

# Orange CoC HMIS Users Meeting

April 2021



**NC COALITION** to  
**HOMELESSNESS** end

# Agenda

April 2021

## System Updates

- Audit Users Guide released
- Point in Time and Housing Inventory Count

## How Can We Help

- Disabling Condition

## What's Next

- HMIS Health Checklist
- HMIS Calendar

## Demo/Troubleshooting



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# System Updates

# Data Center + ICA Partnership

## Introductions

- Two ICA staff will be embedded at the Data Center to support Helpdesk and System Administration
  - Katie Wiseman ([katie.wiseman@ncceh.org](mailto:katie.wiseman@ncceh.org))
  - Tonya Harris ([tonya.harris@ncceh.org](mailto:tonya.harris@ncceh.org))
- HMIS User Meetings in March will include time for introductions

## Changes

- HMIS Users will start to see Helpdesk replies
- Support for HMIS PIT/HIC process





# User Management & Auditing

# Agency Admins can use Audit Reports to Troubleshoot issues

## Dashboard Audit Reports

- Identify access and changes to client records (within your visibility)
- Supports troubleshooting when or where something changed in a record
- Provides transparency for who enters data or how data is entered

Go to the Data Center's [Training and Knowledge](#) page for guide

- Direct link: [ncceh.org/hmis/training](https://ncceh.org/hmis/training)
- [Audit Report Guide](#)



# Agency Admins can use Audit Reports to Troubleshoot issues

The generated report will detail date/time, what action was taken, who took the action, and what provider were they entering data as.

ID refers to the Entity

Sort by clicking the column name

Audit Report							
	Date ▲	Entity	ID#	Action	Target	By User	By Provider
	02/26/2021 (4:31 PM)	Clients	Friday Carey (299)	Create	DaRecordset (8900)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021 (4:31 PM)	Clients	Friday Carey (299)	Create	Client Recordset Visibility (13184)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021 (4:31 PM)	Clients	Friday Carey (299)	Create	Client Recordset Visibility (13185)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021 (4:31 PM)	Clients	Friday Carey (299)	Read	Questions: Disabilities (417)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021 (4:31 PM)			Read	Clients: Friday Carey (299)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021 (4:31 PM)			Read	Clients: Friday Carey (299)	Andrea Carey (5510)	Partners BHM - Multiple BoS Counties - PSH - HUD (5061)
	02/26/2021				Clients:	Andrea Carey	Partners BHM - Multiple BoS



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# User Profile updates

Click the gear  
for details

A screenshot of a user profile interface. The top header is dark blue with the text 'Helen Housing Agency Admin' and a gear icon. Below this is an orange section with 'Mode:' followed by three options: 'Shadow' with a person icon, 'Enter Data As' with a person and green arrow icon, and 'Back Date' with a calendar icon. At the bottom is a dark blue bar with a search input field containing the text 'Type here for Global Search' and three icons: a grey circle with an exclamation mark, a white star, and a blue circle with a question mark.

**Helen Housing** Agency Admin

**Mode:** Shadow  
 Enter Data As  
 Back Date

Type here for Global Search



# User Profile updates

The screenshot shows a 'User Profile' form with the following fields and values:

Name	Helen Housing (15)
Title	
User Name	hhousing
Provider	Heading Home Housing - Rowan County (4)
Role	Agency Admin
E-mail	<input type="text"/>
Telephone	<input type="text"/>

Below the form is a 'Settings' section with a checkbox for 'Allow User to tab to Goal links within Assessments'.

At the bottom are three buttons: 'Change Password', 'Save', and 'Save & Exit', and 'Exit'.

Annotations:

- An arrow points from the text 'Update your email and phone number' to the 'E-mail' and 'Telephone' input fields.
- An arrow points from the text 'Or change your own password' to the 'Change Password' button.





# Point in Time and Housing Inventory Count

# Submit Your Reports

Once your reports are accurate, formally submit them to the Data Center as final confirmation

- Submit one form per HMIS project
- Contact Person should be an HMIS User the Data Center can follow-up with
- Attach both reports as File Attachments

\*Links to be sent out once reports are ready





# How Can We Help



# Disability Data

# Disabling Condition



## What

A condition must meet one of three parts of the definition:

1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  - Is expected to be long-continuing or of indefinite duration;
  - Substantially impedes the individual's ability to live independently; and
  - Could be improved by the provision of more suitable housing conditions.
2. A developmental disability
3. HIV or AIDS



# Disabling Condition



## Collection Notes

Documentation is not necessary; may be required by funding source

Some Income sources indicate a disabling condition:



- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- VA Service-Connected Disability Compensation
- VA Non-Service-Connected Disability Pension





# Disabling Condition

## Collection Notes



Fair Housing Compliance: residential projects must separate the program admission process from collecting disabling condition



# Disabling Condition



## Who

All clients

## Data Collection Stage



On Project Start, Interim Update, Interim Annual and Project Exit Assessments



## Special Reminder

Two parts: General gateway question (Y/N) + Specific condition

The date for specific types should be the information date or the date the data was collected.



# Disabling Condition

## On the paper assessment

DISABILITY STATUS - Does the client have a disabling condition?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Answer 'Yes' or 'No' for each disability type (in white).  
 If the client selects 'Yes' for any disability type, you must also complete the shaded sections below.

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?	Start Date (MM/DD/YYYY)
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Chronic Health Con	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Both Alcohol and Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	
Mental Health Prob.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	



# Disability data is entered in 3 places



**Project Entry**

**Interim  
Update  
Annual Assessment**

**Project Exit**



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# Disability questions in HMIS- 2 parts

## Part 1-

A general question


### Disability Status

Does the client have a disabling condition?

-Select-

## Part 2-

The disability subassessment

Disabilities		HUD Verification 	
Disability Type *	Disability determination *	Start Date *	End Date
<input type="button" value="Add"/>			



# Part 1 is called the Gateway Question

## Disability Status

Does the client have a disabling condition?

- Select -

### Responses:

Yes

No

Client doesn't know

Client refused

Data not collected



# The subassessment collects detailed disability data

<b>Disabilities</b>	
<b>Disability Type *</b>	<input type="text" value="- Select-"/> <b>G</b>
<b>Disability determination *</b>	<input type="text" value="- Select-"/> <b>G</b>
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	<input type="text" value="- Select-"/> <b>G</b>

# This is where things get a bit weird...



Remember our criteria for disabling condition?

In order to collect the most accurate data for Part 1

Does the client have a disabling condition?

- Select -

We need to ask the criteria questions in Part 2

	<b>Disability Type *</b>	- Select -	G
	<b>Disability determination *</b>	- Select -	G
	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	- Select -	G



# When to answer “Yes”

Only answer yes here if:



Does the client have a disabling condition?

The client’s disability type fits within HUD’s disabling condition definition



**Disability Type \***

 **G**

**Disability determination \***

 **G**

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently

 **G**

The client answers yes here (unless disability type is Developmental or HIV/AIDS)



# Working with Clients

# Collecting disability data in 4 steps!

- 1 Discuss disability definition with the client (3 criteria)
- 2 Work with the client to determine if they meet disability criteria



# Prep for sensitive questions

I would like to ask you a few questions about disabling conditions. Is that ok?



Yes.



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# Defining disabling condition

A disabling condition is an impairment, brain injury, or chronic health condition that is expected to last indefinitely and substantially limit a person's ability to live on their own.



# Explaining disability type

When it comes to disabling conditions, we view them in these categories: Physical, Chronic Health Condition, HIV/AIDS, Developmental, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug Abuse, and Mental Health Problem.



# Gather information about disability type

Do you have any conditions that fit into any of the disability categories I listed?



Yes- I have a Mental Health Problem

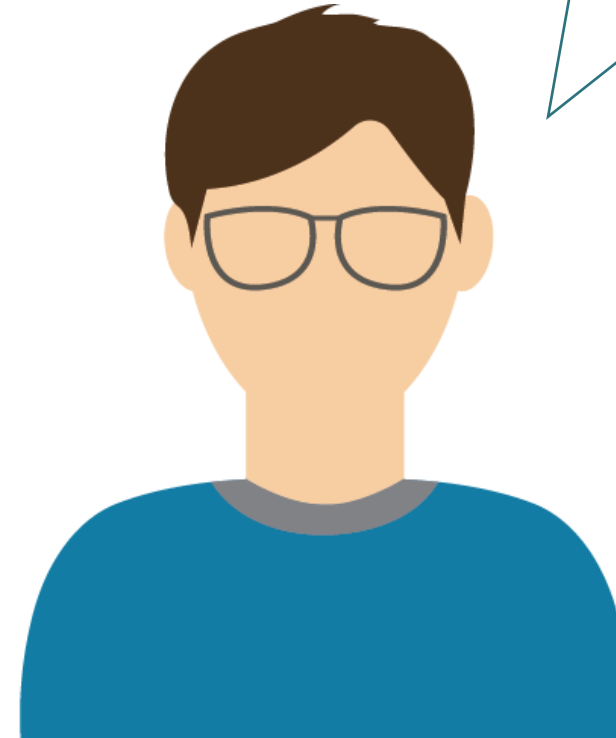


# Ask related criteria questions

Thank you for sharing that with me. Is your Mental Health Problem expected to be of long and indefinite duration and does it impair your ability to live independently?



Yes, it is indefinite and impairs my ability to live independently.





# What did we learn from the client?

Question	Response
Disability Type	Mental Health Problem
Expected to be of long duration and indefinite and substantially impair ability to live independently?	YES
Does the client have a disabling condition ?	YES (based on the responses above)

# HMIS Disability Data Entry

Based on scenario from previous section

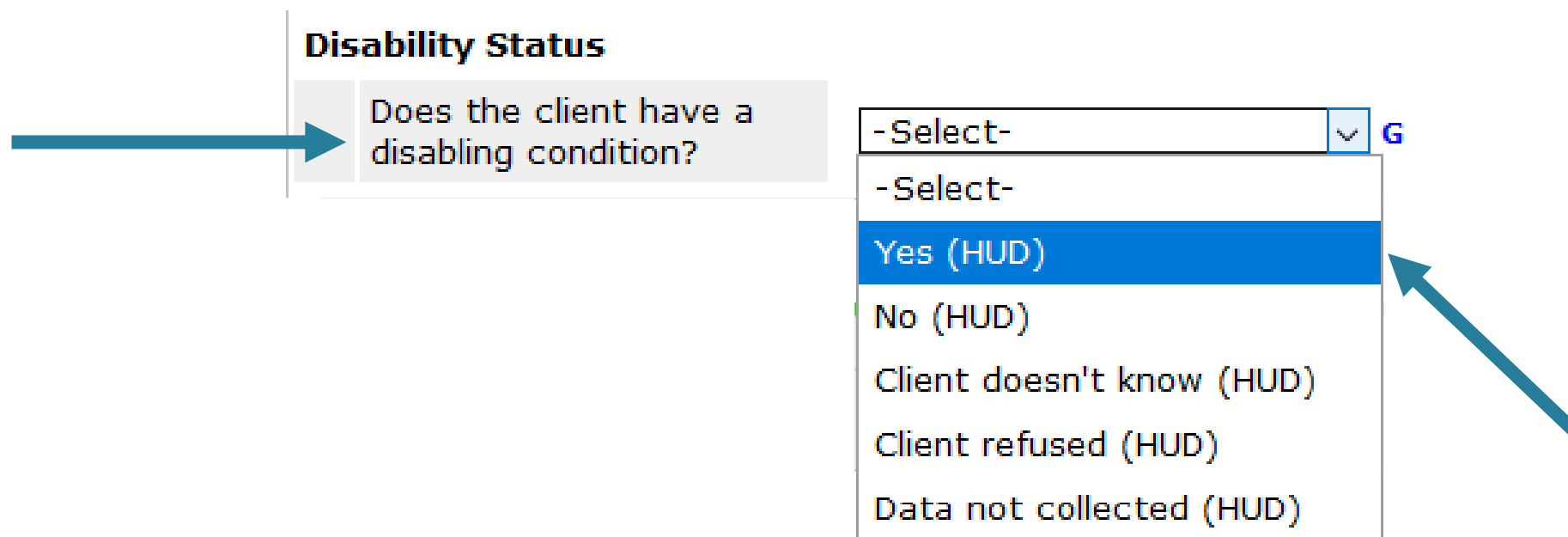
# Indicate client has a disability in HMIS

**Disability Status**

Does the client have a disabling condition?

- Select- G

- Select-
- Yes (HUD)**
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)



# Select type of disability in HMIS

1



Disabilities HUD Verification

Disability Type *	Disability determination *	Start Date *	End Date
<input type="button" value="Add"/>			

2



Disabilities

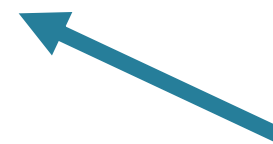
Disability Type *
<input type="text" value="- Select-"/>
- Select-
Physical (HUD)
Chronic Health Condition (HUD)
HIV/AIDS (HUD)
Developmental (HUD)
Alcohol Abuse (HUD)
Drug Abuse (HUD)
Both Alcohol and Drug Abuse (HUD)
<b>Mental Health Problem (HUD)</b>

# Enter disability determination in HMIS

## Disabilities

**Disability determination** \*

- Select-
- Select-
- Yes (HUD)**
- No (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)



If the client has this disability type, set this to “Yes”


i

**The answer here should match response to the gateway question**

# Confirm the disability meets HUD's definition

## Disabilities

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently

-Select-  G

-Select-

**Yes (HUD)**

No (HUD)

Client doesn't know (HUD)




Client refused (HUD)

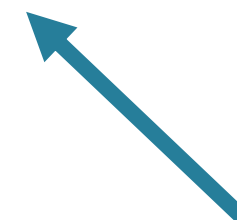
Data not collected (HUD)

If the client has this disability type, set the If Yes question to "Yes"



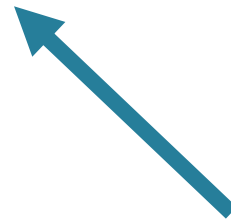
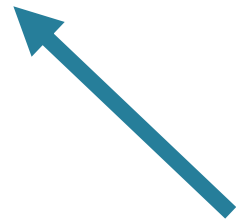
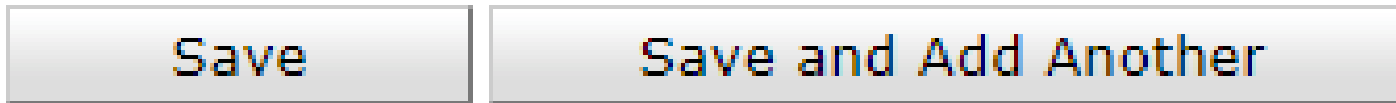
# Enter Start Date = Date information collected

03 / 08 / 2021   



If we collected the info today, we should set the start date to today's date

# Save the disability data in HMIS



Click this button if client has more than one disability





# HUD Verification

# HUD verification matters



## Disability Status



Does the client have a disabling condition?

Yes (HUD) G



## Disabilities

[HUD Verification](#) 

		Disability Type *	Disability determination *	Start Date *	End Date
		Mental Health Problem (HUD)	Yes (HUD)	03/08/2021	


Add

Showing 1-1 of 1




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# HUD Verification Alerters- green is good

Alerter	HUD Verification Status
HUD Verification 	Incomplete
HUD Verification 	Complete

# Complete HUD Verification (determination=yes)

We were able to determine that our client had a disabling mental health problem

	Disability Type	Disability determination					
		Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
	Physical (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Chronic Health Condition (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HIV/AIDS (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Developmental (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Alcohol Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Both Alcohol and Drug Abuse (HUD)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mental Health Problem (HUD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




# Disability Data quality

Two of the most common errors

# Potential disability data entry errors- Missing

Selecting “Yes” to indicate a client has a disability but no disabilities are entered

Does the client have a disabling condition?  Yes (HUD)  No  G ←

**Disabilities** HUD Verification 

Disability Type *	Disability determination *	Start Date *	End Date
No matches.			


Add



??????????????

# Potential disability data entry errors- Conflict

Selecting “No” to indicate that a client does not have a disability but adding a disability type in the subassessment

Does the client have a disabling condition?  G ←

**Disabilities** HUD Verification 

	Disability Type *	Disability determination *	Start Date *	End Date
 	Alcohol Abuse (HUD)	Yes (HUD)	07/06/2017	

Add Showing 1-1 of 1

# Potential disability data entry errors- not a HUD disability

If Disability Determination or “If Yes” question are missing or No, then the data says the client should not be counted as having a disability.

- Remember, this is HUD’s required database, so we use their definitions
- HUD’s Disability definition has multiple parts

Disabilities	
<b>Disability Type *</b>	<input type="text" value="Mental Health Problem (HUD)"/> G
<b>Disability determination *</b>	<input type="text" value="Yes (HUD)"/> G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	<input type="text" value="-Select-"/> G




# Locate these errors using the A019 ART report (previously known as the 0640 Data Quality Framework)

Q3. Universal Data Elements		
Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0.00%
Project Entry Date (3.10)	1	0.23%
Relationship to Head of Household (3.15)	7	1.62%
Client Location (3.16)	2	0.65%
Disabling Condition (3.8)	8	1.86%
Destination (3.12)	88	36.67%

Missing and inconsistent data will be aggregated here. Another tab will detail who these clients are

# Locate these errors using the 0630 ART Report

ES and TH projects can also use the 0630 PIT report to see inconsistent Disability responses



	A	B	C	D	E	F	G	H	I
1	Client Id	Client Unique Id	Age	Disability	Disability	Long Duration	Disab Start	Disab End	Prog
2	313	313							
3	12499	jstm10251981j250s326	39	Y	Both Alcohol and Drug Abuse (HUD)		1/25/2021		ES
4		jstm10251981j250s326	39	Y	Mental Health Problem (HUD)		7/27/2009		ES
5		jstm10251981j250s326	39	Y	Physical (HUD)		12/1/2020		ES
6	69055	jrcm02281962j500r260	58	N	Both Alcohol and Drug Abuse (HUD)		2/13/2020		TH
7		jrcm02281962j500r260	58	N	Mental Health Problem (HUD)		2/13/2020		TH
8	79990	scsf07071968s250c211	52	Y	Mental Health Problem (HUD)	Y	12/21/2020		ES
9		scsf07071968s250c211	52	Y	Physical (HUD)	Y	12/21/2020		ES
10	80222	cflf09071970c640f460	50	Y	Mental Health Problem (HUD)	Y	12/24/2020		ES
11		jbam09051954j520b424	66	Y	Alcohol Abuse (HUD)	Y	10/17/2017		TH



# What's Next

# What's Next Calendar

Due	Report/Event Name
Jan 27 <sup>th</sup>	Point-in-Time Count night!
Mar 1 <sup>st</sup>	PIT/HIC reviews begin!
Mar 12 <sup>th</sup>	Halfway point for corrections
March 26 <sup>th</sup>	PIT/HIC Corrections due
May 3 <sup>rd</sup>	Orange HMIS Users Meeting
Jun 7 <sup>th</sup>	Orange HMIS Users Meeting



## Contact NCCEH

hello@ncceh.org

919.755.4393

NCEndHomelessness 

@NCHomelessness 

nc\_end\_homelessness 

## Contact NCCEH Data Center Help Desk

hmis@ncceh.org

919.410.6997



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