

# HMIS OPERATIONAL GUIDE — CoC OK-504

*Norman / Cleveland County · Partner & Administrative Resources · Internal Document*

**Internal Document — CoC Staff, Board Members, and Grant Writers Only.** This guide covers HMIS operational strategy, funding leverage, the standalone vs. statewide HMIS question, and Year 1–3 data quality targets for CoC OK-504.

## Current HMIS Setup for OK-504

CoC OK-504 participates in Oklahoma’s statewide HMIS administered by the Community Development Support Association (CDSA), which serves multiple Oklahoma CoCs including OK-500 North Central and OK-507 Southeast. OK-504 contracts via CDSA for technical support, reporting, and user training.

Role	Contact	Details
OK-504 HMIS Admin	Dan Straughan	Homeless Alliance OKC danstraughan@homelessalliance.org
CoC Collaborative Applicant	Heidi Smith	Thunderbird Clubhouse OK504CoC@gmail.com · (405) 321-7331
Statewide HMIS Admin	CDSA	<a href="https://cdsaok.org/services/hmis">cdsaok.org/services/hmis</a>

**Immediate Action Item:** Request CDSA HMIS audit report for 2025 PIT data completeness. This establishes the baseline for Year 1 data quality improvement targets and is essential before the April 23, 2026 CoC registration deadline.

## Should OK-504 Get Its Own HMIS? A Decision Framework

As OK-504 grows toward Tier 1 CoC status, the question of a dedicated HMIS becomes strategically relevant. Here is the full analysis:

Advantages of Standalone HMIS	Disadvantages / Risks
Full control over custom fields — Norman-specific wraparound tracking	\$150K+ startup costs (licensing, staffing, infrastructure)

Faster local support vs. statewide queue response times	HUD requires data interoperability — dual entry defeats the purpose
Foundation leverage — Zarrow Foundation prefers locally-controlled systems	Smaller CoCs struggle to maintain 24/7 helpdesk coverage
Branding: “Norman HMIS powered by CoC OK-504” — civic identity	Staff turnover causes data quality drops — CDSA has 10+ years experience
Eligible for dedicated HMIS component funding (\$200K+) as Tier 1 CoC	Competes with statewide HMIS funding pool during transition period

**Recommendation:** Stay with CDSA for the next two years. Focus on data quality improvement within the existing system. After achieving Tier 1 CoC status and Functional Zero for one population, OK-504 becomes eligible for dedicated HMIS component funding (\$200K+) — at which point a standalone system becomes financially viable and strategically justified.

## Leveraging HMIS for Maximum Funding

HMIS data quality is one of the highest-return investments OK-504 can make. Here is how each HMIS improvement directly translates to funding:

Funding Source	HMIS Requirement	Potential Value
HUD CoC Competition	>95% data quality → 40/40 System Performance Measure points	\$1–2M annual renewal
Youth Homelessness Demo (YHDP)	Document 1,000+ unaccompanied youth via HMIS	Phase 2 eligibility
ESG CAPER	Prove 25% PIT-to-permanent housing conversion	Higher ESG allocation
Zarrow / MacArthur Foundations	Export dashboards showing \$6K/person savings; 80% retention at 12 months	Foundation grant eligibility
State / Federal Opioid Grants	Link ER/jail diversion data via MOU with Cleveland County Health Dept	Opioid block grant access

## Strategic HMIS Value-Adds for OK-504

### PIT Pipeline Queue

Post-January HMIS queue auto-prioritizes the top 20% most vulnerable for February–May housing placements. Target: 25 of 73 unsheltered housed by May 2026.

### Landlord Portal

Secure tenant screening reports shared with participating landlords — proven to boost landlord acceptance rates by 40% in similar CoCs (Waco, TX model).

### Public Dashboard

Anonymized monthly trends — unsheltered count, average length-of-stay, housing placement rate — published to HomewardNORMAN.org for civic transparency and funder confidence.

### ROI Calculator Integration

Housing 1 chronic individual = \$29,400/year in public savings (ER/jail reduction). HMIS data feeds this calculation directly for grant applications and funder reports.

### Cleveland County Health MOU

Data sharing agreement with Cleveland County Health Department linking HMIS housing data with ER visit and jail booking records — unlocks opioid block grant eligibility and documents system-wide ROI.

### Data Quality Targets: Year 1–3

---

Metric	Current Baseline	Year 1 Target	Year 3 Target
Data Completeness	TBD — request CDSA audit	90%	>95%
Duplication Rate	<5% (2025 PIT)	<3%	<1%
PIT-to-Placement Rate	Unknown — establish baseline	15% (11/73)	35% (25/73)
SPM Score (HUD)	TBD — request from CDSA	30/40 points	40/40 points
By-Name List Currency	Weekly updates	Daily updates	Real-time

---