1. Making sure we document, at minimum, those experiencing literal homelessness

## **Chronically Homeless Information**

Place	Select- Y G
Approximate date homelessness started:	/ /
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	Select- 6
Total number of months homeless on the street, in ES or SH in the past three years	Select- 6

• HUD Universal Data Element (UDE)

- Measurable Data Point
- Eligibility Question

We are now going to look at some specific common mistakes and how we can fix these and collect this information correctly moving forward.

The first is going to be referencing how we document those experiencing homelessness. One of the most common errors we see in our checks and while cleaning up at the end of the grant cycle is the Chronically Homeless Information section not updated or not filled out correctly.

This question is important because it is a HUD Universal Data Element, meaning it's a HUD mandated question all HMIS participating continuum projects are required to complete.

It's also a measurable data point. This is one of the most important questions we ask because it is often the base-line eligibility questions when we're pulling data on homelessness in our CoC and at the state level. We want to make sure that we don't accidentally mix up those at-risk with those experiencing literal homelessness when we're reporting on the numbers of individuals experiencing homelessness or the number returned to housing.

Finally, it's also an eligibility question. Many funding sources require a certain degree of homeless for each funding source. This is to help HUD or the state determine that the funding is being utilized for the population of individuals it was intended to help.

Common Data Quality Errors		
1. Making sure we document, at minimum, those experiencing literal homelessness		
Eligibility Contin Four Categories of the Home Definition	For more information about how HUD breaks down the different categories of homelessness you can visit the Virtual Binders on the HUD Exchange.	
What are the four categories of the homeless definition (§ 578.3)? Within the homeless definition there are four categories of homelessness: 1. Literally Homeless 2. Imminent Risk of Homelessness 3. Homeless Under Other Federal Statutes 4. Fleeing/Attempting to Flee Domestic Violence	Looking for definitions of the common CoC and ESG Program terms referenced throughout the Virtual Binders? Virtual Binders Glossary	-> <u>LEARN MORE HERE</u> <-
Previous	Next	

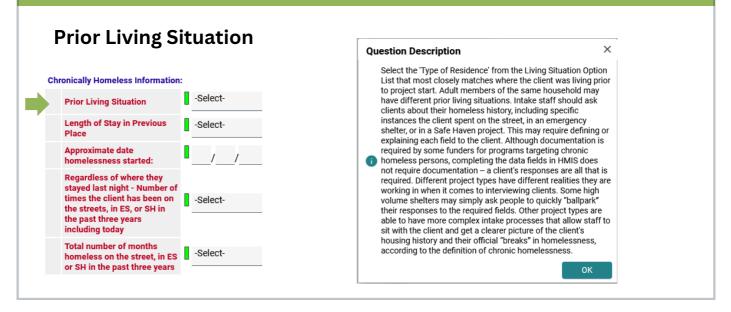
For more information about how HUD breaks down the different categories of homelessness you can visit the Virtual Binders on the HUD Exchange.

C	Common Data Quality Errors			
1	1. Making sure we document, at minimum, those experiencing literal homelessness			
	Chronically Homeless Information			
1.	Prior Living Situation	-Select-	This Specific Instance of	
1.	Length of Stay in Previous Place	-Select-	This Specific Instance of Homelessness	
1.	Approximate date homelessness started:	/	Hometessness	
2.	Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	-Select-	Their History of Homelessness Over	
2.	Total number of months homeless on the street, in ES or SH in the past three years	-Select-	The Last 3 Years	

This question is divided into two sections, the first section is trying to assess this specific instance or this unique period of homelessness

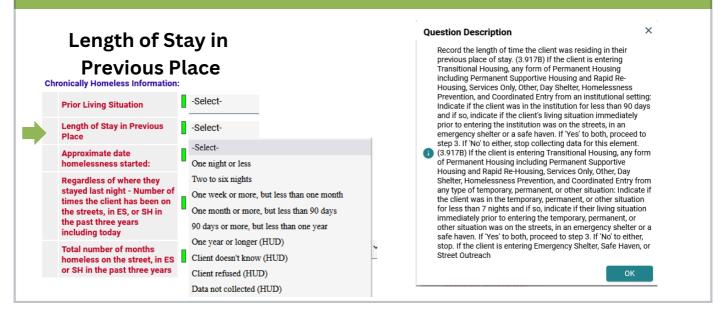
and the second is assessing the individuals cumulative experiences of homelessness across the past 3 years. This helps establish whether or not a client falls into the category of chronic homelessness.

1. Making sure we document, at minimum, those experiencing literal homelessness



If you hover over any of the red questions in the assessments you will be able to find additional information about each question and what is being asked. For the Prior Living Situation Question, we are asking where the client was living prior to start-date. If you're doing intake at an emergency shelter and today is their first day homeless, you would put where they would be staying tonight (Car, Shelter, Etc.)

1. Making sure we document, at minimum, those experiencing literal homelessness

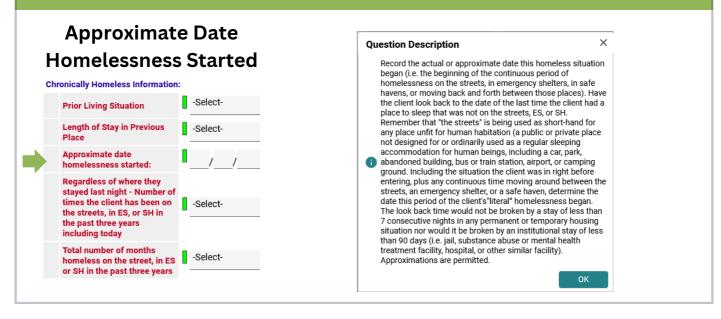


There are a few different pathways for this question, but if you just remember that we are trying to assess this specific instance of homelessness.

For example, if the individual came to your program today, and they expressed that they got evicted today and have no where to go, they would be experiencing that for one night or less.

An example where the other workflows may need to be followed would be if your client came to you directly from the hospital. If they had been hospitalized for 3 days and on the streets for 3 days prior, their length of stay would be the time actually spent on the streets which would be "Two to Six Nights."

1. Making sure we document, at minimum, those experiencing literal homelessness

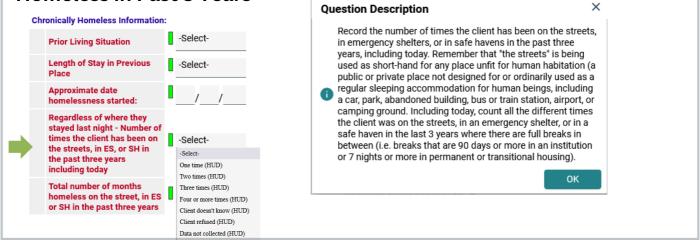


This is the date this specific instance began.

## \*Read Description\*

1. Making sure we document, at minimum, those experiencing literal homelessness

## # of Times Client has been Homeless in Past 3 Years



For example, if you had a client come in who had been kicked out of her mom's house today and needed a place to stay, but in her initial intake she explained to you that she had been kicked out earlier this year and twice last summer, she would have expressed four instances of homelessness in just the past year. Make sure if the individual doesn't give you contextual information about the time frame, that you determine if there was a long enough "break" to separate each instance.

1. Making sure we document, at minimum, those experiencing literal homelessness

#### **Total # of Months Homeless** × Question Description Record the cumulative total number of months the client has **Chronically Homeless Information:** been homeless on the streets, in emergency shelters, or in safe -Select-**Prior Living Situation** havens in the past three years. Remember that "the streets" is being used as short-hand for any place unfit for human Length of Stay in Previous -Selecthabitation (a public or private place not designed for or Place ordinarily used as a regular sleeping accommodation for Approximate date human beings, including a car, park, abandoned building, bus 1 homelessness started: or train station, airport, or camping ground. Count the cumulative number of months in which a person was on the **Regardless of where they** streets, in an ES, or SH in the last 3 years, including stays in an stayed last night - Number of times the client has been on institution less than 90 days or in permanent or transitional -Selectthe streets, in ES, or SH in housing less than 7 days. Round the number of months up to the past three years the next highest number of full months. The current month, including today even if a partial month, can be counted as a full month. Total number of months homeless on the street, in ES -Selectοк or SH in the past three years

\*\*\*Read description\*\*\*

Common Data	a Quality Errors		
2. By making sure the data we enter is correct and entered in a timely manner			
Information Must be Entered Within 72 Hours			
<ul> <li>Equitable Access</li> <li>Coordinated Entry System</li> <li>Reporting</li> </ul>	Back Date Mode       ×         Back Date Mode allows you to enter historic information for a client.       09 / 05 / 2023       12 × : 00 × : 00 × AM ×         Set Back Date       Cancel         UHC-Upstate Coc Coordinated Entry System (15546)       HUD         Add Entry / Exit       HUD		

A primary reason agencies are required to enter data into the system within 72 hours is because of our call to provide accessible and equitable access to housing opportunities. If a client came to your shelter or was added to your case management load but not entered into the system it would be considered withholding opportunities from them. The three days really comes in to play when we're discussing the Coordinated Entry System where names are pulled each week off of the Priority List. This is a priority ranking so even though your client came in this week, if they rank high enough and if a housing opportunity suitable for them comes up that week or that month, not having them on the list could prevent them from accessing a life-changing resource.

Other examples of where this can be important is for reporting purposes. Those who have recently gone through training understand that by not entering in data at midnight, their information can be messed up in reports. While this can be inconvenient for most reporting, this becomes a bigger issue if client's are not correctly reported as being entered or exited from a program when agencies are trying to validate funding to cover their services. You can't draw down for reimbursement expenses for a client who is not documented as being in your program when funded by ESG or CoC funds.

2. By making sure the data we enter is correct and entered in a timely manner

## Information must be correct

- Make sure assessments are <u>filled out completely</u>
- Make sure Households are documented correctly
- Make sure your Assessment Dates are correct
- Complete HUD Verification

Some of the other larger discrepancies that come from agencies, are data quality errors regarding incorrectly filled out households or incomplete or incorrect assessments. There are specific trainings on our new training site for each of these.

The easiest way to tell if these are errors for your agency is by looking at the APR/CAPER for your project and checking the number of adults, children, and households.

Additionally, If you are serving a client for weeks or months, you should be seeing regular update assessments on your clients. We'll look into this more next, but you should be tracking how quickly individuals receive access to resources like income and healthcare from the start-date of your project entry.

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The only way we can tell that a client has benefited from a program is through documentation using things like Interim Updates, Move-In Dates, Services, and Case Notes.

3. By updating information as clients receive services (documenting their progress/wins)



Another large gap in data quality that I am seeing is the lack of use of Interim Updates.

Updates are how we assess program efficacy, client progress, and document our client's "wins."

3. By updating information as clients receive services (documenting their progress/wins)

Services/Case Notes		lotes	Helpful When:	
Service Transactions Entry / Exit Case Managers Case Plans Assess		Case Plans As	<ul> <li>Documenting Financial Services Provided</li> <li>Recording Client Progress/Unique</li> </ul>	
shed on Households tab befo	re creating Entry / Exits	1	Challenges, Successful Techniques • Recording Funding-Specific Services • Your Own Reporting/Tracking	
Case Notes do not have to be public state-wide. Though there is a huge advantage to sharing information with other services providers, there are settings available to keep your case-notes visible to only your agency.				

Other ways we can provide better services and better collaboration with other service providers is by the use of Services and Case Notes.

For example, most RRH programs use Services to track their rental assistance expenses with each client. Other case mangers use case notes to keep track of their meetings and client progress.



If you're still here, thank you. I know that data quality is probably one of the most boring topics to listen to, but I hope that I have provided some reasons to take a little extra time and pay a little extra attention to something that is such a big part in how we are able to provide services to those who need them most.

We're now going to transition into the final section of today's webinar. We will cover the 4th and final note on our ways to help by "Collecting Data Ethically and Kindly" as well as this year's data standards.

The overall tone of this year's 2024 Data Standards Changes is to pursue a more clientcentered approach in our communication and the way we provide services.

# A Client Centered Approach to HMIS Data Collection

## (Directly from our 2024 Data Standards Manual)

### Person Centered Approached to HMIS Data Collection

Black, Indigenous, People of Color, and other communities who have experienced systemic racism and discrimination are overrepresented amongst individuals experiencing homelessness and within our homelessness response systems. Ensuring that we address the disparities as caused by our systems requires approaching all of our initiatives, practices, evaluation methods, and data collection with equity.

Communities must engage in meaningful partnerships and shared decision making with individuals who have navigated and/or are navigating the local homeless response system and also people experiencing homelessness not engaged in the system to better understand potential homeless system barriers, so as to meaningfully design their data collection processes and their overall homelessness response system in ways that better meet the needs of those most impacted.

Communities must also employ a person-centered approach to the review and use of the HMIS Data Manual with a clear foundational understanding of racial trauma and trauma informed practices, cultural humility, and a person first, data informed perspective.

The HMIS Data Standards Manual is a guide to collecting quantitative data. To fully understand the personal stories behind that data and ultimately improve system effectiveness and experiences for those navigating the system, qualitative data must also be collected. Communities are encouraged to work with people with lived homeless experience to determine what qualitative data would improve how we serve and expand the public understanding of homelessness. Data collection, data-informed processes, and the homelessness system design planning must always be approached with empathy and with consideration for how you would want to be treated if you were experiencing homelessness.

### **HMIS Implementation**

An HMIS must be able to collect all the data elements defined within these HMIS Data Standards, support the system logic identified, and ensure that the visibility of data elements is appropriate to the *Project Type* and *Funding Sources* for any given project.

Victim Service Providers (VSP) are prohibited from recording survivor information in an HMIS as described in the <u>Violence Against Women Act (VAWA)</u>. Instead VSPs are required by HUD to use a comparable database which is defined as relational database that meets all HMIS Data Standards and the minimum standards of HMIS privacy and security requirements, including HUD's most recent reporting standards and comma separated value (CSV) format <u>specifications</u>.

There are many software products on the market that communities across the country have chosen to use as their HMIS or comparable database. HUD does not certify or endorse any specific HMIS or comparable database software product. Each product has unique features and was built to meet the different data collection needs of each community. CoCs and HMIS leads are responsible for verifying that any software they use meets their needs, including federal reporting requirements. Each software provider should provide the guidance, support, and documentation necessary for the CoC to understand the system they are using.

Communities may elect to add data elements, add response categories, or maintain historical data element collection beyond what is specified in the Data Standards if it does not impact the ability of the CoC to accurately collect and report on the required data elements. In these cases, HMIS Leads should work directly with their HMIS vendors to meet their individual community needs.

I will let you read these on your own later, but what you need to know, is that most of our updates this year center around our commitment to being able to provide equitable access to these services and all of the required documentation, reporting, and program development that goes on behind the scenes to make sure we can make that all happen.

# **Providing a Safe Environment**

Ensure language access—Have posted signs, written documents, and interpretation services available	<b>Explain the intake process</b> —Inform them of how long the intake will last and how the information is used, provide a realistic timeline, etc.	
Create privacy and safety—Create as much private space as possible utilizing dividers or other tools	Affirm what has been said—Repeat back the information provided to promote accuracy	.69
<b>Confirm safety</b> —For over-the-phone intakes, ask whether the person is in a safe space to answer the questions	<b>Provide clear next steps</b> —Provide information, in writing where possible, about the rehousing process, who they should contact, etc.	
Reduce barriers—While difficult within the current public health crisis, consider sitting near someone, on the same side of the table to reduce power imbalance, to the extent the client is comfortable. Offer them water to break the ice before asking these vulnerable questions. Understand that broad questions like "how has your day been?" may be too broad or may trigger an emotional response beyond the scope of the intake.	Ask questions confidently—Do not apologize before asking questions, such as beginning with "I am sorry I have to ask this but" or "I need to ask you this" These disclaimers may cause a client to be more reluctant to respond. Instead, be prepared to explain how their information is protected and utilized to ensure all people are being fairly treated regardless of race or ethnicity.	
Normalize self-identification—Introduce yourself with your own self-identified race, ethnicity, and pronouns to set the tone for the intake. If there is a waiting room, include signage that explains why staff identifies their race, ethnicity, and pronouns.	<b>Inform them of their rights</b> —Inform the households of their rights verbally or in writing throughout the process.	

One of the ways we can accomplish this is by providing a safe and inviting environment.

Read tabs

You should be happy to share who you are and where you come from because we believe who's at the table matters.

Barriers to an A	Authentic Intake
Most Minority Groups Make up a Larger Share of the Homeless       Annu and Annu	While White people are the largest racial group within homelessness, other racial and ethni groups experience homelessness at rates much higher than the nation's overall rate of homelessness. While the chart below illustrates this, the exact magnitude of homelessness in certain ethnic groups is not known due to challenges in current data collection methods. For example, the data below reflects the aggregated category of "Asian," which does not showcase the significant disparities among the many subgroups that comprise this community. The broad grouping of many different Asian ethnicities together hides the over-representation of some sub-groups that experience homelessness at high rates. Another example of potential underrepresentation of certain ethnicities is demonstrated by the inconsistent data available on the Native American population. Studies indicate that Indigenous people are seven times more likely to be homeless than White people and represent of the total homeless population, despite representing 2 percent of the population overall in the United States (AHAR).
Homeless Population           Hupanic         Non-Hispanic           US Population         US Population           Monthless opplation data are for a given night in 2020         Stational Allance to Exclose and Exc	<ul> <li>Self-Identification is The Required Standard</li> <li>Regular Staff Training (See Link Below)</li> <li>Increased Inclusivity (This means more than one selection may be made)</li> </ul>

while white people are teh largest racial group within homelessness, other racial and ethnic groups experience homelessness at rates much higher than the nations overall average.

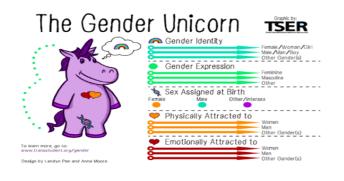
We can't put an exact number on how much due to current data collection methods, but knowing that that are under represented and how important it is to advocate for them is the first step in addressing this issue.

Other ways to help is to remember that self identification is the required standard. That means that we will always ask and encourage them to self identify and not make assumptions based on looks.

Other important things to consider is having regular staff tranings. Links to some great training material on this topic are in the link below.

As well as making sure that we welcome everyone for all backgrounds and that the FEEL welcome.

# **Barriers to an Authentic Intake**



It is important to keep in mind that many LGBTQIA+ persons may not always feel comfortable with offering up their identities in spaces where they sense harm or have previously experienced harm.

Level setting with clients of gender diverse identities requires us to ensure there is an element of safety in the physical space, during initial contact, and during the provider-client conversation. This can be affirming verbiage in common areas, asking and using the chosen name if different from the name assigned at birth, and identifying and asking for personal pronouns. This can set the tone for the interaction and start building trust.

- Self-Identification is The Required Standard
- Regular Staff Training (See Link Below)
- Increased Inclusivity (This means more than one selection may be made)

Link: A Client-Centered Approach to Recognizing Gender and Identities

## Summarize Paragraph