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IMPACT – Information Management, Public Access, Community Transformation: Final Evaluation Report

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

Final Evaluation Report

August 2004

Oscar Gutierrez and John McGah
Center for Social Policy
McCormack Graduate School of Policy Studies
University of Massachusetts Boston



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Executive Summary

In 2000 the Department of Commerce awarded the Lake County (IL) Department of Planning, Building and Development a Technology Opportunity Program (TOPS) Grant to implement Project IMPACT. The project's goals were "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 that 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) at the McCormack Graduate School of Policy Studies, University of Massachusetts Boston was hired to produce a series of evaluation reports of Project IMPACT. This is the third and final report, which looks at year three activity as well as the overall results of IMPACT. This report covers the period of time from September 1, 2000 through the end of 2003. We ask three questions in this final report:

- (1) Has the project met the goals laid out at the onset of implementation?
- (2) Is Project IMPACT on track to be sustainable?
- (3) Has it all been worth it?

The answer to these questions is a qualified yes. That is, some vital goals have certainly been met, yet obstacles remain.

Goals met include:

- Improved access to services;
- An integrated data system; and
- Coordinated information and referral.

Obstacles remain in the following areas:

- Improved efficiencies in service delivery and particularly in service coordination;
- Comprehensive use of case management across the network of participating agencies; and
- Data usage for policy making.

The existing levels of financial and political resources will create challenges for the project in the future as it attempt to overcome the obstacles.

Unquestionably this project has surpassed its goals and expectations for a modern technical infrastructure capable of supporting numerous social service information processing requirements. Some of the most significant include: the ability to manage a client's service needs over time; the ability of agencies to process internal, grant or government reports; availability of information to the public for training and self-referral, and the ability to maintain an up-to-date directory of social services programs and agency information.

On the other hand, the project's goals also included outcome objectives that in the opinion of the evaluation team are very difficult to achieve within the project's timeframe (i.e. improved service outcomes, increased social capital, enhanced community planning). The evaluation team concludes that this is because a project dominated primarily by infrastructure development tasks does not develop enough synergy to address the higher-order goals (i.e. goals addressing issues beyond technology implementation).

What we have seen in Lake County over the past three years is the development of a first-of-its-kind application. The project shows certain characteristics that may determine success or failure depending on paths it takes. A number of factors make this type of system implementation complex:

- Lack of adequate resources to cover staff to invest in training and usage.
- Emerging understanding of best fit for technology,
- Fitting for-profit models in non-profit/public environment,
- Reliance on staff whose job is immediate and social to complete day to day tasks that are long term and technical
- Extremely high expectations for the results of technological solutions in the social service sector
- Vulnerable and often guarded population (people experiencing homelessness) self reporting data.

With all of these challenges, Project IMPACT offers promise for delivering benefits at three levels: the individual client, the participating agency, and the funder or sponsoring agencies.

What follows are the evaluation team's final recommendations for Project IMPACT.

Final Recommendations

Recommendation 1. *Strengthen the positive collaborative relationship between Project IMPACT and its technical partner BVM Olenti.*

It has been demonstrated that communities that engage in partnership collaborating in the implementation of homeless systems with a local systems development organization produce significantly more successful implementations. Examples of such communities include Cincinnati, Ohio, St. Louis Missouri, Atlanta, Georgia, and the Balance of State in the State of Washington. These example communities all have a local development partner that addresses the technical requirements of the application for the community.

Recommendation 2. *Refocus data collection and analysis of kiosk usage to inform policy makers.*

The potential for analysis of kiosk usage is enormous. The reports presented to the evaluation team were significant and are useful primarily to determine extent of usage by

a range of categories. With a slightly different focus, this type of information can be used to identify unmet needs or areas for service improvement.

Recommendation 3. *Focus on developing a broad base participation of homeless shelters to better realize the potential benefits of the case management application.*

One of the most significant benefits that accrue from the use of these sophisticated systems is the ability to better serve a client within a network of participating service providers by sharing relevant information about the case. The synergy that is generated by partners with a common purpose can add a great deal to IMPACT moving forward. These benefits cannot be properly achieved when only a minority or small number of service providers agree to participate in this mode. The first step to this recommendation is to achieve proper level of agency participation; the second recommended step is to work on the policies that will allow inter-agency data sharing to take place.

Recommendation 4. *Pay specific attention to the data collection efforts at participating homeless shelters in order to comply with the HUD data collection standards.*

The U.S. Department of Housing and Urban Development has issued a data standard for collection of client demographic data and program-level service records. It is imperative that any agency that receives HUD funding complies with this homeless management information system data collection standard.

Recommendation 5. *Develop a strong Steering Committee for IMPACT with broad stakeholder representation.*

A broad-based community representation that works on strategic and policy decisions is appropriate for this project. This committee is the body with the power to authorize the release of data to the community. The evaluation team believes that it is important to develop a body of support for the future of the project. Lake County has developed a solid technical infrastructure; but it requires financial backing to be sustained beyond the duration of Project IMPACT.

Recommendation 6. *Identify a wider strategy of financial sustainability with the wider community.*

Project IMPACT needs substantial financial and political backing in Lake County to be sustainable. For example, the evaluation team has observed the positive difference that additional financial backing and presence of a political champion in the City Council has made in advancing King County, WA's HMIS. The result is the same in Rockford, Illinois where the mayor has leveraged support. The result is greater sustainability.

Recommendation 7. *Create two levels of minimal data requirements.*

Create two minimal data requirement (MDR) versions A & B for case management. Use MDR-A for clients where fuller questioning is inappropriate or impossible, for example, clients who come to the system simply for information or food or who refuse to share in-depth information. The IMPACT Planning Committee should decide a policy on these clients, enough to capture an unduplicated count and basic demographics. Use MDR-B,

as the ideal minimal requirements where a case manager or staff person can ascertain a little more information, for example, last place stayed, employment status, reasons contributing to homelessness.

Recommendation 8. *Create a custom screen for the minimal data requirements.*

Once Minimal Data Requirements A & B are established, create an MDR screen using the customization feature in ServicePoint version 3.0 available for agencies that choose to use it. For some, this may alleviate confusion on part of staff that are uncomfortable with technology and will only have to enter fields from one screen. Monitor the effectiveness of this among IMPACT agencies.

Recommendation 9. *Hold more regular user groups.*

User groups are difficult with project staffing model, but essential with staff turnover and for continued buy in at early stages of implementation. Consider conference calls and/or user groups held by designated users where results are reported back to the IMPACT director in standardized forms. Project staff should share results, responses and best practices, through e-mail updates and/or web pages.

Recommendation 10. *Further utilize paper version of ServicePoint intake questions.*

Project IMPACT staff have provided a hard copy of the ServicePoint intake questionnaire. Individual program staff should take this and utilize for their specific needs and interviewing approach.

Service agencies will always have specific data requirement needs and the more they can customize *around* the minimal data requirements established by the community, the more likely the data paper forms will be used. Many staff using ServicePoint see the amount of potential data to be collected and get overwhelmed. A customized paper intake form with specific ServicePoint questions and any additional program protocols could help.

Recommendation 11. *Present ServicePoint training as a career development opportunity.*

Consider presenting Introduction to ServicePoint certificates to users upon completion of training and encouraging them to add to their resume as a legitimate computer skill attained. Buy-in to the system among staff with little knowledge/interest in computers is likely to always be a challenge. Presenting ServicePoint training as a career development opportunity is legitimate.

Recommendation 12. *If affordable, place a link to the Information and Referral (I&R) provider version on the Lake County Website.*

Added access to the Helping Hands tool is the goal for all stakeholders. Placing a link directly on the county's website greatly increases awareness and access among all visitors to the County's website. Cost may make this option prohibitive.

Recommendation 13. *Place an icon for the I&R Provider version on each case manager's desktop to encourage use of the I&R.*

The Helping Hands provider version is being used to great effect by users and is a great resource to all Lake County service providers. Many just aren't aware of it. Simply placing a link on staff desktops will create awareness and ease of access.

Recommendation 14. *Focus less on getting data across sites but getting higher quality.*

Usage of ServicePoint is low and needs to be higher to reach the long-term goals of the project. This takes time, but usage should be more targeted. That is, focus less on getting data across sites but getting higher quality.

Concluding Remarks

A solid foundation has been laid by Project IMPACT with great potential for reaching the envisioned benefits of a fully integrated system. Staff, partners, and other stakeholders of the project have succeeded in establishing an innovative infrastructure well ahead of the curve of homeless information system implementations nationally. In three years the project has accomplished considerable results including: buy-in from the community of homeless service providers, consumers, and administrators; developing cutting edge I&R software (Helping Hands and Healthy Touch) in community kiosks and desktops; implementing the web-based ServicePoint in all of their target agencies; establishing the necessary processes for this technology to grow and be useful including targeted oversight and user committees and regular training in the software.

Despite a truly impressive infrastructure, or a solid foundation, not all of the goals set out for the first three years were met. As we learn more nationally about the challenges of HMIS implementation, it becomes apparent that some of these goals were perhaps far reaching for a three year start up of a county-wide implementation. That said, there are some real challenges that must be addressed in order meet the project's goals moving forward.

Project IMPACT needs to devise strategies for fuller use of the Helping Hands and ServicePoint among existing users and to expand to include additional users. This is essential in order to meet the coordination and planning goals originally set forth. It will require identifying further resources to support the project beyond current levels, and strengthening the existing partnerships that have helped IMPACT succeed thus far.

Overall the County should be commended on what it has accomplished and encouraged and supported to reach the next steps to better serve homeless people, service providers, and planners.

I. Evaluation Methodology

The Center for Social Policy at the McCormack Graduate School of Policy Studies, University of Massachusetts Boston, was commissioned to serve as third party evaluator to IMPACT in a three-year period. The design and implementation of the IMPACT evaluation plan covered the following:

- Articulation of the IMPACT evaluation program.
- Design of IMPACT data collection instruments through existing systems.
- Data analysis based on formal data collection.
- Process analysis of the Project IMPACT implementation.
- Documentation of the evaluation.

Overview of Project Evaluation Goals

The goals of Project IMPACT were:

- To improve access to and delivery of human services for low-income residents.
- To strengthen community planning and resource allocation.
- To enhance understanding of how 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 project articulated these goals from the recognition of three major categories of problems:

- Barriers to accessing services.
- Barriers to effective service delivery.
- Barriers to effective community planning and resource allocation.

The Center for Social Policy developed an evaluation scheme from Project IMPACT's articulation of goals, barriers and expected outcomes. The IMPACT evaluation plan was geared to achieve specific goals that defined the evaluation plan's design and implementation. The goals of the IMPACT evaluation plan were designed to support:

- Monitoring and reporting.
- Decisions to align the project to changing circumstances.
- Evaluation of processes and outcomes.
- Positive feedback to IMPACT implementers.

The section that follows describes in detail the evaluation scheme and all of its components at the end of the project.

Overall Evaluation Scheme

Underlying the IMPACT evaluation plan was a conceptual model that illustrates the relationship between the goals of Project IMPACT, its expected outcomes and the mechanisms to achieve them. Figure 1 illustrates this conceptual model.

The process begins with the recognition of current barriers to achieve the expected levels of coordination and service. A clear distinction of these barriers is made at three levels: individual, service provider agency and government or funding agency. These barriers trigger the identification of corresponding categories of goals that translate into the following major expectations:

- To increase access to services;
- To improve planning and resource allocation; and
- To increase use of aggregate data.

The IMPACT plan incorporated a variety of state-of-the-art technologies and applications to address the requirements. The most significant technologies included: web-enabled database applications for data collection and case management at participating service provider agencies. These applications have been coined “Homeless Management Information Systems” (HMIS). Other significant technologies include various versions of information and referral (I&R) applications with distinct contexts and requirements in mind. These I&R versions included touch-screen kiosk applications located in general public areas; public access interactive learning centers located at participating health clinics; a desktop service provider version available to social service providers; and I&R services via a web-enabled case management system available to homeless shelter staff.

At the project’s inception, other technologies had been considered for possible inclusion. These were public I&R access via Interactive Voice Response (IVR) and the incorporation of Geographic Information System Interfaces (GIS) to assist in geo-spatial analyses. While the first technology was excluded from actual implementation, the infrastructure for geo-spatial analyses was indeed established in the I&R database in the form of database upgrade to SQL by adding new record structures and fields to store GIS data. Currently these fields are used for map generation for the public user interface.

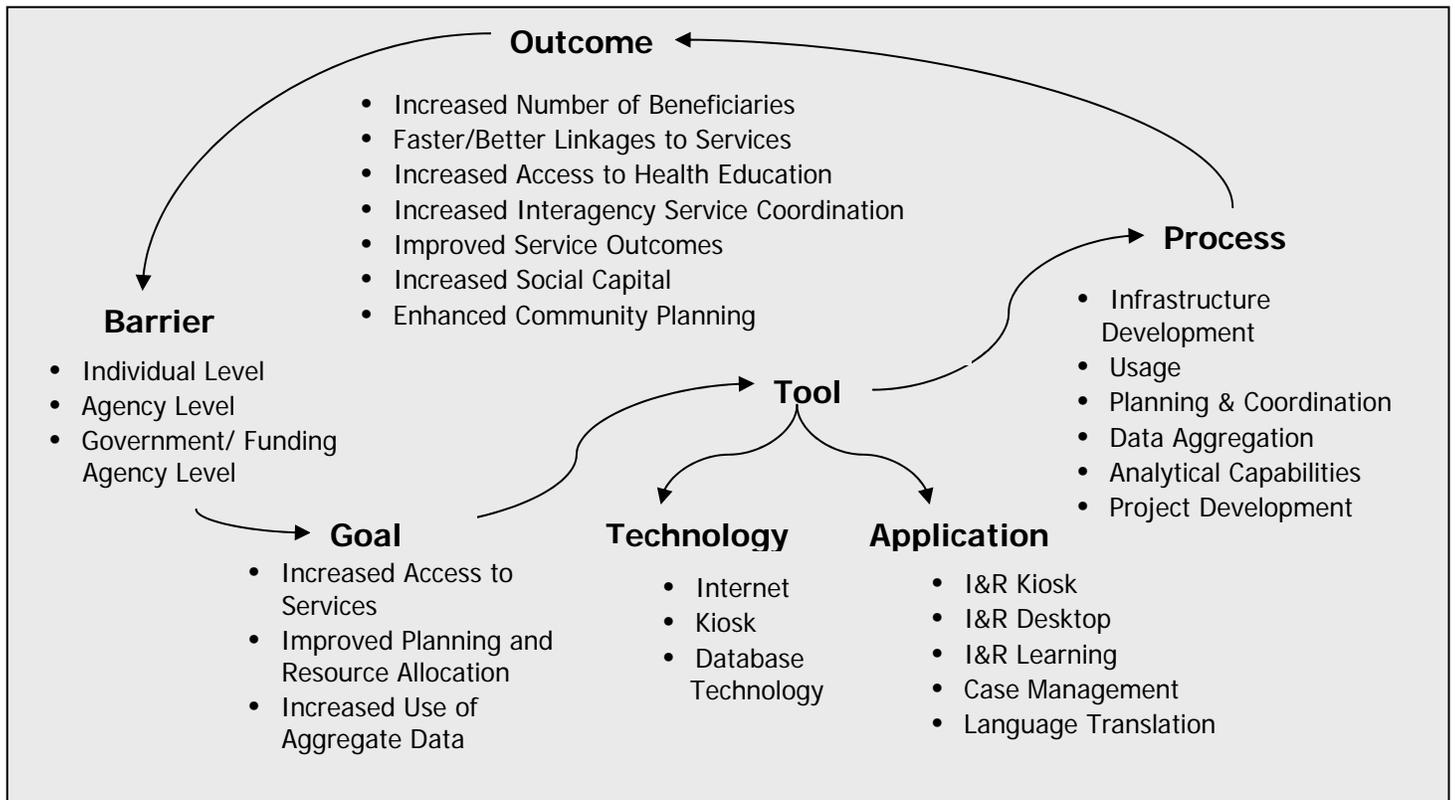
The following figure presents the evaluation model at the end of the three-year grant period.

Central to the evaluation scheme were two components: assessment and evaluation of core project processes, and evaluation of outcome-specific criteria. The major processes involving this evaluation included the following:

- Project development and implementation.
- Development of the technical and organizational infrastructure for the implementation.

- Planning and coordination issues surrounding Project IMPACT’s deliverables.
- System usage and analytical capabilities.
- Use of data by stakeholders.

Figure 1. IMPACT Evaluation Scheme



With respect to outcome-specific criteria, the evaluation considered the following categories:

- Number of beneficiaries served as evidenced by the number of clients entered in the case management system and evidence of I&R system usage.
- The nature of service delivery in terms of efficiencies as evidenced by I&R system usage.
- Coordination and speed as evidenced by system usage.
- Direct access to information by the public as evidenced by client usage of the kiosk applications.
- Effects on social capital and community planning.

Evaluation Procedures

The evaluation procedures considered three aspects: processes and outcomes as described above; Project IMPACT’s substantive areas; and data collection mechanisms.

There were three substantive areas in Project IMPACT that the evaluation scheme considered:

- Information & Referral.
- Case Management
- Community Planning and Development.

The procedures incorporated three types of data collection mechanisms:

- Technology-based methods designed to understand usage. These are automatic reports generated from the I&R and Case Management databases.
- Survey-method questionnaires designed to understand process-specific issues concerning the substantive area. These method was employed only in year one of the project.
- Process documentation techniques designed to understand the implementation and community planning processes.

From the three dimensions mentioned above the evaluation procedures considered the following major steps:

- *Assessment of I&R technology infrastructure development.* This analysis was critical in year one of the project and its significance decreased in the second and third years.
- *Assessment of I&R usage.* This analysis was relatively weak in the first year and increased in substance and importance during the second and third years.
- *Assessment of I&R planning and coordination among stakeholders.*
- *Assessment of case management infrastructure development.* This analysis was critical in year one of the project and its significance decreased in the second and third years.
- *Assessment of case management usage.* This analysis was relatively weak in the first year and increased in substance and importance during the second and third years.
- *Assessment of case management planning and coordination among stakeholders.* This analysis was conducted throughout the evaluation program.
- *Assessment of the development of data aggregation and analytical capabilities for community planning purposes.* This analysis was conducted throughout the evaluation program.
- *Assessment of community planning support tools and procedures.* This analysis was conducted throughout the evaluation program.
- *Assessment of community planning coordination among stakeholders.* This analysis was conducted throughout the evaluation program.

Table 1 shows the aspects of the evaluation scheme included during the three-year evaluation program. Note that in the first year of the project major emphasis was placed on assessing technology infrastructure development and planning for both I&R and Case

Management. Also in the first year emphasis was placed on documenting and understanding the proposed implementation strategy and the project management approach. The second and third years maintained the same level of attention to process issues but also focused on the analysis of outcomes given that by the end of year one the fundamental project infrastructure was in place.

Table 1. Aspects of the Evaluation Scheme Covered in Each of the Three Years.
(The number denotes the evaluation year)

	Information & Referral	Case Management	Community Planning and Development
Process	1,2,3	1,2,3	1,2,3
Outcome	2,3	2,3	1,2,3

Instruments

The evaluation team employed four methods of data collection during the three-year period.

- Surveys
- Automatic reports
- Documentation
- Focus groups

Surveys were used only in year one. After their application in year one the populations of agency system users and project stakeholders were considered to be too small for survey application in years two and three. Surveys of learning centers and the Helping Hands application were analyzed in year two.

Automatic reports were designed to extract information directly from the databases that collect program-specific information. These reports needed to be programmed only once and ran on a periodic basis under pre-determined selection criteria. There are two report sources:

- Case Management Data Reports
- Information & Referral Data Reports

The evaluation team formulated the specification for case management tracking reports that looked for example at client demographics, residential history, services, encounter, referral, information access, services obtained, length of stay, and status at

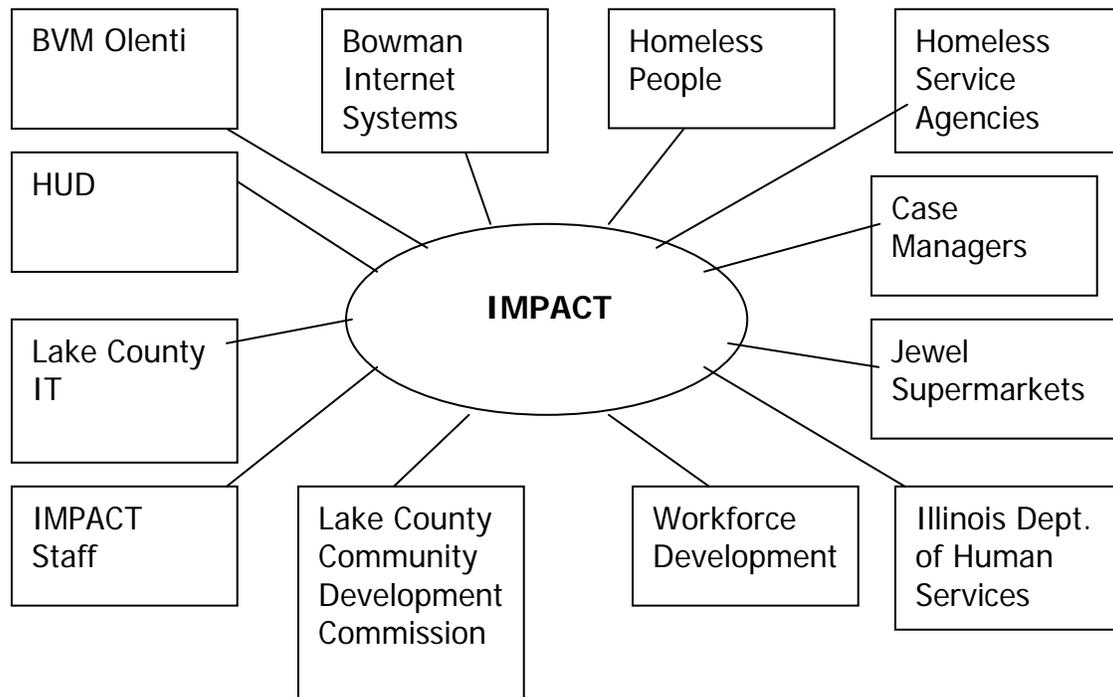
shelter exit. The evaluation team assessed existing reports produced by the I&R application and they were used for the assessment particularly in year two. In year three, the evaluation team requested further granularity of the I&R data.

The third category of data collection source is documentation. The evaluation team made extensive use of all available project documentation. This source provided the basis for process analysis, for community planning analysis and for documenting the development efforts. These documentation sources include but are not limited to the following: planning sessions, minutes, sample agreements, protocols, policies, and system generated aggregate data.

II. The Context of Project IMPACT

In evaluating Project IMPACT it is important to understand the context in which it operates. We look briefly here at three contextual categories: (1) political, (2) financial, and (3) technological. These are important to further explain successes the project has achieved and the challenges it faces.

Chart 1. IMPACT's Contextual Setting



Political

The U.S. Department of Housing and Urban Development (HUD) required in 2002 that all HUD-funded continua of care have a continuum-wide HMIS implemented by September 2004. Lake County is already in compliance. The mandate is significant to Lake County though in that there is greater attention to implementation and shared knowledge among communities nationwide. This is being facilitated by HUD, community coalitions such as the National Human Services Data Consortium, and national advocates such as the National Alliance to End Homelessness. The trend and mandate to implement HMIS across the country also means increased business for Lake County's HMIS vendor, Bowman Internet Systems. Bowman, whom the county has come to rely on, will be increasingly challenged to provide adequate levels of service (i.e. programming, training, conversions, upgrades, customizations) while keeping up with the latest technological advances to the system in a market where financial resources to support information technology applications are normally scarce. There is no evidence that Bowman cannot keep up, but it is in Lake County's interest to watch this closely.

Other political entities (governmental and otherwise) that affect IMPACT include the State of Illinois' Department of Human Services and its support of Information & Referral in the state and most significantly the Lake County Department of Planning, Building, and Development. The latter department currently does not rely heavily on IMPACT to meet its planning needs nor is there data at this phase of IMPACT's development to use. The department has identified funding to maintain the current level of operation but has not leveraged political resources to ensure fuller implementation and sustainability and has only devoted part of the IMPACT director's time to this project..

Financial

Despite the HUD mandate, funding resources are only available from within the existing pool of money for each continuum. That is, HMIS dollars can be applied for but at the expense of other service programs the continuum may have identified as being in need of HUD funding. Lake County applied to HUD for \$34,500 in July 2003 and learned at the end of the year that it was awarded the full amount. The County has also obtained eligible CDBG dollars for sustaining until those funds arrived. There is a need for sustained long-term financing moving forward. HMIS, especially given the federal government's commitment and requirement as well as the general long-term nature of the project. There has been a significant investment to date involving enormous effort and the positive results of the current infrastructure.

Technological

Another important contextual category affecting IMPACT is that of technology. Advanced technology has recently caught up to the social services industry after lagging behind the business sector for a number of years. The market for vendors creating the technology is challenged by limited funding among its customers and slow payment cycles due to the public nature and approval process for funding. All this makes it

challenging for many vendors to stay in the market and be profitable. Those that remain can be overwhelmed with the amount of customers they attain and the demand to keep up with service and upgrades.

Aside from the market dynamics, technology projects like IMPACT are affected by the advances in the field and the demand to keep up. As more and more governmental agencies and social service agencies implement their own information systems, and as more funders require it, there is a growing need to integrate. IMPACT has been ahead of the curve in that project partner BVM has worked closely with Bowman Internet Systems to integrate systems from Catholic Charities in Lake County with ServicePoint. These integrations along with continuous upgrades of all tools within the project are an important aspect to the work. Each of these concerns has enormous training and cost implications.

III. IMPACT Focus Groups

In July 2003 the CSP Evaluation Team conducted focus groups as in the previous two years, with three groups: case managers (ServicePoint users), I&R provider version users (Helping Hands), and members of the IMPACT community planning committee. Below are highlights from the results of those meetings.

Case Management Users Focus Group

On July 29, 2003, the CSP Evaluation Team conducted a focus group at the offices of Planning, Building and Development in Waukegan. The group was attended by Project IMPACT staff and representatives from eight service agencies. The agencies represented included PADS Crisis Services, I-Plus Program, COOL, Lake County Haven, Catholic Charities, Staben House, Alexian Brothers, and Maristella. This section highlights the results of that focus group discussion and lists some key remarks. There was great diversity in level of usage, implementation and number of clients served among the service agencies.

What worked well:

- Users found that sharing experiences face to face and hearing real life implementation strategies at other service agencies very beneficial to their own understanding of possible implementation strategies
- Some participants found the customization of paper intake forms made a significant difference in their ability to incorporate the new process of data entry into ServicePoint with their existing procedures
- A Project IMPACT staff member runs agency reports in Crystal Reports and hands out at monthly meetings
- Most users remain optimistic in the use of the system and worthiness of the system and investment of resources (although frustrated at times)

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- Some participants found the customization of paper intake forms made a significant difference in their ability to incorporate the new process of data entry into ServicePoint with their existing procedures
- Some felt the system did save time by avoiding duplication of services and cooperating with other agencies

What could be improved:

- No agency was yet utilizing the bed list in ServicePoint
- Larger sites reported mixed results on usage by staff member. It is a greater challenge to enter data for larger numbers of clients and staff have less time to do so
- Maristella, a smaller site, reported a need for a full-time person to keep up with data entry
- There is a need for larger sites CAP, Catholic Charities, and the Salvation Army to be part of the system to increase usage county wide since most referrals come from those agencies
- There were mixed experiences on how users were trained. Some attending training by Project IMPACT staff, others being trained by colleagues, the latter providing mixed results
- There are limited resources for data entry, equipment, and time for training
- Staff turnover is a big issue at some agencies
- Large volume makes keeping up with data entry problematic
- Notes don't "stand out" enough in client record for some users
- A report manual on how to run quick queries in ServicePoint would be useful to users
- Some clients resent having to answer all the questions required in ServicePoint minimal intake when they just came for food. This prompted the question, "Can the number of questions be for such clients while still meeting the community's and funders' data needs?"
- Many case managers are hopeful that increased sharing will result in the saving of time currently devoted to data collection. Some are particularly hopeful that with the integration of Catholic Charities' (CC) database (one the largest service agencies in the county) case managers will simply have to update information on clients already started at CC
- There are mixed reactions, including some reservations, to sharing any health information

Community Planning Focus Group

The Community Planning Group met at the Health Department in the Belvidere Building, Waukegan. Participants were very positive as to the benefits of Helping Hands over the hard copy Red Book it supplements as the main referral resource. They continued to see great potential for increased access to services and faster referrals if

awareness and usage of the tool could be increased. The evaluation team also touched briefly on the financial sustainability of IMPACT once the TOPS grant expired.

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

- “It [the web-based I&R] allows you to own local knowledge [of services].”
- “I used to rely a lot on the Red Book, now I just use the provider version [for I&R].”
- Overall the system worked very well
- BVM successfully converted I&R database to the Airs Taxonomy
- BVM successfully converted I&R database to SQL Server. (This along with the incorporation of the Airs Taxonomy allowed kiosk, provider version of I&R, and ServicePoint databases to operate over the same underlying database technology, thereby facilitating data transfer between these systems)
- BVM in conjunction with Bowman Internet Solutions developed schema to make easy interfaces with other databases using XML. This has great potential for HMIS users everywhere
- Users found the system very easy to understand and logical and found what they were looking for
- New informative brochures were also available

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

- “We need to keep the awareness going that it [Helping Hands Provider version] is there. It is there and we can use it...we forget it is there and get in our own ways and forget there is a tool that can be helpful.”

Other key remarks on what overall could be improved:

- “It feels as if we see less of BVM Omenti than we did in the past and perhaps, there doesn’t seem to be an adequate funding stream for them.”
- “Might help to put an icon on users’ desktop for easy access and reminder of provider version I&R.”
- “Larger sites need a full-time HMIS person.”
- “We could use Continuum of Care funding from HUD for ServicePoint costs and expansion of system.”
- Kiosks were being unplugged at times, not sure why, perhaps because buzz interfered with hearing the television. Locks were placed on the plugs
- “New signs had been installed since our last visit making the kiosks more visible.”
- Health Department Administrators would like to see more information on pre-natal services

How will you maintain the Project IMPACT status quo once the TOPS grant has expired?

- “Need a full-time HMIS person.”
- Need Continuum of Care funding for ServicePoint costs and expansion of IMPACT in Lake County
- Will use CDBG funding until further funding is attained
- Kiosks funded by CDBG administration dollars until April, 2004
- The Homeless Coalition will apply for funding to maintain the project but need 501(c)3 status
- BVM may establish a non-profit arm to be eligible to apply for HUD funding
- Apply for CDBG Public Service Dollars

Provider Version Information & Referral

Also in July at the Health Department in Waukegan, the CSP Evaluation team met with the project director, a health department director, and patient care representatives. Participants of the focus group felt that people knew more about services available because of the I&R. Also, they expressed that there was some evidence of greater coordination because more referrals were being made than in the past. Some key user comments include the following:

- “I can create my own Red Book in a sense using the provider version I&R.”
- “One still needs a real comfort level with computers to fully utilize the system’s capability.”
- “With the Red Book I needed to know who I was looking for, now I can search on topic which is much better.”
- “Still requires some level of understanding of the local system, for example one needs to know that Department of Human Services is called “Illinois DHS.”
- “I’ve used it for a year for all my work referrals and for my children at home and find it very helpful.”
- “I supervise 4 case managers, I use it a lot. They occasionally use it for searches.”
- “It’s more helpful to the client, it saves time.”
- “I find it useful to use the tool with clients who are often pleased they are running the search.”
- “Sometimes we get stuck in our old ways and forget it [provider version of I&R] is there and can be helpful.”
- “The Health Department and Planning Department can use; the Lake County jail has started using already.”

Focus Group Conclusions

There was a marked increase in the number of people that could speak to their involvement with IMPACT tools since Year 2, especially among caseworkers using

ServicePoint. The fact that they were working through some frustrating issues (i.e. training, turnover, lack of time required) was positive in that they were using the system and working through the necessary learning curves within each agency. At the same time it became evident that more staff need to advance their usage of the technology rather just one or two at each agency. Full integration is required of IMPACT tools in order to meet its wider goals. Regarding I&R, focus group participants remained positive as to the effectiveness of the provider version of Helping Hands and again saw the need for greater usage as the most vital step to achieve. As in Year 2, members of the evaluation team were unable to locate Spanish speaking users to interview.

IV. IMPACT Technology Usage and Status at Year 3

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

- Helping Hands application
- Learning Centers (CDs)
- Case Management

Helping Hands (Kiosk Usage)

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 – General Med.
- Round Lake Park - Waiting Room
- Zion – General Med.
- DHS – Community Operations

The analysis is based on the period February 2003 to July 2003 where data across all locations identified above were made available to the evaluation team.

Kiosk users can go into numerous areas of the application to conduct inquiries. The data are normally separated into three main categories. Community Life, Community Service, and the Lake County Health Department Survey. In the first category the types of inquiry include business, community life, health, and other. The second category includes access to a variety of community service categories. These include the following types of inquiries: agencies, geo-search, donations, missing children, program extension, services, volunteers and other. The last category refers to the Lake County health department survey.

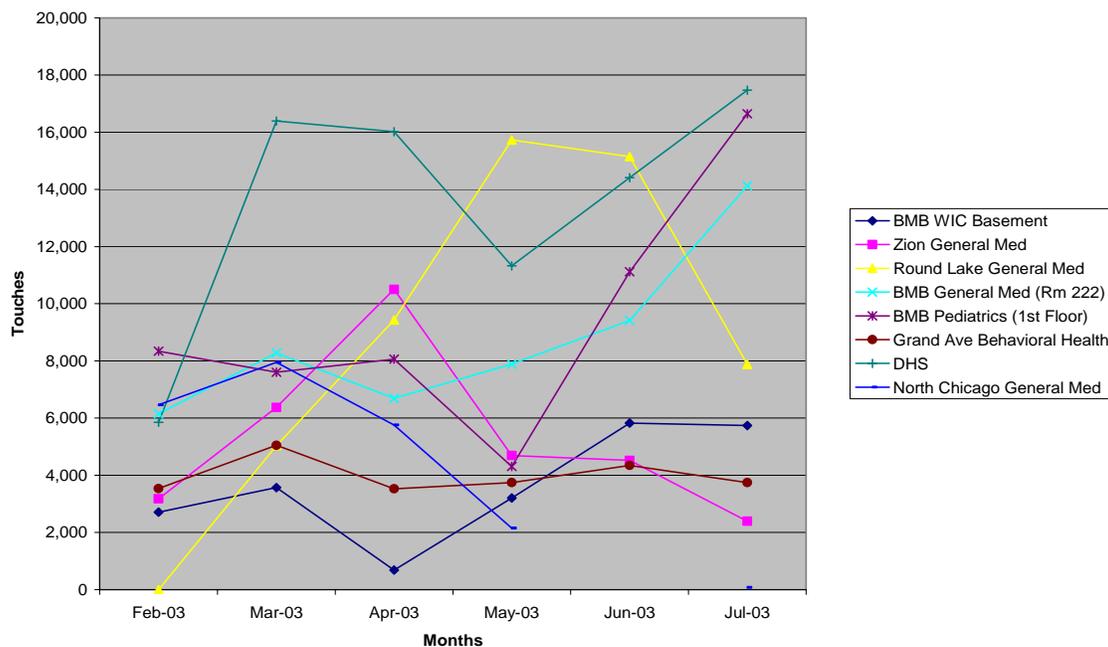
The data submitted to the evaluation team for the year 2003 are broken down into the following categories:

- Kiosk Usage by major category (Service and program inquiries)
- Spanish CDs
- English CDs
- Survey Responses

For comparative purposes, overall usage was presented on actual and estimated basis. Figures 2 and 3 show the overall actual and estimated kiosk usage exhibited during the February – July 2003 period. A number of observations can be made about the data:

Figure 2. Actual Kiosk Usage

Actual Kiosk Usage February - July 2003

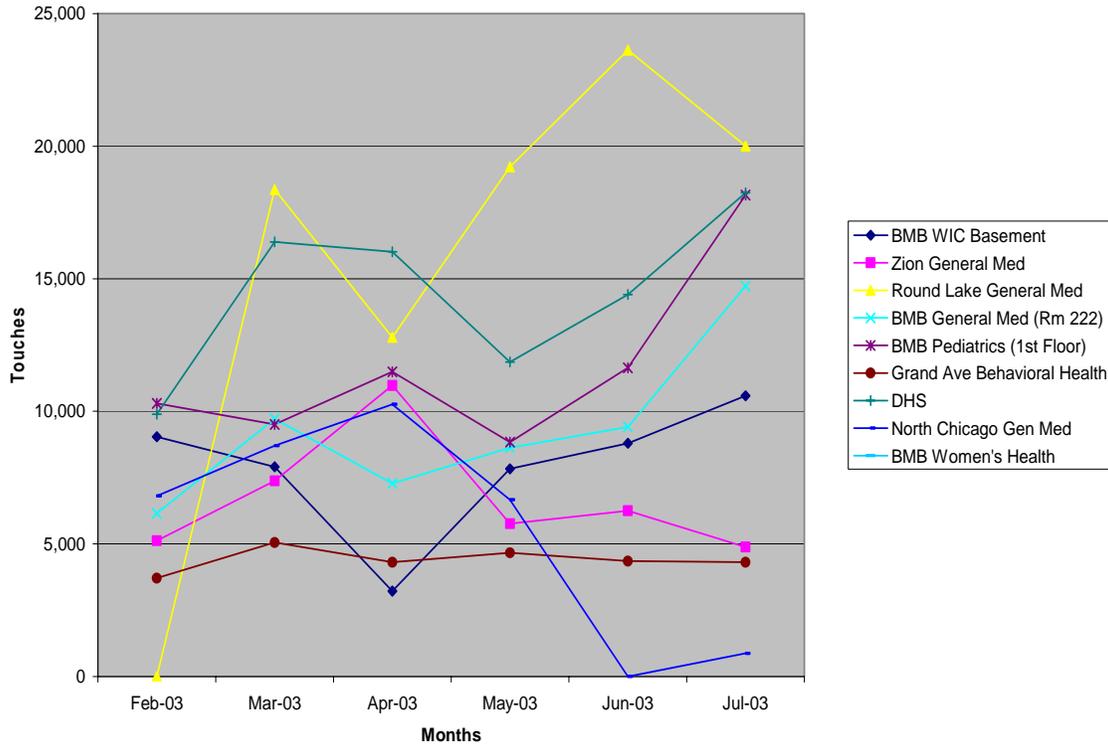


- Actual usage shows an increasing overall trend in four sites: DHS, BMB General Med. Outside room 222, BMB Pediatrics, and BMB WIC Basement. It must be indicated however that in WIC overall usage is low.
- Actual usage shows a declining overall trend in one site (North Chicago), and a somewhat declining trend in another (ZION). At the latter location the first two-month show an increasing usage trend, however the last four months show a declining trend. Overall usage at ZION is low.
- Actual usage is overall low in one location Grand Avenue, Behavioral Health.

- Actual usage shows a high increasing usage trend in the first four months and a declining trend in the last two months at one site: Round Lake.
- No general pattern can be elicited as an overall trend reflecting the network of sites, but it is important to point to those sites that may offer the best environmental access, staff or policy characteristics to increase usage trend. These sites are: DHS, BMB Pediatrics, and BMB Room 222.

Figure 3. Estimated Kiosk Usage

Estimated Kiosk Touches February - July 2003



- It is possible to indicate that there are five sites that reflect a lower actual usage than estimated. These sites are: BMB WIC Basement, ZION General Med., Round Lake General Med., BMB Pediatrics 1st Floor, and North Chicago General Med.
- There are three sites that perform at par with their estimates. These sites are: BMB General Med. Room 222, Grand Avenue Behavioral Health, and DHS.
- It must be noted that some of the kiosks had interrupted usage during the grant period due to being shut down, locked up, or moved during construction at the Belvidere Clinic.

Figure 4. Total Kiosk Activity by Major Category, N=286,967

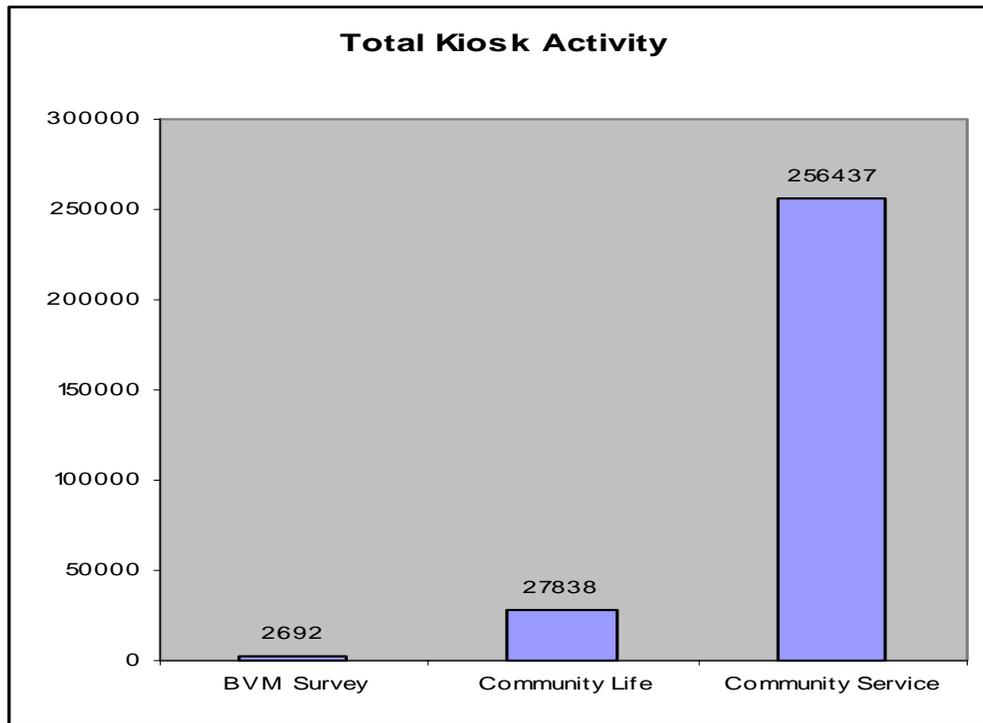


Figure 4 shows total kiosk activity by category. Of significance is the Community Service category that contains the largest incidence of kiosk activity. This category includes inquires on the following summary categories: agencies, geo-search, donations, missing children, program extension, services, volunteers and other. A closer examination of the inquiries into specific services reveals clusters of activity. For example, Table 2 shows the major clusters of activity under agency inquiries at BMB Outside Room 222.

Table 2. Clusters of Activity Under Agency Inquiries at Room 222

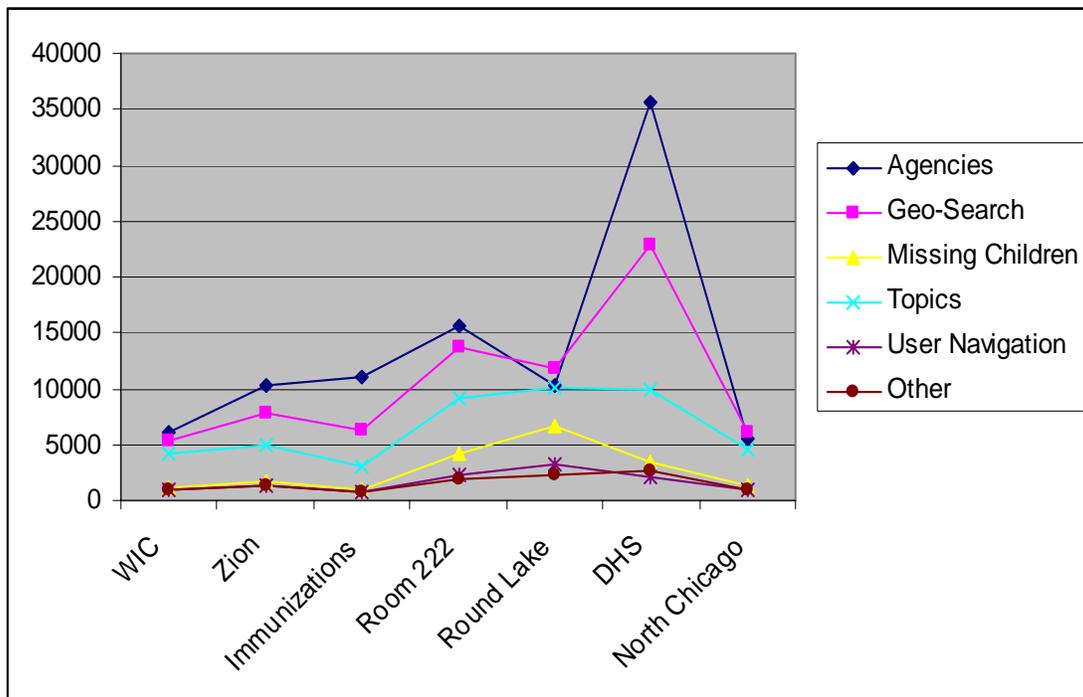
EMPLOYMENT ASSISTANCE : various	50.69%
COMMUNITY RECREATION : various	16.61%
FOOD : various	8.29%
COMMUNITY FINANCIAL : Financial Assistance / General	6.17%
SENIORS : Various	5.66%
SHELTER / HOUSING : various	5.10%
CHILD CARE : various	3.97%
MEDICAL CARE : various	3.50%

Table 3 also shows the cluster of activity under agency inquiries at the Round Lake Park location. Note the significant resemblance in both, categories and incidence.

Table 3. Clusters of Activity Under Agency Inquiries at Round Lake Park

EMPLOYMENT ASSISTANCE : Various	33.18%
COMMUNITY RECREATION : Various	22.49%
FOOD : Various resources	13.76%
DISABILITIES : Physical/Mental Disabilities	7.87%
SHELTER / HOUSING : Various	6.92%
MEDICAL CARE: Various	5.45%
COMMUNITY FINANCIAL : Financial Assistance / General	5.28%
CHILD CARE	5.04%

**Figure 5. Community Service Kiosk Activity by Reporting Kiosk.
(February 2003 – July 2003) N=256,437**



Learning Center CD

The Learning Center CDs (Healthy Touch) are a suite of three touch-screen applications that have been integrated within the BVM Oienti application. Three major learning modules 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 Language Usage of the Learning Module

The data shown in Figures 6 through 8 are based on the usage period from February 2003 to December 2003. There are two issues that deserve explanation about the data used. First, two sites (Behavioral Health Building “BH” and BMB Pediatrics Waiting Room “PED”) did not include data from February to August 2003. Second, with the exception of three sites (Round Lake Park “RLP”, North Chicago “NC”, and BMB Women's Health Room 150 “RM 150”) the month of August 2003 did not include kiosk data.

Figure 6 shows that issues concerning immunizations and pregnancy and infant nutrition consumed slightly more than two thirds of all inquiries in the Spanish language (39% “Desfile de Vacunas” and 34% “La Alimentación del Bebé”). Issues concerning home safety (“En Casa y Sin Peligro”) accounted for 27% of all inquiries. This represents a well-balanced use of these modules in 2003.

Figure 6. Distribution of Spanish Language Inquiries into the Learning CDs by Topic N=4,563

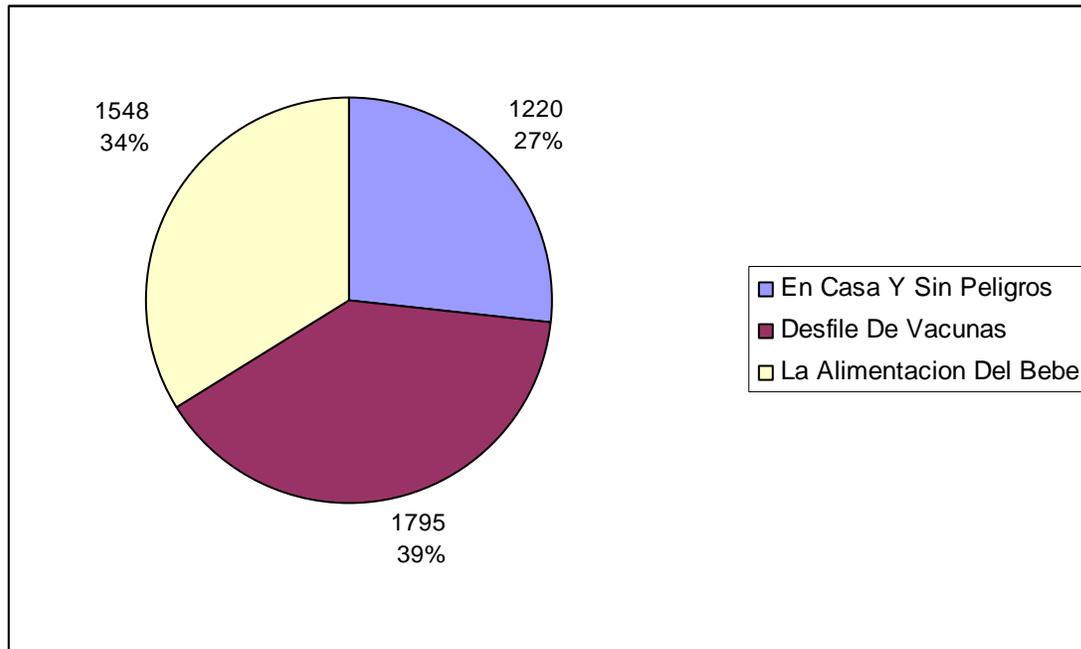


Figure 7 shows the Spanish language inquiry distribution by location. Immunizations (“Desfile de vacunas”) are the most widely used module at all but two locations (WIC and Room 150). The second most widely used module across all locations is Having a Healthy Pregnancy (“La Alimentacion del Bebe”). Home Safety (“En Casa y Sin Peligros”) is the least widely used module across all locations. It is important to note that the activity reported at the Behavioral Health Building (“BH”) accounts for the period September – December 2003 only and shows an exceptional usage pattern (See Figure 8). Similarly, the kiosk located at BMB Pediatrics Waiting Room “PED” reported activity for the same period, but with significantly low usage pattern. Of relative concern are the usage patterns recorded at BMB General Medical, Room 222 and BMB Women’s Health Room 150. Their usage patterns, although consistent through the year, show the lowest overall usage.

Figure 7. Distribution of Spanish Language Inquiries into the Learning CDs by Location. N=4,563

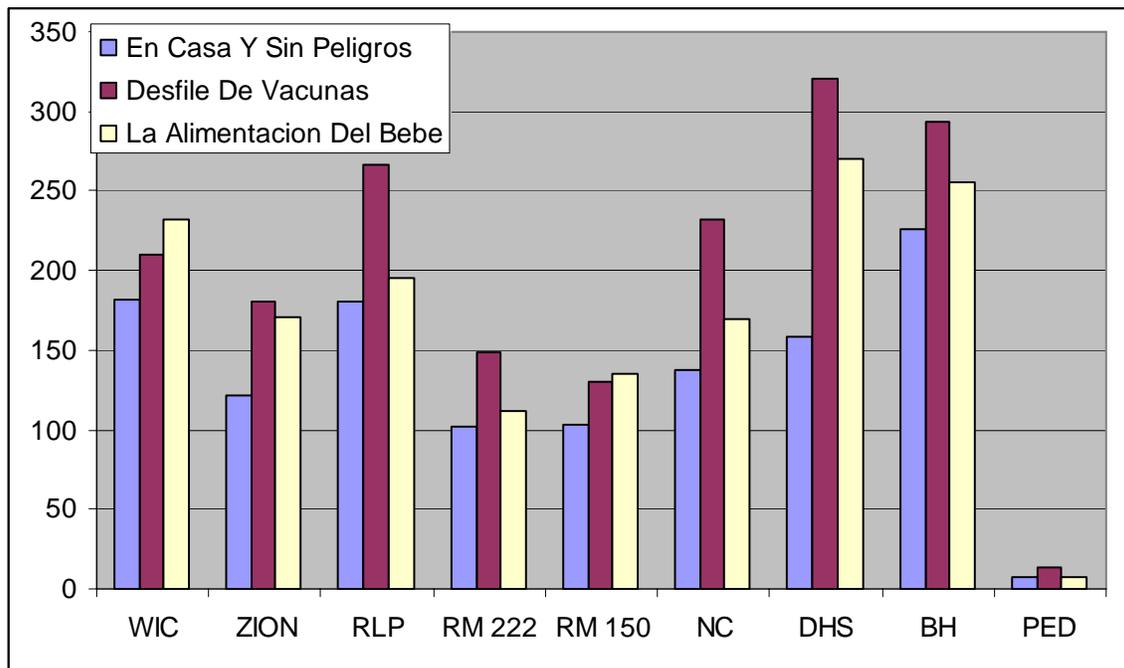
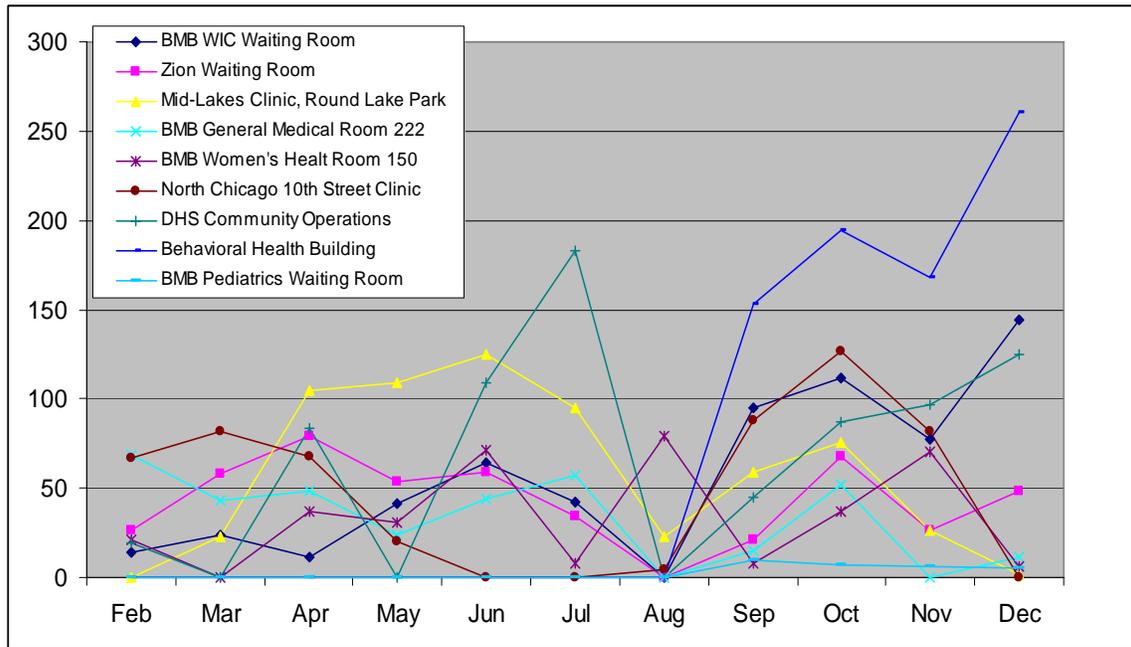


Figure 8 helps to isolate specific points in time when activity increased throughout the network of kiosks. For example, the month of October 2003 saw a significant increase in usage at most locations. However, this tendency declined in the month of November for most locations that had experienced the usage increase the previous month. The exception was with two locations: DHS Community Operations and Room 150. The first continued its upward trend while the second reversed its trend in the month of December. This trend analysis should trigger the resolution to some of the following questions:

- What factors contribute to the usage pattern at the Behavioral Health Building? Which can be replicated elsewhere?
- What specific actions or decisions were made during September and October that increased the overall usage pattern throughout the network?
- What should have been done during October and into November to maintain or increase usage pattern?
- What actions/decisions took place at DHS Community Operations that increased usage pattern in the last four months of 2003?

Figure 8. Spanish CD Usage February – December 2003
N=4,563



English Language Usage of the Learning Module

The data shown in Figures 9 through 11 are based on the usage period from February 2003 to December 2003. As with the Spanish version, the Behavioral Health Building “BH” and BMB Pediatrics Waiting Room “PED” did not include data from February to August 2003. Similarly, with the exception of three sites (Round Lake Park “RLP”, North Chicago “NC”, and BMB Women's Health Room 150 “RM 150”) the month of August 2003 did not include kiosk data.

Figure 9 shows the English language inquiry distribution by module. Here the reverse usage pattern is shown compared to the Spanish version. For example, the module on immunizations, “Immunizations on Parade” is the least frequently accessed module in the English version (25%) while in the Spanish version the same module, “Desfile de Vacunas,” accounts for the highest (39%). In the English version, pregnancy “Having a Healthy Pregnancy” is the most widely accessed module (39%) followed by home safety “Home Safe Home” (36%).

Figure 9. Distribution of English Language Inquiries into the Learning CDs by Topic, N=2,867

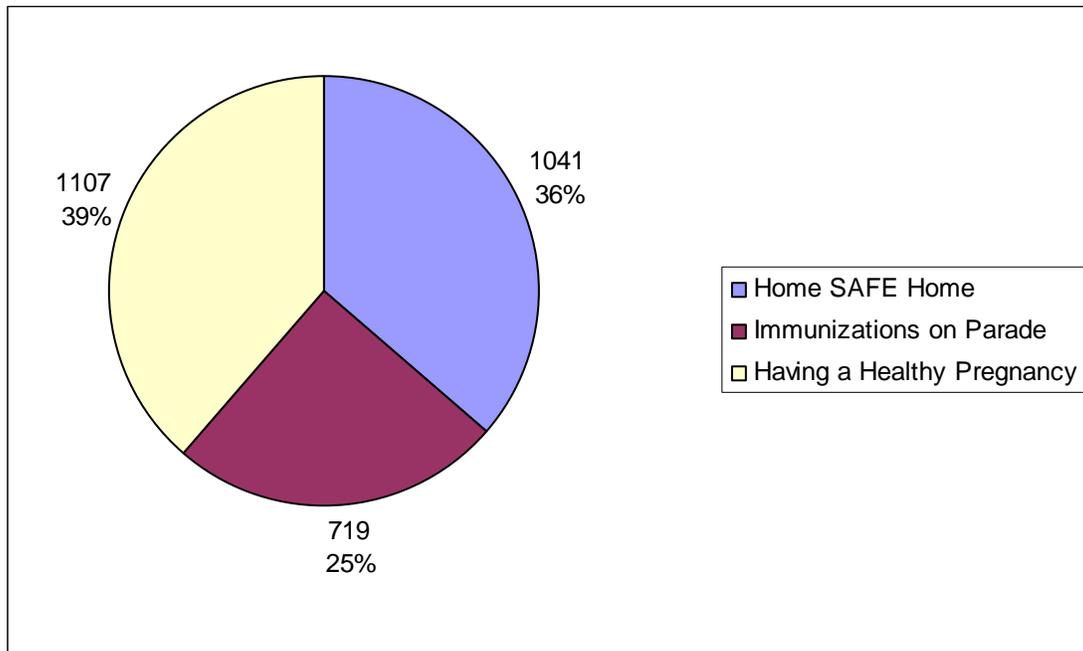


Figure 10 presents the English language inquiry distribution by location. As noted in the Spanish version, data reported from the Behavioral Health Building “BH” and BMB Pediatrics Waiting Room “PED” is limited to the period September – December 2003. The same usage patterns: exceptional in one and very low in another are noted.

It is clear from Figure 10 that the module on immunizations is the least accessed topic across all locations. There is however a split among the network of sites with respect to home safety and pregnancy. While the module on home safety is the most popular in five kiosks, the module on pregnancy is most widely used at four other locations.

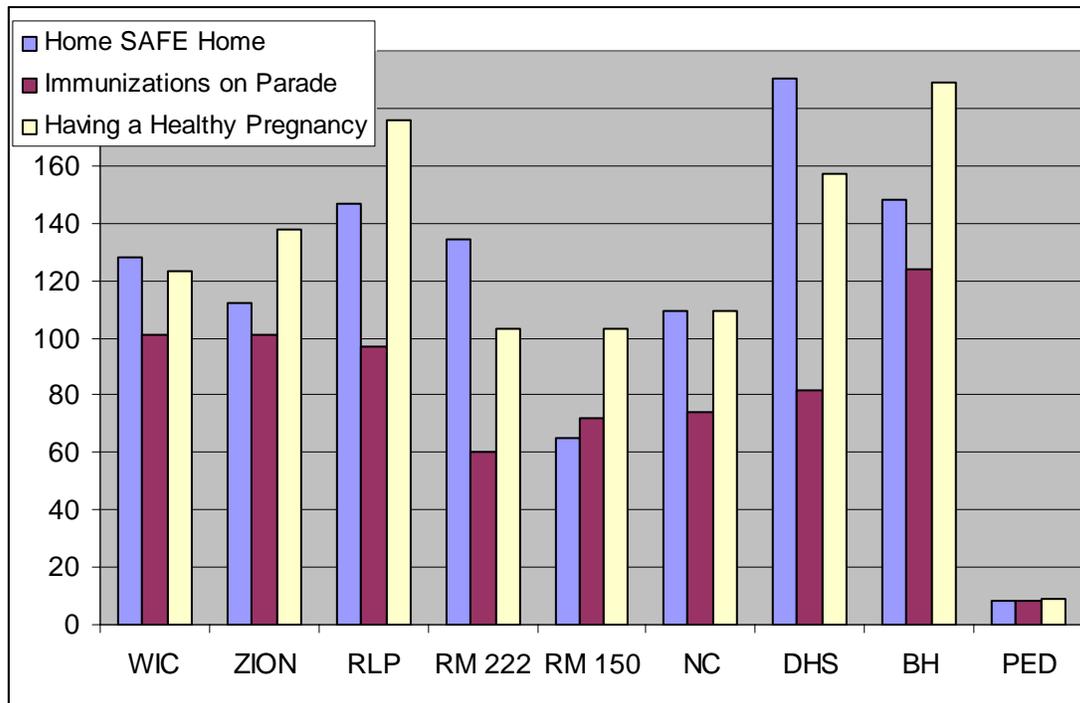
Overall, English version usage is relatively low. Of particular concern are the usage patterns recorded at BMB General Medical, Room 222, BMB Women’s Health Room 150, and North Chicago 10th Street Clinic. Their usage patterns, although consistent through the year show the lowest overall usage.

Figure 11 shows striking similar usage patterns when compared with the Spanish version (Figure 8). A number of similar patterns can be indicated:

- A somewhat discontinued trend throughout the year at most locations. With the exception of the Behavioral Health Building and the BMB WIC Waiting Room kiosks, it is difficult to identify any upward or downward trend at most locations.

- The months of April, June, July, and October seemed to have had a positive trend towards increased usage.
- The months of March, May and November seemed to have had a trend towards decreased usage.

Figure 10. Distribution of English Language Inquiries into the Learning CDs by Location, N=2,867

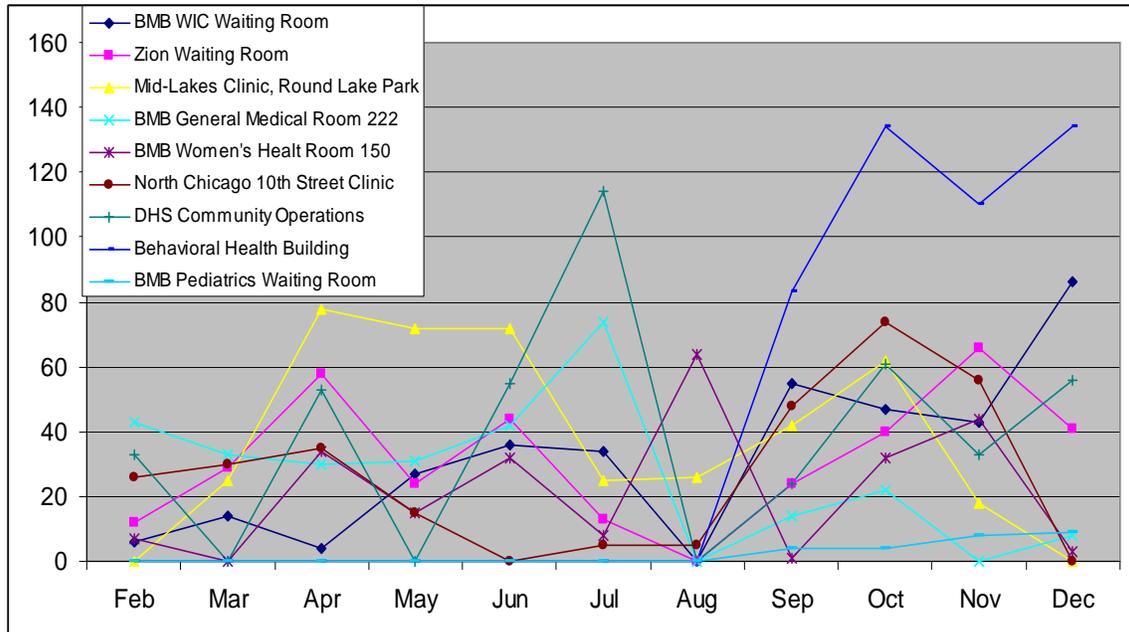


As with the Spanish version, this type of trend analysis should trigger the response to some of the following questions:

- What environmental, location or staff characteristics present at the Behavioral Health Building contributed positively to the current usage pattern? What lessons can be learned from that location?
- The BMB WIC Waiting Room shows an overall upward usage trend. What environmental, location or staff characteristics present at this location have contributed positively to this positive usage trend? What can be learned from the experience at this location?
- What specific actions took place in the months of April, July and October that increased usage throughout the network? What can be learned from those points

in time and how can strategies be put in place to maintain or increase usage levels?

Figure 11. English CD Usage February – December 2003, N=2,867



A Comparison

This section further elaborates on the comparison between the Spanish and English versions of the Learning Center.

Figure 12 shows Spanish and English usage by location. At every location the Spanish version is considerably more utilized than the English version. This is particularly true at four locations where Spanish version usage is almost double the English version. The locations where Spanish is considerably more utilized are:

- North Chicago 10th Street Clinic
- BMB WIC Waiting Room
- DHS Community Operations
- Behavioral Health Building

In both versions BMB General Medical Room 222 and BMB Women's Health Room 150 show the least usage. The following sites report quite satisfactory usage:

- DHS Community Operations
- BMB WIC Waiting Room
- Behavioral Health Building
- Mid-Lakes Clinic, Round Lakes Park

- Zion Waiting Room

Figure 12. Spanish and English Versions Usage Comparison by Location (February – December 2003), N=7,430

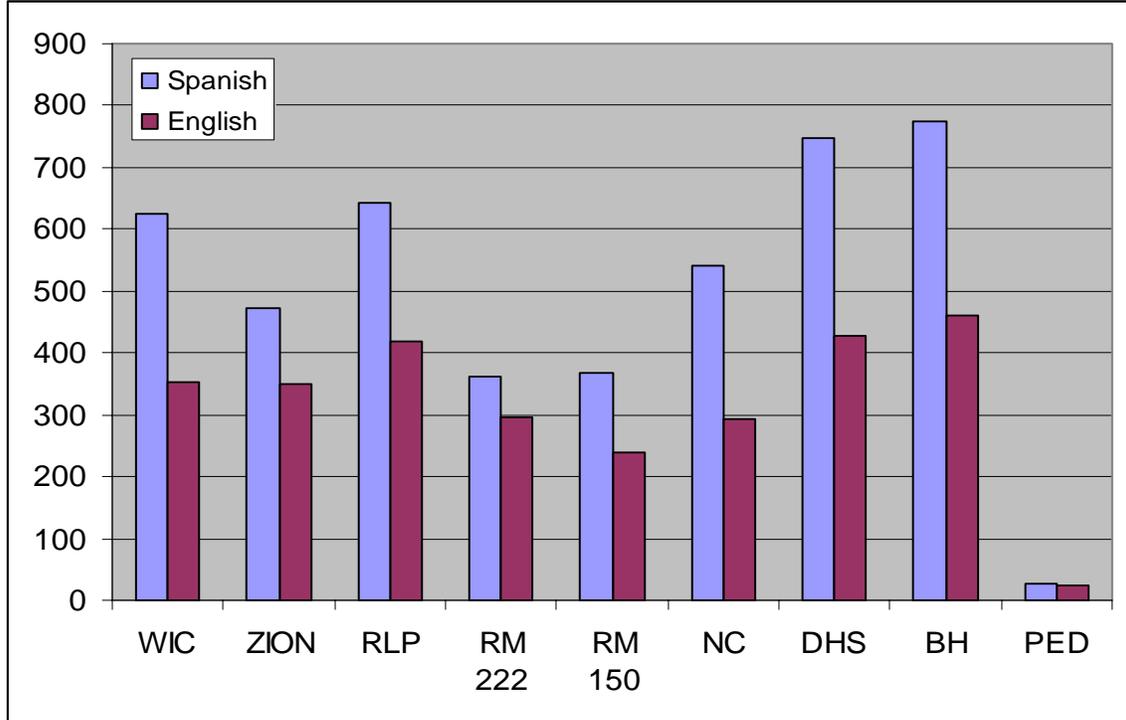


Figure 13 shows Spanish and English versions usage comparison by month. It is evident that the months of April, June, July and October are distinctively the “peak” months in this particular year. It is worth noting that the months of November and December are very good months even when they represent declining usage. As expected, Figure 13 shows that the Spanish version is consistently more utilized than the English version throughout the year.

Figure 14 goes one level down in granularity by comparing Spanish and English versions by specific module. Note that the module on immunizations presents the greatest contrast between the Spanish (“Desfile de Vacunas”) and English (“Immunizations on Parade”) versions. While “Desfile de Vacunas” is the most widely used module, “Immunizations on Parade” is the least used module during the year.

In the case of home safety, both modules “En Casa y Sin Peligro” and “Home SAFE Home” show similar aggregate usage for the year. Finally, the module on pregnancy, is the most widely used module in the English version “Having a Healthy Pregnancy” but less used than the Spanish version “La Alimentacion del Bebe”.

Figure 13. Spanish and English Versions Usage Comparison by Month (February – December 2003) N=7,430

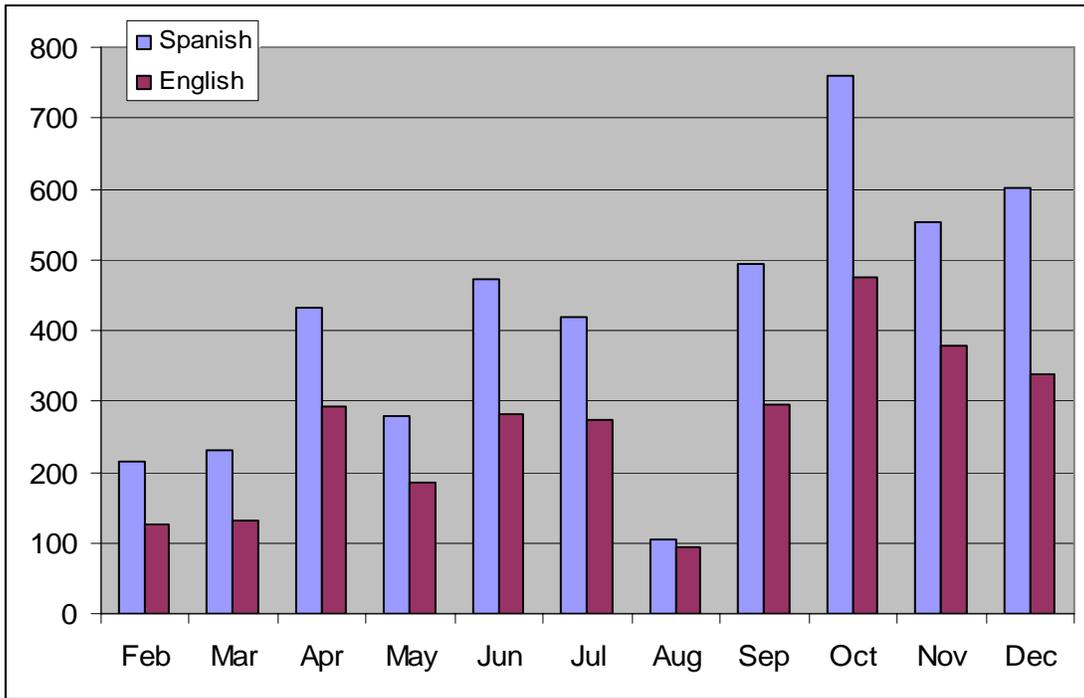
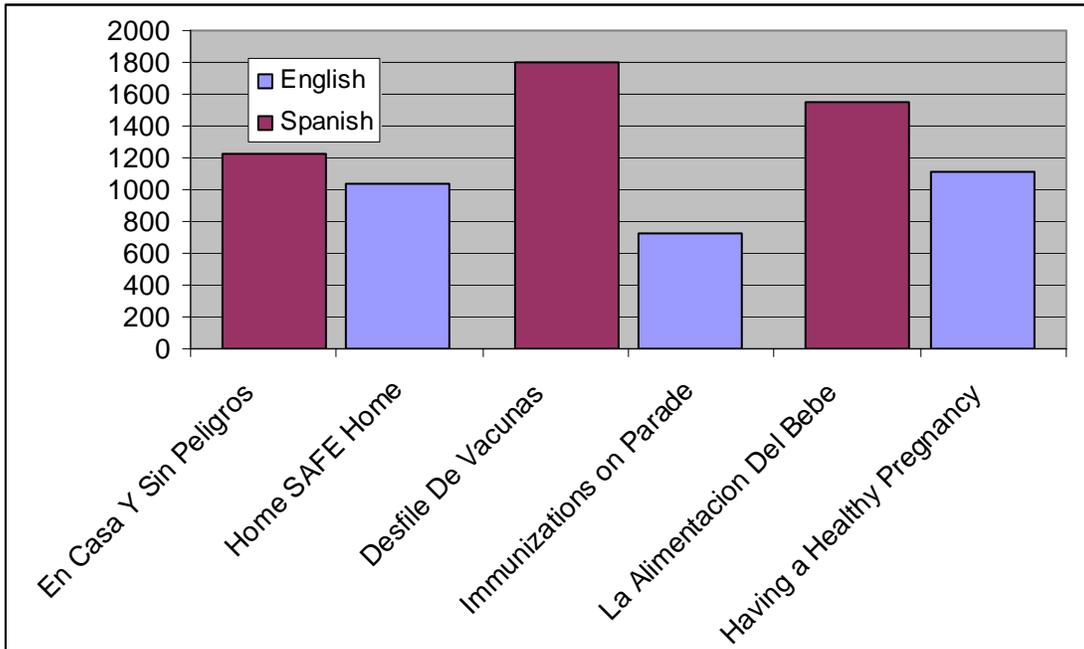


Figure 14. Usage Comparison by Language and Training Module N=7,430

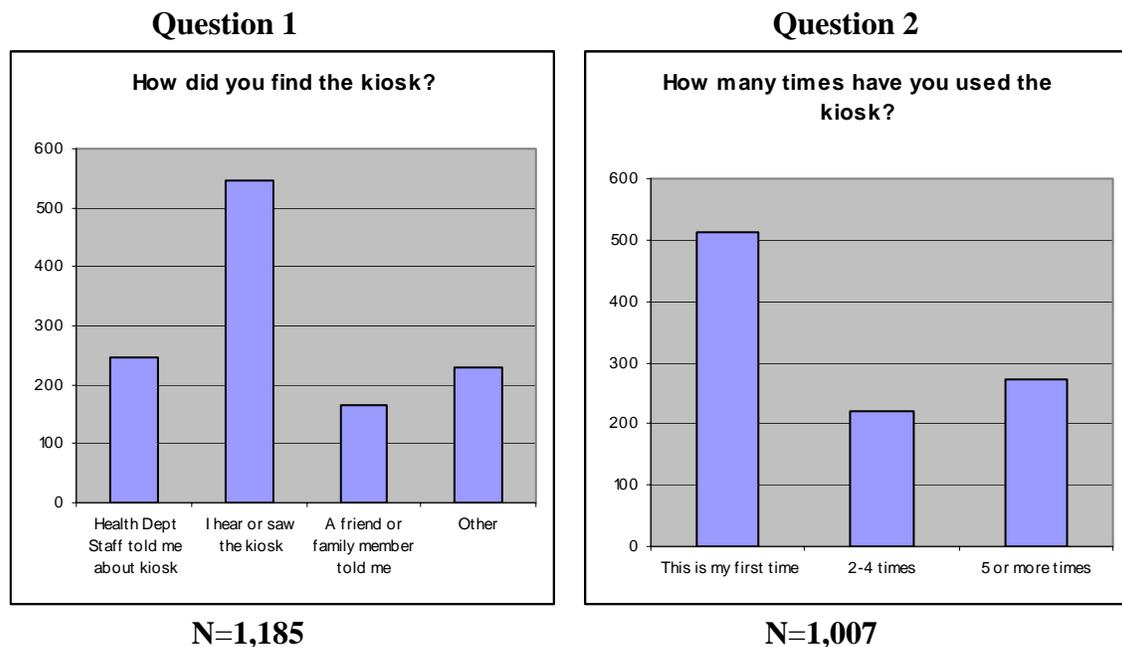


Kiosk User Surveys

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

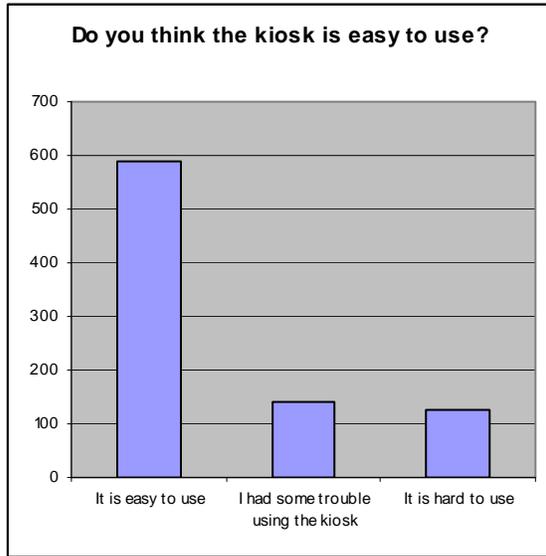
Details of the user survey are based on the period August 1, 2002, to July 31, 2003, and are presented in the charts below.



As it is shown in Question 1, the greatest plurality of users (46%) learn about the existence of this service during their visits to the sites where the kiosks are located. Almost 21% of users report having learned about the kiosks through Health Department staff. Almost 14% of respondents indicated that they learned through friends or family members.

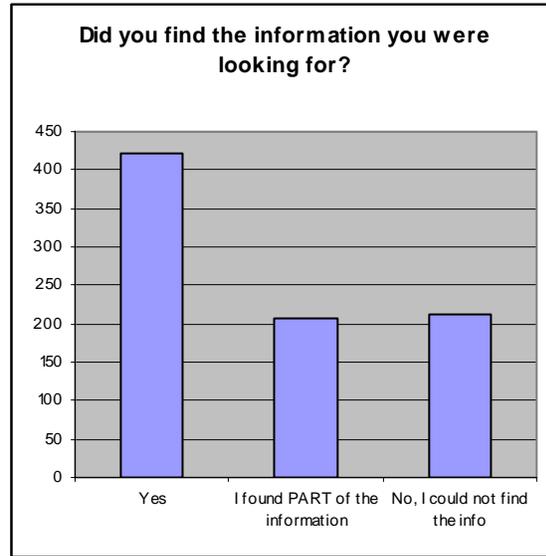
More than half of kiosk users (51%) report having accessed the kiosk applications for the first time, while 22% indicate having used the system between 2 and 4 times. Slightly more than 26% of users indicate having accessed the system more than 5 times.

Question 3



N=854

Question 4

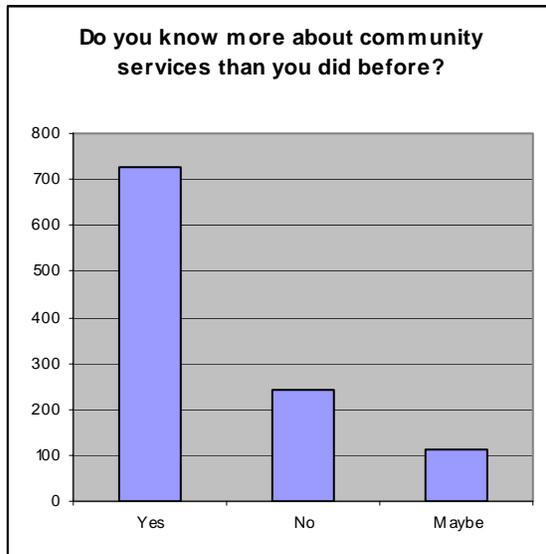


N=842

An overwhelming majority of users (69%) indicate that the kiosk applications are easy to use. Only 16% indicate experiencing some trouble using the kiosk and 15% expressed that the kiosk is hard to use.

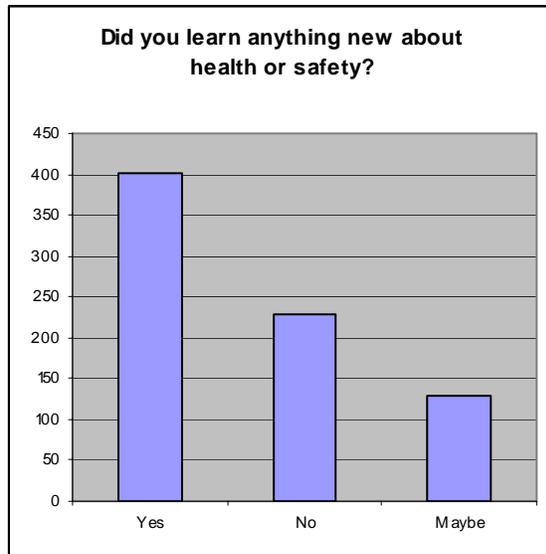
Question 4 shows that half of respondents were satisfied with the kiosks; 50% responded positively to the question “Did you find the information you were looking for?” Nearly one quarter of users expressed having found at least part of the information they were looking for while one quarter of users indicated not having found the information.

Question 5



N=1,081

Question 6

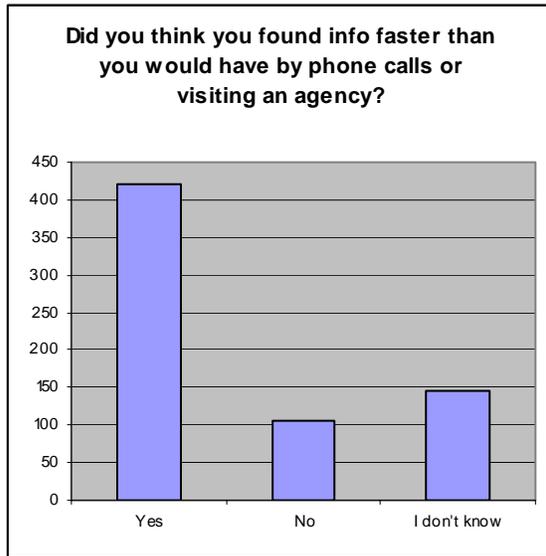


N=758

A significant number of users (67%) indicate that after interacting with the system they are more aware about community services relative to what they knew before their experience with the kiosk. Only 22% of users indicated that their experience 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.

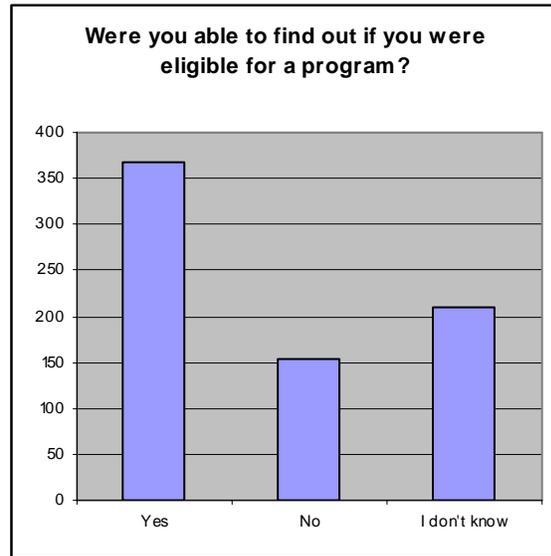
Question 6 focuses on two topics covered within the Learning Center: Health and Safety. Slightly more than half the users (53%) indicate having learned something new about these topics. Thirty percent (30%) of respondents indicated that their experience did not contribute to an increase in knowledge or awareness of these issues. Again, the challenging area is with 16% 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



N=673

Question 8

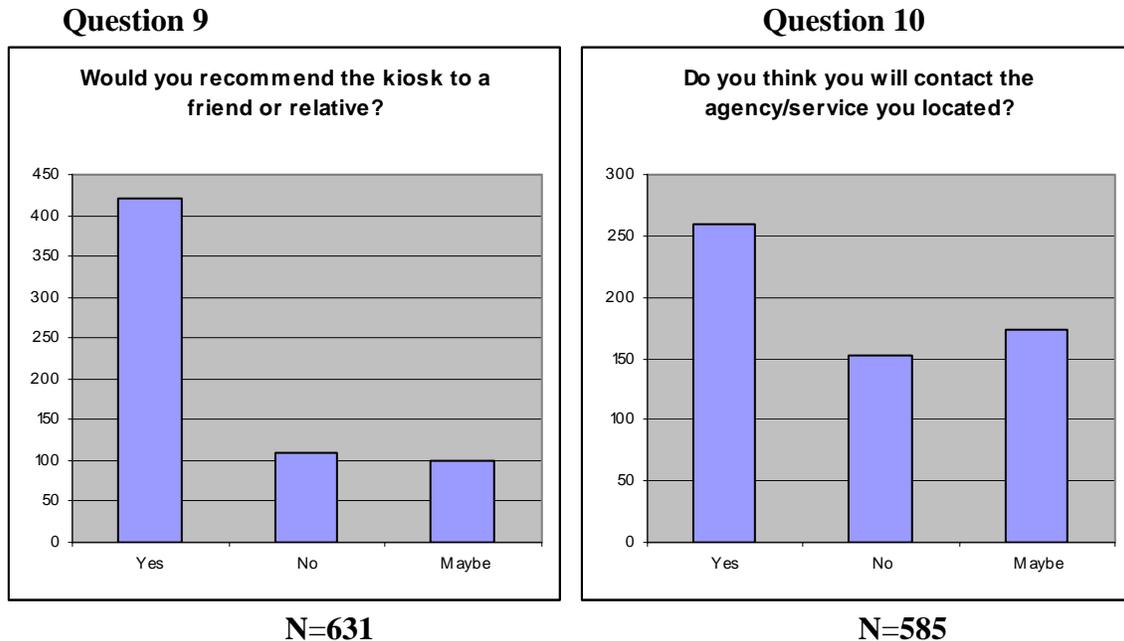


N=729

With respect to the speed by which users find information, nearly 63% of respondents indicated that indeed, they found information faster than they would have by phone calls or visiting an agency. Fifteen percent (15%) of respondents indicated that the kiosk did not contribute to speedy access to information. Nearly 22% were unable to express their perception of the system's ability to satisfy their information needs in a more time effective manner than by other means.

Question 8 indicates that slightly more than 50% of respondents were able to use the system to determine their eligibility to a program. Twenty-one percent (21%) of users indicated that they were unable to find out their eligibility. A large number of users, however (almost 29%) were not able to respond either way. This again represents a challenge for application designers to better understand the conditions that may allow this

group to more effectively use the system. Nevertheless, the number of respondents who are able to provide an assertive outcome with respect to their experience with the system is high and significant.



A very large number of respondents (almost 67%) indicate that they would recommend the kiosk to a friend or relative as shown in Question 9. And an almost equal number of respondents indicate their unwillingness to share information about the kiosk or are unsure about sharing this information with friends or relatives (17% and 16% respectively).

When it comes to taking action on the information gathered through the use of the system, the numbers are relatively low. Forty-four (44%) of respondents indicate positively to the question of contacting the located agency or service; 26% of users respond negatively to the question and 29% indicate being unsure about their intention to act on the information.

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

- Language
- Race
- Education
- Income

Some key indicators of the respondent population follow: Interestingly, 62% of all users have English as their first language; 28% of users are Spanish speaking and almost

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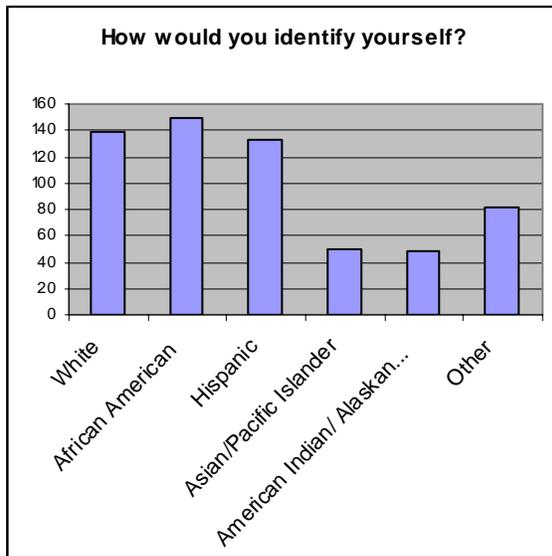
10% have other as their first language. The number of respondents is shown in Question 11. The three most commonly indicated races in the survey are: White (23%), African-American (25%) and Hispanic (22%). The least mentioned are Asian/Pacific Island (8%), American Indian/Alaskan (8%), and Other (13%). This distribution can be seen in Question 12. With respect to highest level of education, 24% of respondents indicate High School; 18% indicate 8th grade, 17% shown 4th grade and 15% some high school. Among the college educated users 13% indicate having some college and 11% indicate having earned a college degree. The distribution can be seen in question 13. With respect to income levels, 32% of respondents indicate a level of less than \$50.00 per week. At the other end of the spectrum 17% of respondents indicate a weekly income of more than \$500.00. The entire distribution is shown in Question 14.

Question 11



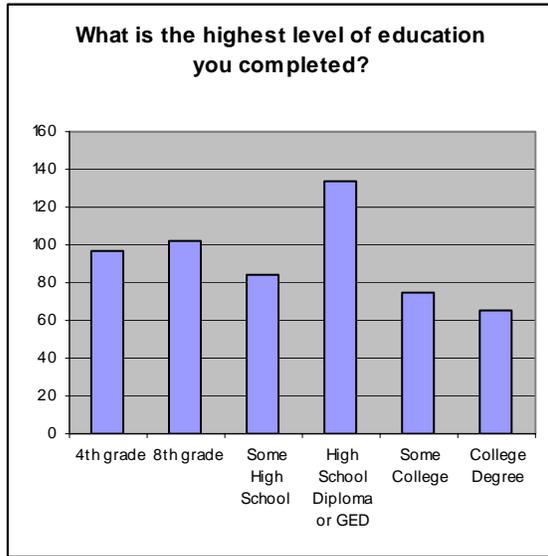
N=637

Question 12



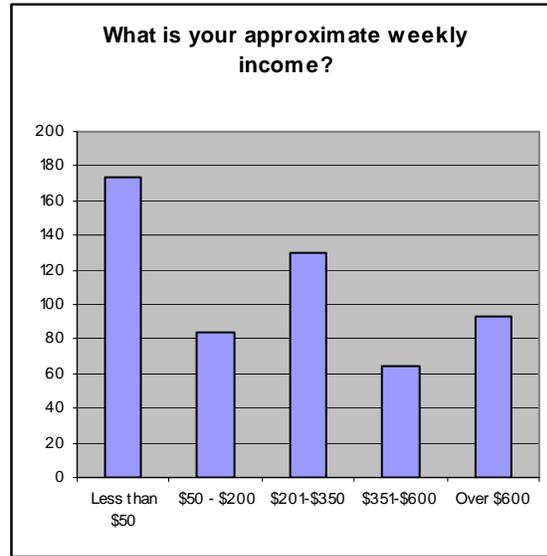
N=602

Question 13



N=557

Question 14



N=544

Figure 15. Survey Usage by Location (August 1, 2002 to July 31, 2003) N=10,685

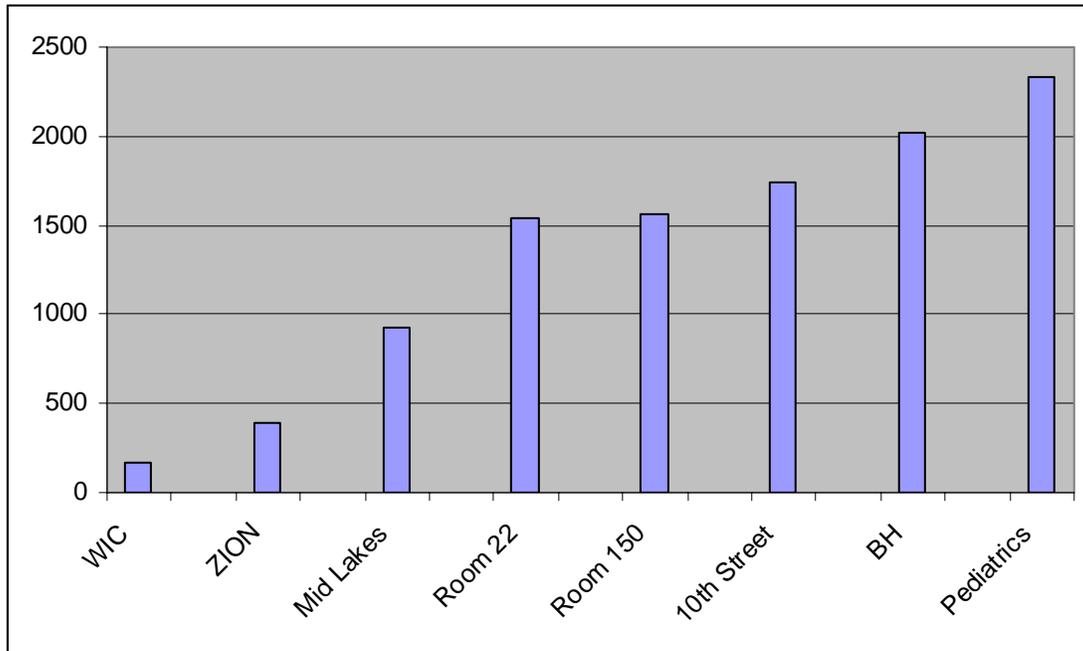


Figure 15 shows the survey usage by location. Not surprisingly BMB Pediatrics waiting room and Behavioral health Building show the most usage. On the other hand WIC and Zion locations show considerable low usage. It should be in the interest of the program administrators to address some of the following questions:

- What environmental, staff or informational characteristics exist in 10th Street North Chicago, Behavioral Health Building and BMB Pediatrics waiting room that favor the level of usage at these locations?
- What specific characteristics can be replicated at WIC, Zion or Mid Lakes?

Case Management

The case management system is commonly referred to as Homeless Management Information System (HMIS). HUD has required its grantees to have an information system in place by September 2004. This is HUD's strategic response to a congressional mandate to produce an Annual Homeless Assessment Report (AHAR) beginning in 2005. The Congressional mandate requires HUD to produce an unduplicated count of homeless clients at the local level and an assessment of the effectiveness of the services provided to these clients. HUD made HMIS implementation an eligible cost in the SuperNOFA application. Lake County's Project IMPACT represents an innovative solution to HMIS. This community engaged in the development of an integrated case management and information and referral (I&R) system long before the Congressional mandate. As such Lake County has been identified as example of best case infrastructure and deployment model. Evidence of this was made clear when Lake County was asked to present and talk about the experience at the Chicago Continuum of Care HMIS kick-off meeting in 2003.

Lake County adopted a product called ServicePoint, which at the present time is the leading HMIS solution in the nation. Working with its technical development partner, Lake County engaged in the creation of a technical linkage between the Helping Hands database and ServicePoint's I&R component called ResourcePoint. This endeavor is complete and represents yet another example of innovation from which many communities involved in Case Management and I&R linkages could learn from.

Lake County's case management component has been consistently used across the participating agencies. The following sections present information on the characteristics of the population being served.

Client Composition

A total of 2963 clients have been recorded in the case management system since July of 2000. The data analysis reported here is based on the current number of active clients, which totals 1265. Figure 16 shows that 72% of all current clients seen are adults, while 28% percent are children (see Figure 20).

Pick one. Figure 16. Total Current Clients Seen, N=1,265

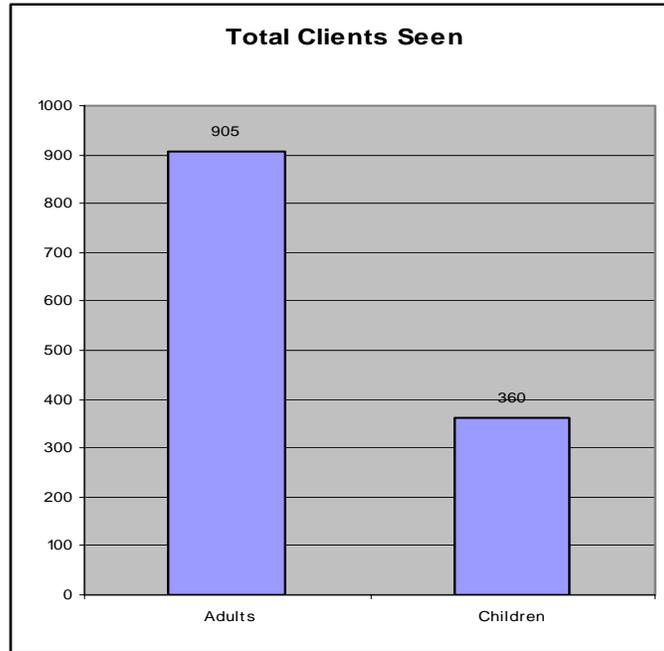
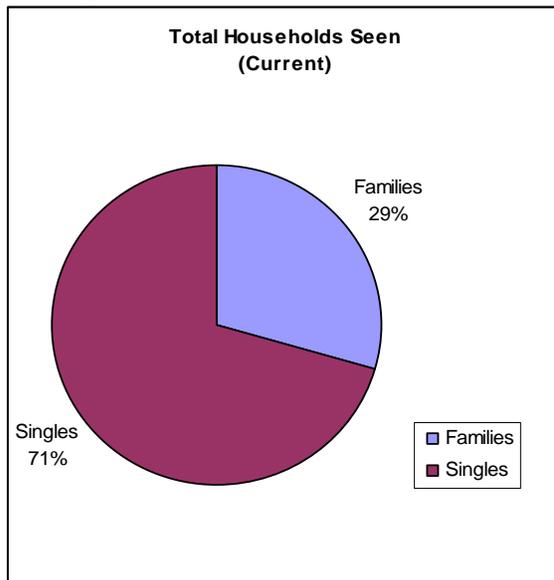


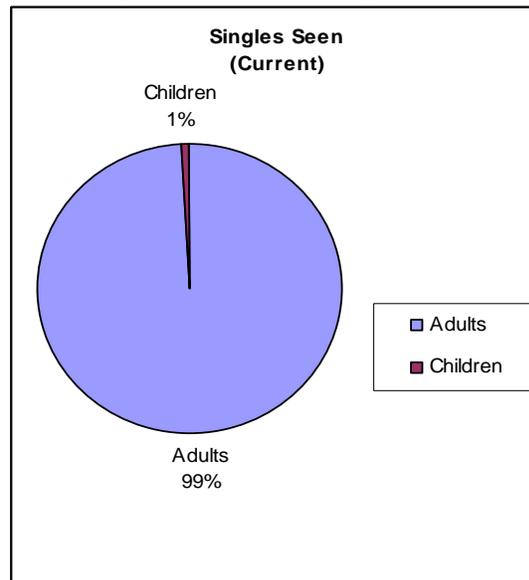
Figure 17 shows that almost three quarters of the current clientele is formed by unaccompanied individuals (72%) and Figure 18 allows us to determine that the overwhelming majority of unaccompanied individuals are adults (99%).

Figure 17. Total Households Seen.



N=821

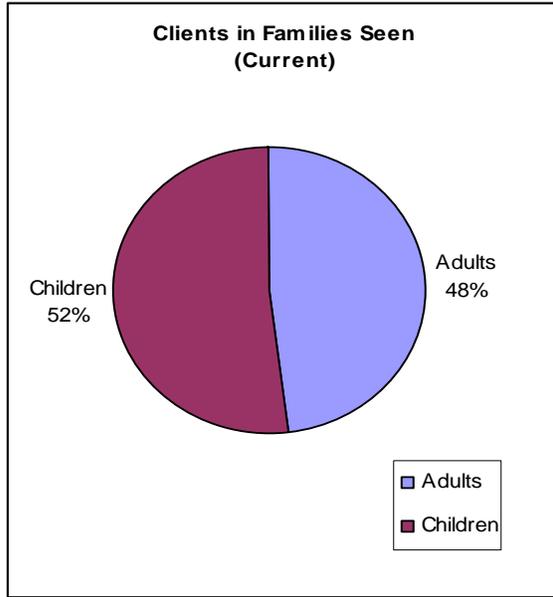
Figure 18. Total Singles Seen.



N=580

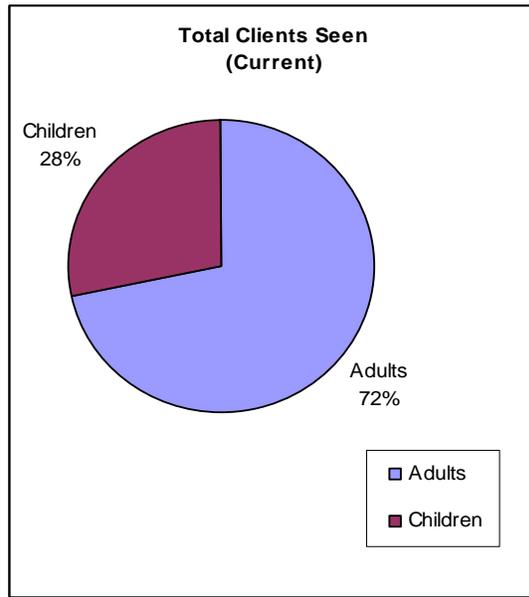
With respect to clients in families seen, slightly more than half the clients are children (52%) while slightly less than half (48%) are adults.

Figure 19. Clients in Families Seen.



N=685

Figure 20. Total Clients Seen.



N=1,265

Gender

Slightly more than half of all the current clients seen are women (54%) while only 46% of clients are male. Figure 21 shows the number distribution while Figure 22 shows the percentages.

Figure 21. Gender Distribution of All Current Clients, N= 1,250

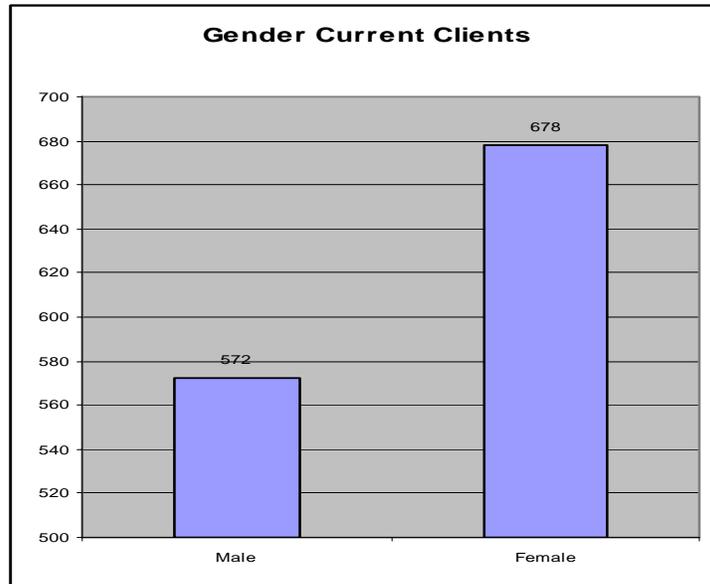
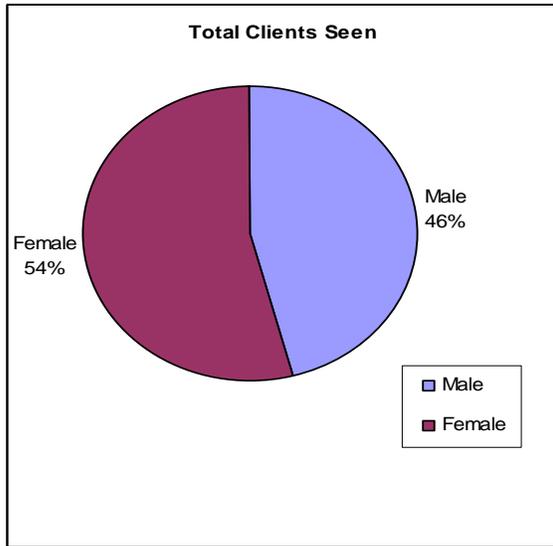
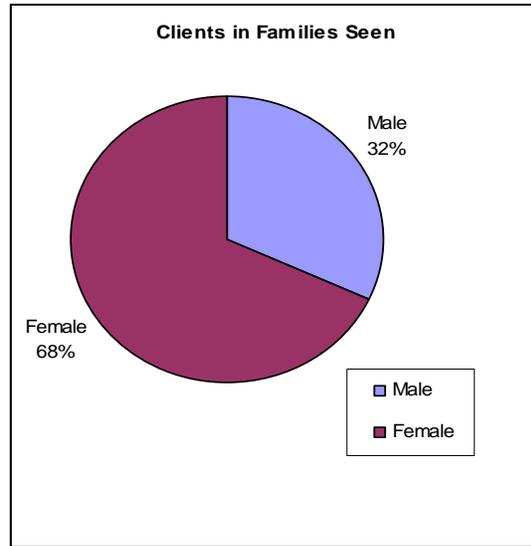


Figure 22. Total Clients by Gender



N=1,250

Figure 23. Gender of Clients in Families

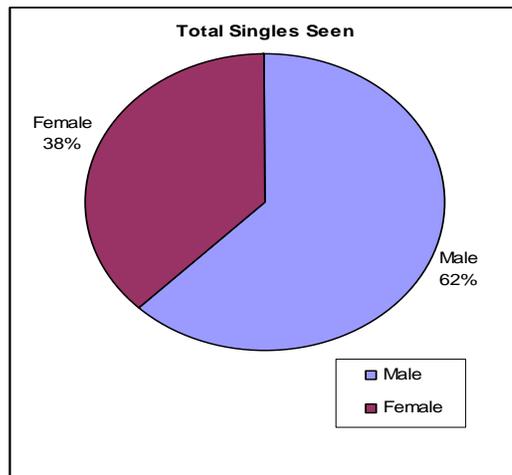


N=683

Analysis of clients contained within families shows that 68% of current clients are female while 32% are male. This is depicted in Figure 23.

Figure 24 that 62% of all current single clients seen are male while 38% of current clients are female.

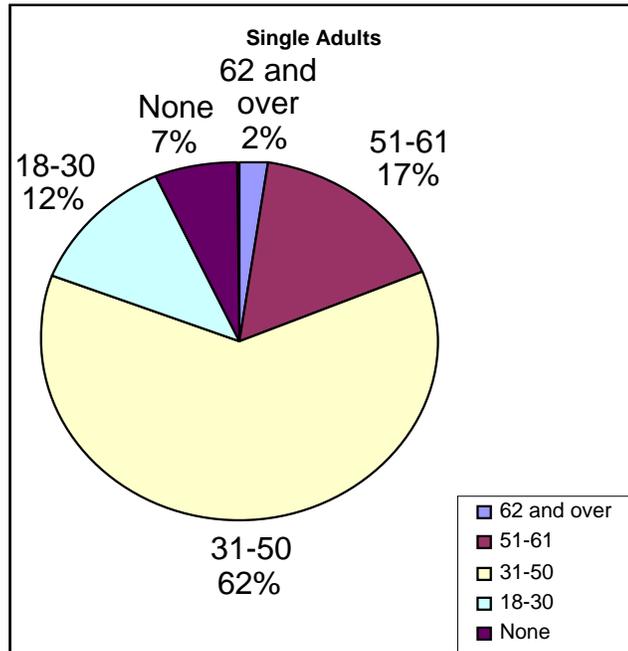
Figure 24. Total Singles Seen by Gender, N=567



Age Singles

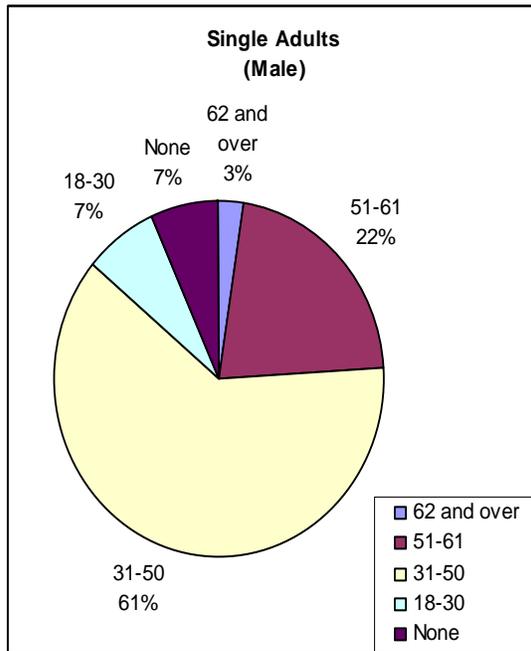
The age distribution of single adults currently seen indicates that the majority of clients fall in the 31 – 50 age bracket. The distribution of ages can be seen in Figure 25.

Figure 25. Age of Single Adults, N=562



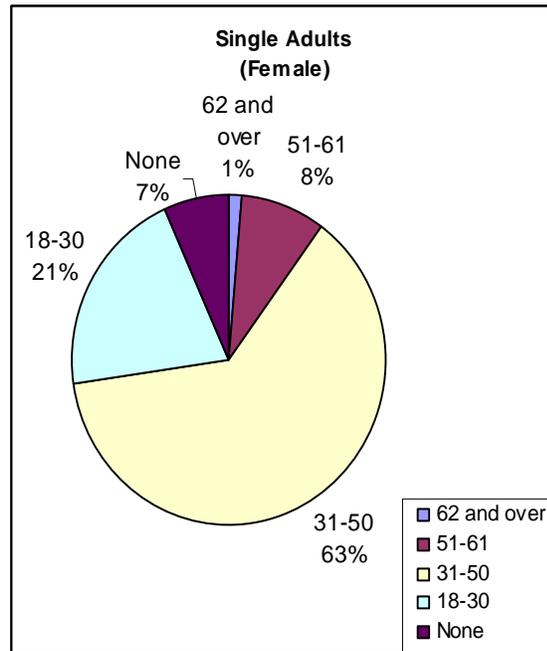
There are similarities when we compare the age distributions of current single adults by gender. Figures 26 and 27 show this. The great majority of single adults fall under the 31 – 50 age group; 61% males and 63% females. There is a considerably larger population of younger (i.e. age group 18 -30) females 21% than males 7%. On the other hand, there is a considerably larger population of older (i.e. age group 51 – 61) males 22% than females 8%. In conclusion it can be seen that male singles tend to be older than female single homeless clients.

Figure 26. Age Distribution of Single Male Adults



N=350

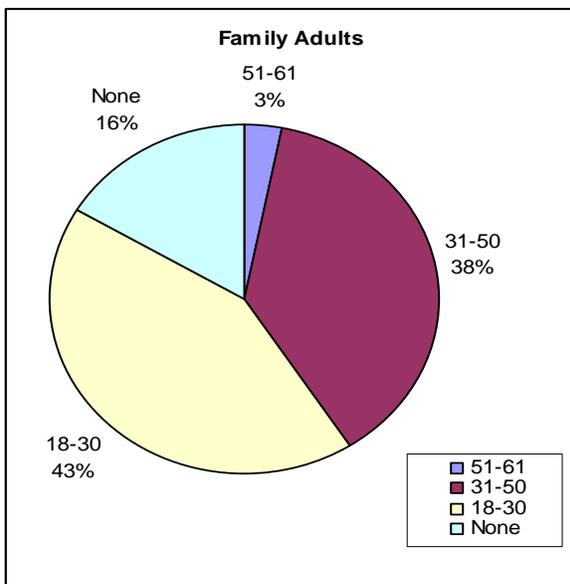
Figure 27. Age Distribution of Single Female Adults



N=212

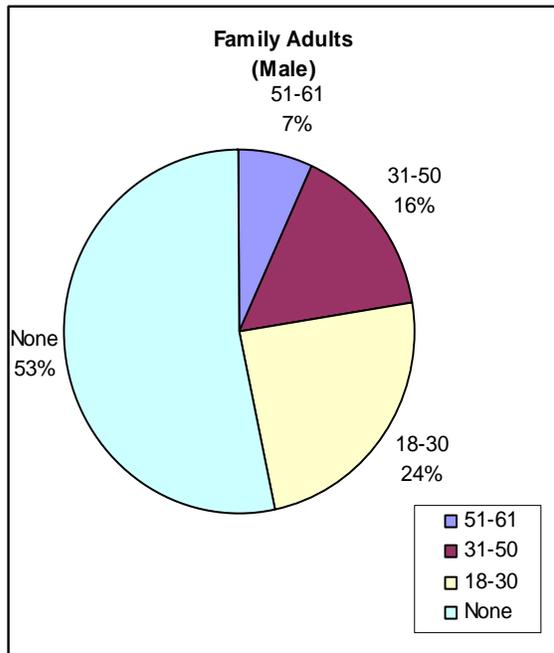
Age Families

Figure 28. Age of Adults in Families, N=329



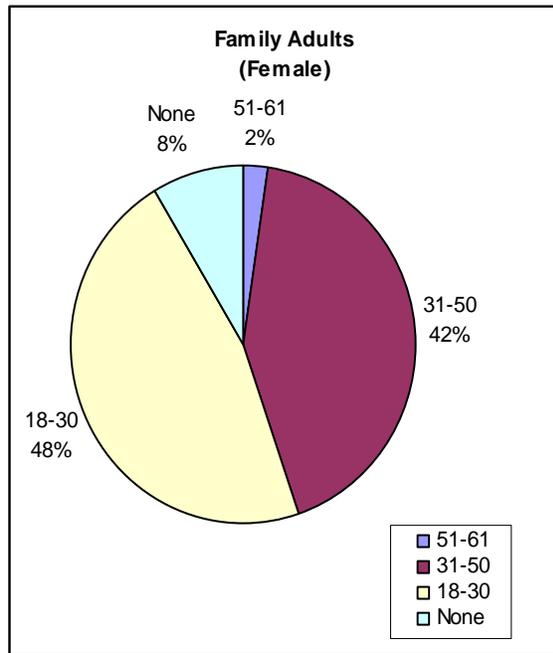
The overall age distribution of homeless adult clients seen in families is considerably younger than the single homeless population. Figure 28 shows that the largest group of adults in families (43%) falls in the 18 – 30 age group while the largest group for single homeless clients (62%) falls in the 31 – 50 age group (see Figure 25). The second largest group for adults in families (38%) falls in the 31 – 50 age group, while the second largest group of single homeless clients (17%) fall in the 51 – 61 age group. Both groups show a very small proportion of senior homeless adults 62 and over: 3% for single clients and 0% for those in families.

Figure 29. Male Adults in Families



N=58

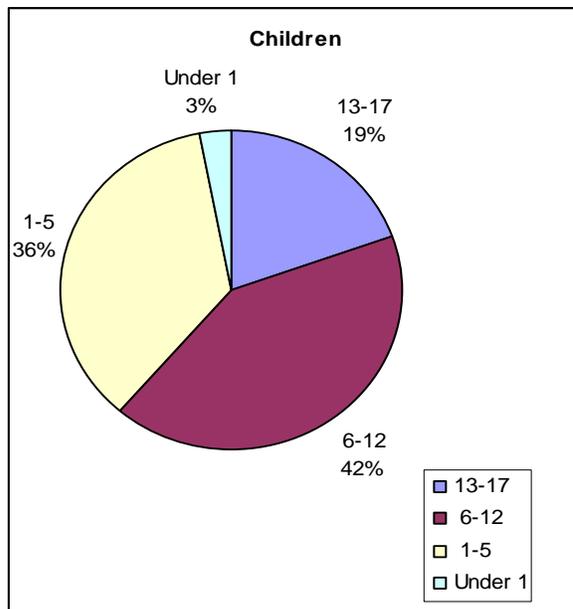
Figure 30. Female Adults in Families.



N=271

The age distribution between male and female clients seen in families varies considerably. 53% of males do not report an age bracket while only 8% of female clients do not report an age bracket. In both groups, the most common age category is the 18 – 30 age group: Males 24% and Females 48%. Also in both groups the second largest age category is 31 – 50: Males 16% and Females 42%. This is shown in Figures 29 and 30.

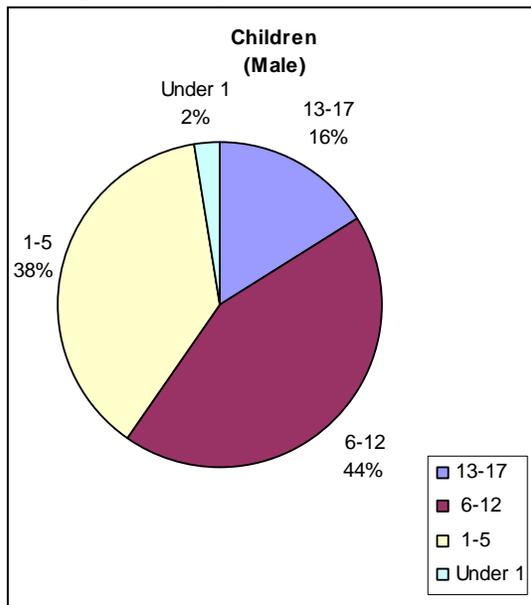
Figure 31. Age of Children in Families, N=354



When comparing male single adults with male adults seen in families, the latter group is indeed younger. The same observation can be made about female adults, although the age distributions are closer between the two women groups.

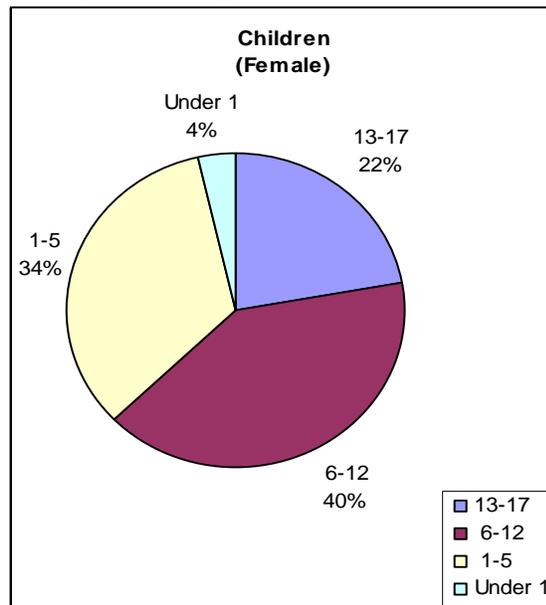
Figure 21 shows the overall age distribution for children seen in families. The largest age group includes children between the ages of 6 and 12 (42%). The second largest age group of children is between the ages of 1 and 5 (36%). The third group between the ages of 13 and 17 is 19%. 3% of children are under one year of age.

Figure 32. Age: Male Children



N=161

Figure 33. Age: Female Children



N=193

The children age distribution between male and female is remarkably similar. In both groups the largest age bracket is between 6 and 12 years (44% for males and 40% for females). The second age bracket representing ages between 1 and 5 shows 38% are male and 34% female. In the age bracket 13 to 17 there are 16% male and 22% female. Finally, children under one year of age are 2% male and 4% female.

Race

Figure 34. Race Distribution, N=838

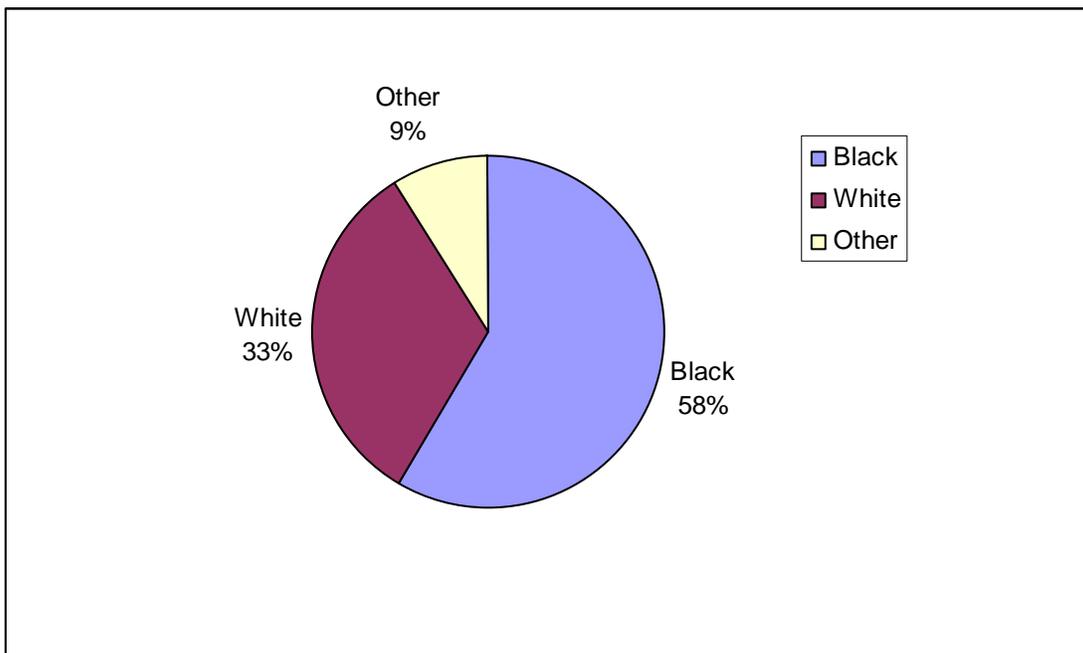


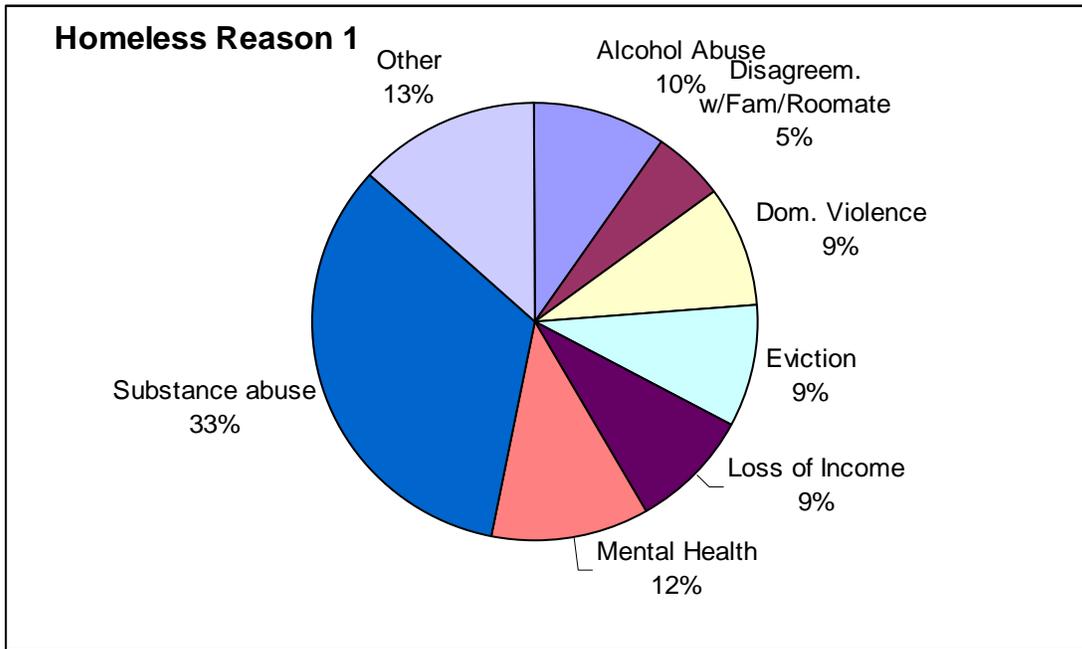
Figure 34 shows the race distribution for all clients. Two groups hold the overwhelming majorities. 59% are black and 33% are white. The following Figure shows the actual distribution:

Figure 35. Race Distribution Figures.

American Indian/Alaskan White	0.24%
American Indian	0.36%
Asian	0.24%
Asian & White	0.12%
Black	58.47%
Black/African American & White	0.72%
Pacific Islander	0.24%
White	32.70%
Other	6.92%

Reasons for Homeless (Current Clients)

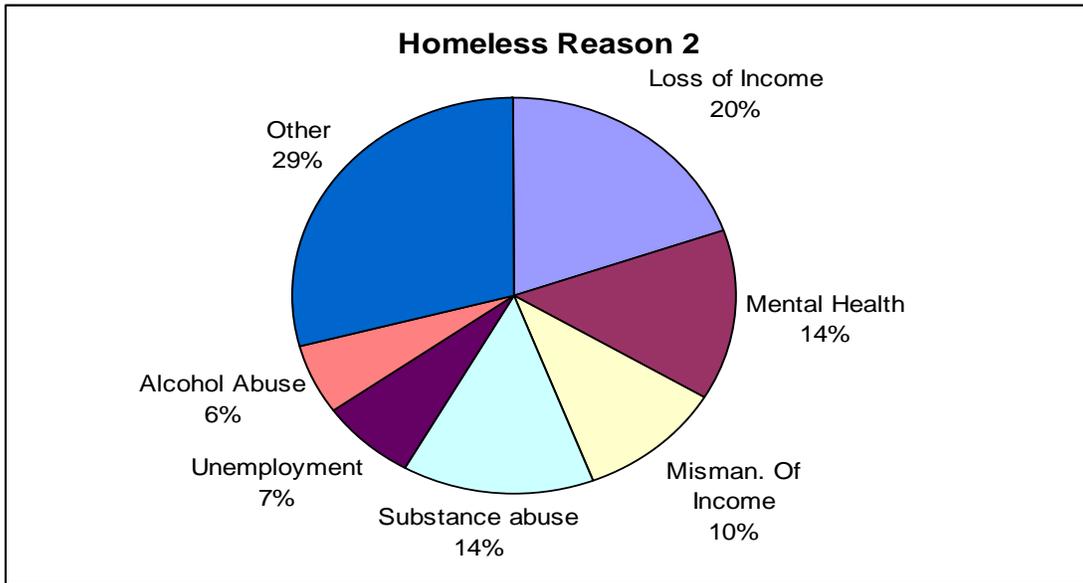
Figure 36. First Reason for Homeless, N=113



The most commonly cited first reasons for homelessness can be graphically seen in Figure 36. The reasons are as follows:

Substance Abuse	33%	Mental Health	12%
Loss of Income	9%	Eviction	9%
Domestic Violence	9%	Disagreement w/	5%
Alcohol Abuse	10%	Family or Roommate	
		Other	13%

Figure 37. Second Reason for Homeless, N=86

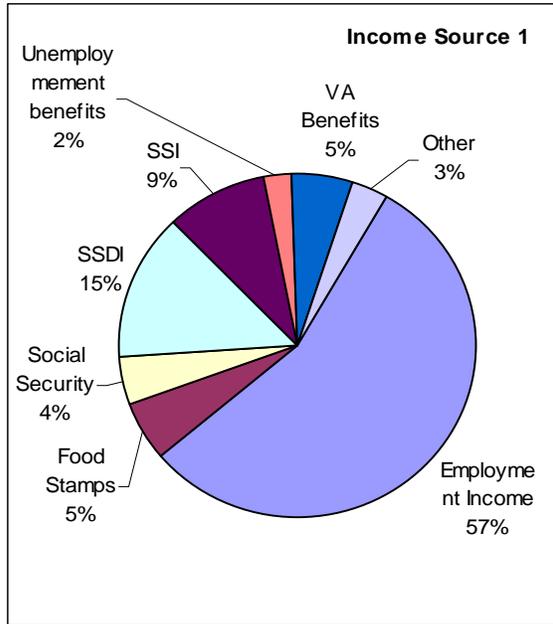


The most commonly cited second reasons for homelessness can be graphically seen in Figure 37. The reasons are as follows:

Loss of Income	20%	Mental Health	14%
Mismanagement of Income	10%	Substance Abuse	14%
Unemployment	7%	Alcohol Abuse	6%
		Other	29%

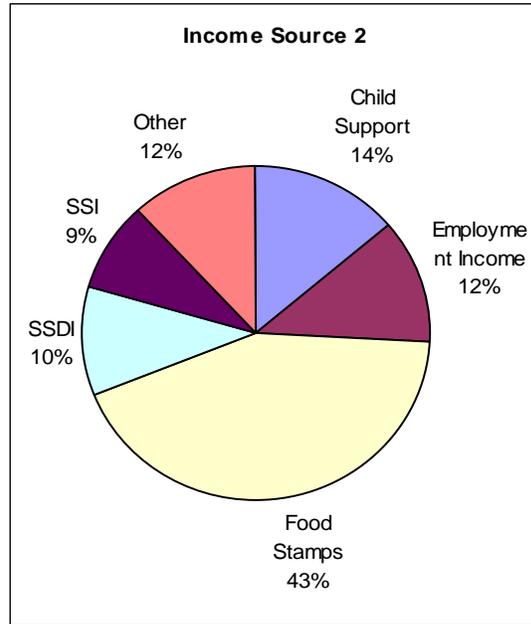
Income Source (Current Clients)

Figure 38. First Income Source



N=203

Figure 39. Second Income Source



N=58

Figures 38 and 39 show first and second sources of income of all current clients. Employment income is by far (57%) the most cited first source, while food stamps is the most cited (43%) second income source.

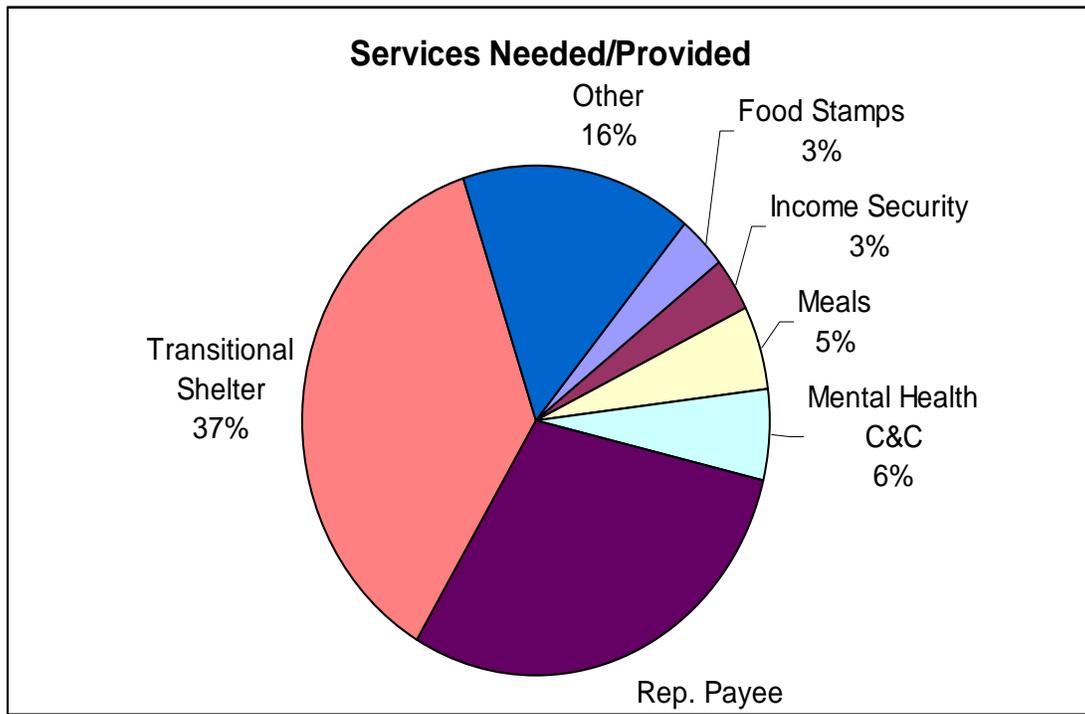
Services Needed/Provided

The most common service provided referenced is transitional shelter (37%) followed by representative payee services (30%). These two categories constitute almost 70% of all services provided. The array of need and services is numerous but the numbers of transactions are too small relative to the two above-mentioned categories. Therefore, the great numbers of services with very small incidences were grouped under other (16%). Other services with relatively higher number of incidences are:

- Food Stamps 3%
- Income Security 3%
- Meals 5%
- Mental Health/Counseling 6%

This distribution can be seen in the following figure.

Figure 40. Services Needed/Provided, N=413



Status of the Case Management System at Lake County

A great deal of attention was given throughout the life of the project to the development of the Kiosk applications; including the necessary linkages and conversions to integrate I&R with the case management solution. The case management system ServicePoint was considered a self-contained proven solution that required little or no development. The challenge for case management was to develop an adequate level of participation, training and enthusiasm by the agencies that had developed a partnership with Project IMPACT. During the project’s second year, most participating agencies recognized the difficulties and challenges of implementing HMIS. Efforts began to systematically collect client basic information. It was soon realized that the goal of using case management across the network of participating agencies could not be fully realized until a significant number of agencies began to use HMIS.

In its third year, case management is more widely used and in manners that collect more categories of information. It is possible today to begin to use the system to draw inferences about the characteristics of the population being served and to document the types of activities and services in which agencies engage in support of their clients.

The current status of case management at Lake County is as follows. The system is able to provide enough elements to support some reporting purposes. In addition, the current level of data collection through the system provides enough elements for performing analytical studies of the homeless experience in this community. However,

the current level of data gathered through the system is insufficient to perform analytical studies on how the community responds to the homeless experience. In addition, the current system has not reached a level of usage and maturity to be applied in a true case management mode where interagency collaboration is facilitated through the application of this technology.

V. IMPACT Technology Usage – Final Assessment

During the three-year grant period Project IMPACT made significant advances, particularly in three main areas: technical infrastructure development, innovative use of information technology and multi-agency collaboration. Each one of these areas includes important contributions and challenges, some of which are yet to be realized.

In the area of technical infrastructure development there are a significant number of pieces that took enormous effort to complete. The most significant components include the following:

- Adaptation of a kiosk application to address the information needs of the homeless.
- Adoption of a learning center technology that was effectively embedded within the kiosk application.
- Effective translation of the learning center content (i.e. home safety, immunizations and pregnancy) to the Spanish language.
- Development and implementation of nine kiosk sites.
- Development of a Provider version of the kiosk application with expanded functionality for use by case managers and clinical staff.
- Adoption of a case management system for client-level data collection at participating homeless shelters.
- Adoption of an Information and Referral component used within the case management system.
- Integration of information and referral data from the kiosk application with the Information and Referral component of the case management system.

These developments in infrastructure are quite significant and represent great accomplishments. This is particularly evident today when so many communities, currently engaged in implementing only case management applications at homeless shelters are experiencing enormous challenges. Lake County has achieved an exemplary position for those communities that are just beginning their more modest implementations.

With respect to innovative use of technology, Project IMPACT has been able to demonstrate the potential positive impact that kiosk technology has in support of human services. The project has been successful at demonstrating:

Project IMPACT Final Evaluation

- The potential uses for training and awareness on significant topics during client idle time.
- The potential use of self-referral and access to information to human services programs.
- The effective multi-lingual access to kiosk technology.

A third area of demonstrated advancement is in multi-institution collaboration. Of particular interest is the partnership developed between Project IMPACT and a local technical systems development organization, responsible for the development of all aspects of the Information and Referral components of the infrastructure. This is a positive example of how these types of partnerships contribute to a project's success.

The collaboration of BVM Olienti in the project is indeed a major contributor to its success in terms of its sophisticated infrastructure. But it was also the collaboration of the various departments and agencies that took the ownership of the project in order to make the kiosk and its variants, a part of their operation. In our view, there were three characteristics that made this possible:

- The capacity and willingness of the participating organizations to engage in state-of-the-art pilot projects.
- Their capacity and willingness to engage in integration initiatives.
- Their efforts to develop a real and usable solution.

Project IMPACT has faced great challenges as well: project management changes, project support and sustainability, lack of or late involvement of other agencies in the project, and the realization by adopting organizations of the complexities of implementing information technology applications. So, on aggregate it cannot be asserted that Project IMPACT has achieved a significant level of maturity. Perhaps the most important indicator of the above is the use of the data that IMPACT generates.

Project IMPACT has been able to prove that it is possible to effectively serve the needed population while at the same time, collect significant data to inform policy makers. However, the latter exercise has yet to be realized in day-to-day practice.

Therefore, when looking back at the three components of IMPACT in the evaluation program: Information & Referral, Case Management, and Community Planning and Development, it is obvious that the third area is the one that presented the least amount of evidence.

As a result it is accurate to conclude that in projects of such intense technical development content, the major evidence of success is found in the infrastructure development efforts. And it requires a through understanding by the evaluators of the underlying technical challenges to indicate that this particular project is a very successful one.

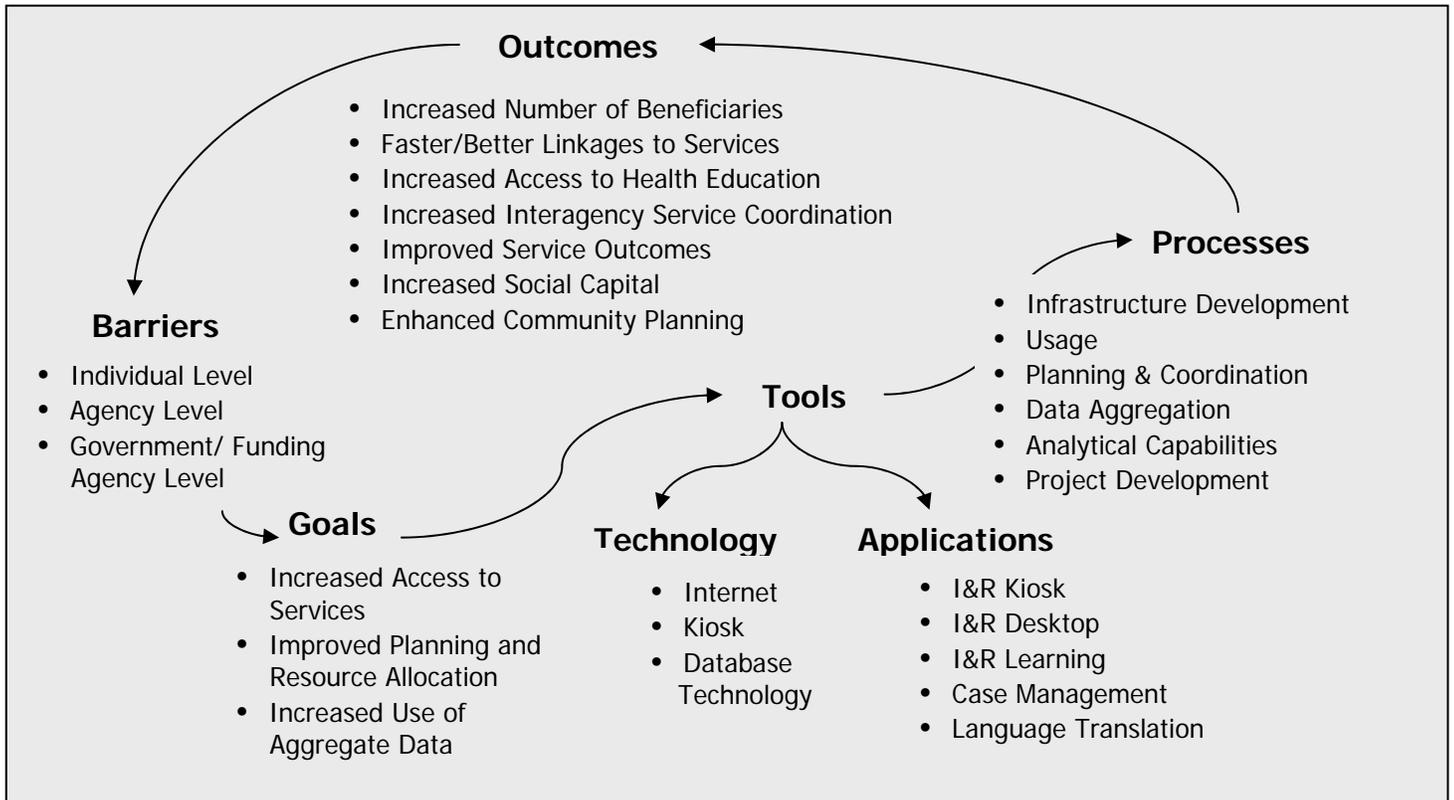
VI. IMPACT’s Impact

Project IMPACT is on a good path but has some obstacles moving forward. This is true for all HMIS communities aiming to attain sustained success of creating more social capital, better coordination of homeless services, truly informing county planning, saving homeless service consumers time and providing better referrals. What follows is our assessment of IMPACT’s impact in the following areas:

- Barriers
- Goals
- Tools
- Processes
- Outcomes

These are the categories that were laid out at the start of the evaluation with a minor change to the tools section eliminating the Geographic Information System (GID) and Interactive Voice Response (IVR) components and adding “databases” (see Figure 41). Also, under applications, the project added language translations. These categories were not there in the beginning. Figure 41 shows the evaluation layout visually.

Figure 41. IMPACT Evaluation Scheme



Project IMPACT has just reached most of the goals set out for itself at the end of the three years. But an apt analogy is of a healthy infancy and is now just learning to walk. Such is the nature of wide scale technology implementations. Lake County has made some remarkable cutting edge contributions to the understanding of HMIS development and implementation in the United States and deserves high marks. Most notably those contributions include the I&R kiosk implementation, I&R web-based provider version, the link of each of these to the ServicePoint (case management) software, the development of software interface using XML which allows sites with sophisticated systems to join the rest of the continuum of care, and the Spanish translation of the I&R systems. Project IMPACT has also been quite successful in the procedures established for it, including regular committee meetings, training, and feedback mechanisms. In the sections that follow in bold header, we refer to the header categories of Figure 41.

Barriers

Prior to the implementation of IMPACT, barriers were identified for homeless service consumers (individual level), service agencies (agency level) and planning and funding level (government/funding agency level). IMPACT did contribute to easing the barriers at the **individual level** in the first three years. Mechanisms now exist for more informed and fast referrals to service agencies. No longer is a consumer reliant on his/her case manager to (1) use the referral Red Book, and (2) know what to be looking for once she/he picks up the book. Consumers may also search directly on-line for service agencies offering a host of services for homeless people by using kiosks in nine locations in Lake County, not including non-stigmatizing mainstream locations of Jewel supermarkets where people can also access mainstream information (as opposed to just social services).

The challenge at this level remains getting the word out that this increased access for homeless and non-homeless individuals exists. This may require more successful transactions so information is spread by word of mouth combined with further marketing at key locations where homeless people congregate for food, shelter, or other services. The ultimate goal of connecting people with services has not occurred to scale.

At the **agency level** the project's impact is mixed. Of the nine participating agencies there have been mixed results in reducing barriers for agencies. On the positive side, agency staff has the ability to efficiently search for resources in Lake County using Helping Hands Provider Version. This allows for more comprehensive searches at greater speed, saving agency staff time. There is also the ability to share part or all of client-level records using the web-based Service Point. There appears to be a general upward curve in usage as users become more aware of and comfortable with the technology. That is a positive indicator. What remains a challenge to fully realizing the savings of time and greater capacity is fuller integration. To date, some staff at agencies use ServicePoint and Helping Hands and others do not. Increased usage is the key for ServicePoint and Helping Hands as it increases users' comfort level, the amount of data available to be shared, and the benefits to be shared among staff and clients. Continuous

training that keeps up with staff turnover, user meetings sharing positive experiences, general awareness building of the benefits of Helping Hands, and more data entered from larger shelters along with the resources to do so should help.

Lake County at the **government/funding agency level** is seeing some of its first quality aggregate data from those homeless service providers that have developed an infrastructure to process longitudinal data. Among the nine participating agencies there are now non-duplicated counts, some in depth demographics, referral data, and the beginnings of collecting good aggregate data on services provided. But this mountain top view of the Lake County homeless service system is a work in progress on the right path. But as expected, this is not yet a resource for government or funders. Lake County is well ahead of the curve nationally in compliance with HUD's mandate for all continua to have implemented an HMIS by September 2004.

What remains to be seen at this level is the overall commitment from the County to IMPACT. Is the compliance with HUD's directive, worth the investment to Lake County planners to continue with adequate levels of support?

Goals

At the start of implementation, Project IMPACT planners identified three main goals: (1) increased access to services, (2) improved planning and resource allocation, and (3) increased use of aggregate data. Evidence suggests that each of these, except planning and resource allocation, were realized to varying degrees at the end of the first three years.

Increased **access to services** was certainly met through the development and increasing usage of the Helping Hands information and referral (I&R) software. This is applicable to both the kiosk and (especially) the provider version. However, awareness and usage of each are required to maximize the benefits to staff and consumers. The evaluation team believes that they are clearly on track and reached respectable levels of usage after three years. This achievement was despite needing to change taxonomy and entire database software for the I&R database and using cutting edge technology and implementation methodology. The usage of referrals is encouraging, but the picture is incomplete. Usage of the service section of ServicePoint (tracking actual services provided) is below expectations.

Project IMPACT has yet to improve the **planning and resource allocation** in Lake County. Until data collection is more consistent and collected with more in-depth data per client, the ability to plan and better inform the allocation of resources is limited. Planners still rely on the point in time survey data at this point. Lake County could use IMPACT data to affect planning in the future by generating more granular reports; that is, examining the data in Helping Hands by deeper categories in the AIRS Taxonomy. This would help better understand needs for very specific categories of services such as food services, housing, medical assistance, and emergency services.

An increased use of aggregate data has been realized but to a limited degree. Aggregate reports particularly from the Helping Hands database have provided county planners with quality information on usage of kiosks and the provider version website. This has proved very useful in the fine-tuning of the IMPACT implementation and a good beginning to capturing more useful data in the future. Use of aggregate case management (ServicePoint) data is limited at this point.

Tools

In three years, Project IMPACT made exceptional strides in the **technology and applications** area. By “technology” we refer here to the Internet, kiosks, and database technology. By “applications” we refer to the software associated with: I&R on the kiosk, I&R on the desktop, I&R learning centers, case management, and language translation. For each of these areas the Lake County Project IMPACT proved exceptional in this three-year period.

Technology

In applying technology to the county’s need for Information and Referral, Project IMPACT’s business partner BVM Olenti developed kiosks for placement in health care centers. Each kiosk contains two software applications: Helping Hands and Learning Center CD’s. Helping Hands is an I&R software loaded on the kiosk and updated regularly providing search capabilities and detailed information on a range of social services (e.g. housing/shelter, food, domestic violence, healthcare, education, employment) and mainstream services (e.g. dining, entertainment). Detailed service or program information can be obtained on both screen or printed hard copy.

The information is available in English and Spanish and can be searched by geographic area. Maps are available along with contact information, and screens are easily navigable. The hope for the kiosks was that by placing them in public settings such as supermarkets and including mainstream services such as entertainment, there would be no stigma associated with going to the kiosk as there might be if they were just associated with services for those in need. Although usage reports indicate there is little usage for mainstream services there is also little evidence of stigma attached to the kiosks. The kiosks also include “Learning Centers,” easy to use tutorial guides on safety and health issues.

Helping Hands is also the software accessible to service providers on their desktops through the Internet. Also referred to as the “I&R Provider Version” this tool allows staff and clients at service agencies to search for service providers more efficiently and faster than in the past.

The case management tool of Project IMPACT is ServicePoint. ServicePoint is a web-based application that provides service agencies with significant functionality for the following: data collection, tracking progress overtime, verifying non-duplicated counts,

report generation, sharing of information with consent, managing bed lists, collecting and analyzing service records and providing service planning capability.

Linking the databases, or “backends” of Helping Hands and ServicePoint’s information and referral component, known as ResourcePoint, was a major accomplishment for Project IMPACT. It required BVM Olienti staff to complete two major conversions: (1) to add the AIRS taxonomy to the Helping Hands I&R database in order to achieve AIRS compatibility, and (2) to convert the database to Microsoft SQL Server 2000. These were significant tasks that were completed successfully allowing for greater integration of the systems between case managers using ServicePoint and Helping Hands. These conversions also assured one consistent form of collecting data for county planners, helping them better aggregate and utilize data across sources.

Applications

Project IMPACT uses five software applications in the following project components: (1) I&R Kiosk (Helping Hands), (2) I&R Desktop (Helping Hands), (3) I&R Learning Centers (Healthy Touch), (4) Case Management (ServicePoint), (5) XML conversion interface software (Community Partnerware), and (6) Multilingual interface and content infrastructure, starting with the Spanish language, was developed and partially implemented.

The Helping Hands software has made a particularly strong contribution towards the project’s goals. Helping Hands was developed by BVM Olienti in consultation with the IMPACT Planning Committee. This in fact, was an enhancement of the pre-existing BVM application. Helping Hands is loaded on the **I&R kiosks** in Health Centers and supermarkets throughout Lake County and provides a user with a special interface which is easier to use than a typical web site. Users enter a geographic location for which they are seeking services. Users can also find information on the agency and services offered that meet their search criteria and can print out any and all search results. Users can also find a map to direct them to the service agency. A similar but more sophisticated Helping Hands interface is accessed through the Internet on their desktop (**I&R Desktop**) by caseworkers in IMPACT agencies. Also on the kiosks are Learning Centers called Healthy Touch, software CDs from the University of Texas that guide users through self directed tutorials on health and safety issues.

Project IMPACT has implemented ServicePoint as its **case management** software application. ServicePoint is one of the most widely used homeless management information systems (HMIS) in the country. Developed by Bowman Internet Solutions in Louisiana, ServicePoint is a robust web-based application that, implemented across a community, can generate unduplicated counts of clients as well as demographic, service, referral, and goals and outcome information. It is also an operational tool with the capability to keep multiple bed lists, historical client records, and generate custom or pre-developed reports, including the time intensive HUD Annual Progress Report (APR) required of all HUD-funded programs.

The steady increase of usage of the software indicates a positive trend that users are growing more comfortable. ServicePoint is a strong comprehensive software application and a good fit for Project IMPACT's case management software needs. However, usage patterns, specifically the breadth of use of ServicePoint remain low after three years. Project IMPACT was on target with respect to the number of clients expected to be covered under the system. However the full breadth of the system's functionality has not been put into use. This is due to a number of factors: the timing of implementation, training of staff, buy-in from agency directors, and the ease of use for users. The inclusion in the network of larger service providers will help as their data will ease the burden on duplicate data entry within the wider system. However if there is no inclination to share data for privacy or other reasons, then the benefits of this data's inclusion will be counteracted. That is to say there are many factors to be considered in assessing low usage rates. The software, although used extensively throughout the United States, should be continuously examined. At present ServicePoint seems a good fit for case management functionality. However usage should be more targeted, that is, focused on getting less data across sites but getting higher quality and deeper levels of data for each client.

When Project IMPACT decision-makers chose ServicePoint as its case management tool (June 2000), it had also been selected as the best software by 14 communities in the U.S. after an intensive competitive process. It was a good decision but there are challenges. ServicePoint can do a great deal, but can be overwhelming to a homeless service provider who is often short on time, not comfortable with computers beyond the basics, and simply wants to pull out information for a referral or report. Using ServicePoint requires training and practice.

Using ServicePoint effectively across Lake County also requires data to be input regularly by all participating agencies. The more client records that are entered, the easier and more beneficial ServicePoint becomes for case managers. If there is a great deal of data already input from another agency for example, case managers at the next agency simply have to open an existing record and update it. Catholic Charities is one of the larger service agencies in Lake County and is integrating data from its internal MIS into ServicePoint. Once completed, planners rightly expect that more caseworkers at other agencies will benefit. But this depends on continued training, ongoing usage, and the originating client and agency's willingness to share information electronically.

Integrating data from other systems is a need that is likely to increase within Lake County and around the country. Lake County's IMPACT project has been on the cusp of that trend in the integration of Catholic Charities data into ServicePoint. Using XML schema, programmers at BVM Olienti and Bowman Internet Solutions created an integration that may prove an effective model for other communities using ServicePoint across the country.

Project IMPACT also relied on a software application for its language **translation** of Helping Hands and the Learning Center CDs. Enormous amounts of time and resources were spent on developing a proper mechanism for translation, verification and

incorporation into the available applications. Planners deserve credit for getting the translation right after discovering unpredictable challenges that arose during the implementation of their language translation strategy.

A significant contribution to the field of HMIS is the software conversion software called Community Partnerware developed by BVM Oleri in conjunction with Bowman Internet Solutions. Specifically integrate Catholic Charities data into ServicePoint. The software provides a user-friendly interface to help users “manage conversion translations for several data targets at once.” A user selects fields within the database to be converted, highlights their corresponding appropriate values in ServicePoint and generates XML data that is then integrated into the ServicePoint database. This has great potential for wide-usage among ServicePoint communities across the U.S.

Project IMPACT benefited from a synergistic data conversion project being pursued for DuPage County Human Services. The resulting tools were applied to Lake County Projects. This model has been applied already to other installations across the country.

Processes

To evaluate the processes of Project IMPACT at the end of Year 3 we look at the following categories: infrastructure development, usage, planning and coordination, data aggregation, analytical capabilities, and project development. Over the first three years of Project IMPACT there were numerous committees meeting regularly to see that the project had some procedural guidelines (i.e. minimal data elements, privacy protocols, choosing the software). These tasks were done by committees such as the Case Management Committee, The Project Management Committee, the HMIS Committee, and the Project IMPACT Committee. The processes put in place for each of these categories were well developed although for some, like analytical capabilities, it is premature to see how effective that process will be in Lake County since there was not enough data yet to analyze.

The **infrastructure development** in terms of the project was very effective. The roles of the project staff and committee are well defined and functioning well. The process of engaging stakeholders, exploring issues collectively, and resolving issues that arise have also been effective. What could be improved in this area is increased time for the project director (to devote to IMPACT), and increased representation on the project committees including consumers of homeless services (the same people tend to be on more than one committee and committees have decreased in size as the project progressed). The project has benefited greatly from the support of the Lake County Department of Planning, Building, and Development’s Department of Information and Technology (IT). IT staff host and administer the ServicePoint server and is available for technical support and advice to the wider project in general.

Usage. Staff at each IMPACT site have been trained and enter some data. But the depth of data entry is lacking which makes data analysis, beyond basic counts and some demographics, impossible. This is not unique to Lake County, but needs to continually be addressed moving forward in order to meet the county's goal of using the data for better planning.

Project IMPACT planners have done an excellent job at **planning and coordinating** regarding implementation. Committees meet regularly and are well organized by the project director. What remains to be seen is how effective the planning and coordinating of services will be with the fruit of Project IMPACT, enough quality aggregate data.

The process of **data aggregation** has worked well. The project's technical specialist runs queries on the data aggregated within ServicePoint and runs quality reports on the existing data. This bodes well for the future when the data will have greater depth per client and a greater number of clients using the service system. Data is also aggregated by BVM Olienti from the I&R technology tools (Helping Hands). BVM Olienti is able to query aggregate data effectively to determine number of hits, content areas that users sought information or referrals for. These data can be instructive in determining where greater need for services may be and adjusting resources accordingly. Project IMPACT has strong **analytical capabilities** among the project director, technical specialist and BVM partners. What remains to be seen is how the process of data analysis will evolve as greater data is generated. Will the IMPACT Planning Committee review initial data findings and have a voice in further questions? Will homeless service consumers be able to comment on data findings? Will the Department of Planning, Building, and Development have a role? There is every indication, based on past project planning, that project planners and stakeholders will figure these processes out to best meet the community's needs when the time arises.

Near the end of Year 3, project planners were just beginning to look at **project development**. Grant funding was ending in one year and they knew a strategy was needed. To sustain the status quo and expand the project they looked to:

- (1) Support a full time HMIS person.
- (2) Apply for HUD Continuum of Care funding for ServicePoint and expansion of programs using the system.
- (3) Use CDBG funding to bridge the gap until April 2004.
- (4) Apply for HUD funding through the Homeless Coalition, possibly with BVM developing a notforprofit arm.

The county did apply to HUD for HMIS funding in July 2003 and was told in December 2003 that it was awarded \$34,500 towards HMIS in Lake County. CDBG funding was used through April 2004. The project will likely need assistance in the development process moving forward from the county especially as BVM Olienti the project's for-profit partner has found it difficult to generate profits from some of the commendable contributions it has made. If there were more of a profit center, perhaps

BVM Oleri could continue to support the project's development. For growth and sustainability to truly coordinate services and inform planning and policy the project and the County need to identify clearly how IMPACT will be funded overtime and where it sits among other priorities.

Outcomes

Project IMPACT must be deemed a success overall but it did not meet all of its targeted outcomes at the end of year three. Nationally, there now exists a greater shared understanding of what is required for successful HMIS implementation and appropriate timelines than did at the project's onset. Lake County is on track and depending on strategic decisions that are made by project planners (see recommendations section of this report) should continue to progress to meet its goals. Of those outcomes, those that were met after three years include:

- Improved access to services;
- An integrated data system; and
- Coordinated information and referral.

Outcomes that were not directly met include:

- Improved efficiencies in service delivery and particularly in service coordination;
- Comprehensive use of case management across the network of participating agencies; and
- Data usage for policy making.

Unquestionably this project has surpassed its goals and expectations for a modern technical infrastructure capable of supporting numerous social service information processing requirements. Some of the most significant include: the ability to manage a client's service needs over time; the ability of agencies to process internal, grant or government reports; availability of information to the public for training and self-referral, and the ability to maintain an up-to-date directory of social services programs and agency information.

On the other hand, the project's goals also included outcome objectives that in the opinion of the evaluation team are very difficult to achieve within the project's timeframe (i.e. improved service outcomes, increased social capital, enhanced community planning). The evaluation team concludes that this is because a project dominated primarily by infrastructure development tasks does not develop enough synergy to address the higher-order goals (i.e. goals addressing issues beyond technology implementation).

What we have seen in Lake County over the past three years is the development of a first-of-its-kind application. The project shows certain characteristics that may determine success or failure depending on paths it takes. A number of factors make this type of system implementation complex:

- Lack of adequate resources to cover staff to invest in training and usage.

- Emerging understanding of best fit for technology,
- Fitting for-profit models in non-profit/public environment,
- Reliance on staff whose job is immediate and social to complete day to day tasks that are long term and technical
- Extremely high expectations for the results of technological solutions in the social service sector
- Vulnerable and often guarded population (people experiencing homelessness) self reporting data.

VII. Conclusions

A solid foundation has been laid by Project IMPACT with great potential for reaching the envisioned benefits of a fully integrated system. Staff, partners, and other stakeholders of the project have succeeded in establishing an innovative infrastructure well ahead of the curve of homeless information system implementations nationally. In three years the project has accomplished considerable results including: buy-in from the community of homeless service providers, consumers, and administrators; developing cutting edge I&R software (Helping Hands and Healthy Touch) in community kiosks and desktops; implementing the web-based ServicePoint in all of their target agencies; establishing the necessary processes for this technology to grow and be useful including targeted oversight and user committees and regular training in the software.

Despite a truly impressive infrastructure, or a solid foundation, not all of the goals set out for the first three years were met. As we learn more nationally about the challenges of HMIS implementation, it becomes apparent that some of these goals were perhaps far reaching for a three year start up of a county-wide implementation. That said, there are some real challenges that must be addressed in order meet the project's goals moving forward.

Project IMPACT needs to devise strategies for fuller use of the Helping Hands and ServicePoint among existing users and to expand to include additional users. This is essential in order to meet the coordination and planning goals originally set forth. It will require identifying further resources to support the project beyond current levels, and strengthening the existing partnerships that have helped IMPACT succeed thus far.

Overall the County should be commended on what it has accomplished and encouraged and supported to reach the next steps to better serve homeless people, service providers, and planners.

Appendix A
Year 3 Evaluation Visit Agenda

Appendix A: Year 3 Evaluation Visit Agenda

Introduction

The Information Management, Public Access, Community Transformation (IMPACT) project being implemented by the Lake County Planning and Development Department will be completing its third year of operation. In its role of project evaluators, the Center for Social Policy at the University of Massachusetts, Boston will conduct the third and final progress evaluation. This document outlines the proposed process for this task. This document pursues the following specific objectives:

- To outline the details of the proposed evaluation process at the conclusion of year three.
- To outline the purpose and agenda of a visit by the evaluators to Lake County in the July 29 and 30 of 2003.

The following sections describe in detail the specifics of each objective.

Evaluation Process

- The focus of the year-three evaluation process will be on completing outcome, baseline and recommendation analyses for year three and on overall process assessments of the three-year project.

Proposed Visit Agenda

The evaluation team proposes a two-day on-site evaluation visit to Lake County on July 29th and 30th, 2003. The following is a proposed agenda.

Day 1

Morning: Core team meeting
Meeting with sponsor

Afternoon: Data review
Documentation gathering/review
Review recommendation status

Day 2

Morning: Case managers/staff focus group

Afternoon: Health centers focus group
Provider version focus group

Appendix B

Focus Groups Questions

Appendix B: 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 notice 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?