

HUD HMIS Data Standards Overview 09/11/2023

Welcome!

Webinar setup:

- Non-presenters are muted
- Please use the Questions area to ask questions. We will answer as many in real time as possible. Questions should be available in the left side controls. Click the arrow to expand, type your question in the text area and click Send.
- This webinar is not intended to address specific client data situations. Please contact the HMIS Help Desk <u>helpdesk@allchicago.org</u>
- The materials and Webinar recording will be made available via a URL link that we will send out



Agenda

- HMIS Definitional Information
- How HMIS Data is Used
- HMIS Resources
- Data Elements:
 - Project Descriptor Data Elements
 - Universal Data Elements
 - Program Specific Data Elements
 - Common
 - HUD-CoC Only
 - HUD-HOPWA Only
 - HHS-PATH Only
 - HHS-RHY Only
 - VA Required
- Questions

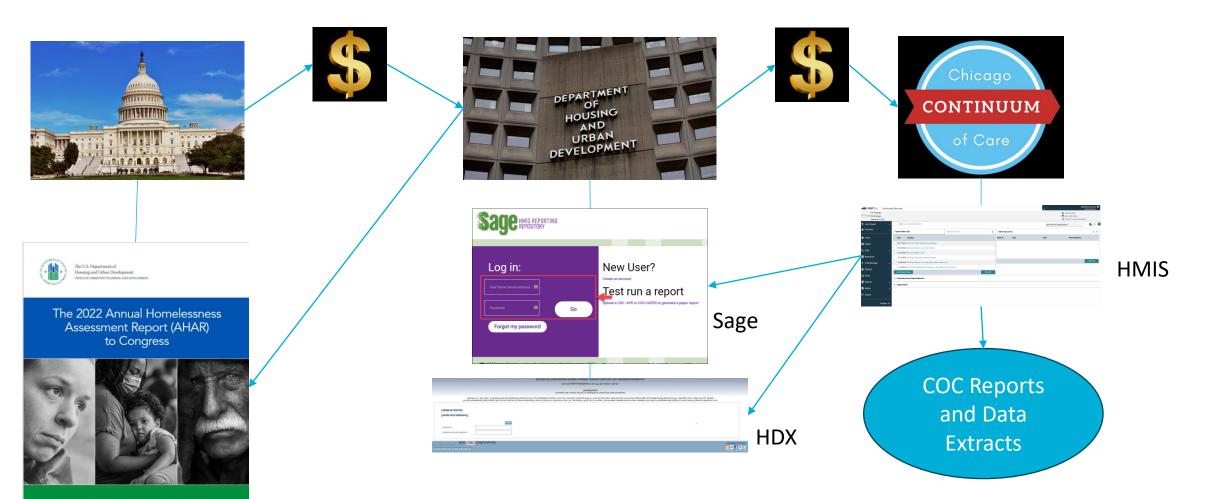


HMIS Definitional Information

- US Department of Housing and Urban Development (HUD) mandates that:
 - Continuums of Care (CoC) must use a Homeless Management Information System (HMIS)
 - The HMIS must follow the HUD HMIS Data Standards
- "It is a locally implemented data system used to record and analyze client, service, and housing data for individuals and families who are experiencing homelessness or at-risk of homelessness."
- The Data Standards define what the HMIS is and how it operates
- Customization:
 - HMIS Vendors and CoCs may not alter the Questions or Define Responses in any way
 - Custom Questions and Responses may be added by Vendors or CoCs
- The HUD HMIS Data Standard does not define Required vs Optional Questions. If a Question falls under those defined for your funding and project type, HUD's expectation is that it will be completed



How HMIS Data is Used



PART 1: POINT-IN-TIME ESTIMATES OF HOMELESSNESS DECEMBER 2022

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How HMIS Data is Used

Example Standard HUD Reports:

- Annual Performance Report (APR)
- Consolidated Annual Performance and Evaluation Report (CAPER)
- System Performance Measure (SPM)
- Longitudinal System Assessment (LSA)
- Point In Time Count (PIT)
- Housing Inventory Count (HIC)



How HMIS Data is Used

Example CoC Reports and Data Extracts:

- System Goals
- Local Evaluation Instrument
- DFSS Quarterly Reports
- Data Quality
- IEL Data Extracts
- CoC Dashboards
- Active Client List
- Active CE Client List
- Utilization Report
- CE Referral and Time to Housing



HMIS Resources

Various HUD and CoC Resources:

- HUD Exchange: <u>https://www.hudexchange.info</u>
- HUD HMIS Data Standards: <u>https://www.hudexchange.info/resource/3824/hmis-data-dictionary/</u>
- ESG Program HMIS Manual: <u>https://files.hudexchange.info/resources/documents/ESG-Program-HMIS-Manual-2024.pdf</u>
- CoC Program HMIS Manual: <u>https://www.hudexchange.info/resource/4445/coc-program-hmis-manual/</u>
- PATH Program HMIS Manual: <u>https://www.hudexchange.info/resource/4446/path-program-hmis-manual/</u>
- HOPWA Program HMIS Manual: https://www.hudexchange.info/resource/4449/hopwa-program-hmis-manual/
- VA Programs HMIS Manual: <u>https://www.hudexchange.info/resource/4450/va-programs-hmis-manual/</u>
- YHDP HMIS Manual: <u>https://www.hudexchange.info/resource/6178/yhdp-hmis-manual/</u>
- RHY Program HMIS Manual: <u>https://www.hudexchange.info/resource/4448/rhy-program-hmis-manual/</u>
- HUD-VASH Program HMIS Manual: https://www.hudexchange.info/resource/5613/hud-vash-program-hmis-manual/
- Chicago CoC Data Dictionary:

https://allchicago.org/wp-content/uploads/2022/10/Chicago-HMIS-Data-Dictionary-Updated-10.24.2022.pdf

• Chicago CoC Dashboards:

https://allchicago.org/how-we-are-ending-homelessness/data-analytics/hmis_trashed/chicagos-dashboard-to-end-homelessness/



- Collection Points
- Project Descriptor Data Elements:
 - Project Master Data
- Universal Data Elements:
 - Client Profile, Enrollment, and Assessment Data
- Program Specific Data Elements:
 - Common
 - HUD-CoC Only
 - HUD-HOPWA Only
 - HHS-PATH Only
 - HHS-RHY Only
 - VA Required



Collection Points

Collection points are project enrollment phases where assessments are conducted and relevant data is collected. The HMIS Collection Points are as follows:

- Project Start (Entry)
- Project Update (updates entered due to workflow or relevant change in Client data)
- Project Annual Assessment (Annual update required for clients on start date anniversary for clients with long-term continuous stays)
- Project Exit (Exit from Project)
- Project Post Exit (After Exit from Project)



Project Descriptor Data Elements

Element	Description
Organization ID	Parent (Agency)
Project ID	System Generated Project ID
Project Name	Project Name
Victim Service Provider	Yes/No for GBV/DV Provider
Operating Start Date	Project Inception Date
Operating End Date	Project Discontinuation Date
Continuum Project	Yes/No for member of Continuum
Project Type	ES/SO/SH/PH/SSO/DS/HP/CE/Other
Housing Type	Site-based(single/multiple sites) Tenant-based
Target Population	DV/HIV/NA
HOPWA-funded Medically Assisted Living Facility	Yes/No/NA
Bed/Unit Inventory	Single/Family Bed Types Inventories
Federal Partner Program and Components	Funding Sources
HMIS Participation Status	Participating/Not Participating/Comparable DB
CE Participation Status	Yes/No and Dependent Questions



Project Descriptor Data Elements

Element	Description
CoC Code	CoC Code (IL-510)
Geocode	6 digit
Street Address 1	Address
Street Address 2	Address
City	City
State	2 Character State Abbreviation
ZIP	5 Digit ZIP
Geography Type	Urban/Suburban/Rural



Universal Data Elements

Element	Description	Clients	When
First Name	Client First Name	All	Creation
Middle Name	Client Middle Name	All	Creation
Last Name	Client Last Name	All	Creation
Suffix	Client Suffix	All	Creation
Name Data Quality	Full/Partial	All	Creation
Social Security Number	Client SSN	All	Creation
SSN Data Quality	Full/Partial	All	Creation
Date of Birth	Client Date of Birth	All	Creation
DOB Data Quality	Full/Partial	All	Creation
Race/Ethnicity	Client Race and Ethnicity, multi-valued	All	Creation
Additional Race/Ethnicity Detail	Extra Text	All	Creation
Gender	Client Gender, multi-valued	All	Creation
Veteran Status	Yes/No	All	Creation



Universal Data Elements

Element	Description	Clients	When
Disabling Condition	Yes/No	All	Start
Household (Metadata)	Household Membership	All	Start
Relationship to Head of Household	Self/Child/Spouse/Other Relation	All	Start
Project Start Date	Client Date of Entry to Project	All	Start
Project Exit Date	Client Date of Exit from Project	All	Exit
Destination	Client Destination after Exit (from list)	All	Exit
Enrollment CoC	CoC of Project client is enrolling in (IL-510)	All	Start
Housing Move-In Date	Date HoH Client Moved into Project (PH Only)	НоН	Move-In
Prior Living Situation	Location where Client Stayed Night Before Entry, plus dependent questions	HoH, Adults	Start



Program Specific Data Elements -- Common

Element	Description	Clients	When
Income and Sources	Yes/No Overall and Total Monthly Amount, Detail Types of Income and Amounts	HoH, Adults	Start, Update, Exit, Annual
Non-Cash Benefits	Yes/No Overall and Total Monthly Amount, Detail Types of Income and Amounts	HoH, Adults	Start, Update, Exit, Annual
Health Insurance	Yes/No Overall, Detail Types of Insurance	All	Start, Update, Exit, Annual
Physical Disability	Yes/No, Effect on Independent Living	All	Start, Update, Exit
Developmental Disability	Yes/No	All	Start, Update, Exit
Chronic Health Condition	Yes/No, Effect on Independent Living	All	Start, Update, Exit
HIV/AIDS	Yes/No	All	Start, Update, Exit
Mental Health Disorder	Yes/No, Effect on Independent Living	All	Start, Update, Exit
Substance Use Disorder	No/Alcohol/Drug/Both, Effect on Independent Living	All	Start, Update, Exit
Survivor of Domestic Violence	Yes/No, also When and Currently Fleeing	HoH, Adults	Start, Update
Current Living Situation	Where client will stay tonight, pick from list plus dependent questions	HoH, Adults	Every Contact

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Program Specific Data Elements -- Common

Element	Description	Clients	When
Date of Engagement	ES-NbN/SO/SSO Date when Client Engaged per Enrollment	HoH, Adults	At Engagement Contact
Bed-Night Date	ES-NbN Each Date When Client Stayed	All	Each Occurrence
Coordinated Entry Assessment/Date of Assessment	CE Date When Client was Assessed	НоН	Each Occurrence
Coordinated Entry Assessment/Assessment Type	CE Phone/Virtual/In Person	НоН	Each Occurrence
Coordinated Entry Assessment/Assessment Level	CE Crisis Needs/Housing Needs	НоН	Each Occurrence
Coordinated Entry Event	CE Date When One of List of Events Occurred for Client (e.g. referral) and dependent questions	НоН	Each Occurrance



Element	Description	Clients	When
Date of Moving On Assistance	PH – PSH Moving on Assistance Date	НоН	Each Occurrence
Moving on Assistance	PH – PSH Type of Moving on Assistance from list or Other	НоН	Each Occurrence
Youth Education Assistance Date	YHDP Education Status Date	НоН	Start, Exit
Youth Education Assistance Current Enrollment and Attendance	YHDP Current Enrollment and Dependent Current and Most Recent Status	НоН	Start, Exit
Translation Assistance Needed	All Translation Assistance Needed Yes/No and Preferred Language	НоН	Start



Element	Description	Clients	When
Date of Service	Services Provided Date of Service	All	Each Occurrence
Type of Service	Services Provided Type of Service from List	All	Each Occurrence
Date of Financial Assistance	Date Financial Assistance was provided	НоН	Each Occurrence
Financial Assistance Type	Financial Assistance Type from List	НоН	Each Occurrence
Financial Assistance Amount	Amount of Financial Assistance	НоН	Each Occurrence
Information Date	Date Medical Assistance Information Collected	All w/HIV	Start, Update, Exit
Receiving AIDS Drug Assistance Program (ADAP)	Yes/No	All w/HIV	Start, Update, Exit
Reason if not Receiving ADAP	Reason Selection from List	All w/HIV	Start, Update, Exit
Receiving Ryan White-funded Medical or Dental Assistance	Yes/No	All w/HIV	Start, Update, Exit
Reason if Not Receiving Ryan White-funded Medical or Dental Assistance	Reason Selection from List	All w/HIV	Start, Update, Exit



Element	Description	Clients	When
Information Date	Date T-cell (CD4) and Viral Load Data Collected	All w/HIV	Start, Update, Exit
T-Cell Count (CD4) Available	Yes/No	All w/HIV	Start, Update, Exit
If Yes T-Cell (CD4) Count	Integer T-Cell (CD4) Count	All w/HIV	Start, Update, Exit
How Was Information Obtained	Medical Report/Client Report/Other	All w/HIV	Start, Update, Exit
Viral Load Information Available	Not Available/Available/Undetectable	All w/HIV	Start, Update, Exit
How Was Information Obtained	Medical Report/Client Report/Other	All w/HIV	Start, Update, Exit
Housing Assessment at Exit	Status from List	All	Exit
Subsidy Information if Able to Maintain the Housing They Had a Project Entry	Subsidy Type from List	All	Exit
Subsidy Information If Moved to New Housing Unit	Subsidy Type from List	All	Exit
Information Date	Date Prescribed Anti-Retroviral Information Collected	All w/HIV	Start, Update, Exit
Has the Participant Been Prescribed Anti-retroviral Drugs?	Yes/No	All w/HIV	Start, Update, Exit



Element	Description	Clients	When
Date of Service	Date PATH-funded Services Provided	HoH, Adults	Each Occurrence
Type of PATH Funded Service Provided	Service Type from List	HoH, Adults	Each Occurrence
Date of Referral	Date PATH Referral Provided	HoH, Adults	Each Occurrence
Type of Referral	Type of PATH Referral from List	HoH, Adults	Each Occurrence
Date of Status Determination	Date PATH Status was Determined	HoH, Adults	Once When Determined
Client Became Enrolled in PATH	Yes/No	HoH, Adults	Once When Determined
Connection With SOAR	Yes/No	HoH, Adults	Start, Update, Exit, Annual



Element	Description	Clients	When
Referral Source	Referral Source from List	HoH, Adults	Start
Date of Status Determination	Date of RHY-BCP Status Determination	All	Start
Youth Eligible for RHY Services	Yes/No	All	Start
Reason why Services Are Not Funded by BCP Grant	Out of Age Range/Ward of the State/Ward of Criminal Justice System/Other	All	Start
Runaway Youth	If BCP Funded, Runaway Youth Yes/No	All	Start
Sexual Orientation	Sexual Orientation from List	HoH, Adults	Start
Last Grade Completed	Grade Completed from List	HoH, Adults	Start, Exit
School Status	Status from List	HoH, Adults	Start, Exit
Information Date	Date Employment Status Collected	HoH, Adults	Start, Exit
Employed	Yes/No	HoH, Adults	Start, Exit
Type of Employment	If Yes, Full/Part/Seasonal-Sporadic	HoH, Adults	Start, Exit
Why Not Employed	If No, Looking/Unable/Not Looking	HoH, Adults	Start, Exit



Element	Description	Clients	When
General Health Status	Status from List	HoH, Adults	Start, Exit
Dental Health Status	Status from List	HoH, Adults	Start, Exit
Mental Health Status	Status from List	HoH, Adults	Start, Exit
Pregnancy Status	Yes/No	HoH, Adults	Start, Update
Due Date	If Yes, Due Date	HoH, Adults	Start, Update
Formerly A Ward of Child Welfare/Foster Care Agency	Yes/No	HoH, Adults	Start
Number of Years	If Yes, < 1/1-2/3 to 5+	HoH, Adults	Start
Formerly a Ward of Juvenile Justice System	Yes/No	HoH, Adults	Start
Number of Years	If Yes, <1/1-2/3 to 5+	HoH, Adults	Start
Unemployment – Family Member	Yes/No	HoH, Adults	Start
Mental Health Disorder – Family Member	Yes/No	HoH, Adults	Start
Physical Disability – Family Member	Yes/No	HoH, Adults	Start
Alcohol or Substance Use Disorder – Family Member	Yes/No	HoH, Adults	Start
Insufficient Income to Support Youth – Family Member	Yes/No	HoH, Adults	Start



Element	Description	Clients	When
Incarcerated Parent of Youth	Yes/No	HoH, Adults	Start
Date of Service	Date of RHY Service Connections	HoH, Adults	Each Occurrence
Type of RHY Service	Type(s) from List	HoH, Adults	Each Occurrence
Ever Received Anything in Exchange for Sex (e.g., Money, Food, Drugs, Shelter)	Yes/No	HoH, Adults	Exit
In the Last Three Months	If Yes, Yes/No	HoH, Adults	Exit
How Many Times	If Yes, 1-3/4-7/8-11/12+	HoH, Adults	Exit
Ever Made/Persuaded/Forced to Have Sex in Exchange for Something	If Yes, Yes/No	HoH, Adults	Exit
In the Last Three Months	If Yes, Yes/No	HoH, Adults	Exit
Ever Afraid to Quit/Leave Work Due to Threats of Violence to Yourself, Family, or Friends	Yes/No	HoH, Adults	Exit
Ever Promised Work Where Work or Payment was Different Than You Expected	Yes/No	HoH, Adults	Exit
Felt Forced, Coerced, Pressured, or Tricked into Continuing the Job	Yes/No	HoH, Adults	Exit
In the Last Three Months	If Yes to either 2 preceding, Yes/No	HoH, Adults	Exit



Element	Description	Clients	When
Project Completion Status	Status from List	HoH, Adults	Exit
Select the Major Reason	If Status Involuntary Reason from List	HoH, Adults	Exit
Client Received Counseling	Yes/No	HoH, Adults	Exit
Identify the Type(s) of Counseling Received	If Yes, Individual/Family/Group	HoH, Adults	Exit
Identify the Number of Session Received by Exit	If Yes, Number	HoH, Adults	Exit
Total Number of Sessions Planned in Client's Treatment or Service Plan	If Yes, Number	HoH, Adults	Exit
A Plan is in Place to Start or Continue Counseling After Exit	Yes/No	HoH, Adults	Exit
Exit Destination Safe - As Determined By the Client	Yes/No	HoH, Adults	Exit
Exit Destination Safe – As Determined By the Project/Caseworker	Yes/No/Worker Does Not Know	HoH, Adults	Exit
Client Has Permanent Positive Adult Connections Outside of Project	Yes/No/Worker Does Not Know	HoH, Adults	Exit
Client Has Permanent Positive Peer Connections Outside of Project	Yes/No/Worker Does Not Know	HoH, Adults	Exit



Element	Description	Clients	When
Client Has Permanent Positive Community Connections Outside of Project	Yes/No/Worker Does Not Know	HoH, Adults	Exit
Information Date	Date Aftercare Plans Information Collected	HoH, Adults	Exit
Aftercare Was Provided	Yes/No	HoH, Adults	Post Exit
Identify the Primary Way It Was Provided	If Yes, Identify from List	HoH, Adults	Post Exit



Federal Partner Program Specific Data Elements VA

Element	Description	Clients	When
Year Entered Military Service	Year	All Veterans	Creation
Theatre of Operations: World War II	Yes/No	All Veterans	Creation
Theatre of Operations: Korean War	Yes/No	All Veterans	Creation
Theatre of Operations: Vietnam War	Yes/No	All Veterans	Creation
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	Yes/No	All Veterans	Creation
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	Yes/No	All Veterans	Creation
Theatre of Operations: Iraq (Operation Iraqi Freedom)	Yes/No	All Veterans	Creation
Theatre of Operations: Iraq (Operation New Dawn)	Yes/No	All Veterans	Creation
Theatre of Operation: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	Yes/No	All Veterans	Creation
Branch of the Military	Branch from List	All Veterans	Creation
Discharge Status	Status from List	All Veterans	Creation

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Element	Description	Clients	When
Date of Service	Date SSVF Service Provided	All receiving	Each Occurrence
Type of Service	SSVF Service Type from List	All Receiving	Each Occurrence
If "Assistance Obtaining VA Benefits"	Assistance from List	All Receiving	Each Occurrence
If "Assistance Obtaining/Coordinating Other Public Benefits"	Assistance from List	All Receiving	Each Occurrence
If "Direct Provision of Other Public Benefits"	Assistance from List	All Receiving	Each Occurrence
If "Other (Non-TFA) Supportive Service approved by VA"	Specify in Text	All Receiving	Each Occurrence
Start Date of Financial Assistance	Date Financial Assistance Started	All Receiving	Each Occurrence
Financial Assistance Amount	Amount	All Receiving	Each Occurrence
Financial Assistance Type	Type from List	All Receiving	Each Occurrence
End Date of Financial Assistance	Date Financial Assistance Ended	All Receiving	Each Occurrence
Household Income as a Percentage of AMI	30% or less/31%-50%/51%-80%/81%+	НоН	Start
VAMC Station Number	Station Number from List	НоН	Start
Is Homelessness Prevention Targeting Screener Required?	Yes/No	НоН	Start
Housing Loss Expected Within	If Yes, time period from List	НоН	Start
Current Household Income	If yes, \$0 or percent of AMI from List	НоН	Start



Federal Partner Program Specific Data Elements VA

Element	Description	Clients	When
Past Experience of Homelessness (Street/Shelter/Transitional Housing) (Any Adult)	If Yes, Most Recent Within Last Year/More Than One Year Ago/None	НоН	Start
Head of Household is Not a Current Leaseholder/Renter of Unit	If Yes, Yes/No	НоН	Start
Head of Household Has Never Been a Leaseholder/Renter of Unit	If Yes, Yes/No	НоН	Start
Currently at Risk of Losing a Tenant-based Housing Subsidy or Housing in a Subsidized Building or Unit (Household)	If Yes, Yes/No	НоН	Start
Rental Evictions Within the Past 7 Years (Any Adult)	If Yes, No/1/2+	НоН	Start
Criminal Record for Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property (Any Adult)	If Yes, Yes/No	НоН	Start
Incarcerated as Adult (Any Adult in Household)	If Yes, Not/Once/Two+	НоН	Start
Discharged From Jail or Prison Within Last Six Months After Incarceration of 90 Days or More (Adults)	If Yes, Yes/No	НоН	Start
Registered Sex Offender (Any Household Members)	If Yes, Yes/No	НоН	Start
Head of Household with Disabling Condition (Physical Health, Mental Health, Substance Use) That Directly Affects Ability to Secure/Maintain Housing)	If Yes, Yes/No	НоН	Start
Currently Pregnant (Any Household Member)	If Yes, Yes/No	НоН	Start

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Element	Description	Clients	When
Single Parent/Guardian Household with Minor Child(ren)	If Yes, Yes/No	НоН	Start
Household Includes One or More Young Children (Age Six or Under), or a Child Who Requires Significant Care	If Yes, response from list	НоН	Start
Household Size of 5 or More Requiring at Least 3 Bedrooms (Due to Age/Gender Mix)	If Yes, Yes/No	НоН	Start
Household Includes One or More Members of an Overrepresented Population in the Homelessness System When Compared to the General Population	If Yes, Yes/No	НоН	Start
HP Applicant Total Points	Number	НоН	Start
Grantee Targeting Score	Number	НоН	Start
Information Date	Date for HUD-VASH Voucher Tracking	НоН	Each Occurrence
Voucher Change	Voucher Change from List	НоН	Each Occurrence
If Other	Text of Change if Other	НоН	Each Occurrence
Case Management Exit Reason	HUD-Vash Exit Reason from List	HoH/Veteran	Exit



Questions?

