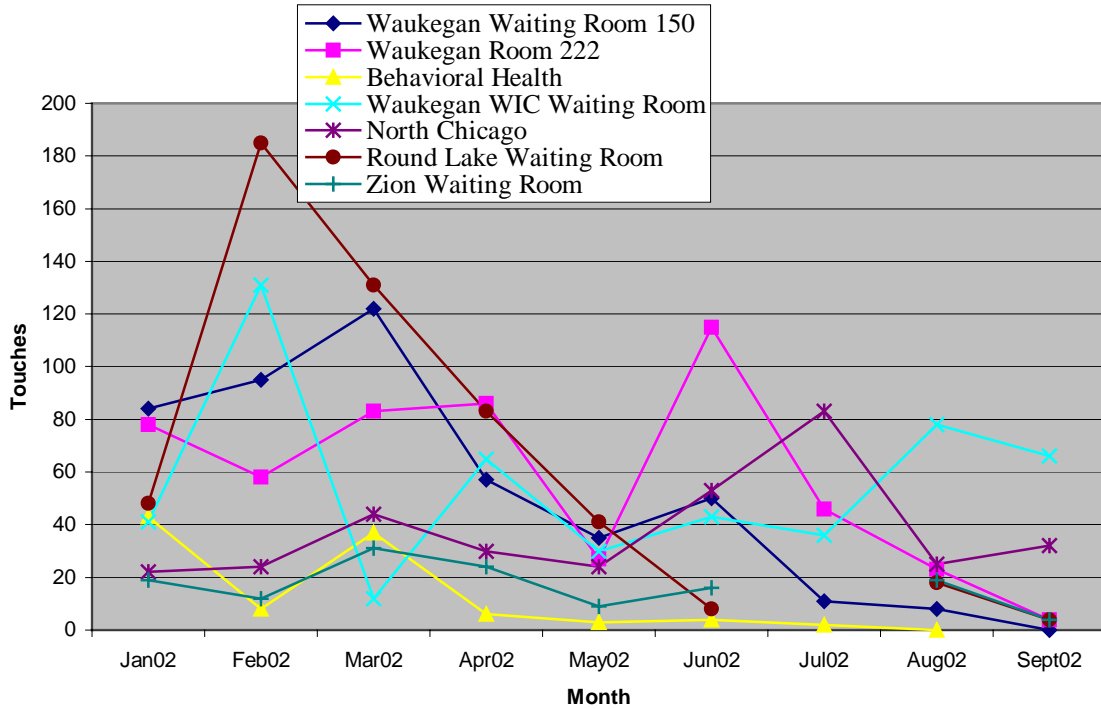


Figure 8. Spanish CD Usage January – September 2002

English Version

The data shown in Figures 9 and 10 are based on the usage period from February 26, 2001 to May 31, 2002. Figure 9 shows the remarkable similarities in usage pattern between the Spanish and English versions. It shows that issues concerning pregnancy and infant nutrition consumed 42% of all inquiries. Next were issues concerning home safety with 32% and finally topics covering immunization with 26%.

Figure 10 shows Learning CD usage (i.e. total inquiries for the period) across all seven locations. As with the Spanish version, pregnancy and infant nutrition are the most reviewed topics by users across all locations. But contrary to the split found in the Spanish version between Immunization and Home Safety, in the English version all locations recorded Home Safety as their second most inquired topic, leaving Immunizations as the third topic.

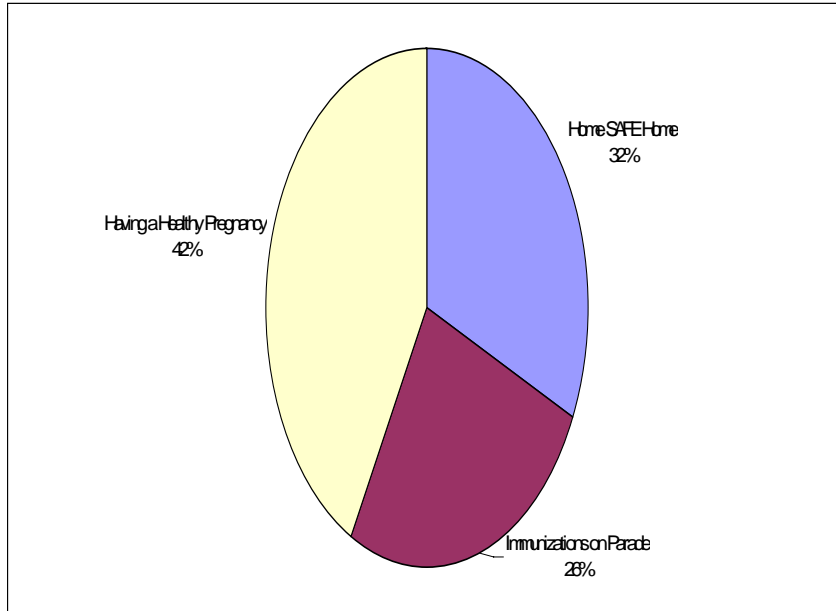


Figure 9. Distribution of English Language Inquiries into the Learning CDs by Topic

Most significant is the high usage pattern shown at the Zion location relative to the Spanish version. In the English version Zion is the second overall lowest with comparable numbers to other locations. This may be explained due to the fact that Zion has the smallest percentage of Hispanics as can be seen in Table 3.

North Chicago showed the lowest usage activity under the English version. It would be useful to provide an explanation for the low activity at this location. Table 3 does not seem to provide enough information to justify usage on the basis of population. It would be desirable to obtain data on clients served at the North Chicago location. But perhaps most importantly is to obtain a better understanding of the kiosk activity at Room 150 that seems to be the showcase location.

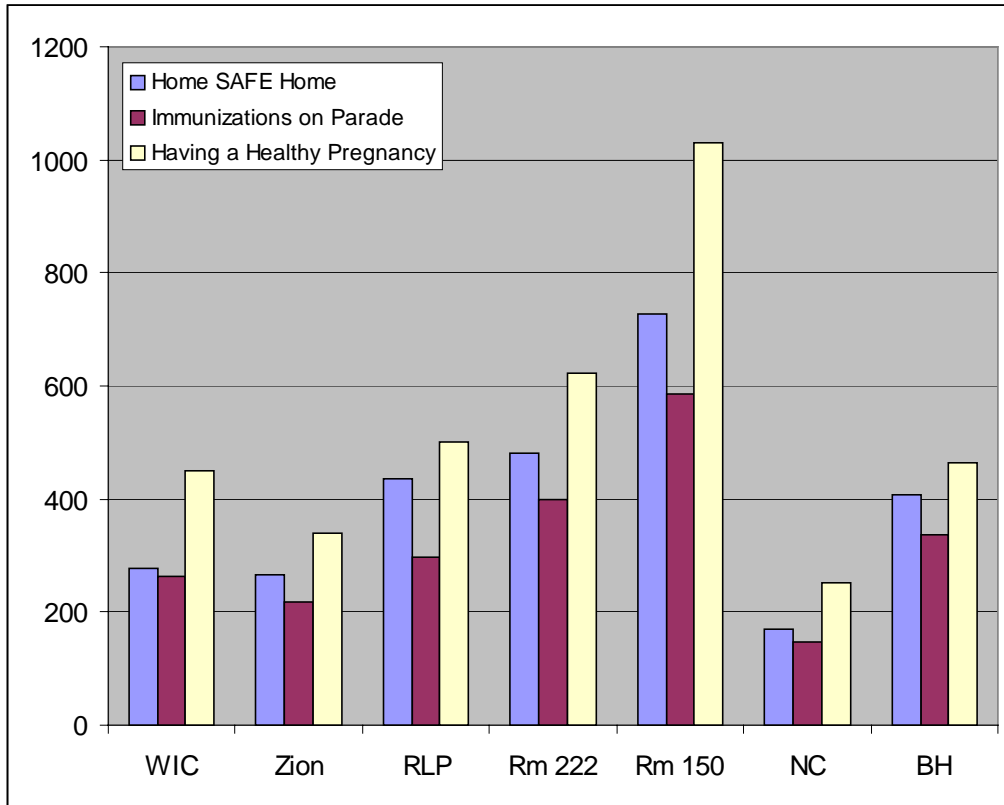


Figure 10. Distribution of English Language Inquiries into the Learning CDs by Location

Figure 11 shows English CD usage trends for all locations for the period January – September 2002. As with the Spanish version, it is evident that in the English version there is a slightly declining trend but with much more variability. An exception is the upward trend displayed by the Waukegan WIC waiting room and the North Chicago locations. In both cases usage pattern is slightly below average but with a contrasting trend to the rest of the locations.

The usage pattern shown in Figure 11 for the summer months is in contrast with overall kiosk usage. There (Figure 2) the usage pattern (with the exception of the Zion and Round Lake locations) increases in the months of June, July and August.

It is worth noting that in the case of the English version of the Learning Center, a lack of a proactive strategy to manage usage trends is more evident and called for.

Figure 12 makes an overall usage comparison between Spanish and English versions across locations for the period February 26, 2001 to May 31, 2002. It is worth noting that in four locations (i.e. Rooms 150, Room 222, WIC and North Chicago) the Spanish version is used more often than the English version.

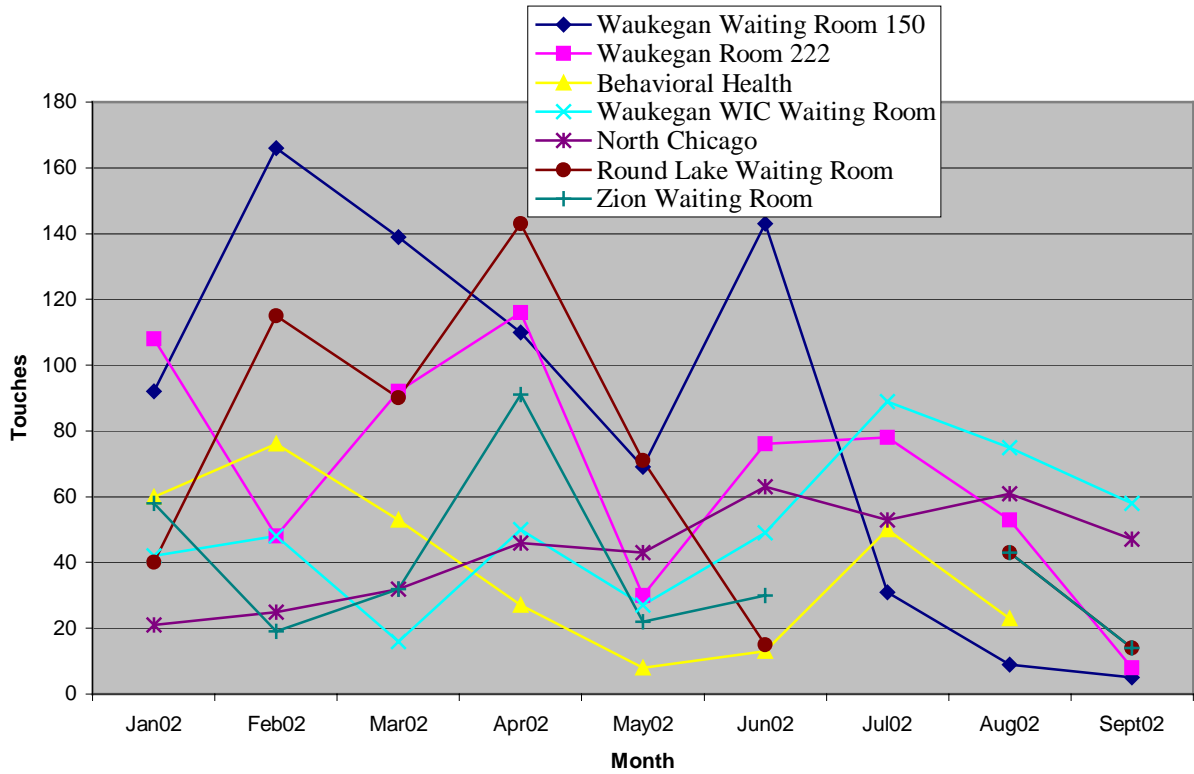


Figure 11. English CD Usage January – September 2002

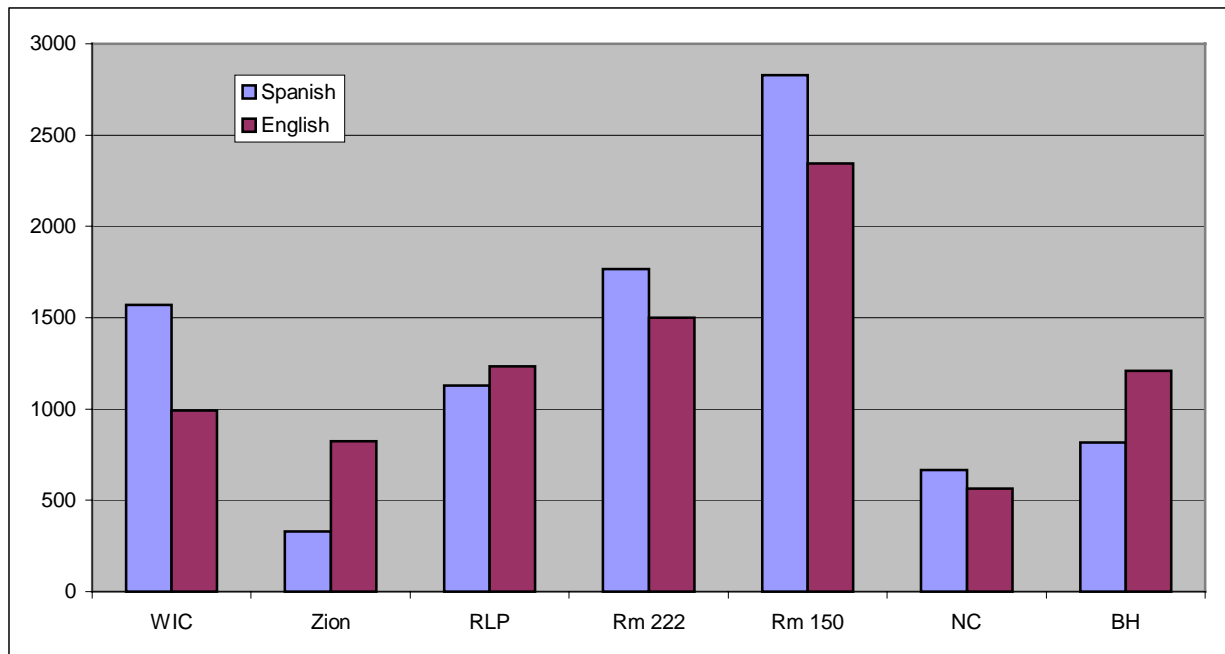


Figure 12. Spanish and English versions usage comparison per location (Feb 26, 2001 – May 31, 2002)

Baseline Comparison

Comparative analysis of actual versus baseline data (i.e. estimated sessions set prior to the beginning of the project) shows actual sessions considerably below baseline estimations for the period January – September 2002. Table 4 shows the numeric comparison for the nine-month period only and Figure 13 shows the comparison in graphical form. Table 5 shows the adjusted values that normalize the comparison to 9 locations. It can be seen that the CD usage is considerably below estimations at 40%.

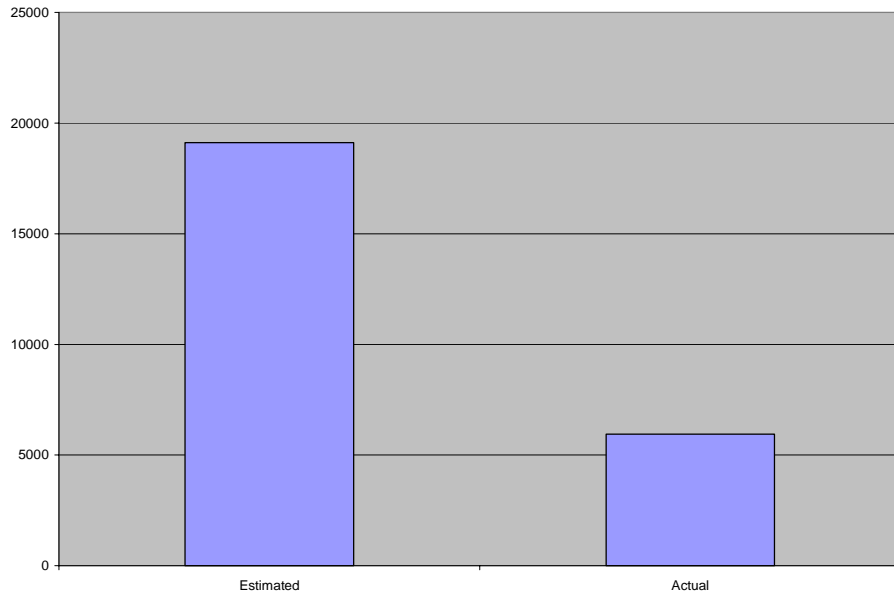


Figure 13. Estimated vs. actual sessions per 9-month period.

	2002	Locations
Estimated	19,125	9
Actual	5,944	7

Table 4. Estimated vs. actual overall Learning Center sessions based on nine-month estimation.

	2002	Locations
Estimated	19,125	9
Actual	7,642	9

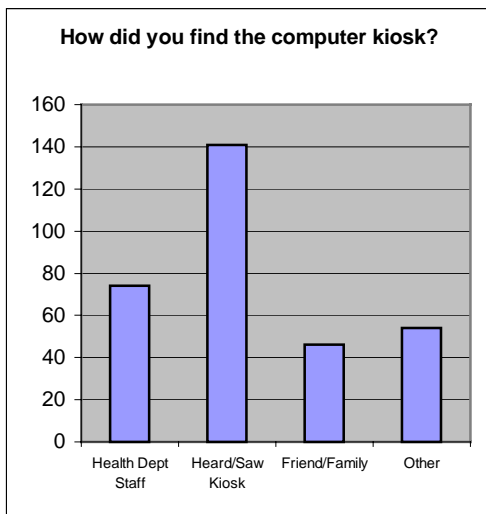
Table 5. Adjusted overall actual touches based on estimated total locations.

User Surveys

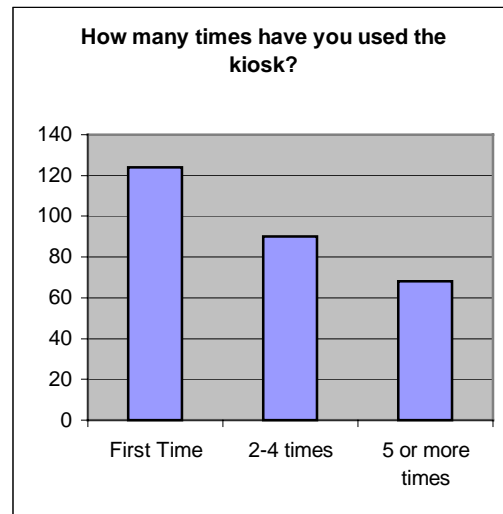
The user survey is a brief kiosk questionnaire consisting of fourteen questions that collect data on three main categories:

- Kiosk location, usage and ease of use
- Content
- Basic demographics

Details of the user survey are based on the year 2001 and are presented in the charts below.



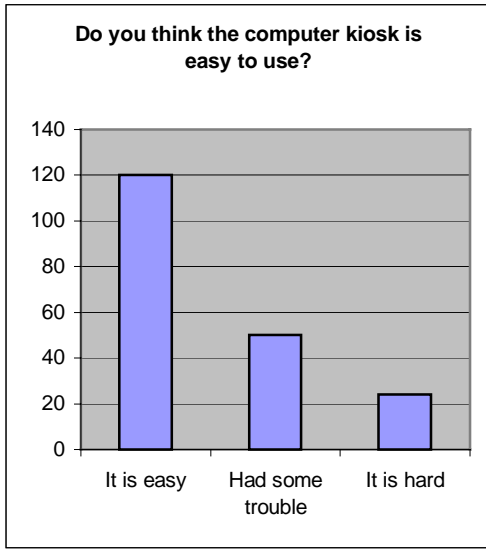
Question 1



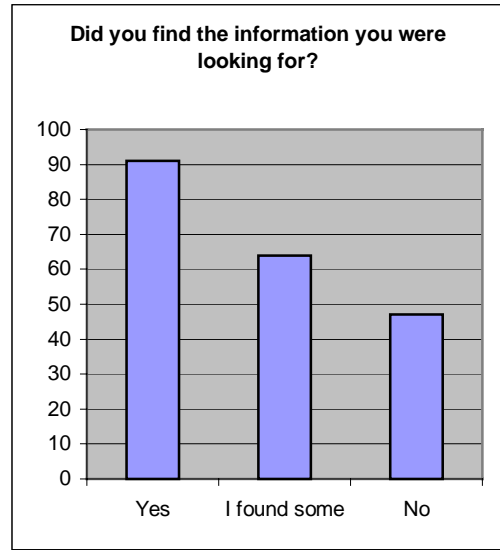
Question 2.

The data from Question 1 indicates that users are made aware of the existence of the kiosk systems mainly by word of mouth or because they see the kiosk at the waiting room (45% of respondents fall under this category). 23% of respondents indicated that Health Department staff directed them to the kiosk. 15% of respondents indicated that they learned through friends or family members.

Nearly half of the kiosk users (44%) report having interacted with the system only once, while 32% report usage between 2 and 4 times. Only 24% of users report having interacted with the system more than 5 times. The numbers of respondents are shown in Question 2.



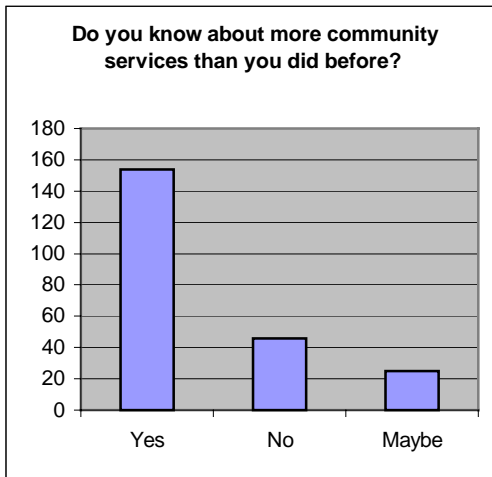
Question 3



Question 4

The general consensus (62%) is that kiosk usage is fairly simple as indicated in Question 3. Only 12% expressed that kiosks are hard to use while 26% indicated having some trouble with the system.

Question 4 shows that nearly half of the users were satisfied with the system; 45% of respondents indicated that indeed they found the information they were looking for. This is a standard measure of user satisfaction and is significant although the evaluation team considers that this indicator can be significantly improved. The reason for it being that 32% of respondents indicated having found some information, but perhaps were not entirely satisfied.



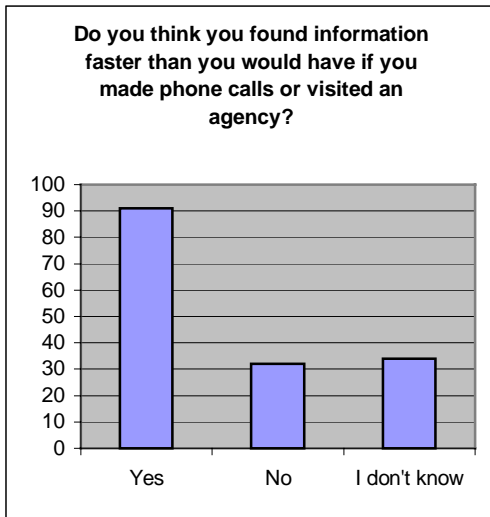
Question 5



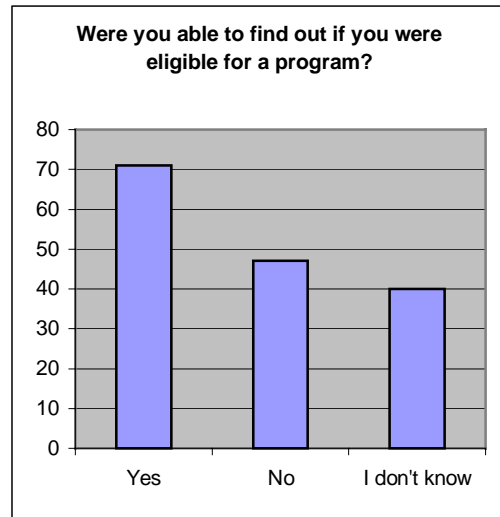
Question 6

A significant number of respondents (69%) agree that after interaction with the system they are more aware about community services relative to what they knew before their experience with the kiosk. Only 20% of users indicated that their experience interacting with the kiosk did not improve their knowledge about community services. The challenge is with the remaining 11% of users who were unable to assert whether their experience at the kiosk contributed to their increased understanding of current community services. The number of users under each response category can be seen in Question 5.

Question 6 focuses on the topics covered within the Learning center: health and safety. Slightly more than half the users (53%) indicate having learned something new about these topics. 25% of the user indicated that their experience did not contribute to their increase knowledge or awareness of these issues. Again, the challenging area is with 22% of respondents who were unable to express whether they had acquired increased knowledge as a result of their experience with the learning center.



Question 7

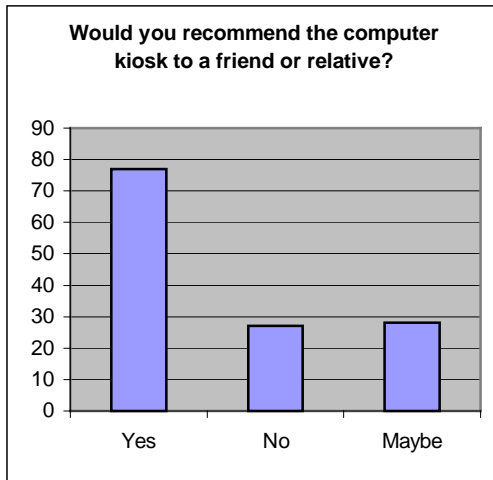


Question 8

Question 7 shows that more than half of the users (58%) indicate that the kiosk provided a faster mechanism for locating needed information than phone calls or visiting an agency; 20% of respondents indicate that the system did not contribute to a more efficient access to information, while 22% were unable to assert whether the system provided with a more efficient tool to access needed information. Again, the challenge is with trying to identify the circumstances or assumptions under which users that operate the kiosk are unable to positively assert whether their experience contributed or not to their effort of locating information.

An amazing 46% of respondents indicate that they were able to determine their eligibility for certain programs. This is a significant indicator of usage success. There is

still a challenge to understand why 30% of respondents were unable to assert whether their efforts at the kiosk produced an expected outcome.



Question 9



Question 10

Question 9 is another indicator of user satisfaction. It shows that 59% of respondents would be inclined to recommend the use of the kiosks to friends or relatives; 20% would not be inclined to make this recommendation; and 21% indicated their inability to assert whether they would recommend the use of kiosks or not.

Question 10 indicates the user's intention to follow through with the information found at the kiosk. It particularly focuses on the user's search for an agency or service. Nearly half of the respondents (46%) indicate they would follow through with this information; 25% of respondents indicated that would not; while 30% were uncertain at that point whether they would follow through with this information or not.

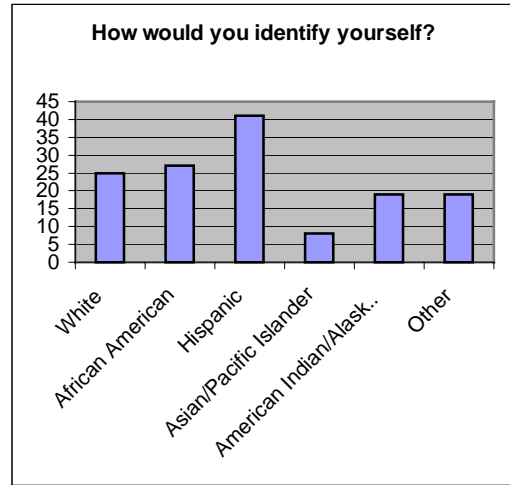
The last group of questions point to demographic indicators including the following:

- Language
- Race
- Education
- Income

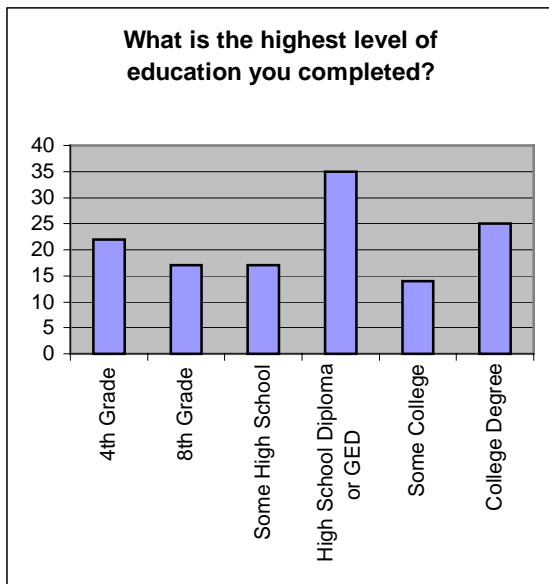
Some key indicators of the respondent population follow. Half of the users have English as their first language; the largest group represented in this sample is Hispanics with 29%; the level of education spreads from 4th grade to College degree, with High School, Diploma or GED being the largest group at 27%. The income level is spread from less than \$50 per week to over \$600 per week with the largest group being the later at 32%



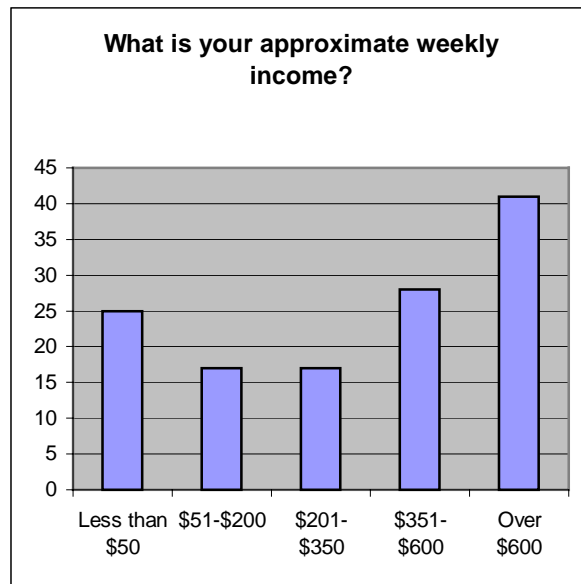
Question 11



Question 12



Question 13



Question 14

The survey usage trends for January – September of 2002 can be seen in Figure 14. They show a significant amount of variability and it is not possible to determine an indication of seasonality or trend. However it is interesting to note that in the month of July, usage increased in most locations with the exception of Room 222 and Room 150. Also it should be noted that activity at Zion and Round Lake there are no data points for the month of July.

Figure 15 gives an indication of the total survey sessions captured during the period January – September 2002 by location. Of particular interest should be the documentation of efforts put by staff at WIC to motivate usage.

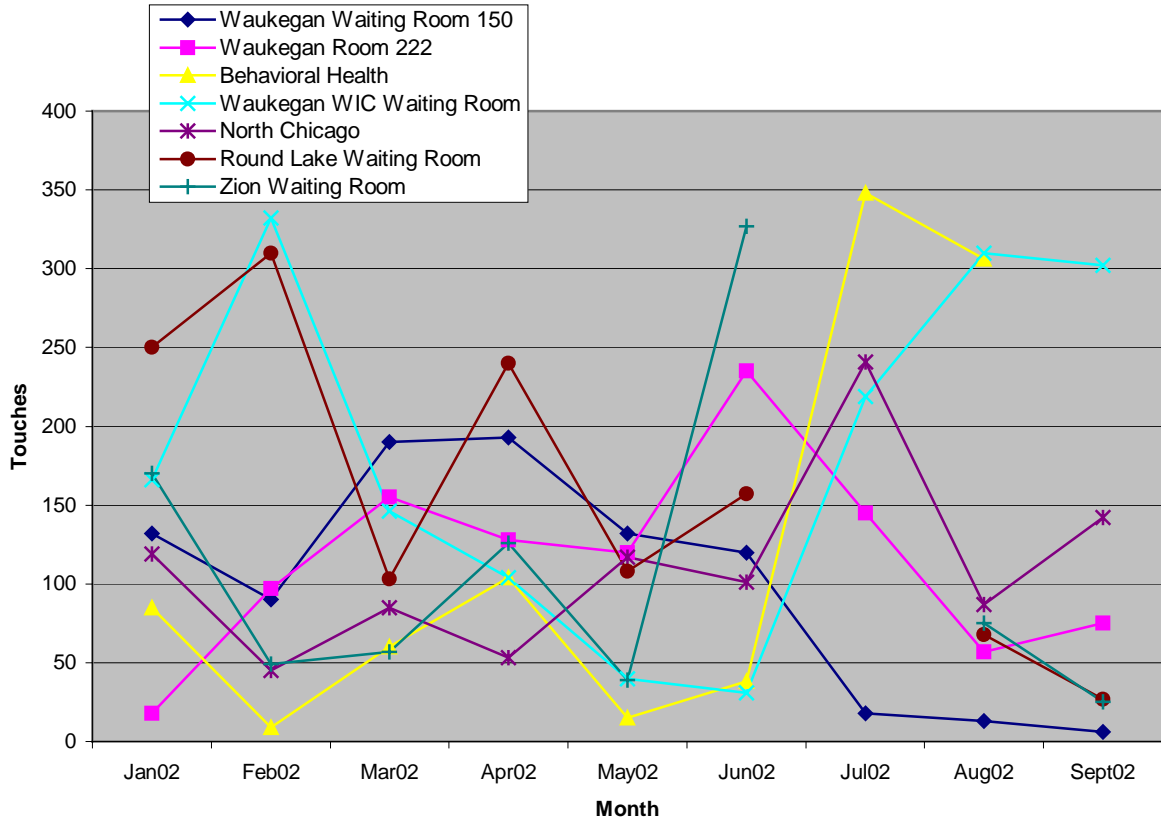


Figure 14. Survey Sessions January – September 2002

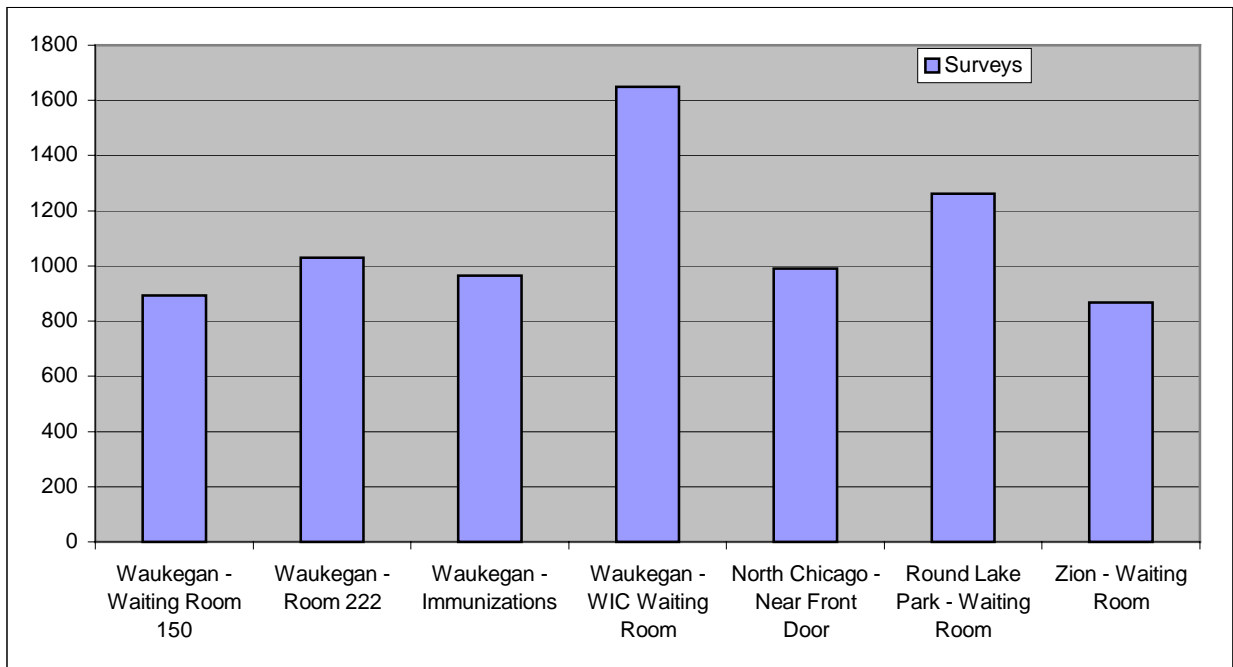


Figure 15. Total Survey Sessions per Location. January – September 2002

Case Management

Case Management technology at Lake County has been implemented with a web-enabled database application called ServicePoint. ServicePoint is the most widely implemented Homeless Management Information System (HMIS) in the United States. It is a product specifically designed to serve the data collection and information processing needs of communities that are cooperatively addressing homeless issues through information technology.

Lake County has implemented ServicePoint in most agencies participating in IMPACT. The IMPACT project has not only incorporated one of the most modern and up-to-date HMIS available in the field but has already contributed to the enhancement of this tool. BVM Oienti (Developers of the Lake County kiosk application) and Bowman Internet Systems (Developers of ServicePoint) have effectively collaborated on the integration of data sharing mechanisms between the two applications. The data sharing component focuses on the transfer of a comprehensive directory of agencies and services according to a standard taxonomy. This is particularly useful for agencies who are users of the case management system and who are able to use the Information and Referral component of the ServicePoint application called ResourcePoint. In this way the BVM Fifth Media application shares the same data as ResourcePoint.

There is a need for kiosk-enabled Information and Referral services to be integrated with Homeless Management Information Systems. The IMPACT project represents a successful implementation of such a model.

The following sections begin by summarizing the analysis of a survey obtained from participating agencies in the case management application. This survey was applied prior to the beginning of implementation and respondents were agency administrators. Then some analysis of case management data collection is made and a baseline comparison is also presented. The last section concludes with the evaluation team's overall assessment of the case management system implementation efforts at Lake County.

Agency Administrator Surveys

The Lake County IMPACT coordinator administered one survey per participating agency. The questionnaire was designed for agency administrators, who were familiar with the IMPACT project's case management initiative. The survey consisted of 24 questions aimed at collecting administrators' opinions of:

- Potential uses for the application
- Impact of the system on staff
- Impact of the system on clients
- The agency's involvement in the process

The following is a summary of the responses.

With respect to the system's possible uses 71% indicated that the ServicePoint's potential use would be both in Information and Referral and Case Management while 29% indicated Information and Referral only. This information is interesting in that the expectation was that 100% of responses would indicate the plan to use the system for case management purposes.

The most common anticipated benefits from the system were stated as follows:

- Knowing about resources other agencies have to offer
- Client information of other agencies they have gone to
- Intake information available at all agencies working with the client
- Information and Referral sources in one updated location
- Countywide coordination of services
- Reporting
- Easy inter-agency referrals
- Statistics for Lake County

With respect to agency involvement, there is clear evidence of agency participation in the planning and design processes leading to the implementation of the ServicePoint system. More than half the agencies reported some form of involvement in the preparation process. The following are areas of direct involvement by agencies:

- Case Management and Intake Requirements
- Overall design of the IMPACT project
- Privacy protection and confidentiality protocols
- Selection of data elements to be collected by all agencies
- Some Information & Referral functions
- Data sharing agreements
- The software selection process

With respect to the anticipated consequences of the system on agencies, responses are as follows:

- The vast majority of respondents indicated that their agency would require more staff; some of them emphasizing more qualified staff.
- The belief that the system will bring with it simply more work for the staff
- The need for adjustment to new ways of doing things

With respect to the impact of the system on clients, responses are as follows:

On the positive side:

- For the client there is less time spent providing information
- The client benefits from better access to referral information

On the negative side:

- It makes staff less available to be with clients providing direct service
- Perceived loss of privacy

However, overall respondents indicated that the benefits outweigh the drawbacks of this new form of operation.

Client Data

The data submitted to the evaluation team is based on the case management report requested in year one. Most of the data supplied to the evaluation team is demographic in nature. The following is a summary of the current level of data collected by participating agencies.

By September 2002, the ServicePoint system had collected information on 1,507 clients. Some characteristics follow:

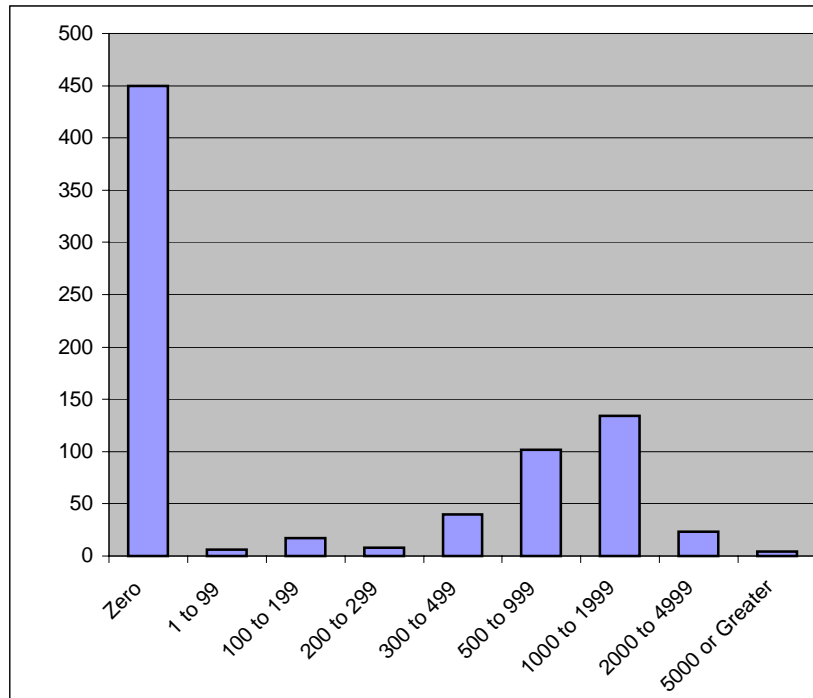


Figure 16. Monthly Income

An overwhelming majority of clients served (57%) show no monthly income. This can be seen in Figure 16. Interestingly, two other groups are significant: 17% show monthly income between \$1,000.00 and \$1,999.00; and 13% fall in the \$500.00 to \$999.00 category.

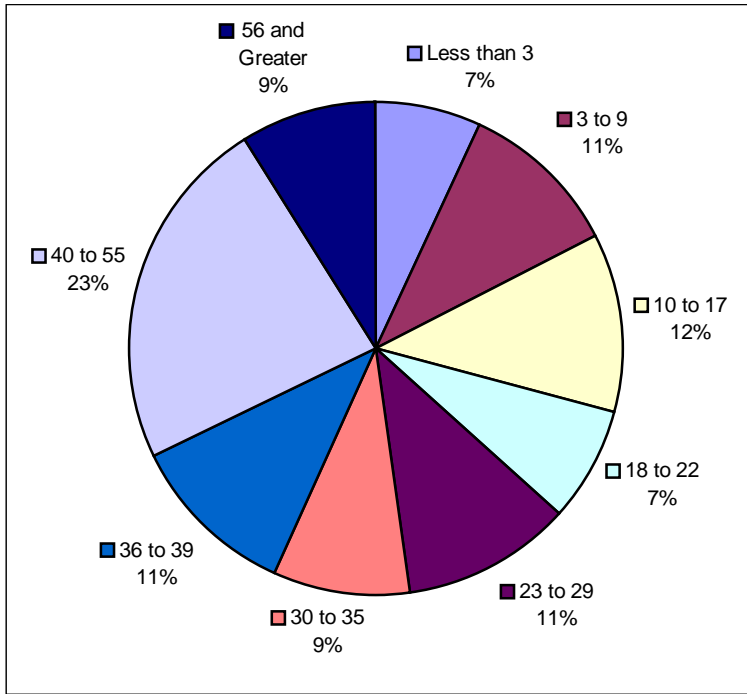


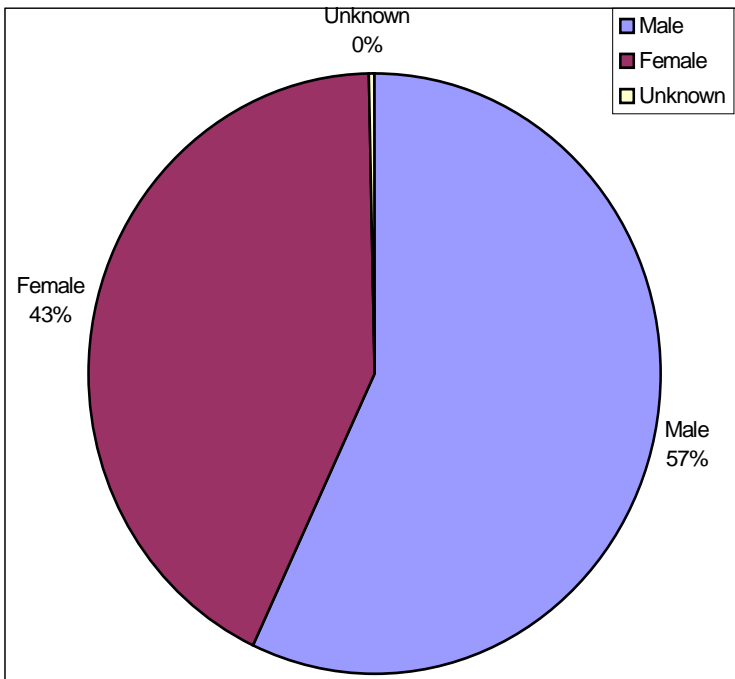
Figure 17 shows the age distribution among clients served. Note that the two largest groups fall in the following categories:

- 40 to 55 23%
- 10 to 17 12%

and the following three age groups with equal representation at 11%:

- 3 to 9
- 23 to 29
- 36 to 39

Figure 17. Age



The gender distribution of Figure 18 shows that almost 57% of the clients served are male and almost 43% of clients served are female. Less than 1% represents clients with unknown gender recorded in the ServicePoint case management system.

Figure 18. Gender

The most commonly cited first reasons for homelessness can be graphically seen in Figure 19. The reasons are as follows:

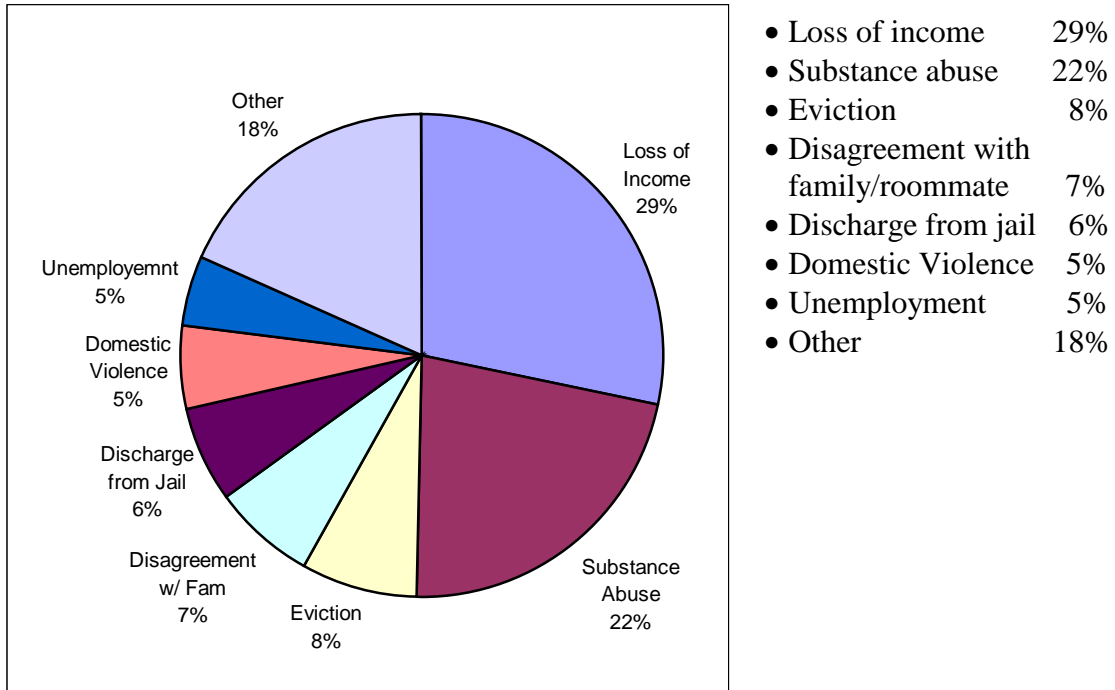


Figure 19. Reasons for Homelessness

The marital status distribution of Figure 20 shows that the majority of clients served are single (66%). The remaining distribution is as follows:

- Divorced 14%
- Separated 10%
- Married 9%
- Widowed 1%
- No answer Less than 1%

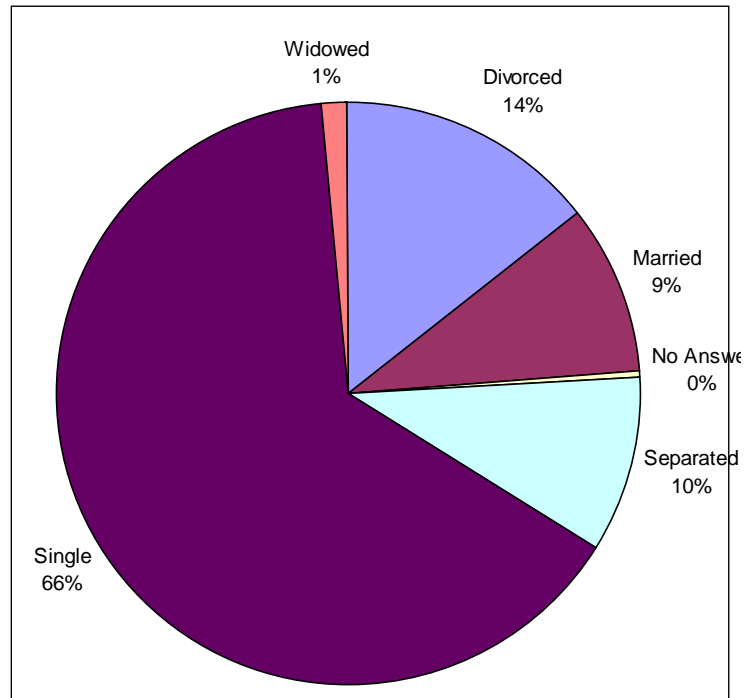
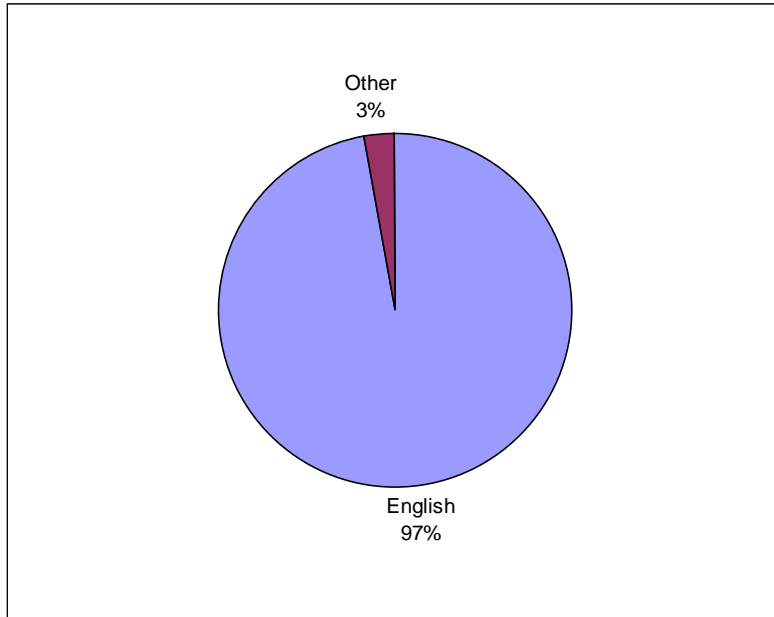


Figure 20. Marital Status



The language distribution of Figure 21 that the overwhelming majority of clients served (97%) expressed that English was their first language. Only 3% indicated other languages. These responses were:

- French
- German
- Spanish
- Other
- No answer

Figure 21. Language

Figure 22 provides an indication of the client data recorded at each participating agency. The distribution is as follows:

- C.O.O.L. 37%
- PADS 33%
- Maristella 14%
- Waukegan Townsh. 7%
- L.C. Haven 6%
- I-PLUS 2%
- Alexian Brothers 1%

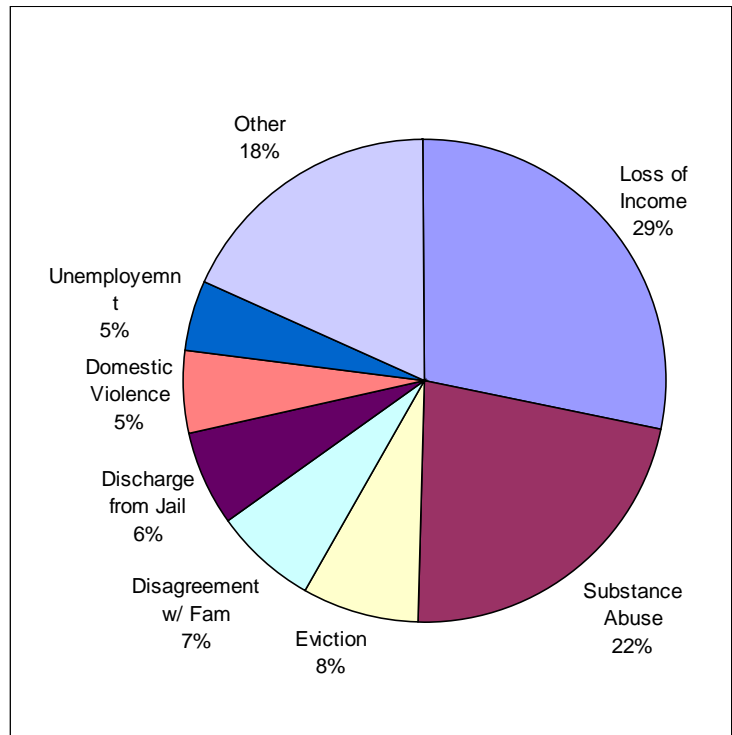


Figure 22. Clients per Agency

Baseline Comparison

The baseline comparison looks at two indicators of performance and effort: clients served whose demographic information are recorded in ServicePoint and number of participating agencies that are using the system.

As Figure 23 shows there has been considerable data collection activity; mostly on client demographics. No evidence of service planning or substantive case management activity recorded in the system is available. However, the effort to record client data exceeds estimated performance for year 2 by a degree of magnitude of ten. This is a significant accomplishment. Nevertheless, experience tells us that the benefit to clients and case workers alike accrues only when the system is used beyond the demographics data collection threshold.

It is necessary that a case management strategy be realigned in order to begin to explore the possibility of using the case management system in a more comprehensive fashion.

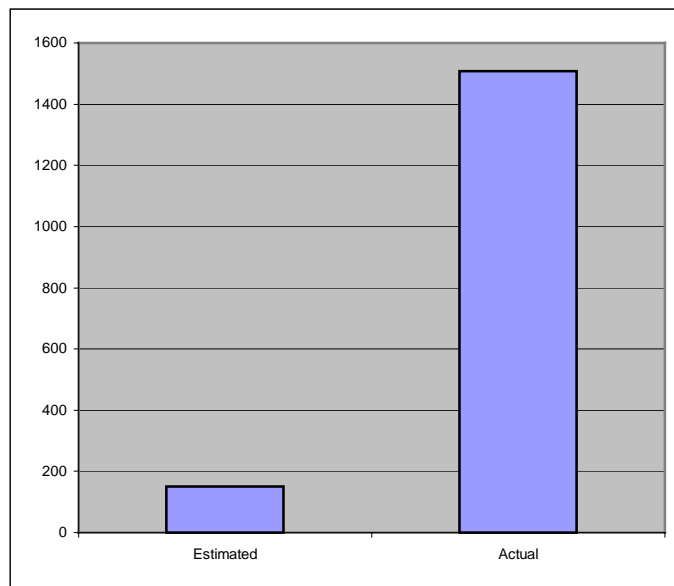


Figure 23. Estimated vs. actual clients served recorded in ServicePoint. Year 2.

Figure 24 shows that the number of participating agencies in ServicePoint implementation exceeds baseline estimations for year 2. The baseline number for participation in year two was set between 3 and 5 agencies. By the end of year two the IMPACT project had ServicePoint in operation at 7 agencies. Again, significant evidence of effort.

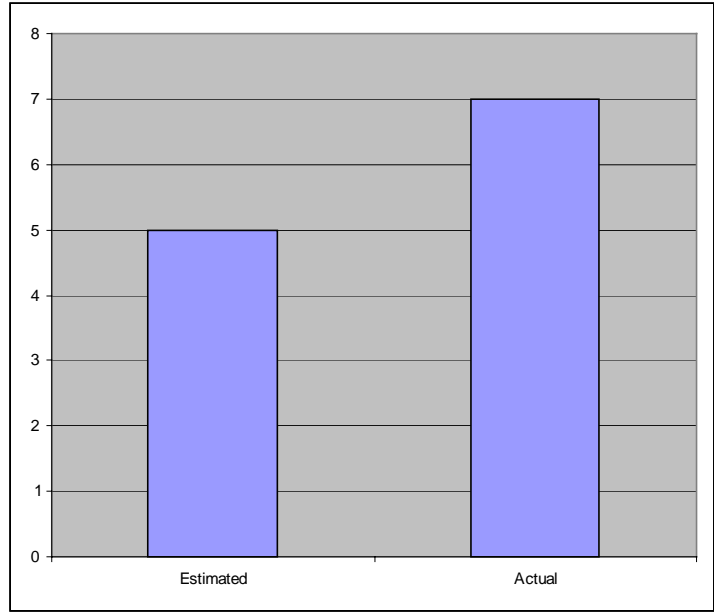


Figure 24. Estimated vs. actual Agencies using ServicePoint. Year 2.

Status of the Case Management System at Lake County

A common phenomenon that occurs in HMIS implementations is that soon after system deployment the realities of the day-to-day operation make it evident that the project goals for directly benefiting clients will apparently not be realized. So many other things need to happen that it seems almost impossible to realize such issues as having client record data sharing across agencies, or having everyone who is legitimately involved with a client able to contribute to the documentation and support of the client’s transition trough the system, and so on.

The requirements also seem more complex. Full participation of all agencies in the Continuum is almost necessary, a more comprehensive set of data collection standards seem to be called for, and so on. So this becomes an issue for management to successfully deal with diminishing expectations. When such a process for dealing with diminishing expectations is in place, the participating community “rebounds” and realigns a strategy for effective operation.

It is the opinion of the evaluation team that the case management component of the IMPACT project is undergoing this very process in this period. Furthermore, the IMPACT project will be in a position to bring the case management system to a more effective level of implementation if it aligns its strategy in light of current expectations.

Appendices

- A. Response to Year One Evaluation Report
- B. Focus Groups Questions
- C. Lists of Participants
- D. Summary of Data Requests
- E. Baseline Document

Appendix A. Response to Year One Evaluation Report

Response to Year One Evaluation Report

October 24, 2001

Oscar Gutierrez
McCormack Institute of Public Affairs
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-33936

Dear Oscar,

Thank you for the Year One Evaluation Report for Project IMPACT covering the period September 1, 2000 through August 31st 2001. The Project Management team found the report to be very helpful in evaluating the current progress of the project and appreciates the many useful recommendations included in the executive summary. Please be advised that the IMPACT committees are in the process of making fairly substantial program and budget changes to better meet project goals. Potential changes may include restructuring the database to SQL server, implementing the AIRS taxonomy, incorporating language translation software, possibly eliminating the IVR system, and extending the term of the grant until August 31, 2003. These changes have been discussed with the Department of Commerce and tentatively accepted based on further review upon a written request for these amendments. We will notify you of any grant changes after receiving official acceptance of these changes from the Department of Commerce.

In addition to our discussion on October 3rd, the following is a brief response to the fourteen recommendation included in the report.

Recommendation 1. The Project Management Team will consider establishing a broad-based steering council as described in the first recommendation. The project currently requires an enormous amount of coordination between homeless service agencies, Management Services, Planning Department, BVM Communications, Bowman Internet Systems, Health Department, UMASS, United Way, and has several committees and commissions already in place and contributing to the project in various capacities. We are hesitant to create another committee that will require additional time and effort to maintain and coordinate, especially as we move towards a period in the project that attempts to focus more on outcome measures as opposed to process measures. It is believed that there may be alternative ways to oversee the project, ensure its sustainability, and authorize the release of data and reports to the community without creating another committee and further duplicating efforts. One alternative to establishing a new committee that the committee will explore is to commission the Lake County Coalition for the Homeless to serve in this capacity.

Recommendation 2. It is agreed that a formal reporting mechanism is required to document the outcome measurements from the project. BVM Communications has begun working on a formal reporting mechanism for the kiosks and provider/web version. The

Lake County Planning Department also began working on a formal reporting mechanism to report outcomes from the case management system. It is expected that both systems will be fully implemented by September 2002.

Recommendation 3. The original 9 providers piloting the case management system are still in the process of “getting comfortable” with ServicePoint and three agencies have not implemented the system. It is expected that all agencies will be fully using the system by December 31, 2001. Therefore, by April 2002, we expect to aggregate complete and accurate data for the first quarter of 2002. Active outreach and fundraising efforts are planned to begin after successful results can be documented for the first quarter of 2002.

Recommendation 4. An expansion of service and sustainability strategy will be developed in coordination with the outreach team mentioned in recommendation 3. Future HMIS funding is expected to be secured through Continuum of Care funds and County support, kiosk maintenance and/or expansion is expected through advertising/sponsorship efforts, and the provider/web version is expected to be funded through user fees and/or local funds.

Recommendation 5. Given limited time and resources, participants are working quickly towards implementation of the overall IMPACT infrastructure. As mentioned in the introduction to this letter, the Project Management Committee is strongly committed to investing in a solid foundation for the project. It is believed that taking the time to restructure the database is in the best long-term interest of the project, even if that results in the delay of certain infrastructure outcomes. As we begin the revised year 2 (Sept 2001 – Aug 2002), 6 of 9 ServicePoint users are implemented, the Provider Version is complete, and 7 of 9 kiosks are in place. During year two, the remaining 3 ServicePoint agencies and two kiosks will be implemented, the reports module will near completion, and the Provider Version will expand the number of licenses assigned.

Recommendation 6. The committee is reconsidering the development of the Interactive Voice Response System. Lake County supports a 24-hour Crisis Line and Information and Referral Hotline whose staff use a desktop version of the I&R database to provide assistance. Because an automated system cannot provide crisis counseling and many people would prefer to talk with a person as opposed to using a IVR system, the County will continue to support the operational costs associated with the hotline. Further, it was originally expected that the IVR system can be easily and inexpensively added to a proposed County IVR system. However, an IVR system would in fact require significant resources that would effectively duplicate the hotline services using the same I&R data. Therefore, the committee will be making a decision shortly by December 31, 2001.

Recommendation 7. The committee has already talked with the Department of Commerce about restructuring the database to SQL Server as well as implementing the heirs taxonomy used by ServicePoint. It is believed that restructuring will help reduce maintenance, interface, and modification costs as well as allow for better translation into Spanish, eradicate length problems associated with the ServicePoint system, and improve searching and reporting. The Department of Commerce seemed agreeable to adding this

amendment. BVM is currently developing a proposed budget and timeline for this process. Once complete, revisions will be formally requested to the grant.

Recommendation 8. The Provider Version that offers I&R information via the Internet is currently available to social service providers who purchase a license. The committee is currently in the process of developing the web version targeting the general public. The web version is expected to be available in late 2002.

Recommendation 9. The committee determined that using a Spanish approval board is not an efficient or practical method to validate language translation given the constant updates and changes to the I&R data (BVM estimates 20% of the data is changed each month). The committee is moving towards structuring the I&R database with the AIRS taxonomy that uses 5 levels to classify services and needs. The automated translation software has a customizable dictionary that can allow the heirs terms to be translated once and programmed into the dictionary. Therefore, as services and descriptions change in English based on the taxonomy terms, the software will automatically adjust in Spanish. This process will be more fully explained when in the documentation to the Department of Commerce seeking the grant amendments.

Recommendation 10. Through the case management committee, participating agencies address the non-technical aspects of implementing a HMIS. Examples include the significant time spent on privacy issues and the discussion on developing a rapport with clients while using an HMIS. However, a more defined strategy and list of issues can be developed to address these issues more strategically.

Recommendation 11. Bowman Internet Systems is sponsoring a 2 day training session October 31st and Nov 1st to train new staff and refresh staff that were already trained. Staff within each agency train new staff as they join the agency and the County has provided several on-site trainings/refreshers as needed.

Recommendation 12. The County's Management Services division and Planning Department will continue to maintain the ServicePoint system beyond the grant term. Additional funding will be acquired through the County's Continuum of Care funds. Currently, 3-5 agencies are interested in implementing the ServicePoint after the initial 9 agencies are operating smoothly. Additional outreach will be put in place as described in recommendation 3.

Recommendation 13. It is agreed that the committee needs to develop Standard Operating Procedures to govern the IMPACT system. It is expected that procedures will be in place by July 2002.

Recommendation 14. As mentioned earlier, the project will request the Lake County Coalition for the Homeless to act as the authorizing body to release information attained through the IMPACT system. If this is agreed, the coalition can develop a set of policies to determine the criteria for the release of information.

Recommendation 15. The committee will develop a simple mechanism to monitor how client data and information from the reports module are used for community planning.

Recommendation 16. The committee will instruct agencies how to complete surveys or other information requests in order to assess the impact of these systems.

Recommendation 17. Program timelines and checklists are already in place to monitor the implementation process of each module (i.e. ServicePoint, Kiosks, Provider Version, etc...) as well as kiosk and provider version usage. However, the committee will develop a mechanism to track the agencies' use of the ServicePoint system.

Appendix B. Focus Groups Questions

Focus Groups Questions

Case Manager Group

1. Do you use ServicePoint? Does your Agency? How is it being used? Please describe the processes supported with ServicePoint.
2. Does the use of ServicePoint simplify or complicate reporting requirements in the short term, long term? In what way it simplifies or complicates matters?
3. Are clients formally communicated of how the ServicePoint system is utilized? Where information does or does not go? What has been the response of the clients to the fact that their information is recorded on ServicePoint?
4. Does the presence of ServicePoint affect a case manager's ability to work with a client?
5. Does ServicePoint help you locate services more quickly or less quickly than before? How so?
6. Does the technology result in a different quality of services for the client in your estimation?
7. Does the technology result in overall faster access to the services needed for the client in your estimation? What makes you say that?
8. Do you think the technology helps or will help clients to better access transitional and permanent housing? Why do you say that?
9. How did you collect data prior to ServicePoint?
10. How much collaboration did you have with other agencies prior to implementing ServicePoint?
11. How has your approach to working with clients been affected by the use of ServicePoint, if at all?
12. How much training time did you receive? How much would you like?

Community Planning

1. Has there been a great involvement of stakeholders since the project began? Since the I&R and ServicePoint were up and running? How has it taken shape?
2. Have you noticed an increase in agency coordination? How did this happen?

3. Exactly how do agencies work together.
4. How has decision making changed for community planning as the project has progressed if at all?
5. Has there been new representation of stakeholders in planning meetings or other planning activity?
6. Has stakeholder participation in planning processes been lengthened and more consistent? Has it shortened? Why do you think that is?
7. Has client participation in planning activities changed?
8. Has agency representation in planning activities changed? How so?
9. Has aggregate data generated from the system assisted in community planning? If not, do you expect it will? If it has, how has it?
10. Would you say the system increases social capital within the service provider network?

I&R Users

1. How did you learn about the I&R system?
2. Did you experience match your expectations? How so?
3. Were you able to access services in a timelier manner than before using the system?
4. Do you see the kiosks as a good resource for a variety of things or just social services?
5. Do you feel they are in a good location as convenience privacy? Would you suggest other locations?
6. What would make the kiosks more effective in your opinion?
7. Do you feel the existence of the kiosks is well known among people you know?
8. Did the experience feel logical, overly complicated or just right? Why?

Appendix C. Lists of Participants

Lists of Participants

Case Management Team

Location: PADS Crisis Services, Building 5 – 3001 Green Bay Road, North Chicago

Attendees: Rob Anthony, Tom Chefalo, Amanda Whitlock, Fran Forys, Maria Larsen, Kimberly Smith, Diana Fishman, Pat Lynch, Diane Taylor, Amy Hennings

Stakeholders

Location: PADS Crisis Services, Building 5 – 3001 Green Bay Road, North Chicago

Attendees: Rob Anthony, Tom Chefalo, Bonnie Garringer, Angela Tomlinson, Fran Forys, Camdace Flory, Arsene Gerber

Kiosk Users

Location: Health Department – Belvidere Building, Waukegan

Interviews with kiosk users

Provider Version

Location: Health Department – Belvidere Building, Waukegan

Attendees: Rob Anthony, 3 staff users from Health Department.

ServicePoint Users

Location: PADS Crisis Services, Building 5 – 3001 Green Bay Road, North Chicago

Attendees: Rob Anthony, Tom Chefalo, Dawn Nahf, Kimberly Smith, Diana Fishman, users from PADS, Maristella, Staben House, Haven and I-Plus.

Data Review and Wrap Up

Location: PADS Crisis Services, Building 5 – 3001 Green Bay Road, North Chicago

Attendees: Rob Anthony, Tom Chefalo

Appendix D. Summary of Data Requests

	Data Requests						
	I&R					Case Management	Community Planning
	Kiosks	Learning CD	Health Department Surveys	Provider Version	Web Version		
Type* ²	E	E	E	E	E	E/F	F/D
Data Sources	Each Kiosk location	Each Learning Center	All possible sources	Each provider location		(E) Each participating agency	(F) Case Management/ Project Committee (F) Case management users (F) Consumers (D) Project documentation <ul style="list-style-type: none"> • Quarterly Progress Reports • Agreements, SOPs • System documents
Periods	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	
Data sets	Customer inquiries by category	Sessions per type per language	Surveys	Customer inquiries by category	Customer inquiries by category	Case Management Report	

² Type: E – Electronic, F – Focus Group, D - Documentation

Content	Number of hits Types of hits Identifiable community service /life information sessions	Number and type of sessions Completed	All survey questions	Number of hits Types of hits	Number of hits Types of hits Identifiable community service /life information sessions	Data specified in report format pulled from ServicePoint	
Sites providing services	Numbers and names of sites	Numbers and names of sites	Numbers and names of sites	Numbers and names of sites	Numbers and names of sites	Numbers and names of sites	
Service utilization	Categories of services available to target population. Categories of services accessed by target population.	Categories of services available to target population. Categories of services accessed by target population.	Categories of services available to target population. Categories of services accessed by target population.	Categories of services available to target population. Categories of services accessed by target population.	Categories of services available to target population. Categories of services accessed by target population.	Categories of services available to target population. Categories of services accessed by target population.	
Data categories being utilized	Specify categories	Specify categories	Specify categories	Specify categories	Specify categories	Specify categories	
Referral/success rate	Actual referrals/attempted referrals			Actual referrals/attempted referrals	Actual referrals/attempted referrals		
Clients served Per site						Number of clients recorded. Unduplicated count. Characteristics of clients receiving service.	
Data sharing				Specify sites sharing		Specify sites sharing	
Data	Specify process	Specify	Specify process	Specify process	Specify process	Specify process	

aggregation and analysis		process					
Languages supported	Specify languages	Specify languages	Specify languages	Specify languages	Specify languages	Specify languages	
Consent requirements	Specify process	Specify process	Specify process	Specify process	Specify process	Specify process	

Appendix E. Baseline Document

Baseline for Evaluation

This section presents the baseline set of information with which the project's progress is compared. The baseline set of information was obtained from the IMPACT project administrators and it was requested in terms of the project's basic components: Information and Referral, Community Planning and Case Management. Also, questions concerning population, current processes, outcomes and the project implementation process were formulated. All the information provided was subdivided into outcome and process categories resulting in the following breakdown:

- Information & Referral Outcomes
- Case Management Outcomes
- Community Planning Outcomes
- Learning Center Outcomes
- Information & Referral Process
- Cases Management Process
- Community Planning Process
- Learning Centers Process
- Implementation Strategy Process

The following sections summarize the baseline information according to the resulting baseline framework.

Race Breakdown by Lake County Place and IMPACT Module

Town	IMPACT Module	Tot. Pop.	Race								Hispanic or Latino (of any other Race)
			One Race								
			Total	White	Black/ African Amer.	Amer. Ind./Alaskan Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	
Antioch	I&R kiosk	8,788	8,688	8,365	94	31	102	1	95	100	388
Barrington	I&R kiosk	4,461	4,431	4,308	29	6	80	1	7	30	90
Buffalo Grove	I&R kiosk	28,491	28,218	24,964	237	12	2,870	1	134	273	523
Grayslake	I&R kiosk	18,506	18,271	16,840	293	35	783	6	314	235	920
Gurnee	I&R kiosk & case management	28,834	28,190	23,679	1,459	52	2,364	15	621	644	1,738
Libertyville	case management	20,742	20,536	19,121	211	18	949	6	231	206	566
Mundelein	I&R kiosk	30,935	30,283	24,340	494	87	2,041	23	3,298	652	7,787
North Chicago	learning center & case management	35,918	34,557	17,140	13,024	301	1,289	53	2,750	1,361	6,552
Round Lake	I&R kiosk & learning cntr.	5,842	5,665	4,782	116	23	112	2	630	177	1,292

Waukegan	I&R kiosk, learning center, & case management	87,901	84,822	44,073	16,890	471	3,146	57	20,185	3,079	39,396
Zion	case management & learning center	22,866	21,946	13,435	6,196	88	428	16	1,713	920	3,487

(I&R kiosks refer to public kiosks in libraries, stores, etc.; Learning Centers refer to kiosks located in the Health Department and DHS Office; Case Management refers to HMIS)
Age Breakdown by Lake County Place and IMPACT Module

Town	IMPACT Module	Tot. Pop.	Under 5		5-17		18-24		25-44		45-64		65-84		85 and Over	
			Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
Antioch	I&R kiosk	8,788	703	8.0	1,926	21.9	700	8.0	2,850	32.4	1,858	21.1	671	7.6	80	0.9
Barrington*	I&R kiosk	10,168	748	7.4	2,288	22.5	440	4.3	2,852	28.0	2,553	25.1	1,150	11.3	137	1.3
Buffalo Grove*	I&R kiosk	42,909	2,827	6.6	9,577	22.3	2,259	5.3	13,797	32.2	10,566	24.6	3,512	8.2	371	0.9
Grayslake	I&R kiosk	18,506	2,189	11.8	3,938	21.3	1,040	5.6	7,483	40.4	3,015	16.3	762	4.1	79	0.4
Gurnee	I&R kiosk & case management	28,834	2,770	9.6	5,971	20.7	1,572	5.5	10,714	37.2	5,732	19.9	1,924	6.7	151	0.5
Libertyville	case management	20,742	1,380	6.7	4,493	21.7	1,085	5.2	5,659	27.3	5,719	27.6	1,952	9.4	454	2.2
Mundelein	I&R kiosk	30,935	2,836	9.2	6,879	22.2	2,572	8.3	11,128	36.0	5,596	18.1	1,801	5.8	123	0.4
North Chicago	learning center &	35,918	2,872	8.0	5,772	16.1	12,473	34.7	9,869	27.5	3,292	9.2	1,484	4.1	156	0.4

	case management															
Round Lake	I&R kiosk & learning center	5,842	672	11.5	1,066	18.2	520	8.9	2,266	38.8	973	16.7	328	5.6	17	0.3
Waukegan	I&R kiosk, learning center, & case management	87,901	8,457	9.6	18,096	20.6	10,630	12.1	29,355	33.4	14,416	16.4	6,086	6.9	861	1.0
Zion	case management & learning center	22,866	2,055	9.0	5,543	24.2	2,182	9.5	7,178	31.4	3,989	17.4	1,646	7.2	273	1.2

* Totals only for all of Barrington, not just lake County part.

(I&R kiosks refer to public kiosks in libraries, stores, etc.; Learning Centers refer to kiosks located in the Health Department and DHS Office; Case Management refers to HMIS)

Population Characteristics County.

Population (2000 Census): Lake County: 644,356, Waukegan: 87,901, North Chicago: 35,918, Highland Park: 31,365, Buffalo Grove: 28,491, Mundelein: 30,935, Gurnee: 28,834, Round Lake: 5,842, Libertyville: 20,742, Zion: 22,886, Antioch: 8,788, Barrington: 4,461, Grayslake: 18,506.

Race (2000 Census): White (80%), Black (6.9%), Asian & PI (3.9%), American Indian, Eskimo or Aleutian (0.3%), Other (6.7%) Hispanic Origin: (14.4%).

Age (2000 Census): 0-4 (52,978), 5-17 (136,386), 18-24 (57,493), 25-44 (203,513), 45-64 (138,997), 65+ (54,989).

Special Populations (1990*): Mobility limitation (5,114), Self-care limitations (6,074), Both (3,961).

Mentally Ill (2000): Estimated 11,830 based on national percentage rate applied to County population.

Developmental Disability (2000): Estimated 10,310 based on national percentage rate applied to County population.

HIV/AIDS (2001 IL Dept. of Public Health): AIDS (474), HIV (492.)

* Most recent available

Information and Referral Outcomes

Targets. Client usage: Year 1: 1,000,000 hits.
Year 2: 1,500,000 hits.
Year 3: 2,000,000 hits.

Supported Services: Year 1: Touch screen access in English and Spanish., interface in Spanish, Healthy Touch bilingual series, web access version;
Year 2: Automated usage reports and analysis reports.
Year 3: GIS mapping, electronic referral.

Sites Providing Services: Year 1: Add 2 sites and 9 learning center kiosks;
Year 2: Add 4 kiosks.

Year 3: Add 4 kiosks.

User Satisfaction: There is dissatisfaction with existing Information and Referral (which was impetus for IMPACT) based on lack of knowledge of the range of services and how can they be accessed as well as confusion with regards to eligibility. All this is aggravated by insufficient availability of key services, embarrassment, language and literacy problems, lengthy circuitous referrals, long delays in access services, awkward needs assessment, lack of service coordination, repetitious intake at multiple agencies.

Motivating factors: Users see information on kiosk screen that meets their (or friends') current needs.

Success Rate: It normally takes 4-5 referrals to achieve an appropriate referral.

Population Service: Township of Antioch: Population: 20,578; Median Income: \$35, 263; American Indian: 58 Asian/PI: 29 Black: 18 White: 17,721 Other, n.e.c: 61 Hispanic Origin: 182 High School Graduate: 4,202 College Graduate: 1,161 Post Graduate: 424.

Village of Grayslake: Population: 12,145 Median Income: \$43,712 American Indian: 7 Asian/PI: 76 Black: 0 White: 7,281 Other, n.e.c: 24 Hispanic Origin: High School Graduate: 1,201 College Graduate: 1,010 Post Graduate: 439.

City of Waukegan: Population: 67,751 Median Income: \$31,315 American Indian: 383 Asian/PI: 1,974 Black: 13,974 White: 44,537 Other, n.e.c: 8,525 Hispanic Origin: 15,755 High School Graduate: 13,383 College Graduate: 4,151 Post Graduate: 1,878.

Village of Round Lake: Population: 5,205 Median Income: \$30,951 American Indian: 12 Asian/PI: 78 Black: 15 White: 3,301 Other, n.e.c: 143 Hispanic Origin: 419 High School Graduate: 874 College Graduate: 103 Post Graduate: 54.

Village of Mundelein: Population: 23,995 Median Income: \$45,947 American Indian: 17 Asian/PI: 642 Black: 272 White: 18,918 Other, n.e.c: 1,366 Hispanic Origin: 2,822 High School Graduate: 3,580 College Graduate: 2,691 Post Graduate: 1,332.

Village of Gurnee: Population: 19,428 Median Income: \$49,069 American Indian: 69 Asian/PI: 529 Black: 457 White: 12,558 Other, n.e.c: 88 Hispanic Origin: 366 High

School Graduate: 2,008 College Graduate: 2,351 Post Graduate: 1,033.

Case Management Outcomes

- Targets. Clients Served:** Year 1 none.
Year 2: 150 clients.
Year 3: 1000 clients.
- Supported Services:** Year 1: Implementation.
Year 2: 3-5 agencies (I&R, internal CM, reporting, partial community data).
Year 3: 3-10 agencies (same as Year 2 plus referral tracking, inter-agency Case Management for some agencies, full community data).
- Sites Providing Services:** Year 1: Implementation.
Year 2: 3-5 agencies.
Year 3: 3-10 agencies.
- Data Aggregation:** Problems include duplication, data entry errors, and time requirements for aggregation.
- User Satisfaction:** Seems to be significant level of frustration among clients: being referred to full, ineligible, or too many agencies. Some users can't get through on the phone or call is not returned; lack of services for single men and women.

Population Characteristics of those receiving services

Homeless: On a given day in time in 1998: 380-480 people in Lake County accessed homeless services.

Demographics of those accessing service in 1998: Individuals (66%), Families and children (33%), African Americans (70%), Caucasian (28%), Hispanic (1-2%), Other (1%), Average Age (40), Median Age (41), Never married (35%), separated or divorced (54%), married (7%), widowed (3%), born in Illinois (70%), veterans among adults (63%).

Education: Individuals, graduating from High School or GED (80%), some college (40%), graduated college (6%), some graduate level work (3%), some vocational training (45%), Adult family members, graduated High School (78%), some time in college (52%), some vocational training (48%).

Employment: Individuals: currently employed (37%): of which, full-time (26%), part-time (11%); receiving work therapy income (an additional 30%), disabled (5%), vet benefits (5%), SSI/SSDI (6%), TANF (2%), food stamps (2%), Mothers: employed (39%), of which, part-time (26%), full-time (13%), TANF (33%).

Income: Individuals, Average monthly (\$100-300), median income of up to \$100. Families, (\$300-400).

Learning Center Outcomes

Client Sessions Targets

Community Service info

Year 1: 600 queries (9,990 hits)

Year 2: 65,000 queries (975,000 hits)

Year 3: 75,000 queries (1,125,00 hits)

CD Session Targets: Year 1: 75 queries (1,125 hits)
Year 2: 1,700 queries (25,500 hits)
Year 3: 2,000 queries (30,000 hits)

Supported Services: Years 1, 2 and 3 interactive learning in English and Spanish.

Sites Providing Services: Years 1, 2 and 3 Eight sites.

Population Service: Attachment X lists out demographics of users of Learning Centers at BMB, 10th, ZION.

Community Planning Outcomes Not articulated in Baseline information. Derived from project statement. Systematic data aggregation of case management data; ability to perform comparison of information collected through the

I&R component with geospatial coverage available in other data systems.

Information & Referral Process

- Current Process:** Use of kiosks in operation, users access information through touch screen in English, information is uploaded to central server; kiosks also have public broadcast TV screen for public announcements.
- Skills Self-Assessment.** Agencies used to manual directories; process with computer will have learning curve; need additional incentives for use of I&R; technical skills do not seem to be a problem.
- Marketing.** Fifty percent of visitors will pass the kiosk (BVM estimate) which explains services and information available; BVM also markets the kiosks through various newsletter mailings and newspaper articles plus kiosk educational flyers will be made for users.
- Data Transmission.** User data is transmitted each day (7 days/week); agency update information is transmitted weekly to each kiosk.
- Consent Requirement.** Consent is required for sharing anything that is client-specific.

Cases Management Process

- Current Process:**
- Intake:** In person and phone interviews recorded on paper (then/or) entered into local database, one agency uses voicemail for intake.
 - I&R Resources:** Case Managers compile their own community services information and PIC publishes directory every 2-3 years.
 - Referral:** By fax and telephone.
 - Outreach:** Community presentations, one-on-one street outreach, and via telephone.
 - Eligibility Assessment:** Paper forms, telephone and fax.
 - Information Sharing:** Signed release usually faxed with telephone conversation between Case Managers.

Reporting: Tabulating information from paper forms or pulling data from local database, often time consuming with frequent mistakes

Skills Self Assessment. Most Case Managers are computer savvy and willing to learn more; there are equipment needs; learning curve expected for new IMPACT processes; agencies have concern about sharing data and expect that to go slow.

Data Sharing. Case Management information is shared with signed release forms (see attachment 4) which are usually faxed or mailed between agencies whose staff then confer on the telephone. Consent is required for any client-specific information to be shared.

Data Collection. Data collected daily; most agencies aggregate and analyze twice per month.

Data Aggregation: Problems include duplication, data entry errors, and time requirements for aggregation.

Privacy Protection and Data Sharing Issues. Client information is stored in locked files. Client information is shared only with signed consent, which is valid for one year. A small number don't sign, some sign without reading release. Case managers supposed to give walk-through explanation; often client distrust exists; generally clients prefer specific information release as opposed to blanket releases, therefore they must sign multiple forms for multiple pieces of their history.

Information sharing occurs with homeless service agencies, counseling centers, outpatient drug treatment centers, DCFS, GED counselors, family/friends of client, and other service providers working with the client.

Consent Requirement. A release of information form must be signed prior to any information sharing.

Community Planning Process

- Needs Assessment:** Facilitated by Planning Department and Homeless Advisory Planning Group (APG) around HUD Continuum of Care (CofC) yearly application for funds.
- Data gathering, analysis and aggregation:** Data gathered at provider meetings, general information provider surveys, point-in-time client surveys (yearly), client focus groups and public hearings.
- Resource allocation:** For CofC funds, recommendations made through APG (staffed by Planning Department) in a process open to agencies and individuals. Process is informed by data collection, analysis and needs assessment. Funds are also allocated within the County through the Community Development Commission (CDC) made of citizens and elected officials. The CDC reviews CDBG, ESG, HOME, and CoC applications and recommends levels of funding for homeless programs. It does not directly use data from gaps analysis nor is it directly connected to CofC.
- Evaluation and monitoring:** The Planning Dept monitors grants and initiates outcomes for all social service programs receiving funding through the county, mostly relying on manually recorded data. Outcomes data cannot be aggregated electronically. Grant monitoring is largely completed in terms of regulatory compliance, expenditure rates and outcome measures. The outputs are reported to HUD annually in the CAPER. Agencies are required to report progress on outcomes in their annual funding applications, but these results are not aggregated.
- Service coordination:** When County committees, commissions, and APG responsible for allocating grants review applications, additional point are awarded for collaboration and coordination. CoC applications receives additional points for attending the APG and Homeless Coalition meetings dedicated to service coordination.

Data Supplied: Needs assessment; Data gathering, analysis and aggregation; Resource allocation; Evaluation and monitoring; Service coordination.

Participation: Currently 10 active agencies involved in CP with up to 25 total.

Learning Centers Process

Process: Current mode of referral, outreach and education includes verbal, provider initiated referral and education – use of “Red Book for referrals ,and conversation, handouts, and videos for education and outreach.

Data supplied: Patient initiated referral, outreach, education.

Status: Learning Centers require delivery and set-up, analysis, and preparation of clinic environment for kiosk placement, Spanish translation, interface development, development of client kiosk educational flyer, and staff awareness/education.

Implementation Strategy Process

Approach Scalable implementation approach.

Timeframe A 36 month period, starting 12/99 excluding evaluation.

Structure Project Management Team responsible for overseeing the broad implementation. Case Management Committee responsible for analysis and design of core case management processes. Responsible for the assessment and selection of case management software.

Timetables One general timetable exists. Sub-project timetables are scheduled and monitored through the project management team. Formal sub-project timetables are not documented.