MEMO

TO: Cathy ten Broeke and members of
the Interim Planning Committee on Minnesota's HMIS

FROM: Craig Helmstetter, HMIS project director
on behalf of the HMIS team at Wilder Research

RE: Response to "Minnesota Statewide HMIS TA Assessment"

DATE: January 29, 2014

Wilder Research has been pleased to work with HUD's technical advisory team throughout the recent assessment of Minnesota's HMIS, and looks forward to supporting the evolution of Minnesota's HMIS in any ways necessary to help meet the developing vision of Minnesota's HMIS, "version 2.0".

The assessment and the planned visioning sessions are coming at just the right time. Up until now Minnesota's HMIS has served primarily as a data collection and reporting tool for several state and federal funding streams. Although serving this function has been important for Minnesota's Homeless Service Sector – for example, by meeting HUD's HMIS mandate, the system has helped the state's Continuum of Care regions collectively secure over $20 Million annually in federal funding for homelessness -- Wilder Research and the system's many stakeholders have always had a desire to leverage even more out of the system.

For the past year or so the urgency to meet these broader goals has been building. Under the banner of "coordinated assessment" HUD has mandated each region to implement a more collaborative (and potentially more efficient and effective) system of providing services; Continuum of Care coordinators have become increasingly interested in more and better reporting; and the state's reinvigorated Interagency Council on Homelessness has released a new, data driven, plan to end homelessness.

The functionality that is now being called for is so dramatically different that it is best to think of Minnesota's HMIS as entering a new phase, or "version 2.0". The recommendations in HUD assessment team's report offer a good step toward this next phase.

We are, however, glad that the assessment team has recommended that the conversation be continued with a visioning process as well as a planning and implementation process that will unfold over the next several months. While some of the report's findings are probably immediately actionable, others deserve greater examination and may benefit from greater research and stakeholder input (especially including that of organizations participating in Minnesota's HMIS).

Our overall reaction is that it is important to come to consensus fairly quickly on the future of governance and system management, so that decisions made around the other issues raised by the report are seen as legitimate and unlikely to be undone any new governance or management structure that may be developed. The plan also lays out some more detailed technical recommendations; we are generally supportive of the goals that these recommendations seek to attain, but would like more information and on-going engagement with Technical Assistance providers and others to be sure that we have collectively identified the best means for attaining those goals. We also support the spirit of the recommendations around coordinated assessment and data sharing, but generally defer to the respective working groups that have already been operating on these topics (with our active involvement).

Finally, we support the budgeting recommendations, and believe that more work needs to be done in this area. While it is important for us to continue to clarify the budget for Minnesota's HMIS, an even more important activity is to continue to work on identifying an adequate budget and funding arrangement for the on-going operation of the project's current functionality, as well as the considerable expansion that we are moving toward in Minnesota's HMIS "version 2.0". The plan that ultimately develops out of this assessment and the ensuing activities needs to be adequately resourced. A plan without the resources necessary to implement is simply a dream, and a dream that may lead to greater frustration due to heightened expectations.

Wilder Research is looking forward to contributing to this next phase of Minnesota's HMIS. We helped establish Minnesota's HMIS in 2002 and have served as the HMIS system administrators and de facto "HMIS Lead" (which is a newer term for overall system management) ever since. We are gratified to see that the assessment speaks highly of the help desk, training, and support we have provided. We also agree that overall leadership, project management, and budgeting has grown to be difficult in this complex, multi-stakeholder project.

While the assessment recommends a new "HMIS Lead" and governing structure, the report seems to assume a continued and on-going role for Wilder Research as a technical partner. Wilder Research as an organization remains committed to projects like Minnesota's HMIS as a part of our broader mission to help provide actionable information to human service organizations. Additionally, through our experience with Minnesota's HMIS and Wilder's statewide homeless survey, Wilder Research has developed a level of expertise around homelessness. Finally, we have assembled a talented and dedicated core HMIS staff.

That said, and our greatest hope is that Minnesota develops an HMIS that contributes to the ending of homelessness in our state. Toward that end we believe that all aspects of the project – including Wilder Research's continued involvement in HMIS – should be on the table for consideration if Minnesota's HMIS "version 2.0" is to be an effective component of the state's larger efforts to end homelessness.

Thank you for the opportunity to respond to the report and recommendations. Our more detailed responses to specific recommendations are noted below.

Responses to Section 3.1 *Transform HMIS Governance and Decision-making*

This section details a list of governance and decision-making concerns heard by the Technical Assistance providers during their assessment. Here is our perspective on the topic:

Wilder Research has led the development, implementation and ultimately governance and decision-making around Minnesota's HMIS, ever since planning for the system began in 2001. Wilder has always had close partners in the project, starting with the Corporation for Supportive Housing and the Metro-wide Engagement on Shelter and Housing (MESH), and then Minnesota Housing Finance Agency, which provided the start-up funding for a statewide (as opposed to regionally-based) HMIS. Minnesota Housing Finance agency also assisted Wilder with staff support for the "Implementation Group" that was immediately convened to develop policies and procedures around Minnesota's HMIS. Although that group's title eventually changed to "Governing Group" that structure has stayed intact, with a few minor modifications until today.

As stated in the Policy and Procedures manual for Minnesota's HMIS developed and adopted early on, the Governing Group is essentially advisory in nature, with Wilder Research bearing the final (and legal) responsibility for Minnesota's HMIS. Wilder has consistently deferred important policy decisions to the Governing Group and virtually never vetoed or over-ruled decisions coming out of that body. The Group is comprised of 26 voting representatives, half of whom are appointed by Minnesota's 13 original Continuum of Care regions. The group has been a forum for much decision making around Minnesota's HMIS and has served as a venue for establishing direction when Continuums or other stakeholders disagree on certain policy issues (for example, whether and how client-level data is shared between providers in the system).

Unlike an actual board of directors, the Governing Group's authority has been circumscribed to particular parts of Minnesota's HMIS. Wilder Research has deferred to the Group for virtually all "discretionary" uses of core funding (for example, guiding the development of Homeless Service Use reports and dashboards), as well as guidance on the implementation of HUD's HMIS requirements (for example, while HUD set a minimum standard of passive consent for entering client-level data into HMIS, the Governing Group adopted an "active consent" standard, requiring client signatures for entering data into Minnesota's HMIS).

As opposed to the leading role that the Governing Group has played on those "main trunk" activities, the Group has served in a much more limited/advisory fashion when it comes to the terms of "branch contracts" negotiated between Wilder Research and various state and local funders who have contracted with Wilder to include data collection and reporting functionality for their grant programs into Minnesota's HMIS. While the Governing Group has encouraged these activities, and has been kept aware of new contracts, the specific terms of these contracts have generally been outside of the Governing Group's purview. The Group has, however, provided a venue for feedback to those overseeing the contracts, and has occasionally asserted conditions that have direct impacts for these "branch contracts" (e.g., the policy to limit changes to data collection requirements to one time per year).

Under the guidance of some very dedicated and capable volunteer chairpersons (Jane Lawrenze while with Dakota County, Michele Merxbauer while with Three Rivers CAP, and current chair Kathleen Vitalis, President and CEO of Minnesota Assistance Council for Veterans), the Governing Group has generally functioned as an effective decision-making and advisory body.

More recently, largely driven by the sometimes competing locally-developed priorities related to HUD's directive to establish coordinated assessment systems, the Governing Group has had difficulties coming to consensus around how to prioritize use of the system's scarce resources. This, combined with the advent of HUD's new directives around HMIS and CoC governance, has caused many stakeholders to question whether the current governance and decision making structures are adequate for the next phase of Minnesota's HMIS.

While we would quibble with certain findings in this section (e.g., "there is no clear link or direct governance relationship between regional CoCs and the HMIS Governing Group"), we do see a need to "clarify and redefine the structure, strategy and protocols for statewide governance" of Minnesota's HMIS.

Governance Recommendations: *Reorganize the HMIS governance structure to enable improved oversight and leadership. This should include efforts to:*

A. *Clarify and redefine the structure, strategy and protocols for statewide governance.*
B. *Establish a common HMIS governance agreement, to be adopted by all ten regional Continuums of Care (CoCs);*
C. *Redefine and reconfigure the composition of an HMIS and Homeless Data Governing Group;*
D. *Clarify responsibilities for staffing and facilitation of statewide HMIS and homeless governance functions; and*
E. *Restore and expand reliance on regional or statewide HMIS end-users groups.*

Response

Recommendation A seems necessary at this juncture, **and C** flows logically from A. The full report indicates that "the new governance model should include consideration of the role of a broader strategy…that reaches beyond HMIS data…" While it is undoubtedly important for policymakers to consider data from a range of sources, a newly redefined governing body could (if desired) actually be construed to have legal jurisdiction over Minnesota's HMIS, but it likely could only serve in an advisory capacity for data collected in other important data systems like data from SSIS or the Department of corrections. Still explicitly including this broader vision as part of the group's mandate is probably a good idea, so long as it does not water down or confuse the group's central decision-making authority over HMIS.

Recommendation B (HMIS Governance Agreement with CoCs) has already been accomplished due to requirements of the 2013 HUD SuperNOFA. **Recommendation D** is closely related to the System Management recommendations, below, and we agree that whoever is designated as HMIS Lead should staff the governing body.

Recommendation E calls for expanded reliance on end-user groups as advisors. While it is very important to gather feedback from end-users we do not feel that user groups are the only or even most efficient way of doing so. Wilder Research currently collects end-user feedback in a variety of ways, including annual surveys, an annual "HMIS provider forum" at the Minnesota Coalition for the Homeless meeting, through the inclusion of end-users on the HMIS Governing Group and its subcommittees, and through the daily interaction that we receive through helpline operations. In light of all the ways we currently receive feedback, we are not convinced that convening user groups for the purpose of advising the project will necessarily be an effective use of scarce project resources. However, we are open to re-

examining the user group format that we once used as a training method if participating organizations would find that format more useful than the current in-person "refresher" trainings and webinar formats.

System Management Recommendations: Reorganize HMIS project management structure to provide necessary clarity regarding accountability, decision-making, and leadership. This should include efforts to:

A. Consider designating a new managing intermediary to serve as the statewide HMIS Lead and fiduciary;
B. Enhance coordination of HMIS with other statewide homeless data gathering and planning efforts;
C. Establish statewide standards and locally-based systems for monitoring data quality at the CoC-level; and
D. Designate, train, and support the functioning of CoC-level HMIS system administrators.

Response

For Wilder Research **recommendation A**, which encourages consideration of a new HMIS Lead, is among the largest changes set forth in this report. We are neither opposed to- nor supportive of- this recommendation without further clarity. Answers to the following questions would greatly help in clarifying potential risks and benefits of this change:

- Does an organizationally separate HMIS Lead and HMIS System Administrator exist elsewhere? What is that area finding to be the pros and cons of that sort of division?

- What is an approximate budget for the new HMIS Lead function? How would funding for the new HMIS Lead function be weighed against funding for other recommended changes?

- The HMIS Lead would necessarily need to develop intimate knowledge of HMIS operations. Would separating the HMIS Lead responsibilities from the System Admin responsibilities create inefficiencies? Would the benefits outweigh the inefficiencies?

- Who would perform the HMIS Lead role? If either DHS or MHFA were to take on that role, does it present a conflict of interest in that they also have "branch contracts" with the system? If it were located at some other intermediary or non-profit, do they have the in-house expertise to take this on?

- How would the new HMIS Lead contribute to the "ownership" of HMIS by the Continuum of Care regions that HUD is now encouraging? Would CoCs perceive it as a useful conduit or another layer to have to work through?

- If the main goal of this recommendation is to arrive at stronger strategic planning and prioritization (and more clarity around budgeting as a noted in a later section), can this be more easily accomplished by more explicitly resourcing a functions, perhaps through a new position housed with the System Admin (currently Wilder Research)?

Note that we do see certain potential advantages to separating the HMIS Lead functions from the System Admin functions of HMIS, including relieving the System Admin of fundraising obligations. Answering questions like those raised above could help build consensus around the need for the Lead/Admin division proposed in the assessment report.

We fully endorse **recommendation B** (enhancing coordination with other data systems). In terms of **recommendation C**, we feel that we already have a data quality process in place that directly involves Continuum of Care coordinators, but we are happy to work with them to further improve this system and add features related to system security privacy compliance, and data sharing compliance should they want to assume this additional responsibility.

Recommendation D, developing local CoC-level administrators, is closely tied to the way that the state of Michigan has implemented their HMIS, and does have certain merits. There are, however, a variety of cost implications and technical system issues related to this recommendation that deserve more attention before leaping to a different set up.

As noted in the assessment report, adding local system administrators would be an additional expense, and that expense likely would not easily covered by Minnesota's several smaller CoCs. It may make sense for a large CoC, like Hennepin County to hire a system administrator specific to its needs, but it may not make sense for smaller CoCs, like Southwest, to do so. In the case of smaller CoCs, it may make more sense for them to designate a point person within the HMIS System Admin staff to play the equivalent of a local system admin role than to expect the CoC coordinator to do so.

Note that Wilder Research is cautious about recommending additional duties specifically for CoC coordinators (suggested in the report under both recommendations C and D) since many coordinators are already stretched thin. In many cases it would seem unnecessary for CoC coordinators themselves to be directly "hands on" with the HMIS since the HMIS System Admin should rightly be seen as part of the CoC, and delegating certain responsibilities to the HMIS System Admin would seem to meet HUD's requirement for CoC involvement in HMIS.

Regardless of those sorts of details, however, we do recognize that CoCs want and need greater access to information from Minnesota's HMIS and we fully endorse efforts to improve and resource that function within the next version of Minnesota's HMIS.

Responses to Section 3.2 *Redefine HMIS database structure design and enhance system usability*

Database Structure Recommendations: *Reorganize the HMIS database structure to facilitate CoC- and state-level reporting. This should include a commitment to:*

A. *Restructure the HMIS database by defining new "levels" or affinity groupings for CoCs, counties, and funding types or sources (within the database software), and support the technical capacity at each of these levels to generate reporting as needed or desired; and*
B. *Develop a short-term work plan to manage this transition with accountability, transparency, and explicit performance expectations.*

Response:

We recognize that Continuums of Care, state funders, and others want and need greater access to information from Minnesota's HMIS and we fully endorse efforts to improve and resource that function within the next phase of Minnesota's HMIS. While we fully endorse the spirit of **recommendation A**, we would like to point out that the very specific recommendations contained in the assessment report are based largely on the manner in which the state of Michigan's HMIS is configured, which may or may not be the most efficient and effective manner in which to accomplish similar goals here in Minnesota.

There are several different ways to achieve the ends of improving CoC- and state-level reporting, each with costs and benefits. We are committed to working with the TA providers and other experts, including Bowman Systems own in-house expertise, to help realize the vision of increased access to reporting, and also support **recommendation B** (development of a work plan) which would help to hold all parties accountable.

The report notes "[t]here will likely be additional costs associated with this systems change – both to engage Bowman Systems to assist with mapping out the transition and to engage Wilder in implementing the transition." To that we would add that there likely will also be costs to providers participating in the system as they will likely need some training and support to help navigate a new set-up, and possibly a new set of procedures that would have consequence for data entry time and possibly data accuracy (e.g., reliance on "enter data as" functions within the system).

In evaluating potential solutions to achieving more and better CoC- and state-level reporting, it is particularly important to weigh potential costs and burdens to service-providers participating in Minnesota's HMIS. We feel that it is important to involve service providers in decision making around these sorts of changes to gain insights on how different alternatives may impact their day-to-day operations and to obtain greater buy-in to ensure that the solutions that we collectively develop are successful.

Data Sharing Recommendations: *HMIS data sharing protocols must be updated and refined to promote data sharing and client service coordination across provider agencies, CoCs, and funding types or sources. This should include efforts to:*

A. *Adopt the recommendations of the nearly completed deliberations of the Statewide Data Sharing Work Group;*
B. *Institute statewide standards for data-sharing while maintaining vigilance in respecting privacy rules, HIPAA regulations, and 42CFR compliance; and*
C. *Minimize the use of client-customized sharing determinations.*

Response:

Wilder Research has been an active participant in the Statewide Data Sharing Workgroup, and fully supports the plan that is emerging from that group. That group is already collectively evaluating the specific recommendations made by the TA providers in the assessment report, embracing some of the details spelled out in report's appendix, and choosing not to implement others. The main outcome of the workgroup is to arrive at a new privacy policy that encourages data sharing among providers where productive for improved services to clients, and we fully support the recommendations and implementation plan that is emerging from the workgroup.

Data Quality Recommendations*: Improve HMIS report generation support and output quality. This will be facilitated by commitments to:*

A. *Establish HMIS participation expectations for all agencies that aim for "real time" data entry as the preferred protocol;*
B. *Explore use of computer tablets or other smart phone technology to enable real-time data entry in the field;*
C. *Provide increased numbers of user licenses so as to support use of HMIS by all interested, engaged parties;*
D. *Provide more intensive new-user training; and*
E. *Provide more frequent and advanced training on custom report generation, and use of the Advanced Reporting Tool (ART)*

Response:

We support efforts to improve data quality in Minnesota's HMIS, and have made great strides in this area over the past couple of years. However, more can and should be done. We believe there is merit to all of the above recommendations A - E, but are mindful of the costs both to the System Administrator and, importantly, to providers participating in the system. **Recommendation A** (real time data entry) in particular would require a dramatic change in business processes for the majority of participating organizations, since most still rely on paper data collection which is then turned over to one or two actual system end-users at the organization for data entry. It is also difficult to envision the enforcement protocol for recommendation A.

Recommendations B, C, D, and E are all good ideas worth further consideration, and would require additional resources and/or reprioritization of scarce resources.

Data Integration Recommendations: *Improve data integration processes for agencies that manage data in separate, agency-specific systems. This will be advanced by efforts to:*

A. *Establish and maintain technical documentation and guidance for data integration that includes design goals for a centralized, public and transparent Minnesota Model;*
B. *Improve technical skills, enhance general communication and provide timely feedback to uploading entities regarding the status (completeness, quality, design consistency) of upload attempts; and*
C. *Analyze and evaluate data integration plans with the goal of ensuring high quality upload results.*

Response:

The findings in this section failed to recognize that Minnesota's HMIS was one of the first, and remains one of the few, HMIS implementations that uploads data on a routine basis. Although the system is less than perfect, it is a notable accomplishment.

We also wanted to highlight one of the finding as particularly relevant: "Multiple MN program funders, each with slightly different data requirements, contribute to a statewide data environment in which overlaps, inconsistencies, and data discrepancies somewhat predictably and too frequently can occur." HUD's data entry and reporting requirements, which also change periodically, also contribute to the complexity of transferring data, but those changes are more difficult to influence.

We do meet with those managing various state funding streams on an annual basis in an effort to better align and simplify those requirements and minimize changes. (Changes and differences between funding streams are difficult for those entering data directly into Minnesota's HMIS, as well as those participating via upload, and state funders are well aware of this issue and are supportive of simplifying and aligning their requirements wherever possible.) However, requirements still vary considerably between state programs, as well as HUD, and this complexity increases the difficulty that Wilder Research faces in supporting organizations participating in Minnesota's HMIS via data upload. Also note that organizations who might be considering participating in HMIS via data upload often under-estimate the amount of technical expertise they will require in order to successfully export an XML file that ultimately will translate into useful reports for state- and federal- funders.

Given that Wilder Research currently only works with one organization, Hearth Connection, that uploads data into HMIS, and that we feel we have a good working relationship with that organization, it has been difficult to prioritize additional scarce resources to meet **recommendations A, B, and C**. This is especially true now that HUD has mandated coordinated assessment, which is far more straight-forward when it involves organizations participating in the same technical platform. We would encourage continued support of a means of participating in Minnesota's HMIS via data transfer, but feel that the resources allocated to that function need to be scaled to the actual demand for this approach, especially in light of coordinated assessment.

Finally, the findings in this section note a different aspect of data integration: "MN funders and providers need to be able to link client data [from HMIS] with other state data systems to enable more sophisticated data matching, analysis, and evaluation." While this is not

currently stated as a recommendation, we are supportive of efforts to connect HMIS data with data from other systems to enable better evaluation. We have done so on a limited basis in the past, and typically it has produced meaningful results. We would be very interested in working with others to help prioritize and resource these sorts of linkages.

Responses to Section 3.3: *Develop a Statewide Strategy for Coordinated Assessment*

Coordinated Assessment Recommendations: *Minnesota's CoCs should consider a coordinated assessment system with multiple-location access points, use of a uniform intake tool, and standardized assessment and referral procedures. This model can be advanced through commitments to:*

A. *Establish common protocols to accommodate the level of participation that should be expected from each provider and program;*
B. *Designate "official" points of entry into the system in each CoC for people experiencing homelessness or a housing crisis;*
C. *Effectively and efficiently triage clients – moving consumers into the most appropriate system of care for their situation; and*
D. *Rely on common intake information to place consumers in the most appropriate program or set of programs as quickly as possible.*

Response:

While HMIS is a primary tool used in Coordinated Assessment, that concept involves much work that is beyond the purview of HMIS itself. Wilder Research is very supportive of the plan to leverage Minnesota's HMIS as the primary technical backbone for coordinated assessment efforts throughout the state, and is especially appreciative of recent planning efforts aimed at defining a standard "base model" of assessment protocols and procedures that could be further built out for specific regions and/or populations within the state. While we support the general thrust of these recommendations, we look to the state's Continuum of Care coordinators, and the coordinated assessment working group for more specific recommendations and guidance on this topic.

Responses to Section 3.4: *Redesign the HMIS funding and budgeting plan*

This is perhaps the most disappointing section of the report. We have long felt that Minnesota's HMIS is under-resourced and hoped that the Technical Assistance team would confirm that feeling and help inspire a level of funding that is in line with the services that are provided by- and expected from- Minnesota's HMIS. We suspect that some of the governance and decision-making issues noted above are at least in part a symptom of the scarcity of resources for Minnesota's HMIS, which places constraints on our abilities to help address the broader goals for the system—most of which we are very interested in pursuing.

Unfortunately comparative information about what is needed to adequately fund an HMIS is difficult to come by, and the Technical Assistance team was left with observations such as: *"…available budget data from other HMIS implementations suggest that the Minnesota budget is not overly resourced or inflated"* (page 26), and *"…TA staff believe that the MN HMIS project is probably funded at an appropriate level for current needs, although increasing demands for systems functionality might warrant a modest budget increase."* (page 27).

As a result, the assessment report focuses more on perceptions (and confusion) around the HMIS budget than the actual adequacy of the budget. Stakeholder perceptions are important, but we especially look forward to working to identify and adequate budget for the developing vision of Minnesota's HMIS "version 2.0" that will grow out of the upcoming visioning session and subsequent implementation plan.

Funding Recommendations: *Restructure the statewide HMIS project funding approach to promote increased functionality, transparency and accountability. This should include actions that:*

A. *Clarify HMIS system requirements and related budgeting requirements and expectations;*
B. *Establish a "fair share" strategy for addressing systems funding needs;*
C. *Identify and build on the actual costs of enhanced data sharing, implementation of coordinated assessment, more frequent end user training, and support to CoC Coordinators in generating both system level and project level performance reports; and explore use of new CoC funding to support desired systems transformation*

Response:

Given that the HMIS budget has long been a regular item on the Governing Group agenda Wilder Research has been surprised to learn of the level of confusion that stakeholders have expressed over the past year. Wilder Research bears most of the responsibility for the lack of transparency around the budget, but it may be advantageous to include some level of experience and expertise on budgeting and fundraising as a necessary skill set to be represented on any future HMIS governing body (discussed in section 3.1, above). We have been working to clarify the budget and recognize that more work remains to help people understand the complex funding structure that we have cobbled together over the years to keep Minnesota's HMIS afloat. We support **recommendation A** and intend to strive toward the specific sub-bullet recommendations under A on page 28 of the report.

Recommendation B, establishing a "fair share" strategy, would dramatically change the CoC-related funding for Minnesota's HMIS and would require buy-in from the CoCs. Historically CoCs have invited applications for HUD funding as allowed under their pro-rata shares, given their existing renewal burdens, etc., and the Governing Group has been the primary venue for determining how those pooled resources should be allocated, at least insofar as the group has set broad priorities. Changing to a fair share approach would have some definite advantages, but also may reinforce a notion that each CoC is separately contracting with the system admin for their specific priorities thus undermining the more collective and collaborative nature of the current model. With that caveat, we do support moving toward a fair share strategy.

We also support **recommendation C.** To date it has been difficult to provide even general estimates of activities since there has been little consensus on, for example, the types of reports that CoC coordinators would need, or what sort of coordinated assessment system Minnesota's HMIS would be supporting. Still we recognize a need for more and better cost information as an input into planning and prioritization, and are committed to working with stakeholders to improve the information that we provide on newer HMIS features that are under consideration.

Most importantly we look forward to working with the IPT and others to develop a more comprehensive itemized budget for HMIS that can provide context and a reality check for the priorities that will grow out of the visioning process.

Responses to Section 3.5: *Design and Carry out a visioning process to help in building an effective HMIS and comprehensive homeless data strategy*

Strategic Visioning Recommendations: *HMIS stakeholders including CoC staff, funders, Wilder Research, and state agency staff require more should work together to identify a set of guiding principles that will drive system improvements. This should include efforts to:*

A. *Design and conduct a statewide data systems "visioning" process in early 2014 with the goal of identifying guiding principles for HMIS and data systems enhancements and steps necessary to implement those enhancements;*
B. *Develop an implementation action plan for an HMIS improvement strategy, based on TA recommendations and informed by statewide visioning process.*

Response:

We fully support these recommendations and look forward to working with the system's many stakeholders to help craft a vision for the next phase of Minnesota's HMIS – "version 2.0" – as well as an implementation plan to help make that vision a reality.