C1 Well-being Data Element Training Resource

In April of 2021, the U.S. Department of Housing and Urban Development (HUD) released to Homeless Management Information System (HMIS) vendors, HMIS Leads, and Continuum of Care (CoC) leadership the FY 2022 HMIS Data Standards. Included in these standards is a new element, C1 Well-being, which has been added to the data collection protocols for HUD-funded Permanent Supportive Housing (PSH) projects. This C1 Well-being data element training resource covers the rationale for adding this data element, suggested language to use when collecting this data from project clients, and other considerations regarding implementation and trauma-informed care.

As with all other data collected via HMIS, clients have a right to refuse to provide C1 data to staff, and staff should remind clients of this right prior to beginning any C1 data collection protocols. One example of this would be to say "I'm going to ask you four questions about well-being. Please remember that you don't have to answer any questions that you don't want to. I'll ask you about your sense of self-worth, your support system, your resiliency, and feelings."

Intended Audience for this Resource: HMIS Leads, HMIS System Administrators, and PSH staff.

Trauma-informed practices: Staff that are responsible for conducting the intake assessment for program participants referred to HUD-funded PSH programs should be aware that questions asked during intake may trigger either the client or staff. Therefore, if the experience of asking or answering the questions causes either party harm, the conversation should be stopped, culture-specific resources (resources that are relevant to the needs of the population being served) should be discussed and provided immediately, and the data collection should be approached at a later time. HUD encourages PSH programs to collaborate with local behavioral and mental health providers when developing a data collection approach for these elements and providing support and resources to people who are asked these questions.

Consideration can be given to alternative ways of administering the questions, such as an online survey or a secure comment box in the organization's main area. A PSH program can minimize the potential trauma that participants in the data collection process might experience by removing the person-to-person setting, which can also decrease or eliminate the incentive a participant might have to answer differently based on who is asking the question. In addition, the organization may want to rephrase the questions in a way that reduces the triggers (e.g., "Would you tell me…") because using an online or secure comment box approach may still be triggering.

HUD-funded PSH staff should ensure that any data collection processes implemented for this data element occur during in-home case management or at a place identified by the client as a safe space and not in an office setting (unless that is what the client agrees to and considers safe). HUD encourages staff to ensure that data collection does not get conducted over the phone and utilizes the practices outlined in this training resource.

Rationale of the Data Element: These new data elements:

1) allow for the inclusion of qualitative data collection and analysis;
2) provide HUD and providers with information on the diverse experience of people utilizing PSH projects to inform advocacy and accountability; and
3) offer providers and clients an opportunity to discuss the importance of well-being and available resources. The intent of the C1 Well-being HMIS data element is to understand, from the client's direct input, the perceived changes in people's lives over the course of participation in HUD's PSH projects. To accomplish this, the data should be collected about each Head of Household in a HUD-funded PSH project at the start of their time in the project, at each one-year anniversary of their participation in the project, and at the end of their time in the project.

The data will be reported via APR submissions to Sage, and HUD intends to use the data to analyze changes in people's lives. Because this is a new type of element, HUD does not plan on using this data for project performance evaluation at this time, but rather as a source of feedback from people being served in these projects. HUD encourages communities to treat the data similarly.

Preferred Language: CoC PSH recipients are encouraged to use the following language to collect the responses to the fields in the C1 Well-being HMIS data element.

HMIS Data Element Text	HUD Preferred Language
Client perceives their life has value and worth	"Tell me how much you agree with the following statement: When you think about your life in general, do you feel like your life has value and worth most of the time?"
Client perceives they have support from others who will listen to problems	"Tell me how much you agree with the following statement: When you need to talk about issues in your life or need help solving problems you are having, do you have people you can count on to support you and listen to your issues most of the time?"
Client perceives they have a tendency to bounce back after hard times	"Tell me how much you agree with the following statement: After a particularly difficult event or time in your life, do you find that you generally can get back to feeling better or back to whatever 'normal' is eventually?"
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid	"Tell me how often you feel any of these feelings: nervous, tense, worried, frustrated, or afraid. Not at all, or once a month, or several times a month, or several times a week, or at least every day?"

Traumatic Information Action Items for Case Managers and Intake Workers

- Do not ignore trauma
- Ask if the person would like to be connected to resources
- Have additional resources available to provide (see table below and expand to include local and culturally specific resources)
- Include actionable items in case planning and case management
- Provide support as needed (i.e., if they want to call a hotline and want your assistance in doing so versus they want to call a hotline and need access to a phone: provide the level of support the person wants in that moment and make sure it's the level they want)
- If you feel the person is a danger to themselves or others, contact appropriate resources
- If you feel triggered by the information provided, work with your colleagues to remove yourself from the situation while still fully supporting the person

When a person is in crisis or needs well-being supports, the resources in the following table can assist. The resources are organized by the types of responses you might receive from the data collection conversation, and other considerations and actions as much as it is possible to predict the specifics of this type of data collection requirement.

Data Element	Response	Resource
Client perceives their life has value and worth	Client responds with "Strongly disagree", "Somewhat disagree", or "Neither agree nor disagree"	National Suicide Prevention Lifeline: 800.273.8255 American Foundation for Suicide Prevention: https://afsp.org/suicide-prevention-resources Crisis Text Line: https://www.crisistextline.org/ Local resources and referrals as available & further in-person supports
Client perceives they have support from others who will listen to problems (1)	Client responds with "Strongly disagree", "Somewhat disagree", or "Neither agree nor disagree"	Mental Health is Health: https://www.mentalhealthishealth.us/ The Lonely Hour: https://www.thelonelyhour.com/ How to deal with loneliness: https://www.healthline.com/health/how-to-deal-with-loneliness
Client perceives they have support from others who will listen to problems (2)	The case manager asking the question perceives themselves as a support who will listen but the client doesn't answer "Strongly agree" or "Somewhat agree"	Action: Do not argue with the client and their answer - these answers should align with the client's response, not the response the case manager wants them to have

Data Element	Response	Resource
Client perceives they have support from others who will listen to problems (3)	The case manager asking the question does not perceive themselves as a support who will listen but the client answers "Strongly agree" or "Somewhat agree" with the case manager in mind	Action: Do not argue with the client and their answer - these answers should align with the client's response, not the response the case manager wants them to have. Additionally, acknowledging the client's connection to the case manager in a positive, encouraging way is a kind response.
Client perceives they have support from others who will listen to problems (4)	The client requests help in knowing if the client should include the case manager as a support when answering this question or not	Action: The case manager can be considered someone who the client perceives they have support from who will listen to problems, yes.
Client perceives they have a tendency to bounce back after hard times		How to cultivate the resources for resilience: https://www.mindful.org/how-to-cultivate-the-resources-for-resilience/
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid	Client responds with "Several times a month", "Several times a week", or "At least every day"	National Institute of Mental Health: https://www.nimh.nih.gov/health/find-help