The Community Partnership
HMIS Data Collection Guide
Version 3 - Last Updated October 10, 2018

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2. **Breakdown of Data Elements**

   a. **Meta Data Elements:** These are elements created automatically by the system for the purpose of client and/or data identification.

      1. HMIS ID
         a. Each client RECORD is assigned a unique HMIS ID
            1. Clients can have multiple HMIS IDs

      2. Unique ID (UID)
         a. Each client is assigned a unique UID based upon their name, social security number and veteran status.
            1. Clients should only have one UID

      3. Household ID
         a. Each household built in HMIS is assigned a unique ID based on the family composition
            1. It is possible for households with the same family composition to have multiple Household IDs
            2. Entry/Exit records are associated to Household IDs at the point of enrollment

      4. Entry/Exit ID
         a. Each entry/exit is assigned a unique ID based on the program and household ID
            1. This is only seen on the Program Income tab

b. Universal Data Elements (UDEs): UDEs are elements that are required for all programs that utilize HMIS regardless of program type or funding source.

1. First Name
2. Last Name
3. Name Data Quality
4. SSN
5. SSN Data Quality
6. Relationship to Head of Household
7. Project
   a. Known locally as "program"
8. Entry Date
9. Entry Type
10. Exit Date
11. Housing Move-in Date: *Required for Permanent Housing (PH) Programs ONLY*
    a. Housing Move-in Date at Entry
    b. Housing Move-in Date at Interim Review
    c. Days to Housing
       1. This is a calculation based on data entered for 11a. and 11b.

12. Exit Destination
13. Date of Birth
14. Date of Birth Type
15. Gender
16. Primary Race
    a. *Secondary Race required if client identifies as multi-racial*

17. Ethnicity
18. Client Location
19. Veteran Status
20. Residence Prior to Project Entry
21. Length of Stay in Previous Place
22. Living Situation – Questions that help determine Chronic Homelessness
    a. Approximate Date Homelessness Started
       1. *Required for all emergency shelter (ES) programs*
       2. *Required for all other program types if client is literally homeless at program entry*

    b. Number of Times on the street, ES or SH in the last three years
       1. *Required for all emergency shelter (ES) programs*
       2. *Required for all other program types if client is literally homeless at program entry*

    c. Total Number of Months on the street, ES or SH in the past three years
       1. *Required for all emergency shelter (ES) programs*
       2. *Required for all other program types if client is literally homeless at program entry*

    d. Did you stay less than 7 nights?
-       **1.** *This is a "conditional logic" question that appears when the client's prior nights residence is temporary or permanent housing*
  -         **a.** *Required for NON-ES programs if it appears*

    e. Did you stay less than 90 days?
-       **1.** *This is a "conditional logic" question that appears when the client's prior night residence is an institutional setting.*
  -         **a.** *Required for NON-ES programs if it appears*

    f. On the night before did you stay on the streets, ES or SH?
-       **1.** *This is a "conditional logic" question that appears when the response to #25 or #26 is "yes".*
  -         **a.** *Required for NON-ES programs if it appears*

23. Disabling Condition
    a. *Response to the "yes/no" question only*

c. Program Specific Data Elements: Program Specific Elements are required for most programs that utilize HMIS and are based upon program type and funding source. It is best to review your program contracts to make sure you update all required Program Specific Data Elements.

1. Sexual Orientation: *Required for all RHY programs; strongly encouraged for all others. Capture element for Youth (Unaccompanied or TAY) and Adults only.*

2. Last Grade Completed: *Required for all RHY and SSVF programs; strongly encouraged for all others. Capture element for all household members.*

3. Veteran Information Sub-Assessment: *Required for all Veterans*
    a. Branch of the Military
    b. Year Entered Military Service
    c. Year Separated from Military Service
    d. Theater of Operations:
-       **1.** World War II
-       **2.** Korean War
-       **3.** Vietnam War
-       **4.** Persian Gulf War
-       **5.** Afghanistan
-       **6.** Iraq Freedom
-       **7.** Iraq Dawn
-       **8.** Other Peace-Keeping Operations or Military Intervention

    e. Discharge Status

4. Domestic Violence Information: *NOT Required for SSVF Programs*
    a. History of Domestic Violence?
    b. If yes, when experience occurred
    c. If yes, are you currently fleeing

5. Monthly Income Sub-Assessment
    a. Income Received from Any Source at Entry
        1. Yes/No response
    b. Income Received from Any Source at Latest Update/Exit
        1. Yes/No response

    c. Total Monthly Income from All Sources at Entry
        1. Dollar amount entered by provider
    d. Total Monthly Income from All Sources at Latest Update/Exit
        1. Dollar amount entered by provider

    e. Total Monthly Income Calculated from All Sources at Entry
        1. Dollar amount calculated within sub-assessment
    f. Total Monthly Income Calculated from All Sources at Latest Update/Exit
        1. Dollar amount calculated within sub-assessment

    g. Income Source Detail:
        1. Each income source provides the following information:
            a. Income source at entry?
                1. Yes/No response
            b. Income source amount at entry
                1. Dollar amount calculated within sub-assessment
            c. Income source at latest update/exit?
                1. Yes/No response
            d. Income source amount at latest update/exit
                1. Dollar amount calculated within sub-assessment

    h. There are 15 different types of income to be captured:
        1. Alimony
        2. Child Support
        3. SSI
        4. SSDI
        5. Earned
        6. TANF
        7. Retirement from Social Security
        8. General Assistance
        9. Pension or Retirement Income
        10. Private Disability Insurance
        11. Unemployment Insurance
        12. Worker's Compensation
        13. Other Income
        14. VA Non-Service Connected Disability Pension
        15. VA Service Connected Disability Compensation

6. Non-Cash Benefits Sub-Assessment
    a. Non-Cash Benefit Received at Entry?
        1. Yes/No response
    b. Non-Cash Benefit Received at Latest Update/Exit?
        1. Yes/No response

    c. Non-Cash Benefit Source Detail
        1. Each Non-Cash Benefit Source provides the following information:
            a. Non-Cash Benefit Source received at entry?
                1. Yes/No response
            b. Non-Cash Benefit Source received at latest update/exit?
                1. Yes/No response

    d. There are 6 different types of non-cash benefits to be captured:
        1. TANF Child Care Services
        2. SNAP/Food Stamps
        3. TANF Transportation Services
        4. Other TANF-Funded Services
        5. Special Supplemental Nutrition Program (WIC)
        6. Other Source

7. Health Insurance Sub-Assessment
    a. Covered by Health Insurance at Entry?
        1. Yes/No response
    b. Covered by Health Insurance at Latest Update/Exit?
        1. Yes/No response

    c. Health Insurance Detail
        1. Each Health Insurance type provides the following information:
            a. Covered by health insurance type at entry?
                1. Yes/No response
            b. Covered by health insurance type at latest update/exit?
                1. Yes/No response

    d. There are 10 different health insurance types to be captured:
        1. Medicaid
        2. Medicare
        3. Private Pay Health Insurance
        4. VA Medical Services
        5. State Children's Health Insurance Program
        6. Employer-Provided Health Insurance
        7. Health Insurance obtained through COBRA
        8. State Health Insurance for Adults
        9. Indian Health Services Program
        10. Other Insurance

8. Disability Sub-Assessment: *NOT Required for SSVF Programs*
    a. Does the client have a disabling condition at Entry?
        1. Yes/No response
    b. Does the client have a disabling condition at Exit?
        1. Yes/No response

    c. Disabling Condition Detail
        1. Each Disability Type provides the following information:
            a. Disability type at entry?
                1. Yes/No response
            b. Disability type at exit?
                1. Yes/No response

    d. There are 8 different disability types to be captured:
        1. Alcohol Abuse
        2. Drug Abuse
        3. Both Alcohol/Drug Abuse
        4. Chronic Health Condition
        5. Developmental
        6. HIV/AIDS
        7. Mental Health
        8. Physical

d. **CoC Specific Data Elements:** CoC Specific Data Elements are elements specific to our Continuum of Care (CoC) and are not necessarily reported to HUD but are relied upon heavily for local reporting. As such, some programs are required to capture these elements whereas others are strongly encouraged to do so. It is best to review your program contracts to make sure you update all required CoC Specific Data Elements.

    1. Exit Reason Leaving: *Required for all household members*

    2. COLLECT FOR ADULTS and YOUTH HEADS of HOUSEHOLDS
        a. Are you engaged with case management?
        b. Homelessness Primary Reason
        c. Have you ever been in foster care?
        d. Have you ever resided in an institutional setting?
        e. Zip Code of Last Permanent Address
            1. Zip Code Data Quality

        f. Client Contact Information: *Optional but encouraged*
            1. Client Email Address
                a. Whose email is this?
            2. Client Phone Number
                a. Whose phone number is this?

- **g.** Language Access Questions
    1. Is the client Limited English (LEP) or Non-English (NEP) Proficient?
        - **a.** If yes, what is their primary language?
        - **b.** If other language, please specify:

3. COLLECT FOR ALL HOUSEHOLD MEMBERS (INCLUDING MINOR CHILDREN)
    - **a.** Client Identification Information
        1. Does the client have their birth certificate?
        2. Does the client have their social security card?
        3. Does the client have their state-issued ID?

    - **b.** Client Education Information
        1. Is the client currently in school?
        2. Receiving Vocational Training?

- **e. Supportive Services for Veteran Families (SSVF) Data Elements:** These are elements required to be captured (in addition to those mentioned above) by any provider that receives funding from the VA through the SSVF grant.

    1. Employment Status
        - **a.** Employed at Entry?
            1. Yes/No response
                - **a.** If Yes, Employment Type at Entry
                - **b.** If No, Why Not Employed at Entry?
        - **b.** Employed at Latest Update/Exit?
            1. Yes/No response
                - **a.** If Yes, Employment Type at Latest Update/Exit
                - **b.** If No, Why Not Employed at Latest Update/Exit?

    2. Connection with SOAR
        - **a.** Connection with SOAR at Entry?
        - **b.** Connection with SOAR at Latest Update/Exit?

    3. Education Status
        - **a.** Last Grade Completed at Entry
        - **b.** Last Grade Completed at Latest Update/Exit

    4. Percentage of AMI

    5. Client Location
        - **a.** Client Location at Entry
            1. CoC-Code where client is living/applying for services at the time of program entry
        - **b.** Client Location at Latest Update/Exit
            1. Provider must update CoC-Code if client moves to a different CoC during program enrollment

6. **VAMC Station Number**
   a. Always 688

7. **Last Permanent Address Sub-Assessment**
   a. Client Street Address
   b. Client Apartment Number
   c. Client City
   d. Client State
   e. Client Zip Code
   f. Address Data Quality

8. **SSVF Homelessness Prevention (HP) Targeting Criteria –** *SSVF HP Programs Only*
   a. Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.
   b. Current housing loss expected within…
   c. Current household income is $0?
   d. Annual household gross income amount
   e. Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months
   f. Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months
   g. Rental Evictions within the Past 7 Years
   h. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit
   i. History of Literal Homelessness (street/shelter/transitional housing)
   j. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing
   k. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property
   l. Registered sex offender
   m. At least one dependent child under age 6
   n. Single parent with minor child(ren)
   o. Any Veteran in household served in Iraq or Afghanistan
   p. Female Veteran
   q. HP Applicant Total Points
      1. SSVF Provider is to total score and enter number in this field
   r. Grantee Targeting Threshold Score
      1. The provider simply enters 18 here
      2. 18 is the current targeting threshold score

f. **Youth Data Elements:** Youth Data Elements are required for most programs that serve unaccompanied and/or Transition Aged Youth (TAY) and are based on the guidelines set forth by the Family & Youth Services Bureau's (FYSB) Runaway & Homeless Youth (RHY) grant. RHY-funded programs, as well as certain contracted programs, are required to capture these data in HMIS for youth whereas they are strongly encouraged for all other youth providers. It is best to review your program contracts to make sure you update all required Youth Data Elements.

   1. **An important reminder that Youth under the age of 18 may NOT consent to share data outside of the collecting provider; only the Youth's parent/legal guardian may provide legal consent to share data**

   2. Employment Information
        a. Employed at Entry?
             1. Yes/No response
                  a. If Yes, Employment Type at Entry
                  b. If No, Why Not Employed at Entry?
        b. Employed at Latest Update/Exit?
             1. Yes/No response
                  a. If Yes, Employment Type at Latest Update/Exit
                  b. If No, Why Not Employed at Latest Update/Exit?

   3. Education Status
        a. School Status at Entry
        b. School Status at Latest Update/Exit
        c. Last Grade Completed at Entry
        d. Last Grade Completed at Latest Update/Exit

   4. Health Status
        a. General Health Status at Entry
        b. General Health Status at Latest Update/Exit
        c. Dental Health Status at Entry
        d. Dental Health Status at Latest Update/Exit
        e. Mental Health Status at Entry
        f. Mental Health Status at Latest Update/Exit

   5. Pregnancy Status
        a. Is Youth Pregnant at Entry?
        b. Is Youth Pregnant at Latest Update/Exit
        c. If Yes, Projected Birth Date

   6. Additional Youth Data Captured at Point of Program Entry
        a. Youth Referral Source
             1. Referral Source
             2. If Outreach Project is selected, Number of times approached by outreach prior to entering project

        b. *RHY-Funded Basic Center Programs (BCP) ONLY*
- **1.** *Date of BCP Status Determination*
- **2.** *Youth Eligible for RHY Services?*
  - **a.** *If No for "Youth Eligible for RHY Services", Reason why services are not funded by BCP grant*
  - **b.** *If Yes for "Youth Eligible for RHY Services", Runaway youth?*

        c. Youth Child Welfare / Foster Care History
- **1.** Formerly a Ward of Child Welfare / Foster Care Agency?
  - **a.** If yes, number of years
    - **1.** If less than one year, number of months

        d. Youth Juvenile Justice System History
- **1.** Formerly a Ward of Juvenile Justice System?
  - **a.** If yes, number of years
    - **1.** If less than one year, number of months

        e. Family Critical Issues
- **1.** Unemployment - Family Member
- **2.** Mental Health Issues - Family Member
- **3.** Physical Disability - Family Member

- **4.** Alcohol or Substance Abuse - Family Member
- **5.** Insufficient Income to Support Youth - Family Member
- **6.** Incarcerated Parent of Youth

7. Additional Youth Data Captured at Point of Program Exit

        a. Youth Commercial Sexual Exploitation / Sex Trafficking Experience
- **1.** 1. Ever received something in exchange for sex (e.g. money, food, drugs, shelter)
  - **a.** 1a. If Yes, received in the last three months?
  - **b.** 1b. If yes, how many times?
  - **c.** 1c. If yes, ever made / persuaded / forced to have sex in exchange for something?
    - **1.** 1d. If Yes to 1c., experienced in the last 3 months?

        b. Youth Labor Exploitation / Trafficking Experience
- **1.** 1. Workplace Violence Threats: Ever afraid to quit / leave work due to threats of violence to yourself, family or friends?
- **2.** 2. Workplace Promise Difference: Ever promised work where work or payment was different than you expected?
  - **a.** If yes to 1 or 2, ever felt forced, coerced, pressured or tricked into continuing?
  - **b.** If yes to 1 or 2, experienced in the last three months?

       c. Youth Project Completion Status
- **1.** Project Completion Status
  - **a.** If expelled or involuntarily discharged, select the major reason

       d. Youth Counseling Information
- **1.** 1. Counseling received by client?
  - **a.** 1a. If Yes, Individual Counseling Received?
  - **b.** 1b. If Yes, Family Counseling Received?
  - **c.** 1c. If Yes, Group / Peer Counseling Received?
- **2.** Number of Sessions received by exit
- **3.** Total Number of Sessions Planned in Youth's Treatment or Service Plan
- **4.** Is a plan in place to start or continue counseling after exit?

       e. Youth Safe and Appropriate Exit Information
- **1.** Does the Youth Determine Their Exit Destination to be Safe?
- **2.** Does the Case Manager Determine the Youth's Exit Destination to be Safe?
- **3.** Client has permanent positive adult connections outside of project.
- **4.** Client has permanent positive peer connections outside of project.
- **5.** Client has permanent positive community connections outside of project

8. *Additional Youth Data Captured at Point of Program Follow-Up – RHY-funded programs ONLY*
- **a.** *Youth Aftercare Plans*
  - **1.** *Date of Latest Follow-up*
  - **2.** *Was Aftercare Provided to the Youth?*
    - **a.** *If yes, was it –*
      - **1.** *Via email/social media?*
      - **2.** *Via telephone?*
      - **3.** *In person: one-on-one*
      - **4.** *In person: group*

g. **Supplemental Data Elements:** These are data elements on the report that are not required for reporting and are simply on the report to help you dissect your data.

- **1.** Client Middle Name
- **2.** Client Suffix
- **3.** Client Alias
- **4.** Client Age at Entry
- **5.** Entry/Exit Provider Program Type Code
- **6.** Number of Nights/Days in Project

7. Exit Destination if "Other"
8. Exit Reason Leaving if "Other"
9. Exit Notes
10. Provider Creating Entry/Exit
11. Provider Updating Entry/Exit
12. User Creating Entry/Exit
13. User Updating Entry/Exit
14. Client Age at Entry

h. **Additional Data Collection Information:** Additional guidance on specific data entry practices for the DC-HMIS.

1. Households (HH)
   a. A household is a single individual OR a group of persons who apply together for an HMIS program who live together in one dwelling unit, or, for persons who are not housed, WOULD live together in one dwelling unit if they WERE housed.

   b. *Exception for Youth Providers – If the group of persons are all Youth (where NONE of the Youth presenting are the child of any other Youth in the group) each Youth is entered into the HMIS program separately as their own Head of Household. This is done in an effort to better understand homelessness among Youth and is not permitted to be a barrier or to impact the receipt of future interventions from the provider.*

2. Head of Household (HOH)
   a. There can only be one head of household per group of persons that apply together to an HMIS program
      1. A single individual is always the Head of Household
      2. A group of non-parenting Youth are always entered into HMIS separately with each Youth being their own Head of Household
      3. If a group of persons is comprised of adults and minor children then one of the adults must be designated the Head of Household

   b. The Head of Household should be the *qualifying* individual for an HMIS program, meaning, the individual that meets all entry requirements in order to receive services from said program
      1. For example, Permanent Supportive Housing (PSH) programs are required to make sure Heads of Households are Chronically Homeless at the point of program entry
      2. If there are no specific entry requirements (*other than homelessness*) for an HMIS program then the Head of Household is simply whomever the household considers to be the "primary client"

       a. It is recommended that case managers encourage the most communicative/reliable adult household member to be designated as the Head of Household in these cases.

3. Assessments
    a. Assessments are where providers capture data on the clients they serve in an HMIS and are based on federal and local data-collection requirements as well as the needs of the community

    b. These assessments are "attached" to each HMIS program a provider manages in the system. TCP's Data Quality reports are built based upon these assessments

    c. There are multiple assessments in the DC-HMIS; the most common are:
        1. Entry/Exit Programs
            a. Entry Assessment
            b. Interim Review Assessment
                1. For Updates and Annual Assessments
            c. Exit Assessment
        2. Low Barrier Shelter and Service-Only Programs
            a. Low Barrier Shelter, Street Outreach and Meal Programs Assessment

        3. Coordinated Entry Programs (CAHP)
            a. The SPDAT Series of Assessments

4. Sub-Assessments
    a. Sub-Assessments are "questions within questions" and are a common way of capturing detailed information on clients in an HMIS

    b. There are multiple sub-assessments in the DC-HMIS such as the Street Outreach and Veteran sub-assessments utilized by many providers.
        1. *Only Entry/Exit Programs utilize the following sub-assessments and is what the rest of this section pertains to:*
            a. *Disabilities*
            b. *Monthly Income*
            c. *Non-Cash Benefits*
            d. *Health Insurance*

    c. These sub-assessments are designed to create a "time-line" of changes to client progress while enrolled in an HMIS program
        1. Income growth during program enrollment is one of the most important performance measurements reviewed by our funders
        2. **It is OK to update sub-assessment data from another provider where visibility is shared and is actually encouraged. This helps our community have the most up-to-date information as a**

client moves through our system and could help expedite services and even housing placement

d. Entering accurate start and end dates for sub-assessments is vital to receiving reportable outcomes for an HMIS program

1. SUB-ASSESSMENT START DATES - The start date of a sub-assessment is based on when the HMIS provider RECEIVES the information on the client and/or the specific collection point they are entering data into the HMIS
   a. There are FOUR collections points for an Entry/Exit Program in HMIS:
      1. Entry
         a. The start date of the sub-assessment would be the same as the client's date of entry into the HMIS program
      2. Interim Review – Update
         a. The start date of the sub-assessment would be the date the provider receives updated information from the client OR
         b. At specific intervals as set-forth by the HMIS program
            1. Typically, providers update client data at 30, 60 or 90-day intervals

         c. *For Permanent Housing (PH) Providers:*
            1. *The Housing Move-in Date is always captured as an Interim Review – Update*
            2. *The start date of the sub-assessment for would be the same as the client's Housing Move-in Date*

      3. Interim Review – Annual Assessment
         a. The start date of the sub-assessment would be updated annually on the anniversary of the Head of Household's program entry date
      4. Exit
         a. The start date of the sub-assessment would be the same as the clients' exit date from the HMIS program

2. SUB-ASSESSMENT END DATES - The end date of any sub-assessment is always ONE DAY BEFORE any start date described above

e. *Special Considerations for Family Providers:*
1. *For providers that serve families (whether a household of all adults or parents with minor children) there are special considerations for how sub-assessment data is captured in HMIS*

  a. *Disability Sub-Assessment*
  1. *The disability sub-assessment is "by the client" meaning that the provider should record disabilities separately on the entry/exit record for each client in the household that reports a disabling condition(s)*

  b. *Monthly Income Sub-Assessment*
  1. *The monthly income sub-assessment has the most considerations for providers that serve families:*
    a. *Monthly income received by ADULTS (meaning any household member that is 18 years of age or older) should be recorded in the HMIS on the entry/exit record for the adult that earns/receives the income*
    b. *Monthly income received by CHILDREN (meaning under the age of 18) should be recorded in the HMIS on the entry/exit record for the designated HEAD of HOUSEHOLD*
      1. *If a child "ages out" (turns 18) while still enrolled in the HMIS program the entry/exit recorded should be updated accordingly*

  c. *Non-Cash Benefit Sub-Assessment*
  1. *The non-cash benefit sub-assessment is based on the household meaning the provider should only record non-cash benefits received by a household ONCE on the entry/exit record for the designated HEAD of HOUSEHOLD*

  d. *Health Insurance Sub-Assessment*
  1. *The health insurance sub-assessment is "by the client" meaning the provider should record health insurance separately on the entry/exit record for each household member covered by the insurance*