2017 ESG Program Implementation - HMIS



September 26, 2017

Chandra McGhee – HMIS Data Analyst

Homeless Management Information System 101



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Chandra McGhee – HMIS Data Analyst

HMIS 101 : User/Client Dashboard

User Dashboard

Client Dashboard



HMIS 101 : Password Recovery

Password Recovery is as EASY as 1.....3 !!!

	V.C.	Workgroup	ßign Out ⊗	
		GA HMIS: HMIS Programs - Design Mode		Change Password for Chandra McGhee 🗕 🗖 🔀
2	Change photo Chandra McGhee chandra.mcghee@dca.ga.gov GEOBCIA HOLISING AND FINA Change password charge preferencee	Organization Georgia HMIS Location Theme Metallic •	•	ClientTrack requires that passwords: Must have at least one number Must be 8 or more characters Must have at least one non-letter, non-numeric character (such as !,.{][@#\$%^&*()) Must contain at least one capital letter Cannot be any of the previous six passwords you have used
	Sign Out	•	Apply	New Password: *
				Confirm Password: *
				Your Current Password: *
				I want to <u>update my recovery information</u> instead of my password.
				Change Password Cancel

HMIS 101 : NEW 2017 HUD Data Standards

The HUD Data Standards were released and all HMIS and HMIS comparable databases (for family violence providers) were required to be updated by October 1, 2017.



- Gender : New options on dropdown
- Housing Move In Date : Now on Client Dashboard
- Disabling Condition : Now on Universal Data Assessment Page
- Type of Residence : Add more selection to the dropdown
- Financial: Non Cash Benefits removed two options
- Added HMIS 2017 Veteran Information under Client Dashboard

Emergency Shelter / Hotel – Motel HMIS Overview



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Exhibit D ESG **HMIS** Data Requirements Checklist

Exhibit D DCA MINIMUM HMIS REQUIREMENTS

Items required for this project by DCA if marked with "X"

Grantee:

Project Type:

HMIS Project Name:

Note to Grantee: With the exception of family violence providers (these grantees must use alternative means for reporting as prescribed elsewhere by DCA), DCA requires each ESG grantee to enter prescribed HMIS data into ClientTrack as a part of its obligation in in order to receive funds. DCA, and the grantee as it wishes, use the data to monitor project performance and outcomes, and together with data across the state, performance and outcomes state-wide. HUD requires ESG grantees to use the HMIS operated by its Continuum of Care.

Security Standards

- 1. 🖂 Every computer used to access ClientTrack must have the following requirements (1.) Installed Java Runtime Environment (2.) Locking screen saver (3.) Virus protection that automatically updates (4.) An individual or network firewall
- 2. 🖾 Agency has a written privacy policy, including the uses and disclosures of information which is posted on a website and provided to clients upon request.

HMIS Agency Configuration

Submit Helpdesk Ticket in ClientTrack to CREATE/UPDATE Projects in HMIS 3. 🖂

HMIS Data Collection

- 4. Capture Signed HMIS Authorization Forms for All Household Members served
- 5. 🖂 Enter Universal Data Elements (Demographics) for ALL Household Members served
- 6. 🖾 Capture Income and Non-Cash Benefits Information for All Household Members (including children & clients with no income/non-cash benefits) at project ENROLLMENT & DISCHARGE
- 7. 🖾 Capture Special Needs Information for All Household Members (including children & clients with no special needs) at project ENROLLMENT & DISCHARGE
- 8. 🖾 Ensure All Household Members are enrolled into the appropriate project with the same Enrollment Date
- 9. 🖾 Enter Service Transactions for services provided during project enrollment on the Head of Household
- 10. 🛛 Enter Referral Service Transactions for referrals provided during project enrollment on the Head of Household
- 11. X 12. X Enter Date of Contact and Date of Engagement Service Transactions on the Head of Household
 - Discharge All Household Members from the project

Housing Support Standards Data Collection

- Capture Client Goals for Head of Household (In Case Notes) 13. 🖾
 - At Intake
 - During Project Enrollment
 - At Discharge
- 14. Complete project follow-up 90 days after discharge
- 15 Complete project follow-up 180 days after discharge

Reporting

- CAPER Emergency Solutions Grant (ESG) Export 16
- 17. HUD Data Quality Report Ensure data completion and data quality
- 18. X HUD Data Quality Report Detail Assist in data cleaning and correction

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HMIS Agency Configuration

HMIS Agency Configuration

Submit Helpdesk Ticket in ClientTrack to CREATE/UPDATE Projects in HMIS

STEP 1:



HMIS Data Collection

- ✤ Capture Signed HMIS Authorization Forms for All Household Members served
- Enter Universal Data Elements (Demographics) for ALL Household Members served
- Capture Income and Non-Cash Benefits Information for All Household Members (including children & clients with no income/non-cash benefits) at project ENROLLMENT & DISCHARGE
- Capture Special Needs Information for All Household Members (including children & clients with no special needs) at project *ENROLLMENT & DISCHARGE*
- * Ensure All Household Members are enrolled into the appropriate project with the same Enrollment Date
- * Enter Service Transactions for services provided during project enrollment on the Head of Household
- Enter Referral Service Transactions for referrals provided during project enrollment on the Head of Household
- Enter Date of Contact and Date of Engagement Service Transactions on the Head of Household
- Discharge All Household Members from the project



HMIS Data Collection – Authorization Forms

Capture Signed HMIS Authorization Forms for All Household Members served

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System ("GA HMIS") is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from them you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. The information shared through HMIS is dependent on your situation, and may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status);
- Your history of homelessness and housing (including your current housing status, present and/ or prior living situation, and where and when you have accessed services);
- Your income information (sources and amounts of household income, employment information, work skills) and
 other resources, such as non-cash or public benefits;
- Your legal history/information;
- · Your general, self-reported medical history including any mental health and substance abuse issues or HIV
- status (detailed medical or treatment information will never be shared, however), and type of health insurance;
- Your reasons for seeking services, your service needs, and the outcomes of services provided to you;
- Your emergency contact information;
- Other information needed for eligibility of certain types of projects (such as military history, educational background, employment background, sexual orientation, etc.)

How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your "story." Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

Who may be given access to your information?

The GA HMIS participating organizations may have access to your data on a need-to-know basis. These organizations may include homeless service providers, other social services organizations, housing providers, healthcare providers and administrators of the system. In other rare cases, such as when required by law, or for purposes of research, your information may be shared outside of the GA HMIS participating organizations (but never to the general public). For more information, please request a copy of our privacy policy.

How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations. which may require additional written consent prior to any disclosure.

By signing this form, you understand that:

- · You have the right to receive services even if you do not agree to share your information.
- Consenting to share your information does not automatically guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without
 you being required to sign another consent form.

- Your consent does not expire, but you may cancel your consent at any time, by completing the Client
 Revocation of Consent to Share Information form. You further understand that any cancellation of this consent
 will not retroactively change information that has already been disclosed or actions already taken under your
 previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we are required to provide you with, as applicable:
 - A copy of the Client Revocation of Consent to Release Information;
 - A copy of the GA HMIS Privacy Policy;
 - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
 - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request
 a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
 You are not waiving any rights protected under Federal and/or Georgia law.

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SIGNATURE AND ACKNOWLEDGEMENT

Client/Legal Guardian Name (Please print):

Your signature below indicates that you have read (or have been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- I consent to allow my basic identifying information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit the sharing of other information as specified in the Client Consent to Share Information – Supplemental form.
- I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the guality of services the GA HMIS participating providers are able to provide.

DOB:

Last 4 digits of SS

DOB:	Last 4 digits of SS
DOB:	Last 4 digits of SS
DOB:	Last 4 digits of SS
	Print Name of Organization Staff
	Date
	DOB:

HMIS Data Collection - Demographics

Enter Universal Data Elements (Demographics) for ALL Household Members served



HMIS Data Collection - Household Members

- Capture Income and Non-Cash Benefits Information for All Household Members (including children & clients with no income/non-cash benefits) at project ENROLLMENT & DISCHARGE
- Capture Special Needs Information for All Household Members (including children & clients with no special needs) at project ENROLLMENT & DISCHARGE
- Ensure All Household Members are enrolled into the appropriate project with the same Enrollment Date

ntake (1259)	🧲 🦯 Universal Data Assessment 👼 🔭 🕕 🐇	AI 🖗
	Complete the information below related to the selected client's housing status and other relevant information. Note:	
 Basic Client Information Family Members 	Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. S.917 may not always show as expected because of changed setup data or missing required data links	
Program Enrollment	It	
Test, Bubba	Master Assessment Active <u>Change Assessment Date</u>	
Test, Willa A		
Universal Data Assessment	Universal Data Assessment* Information Date:	
Barriers / Special Nee	Age at Assessment: 62	
Domestic Violence	Assessment Type: Entry	
Income	Disabling Condition:* Yes •	
	Living Situation - Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.	
	Type of Residence:* Place not meant for habitation	
	Length of stay in the prior living situation:* Two to six nights -	
	Approximate date homelessness started:* 04/09/2013	
	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:	
	Total number of months homeless on the streets, in ES, or SH in the* past three years:	
	Health Insurance - Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.	1
	Default Last Insurance Status	
	Covered by Health Insurance;* No	

HMIS Data Collection - Services

Enter Service Transactions for services provided during project enrollment on the Head of Household

Find Client		Willa Test 406403
Project Intake	11	
RHY Project Data Intake		Client Services > + Service
		Enter the information about the service provided to the client below.
CASE MANAGEMENT		
Client Dashboard		Family Income
Edit Client		Family Members 2
		Poverty Level \$1,335.00
HMIS 2017 Veteran		
Information		Enrollment:* - SELECT
Case Notes		Grant:* - SELECT
Assessments	>	Service :* ESG - Engagement
	^	Location: - SELECT
Referrals		Date:* 09/25/2017
Services	>	Units:* 1.00
Enrollments		Unit Value:* \$0.00
		Total: \$0.00
Household Members	>	User Performing the Service: Chandra McGhee
🤔 Paused Workflows		Comments:
		Restriction:* Restrict to Organization
		 Restrict to MOU/InfoRelease

HMIS Data Collection - Referrals

Enter Referral Service Transactions for referrals provided during project enrollment on the Head of Household

Find Client	Willa Test 3/14/1955 406403			
Project Intake	Client Referrals > 🕂 Referral			
	Referral	O Voucher and Information Release	Referral Outcome	
CASE MANAGEMENT	REFERRAL @ Complete the information below to identify the service and the provider being referred to.			
Edit Client	>			
HMIS 2017 Veteran	Referral Date:* Enrollment:*	09/25/2017 💼 - SELECT - 👻		
Case Notes	Referral Service:*	– SELECT – 🗸		
Assessments	Referral Recipient - Select the agency referral recipient as the Refer to Provider.			
Referrals	Refer to Provider:*			
Services	Referral Source - Select the agency referral source as the Refer from Provider.			
Enrollments	Refer from Provider:	Georigia HMIS		
🔏 Household Members	Refer from User: Location:	Chandra McGhee		
🤞 Paused Workflows	Status:*	Referral Made 🝷		
	Comments:			

HMIS Data Collection - Discharge

Discharge All Household Members from the project

Savannah Woods A			
Savannah Woods's Dashboard			
Savannah Woods's Information			
	Name: Woods, Savannah		
	Gender:		
	Female	<u> </u>	
	Ethnicity: Non-Hispanic/Latino	Savannah Wc 9/20/1978 4064	
Savannah's Enrollments		HUD Program	Savannah Woods's Dashboard 🕨 🦯 Enrollment Exit
Case ID Enrollment Description	Case Project Start Date Housing Move-In Date	Exit (1260)	To exit the client from the Enrollment, enter the Exit Date and Destination.
▼ Previous		н х	
99079 Cobb CoC (ESG; PREV)	1 06/21/2017	Exit Enrollment	Exit Date:* 06/21/2017
S Add Family Member		Exit Assessments	Destination:* Rental by client with RRH o
View Case Members			Exit Reason: Completed Program
Missed Annual/Update Assessment	Service		
Link Assessments	7 Utility - Electric		Case Manager Assignment: Chandra McGhee 🧐
Associated Assessments			End Case Assignment: 🔲 🧐
Exit the Enrollment			
Review Entry Assessments			
Review Exit Assessments			

Housing Support Standards Data Collection

Capture Client Goals for Head of Household (In Case Notes)

- At Intake
- During Project Enrollment
- At Discharge
- Complete project follow up 90 days after discharge
- Complete project follow up 180 after discharge

Savannah Woods 9/20/1978 406440			
Client Case Notes Case Note with Services			
Complete case note Entry Date . Verify the User recording the note. Enter a brief title or description for the note in Regarding . Complete the read only checkbox has been unchecked. Record services associated with this case note using the lower portion of the form.			
Entry Date:*	09/25/2017		
User:*	Chandra McGhee		
Regarding:*	Goals		
Note Type:	Other -		
Template: Option not in the list 👻			
%			
Case Note			
Client Name: Savannah Woods			

Reporting

- ✤ CAPER Emergency Solutions Grant (ESG) Export
- HUD Data Quality Report Ensure data completion and data quality
- HUD Data Quality Report Detail Assist in data cleaning and correction

Home	L ClientTrack™ 🗧 All Search	Chandra McGhee (Training) Help Sign Out
User Dashboard	APR >	is
GLOBAL ADMINISTRATION	HUD Data Quality Report	Emergency Solutions Grant (ESG) CAPER EXPORT
GA HMIS REPORTS	2017 PATH Annual Report Full, SSVF, and RHY 6.1 CSV Exports	nber 22, 2017 at 6 pm ET and conclude by 6 am ET on Saturday September 23, 2017. We estimate that this migration will take approximately 8 hours to complete. With this you will experience a delay in It is highly recommended that you do not login to ClientTrack during this migration period. We recommend that you conclude all data entry prior to 6pm Friday September 22, 2017 and encourage you to
HUD/HMIS Reports HMIS System Performance Measures: M1	AHAR	You can expect that all 95 projects will be in production by 6 am Saturday September 23, 2017. We will provide updates if there are any changes. Thank you for your patience and understanding through this m please submit help tickets accordingly.
Unsheltered PIT Assessments HMIS System Performance Measures: M2 - M7	Cher Data Quality Reports CLD/Depricated Reports-Not for Official Use CLD/Depricated Reports-Not for Official	6/1/2017 10:09:00 AM
Vulnerability Index Assessments VISPDAT and SPDAT Assessments	HUD Point in Time (PIT) HUD Point in Time (PIT) HMIS CoC Competition Question 3B-2.8 HOSting Viaco link:	5/30/2017 12:38:00 PM
Files on Server	https://youtu.be/ypbgd0h_am8 Text after the video link.	
STANDARD REPORTS	Current Program Enrollments	3.5
	Program Cases Clier Cobb CoC (ESG:ES) 2	2
	Cobb CoC (ESG:RRH) 1 Cobb CoC (ESG; PREV) 1	2 2.0 2 3 1.5

News You Can Use





Chandra McGhee – HMIS Data Analyst

September 26, 2017

2017 Georgia HMIS User Conference – Savannah, Ga October 26 – October 27



DCA – Dirty South Data Digest



DCA – YouTube https://www.youtube.com/user/DCAGeorgia



Questions/Answers



September 26, 2017

Chandra McGhee – HMIS Data Analyst

Contact Information

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Georgia® Department of Affairs