



WELCOME

**HMIS Agency Administrators
Meeting**

Thursday, March 7th, 2019



AGENDA

1. COC|Coordinated Assessment|UPLIFT Updates
2. HMIS Newsletter
3. Housing Inventory Count (HIC)
4. Breakout Groups
5. SCC Recertification Updates
6. Continuous Data Quality Improvement - CDQI
7. Reminders
8. Next Month's Meeting

CoC|Coordinated Assessment|UPLIFT Updates

HMIS Newsletter

HMIS Newsletter

February 2019 Newsletter included:

1. Documenting Client Consent in HMIS
2. HMIS in the Community: Data Literacy Institute and Agency Administrator Meetings
3. Report Spotlight: [HUDX-225] HMIS Data Quality Report
4. Please Complete Our Satisfaction Survey!
5. Upcoming Events
6. Bitfocus is Hiring

Web link to the Newsletter will be available in the Agency Admin meeting minutes



Santa Clara HMIS News, February 2019

Welcome to the Santa Clara County HMIS Newsletter! In this edition you'll find the following:

- [Documenting Client Consent in HMIS](#)
- [HMIS in the Community: Data Literacy Institute and Agency Administrator meetings](#)
- [Report Spotlight: \[HUDX-225\] HMIS Data Quality Report](#)
- [Please Complete Our Satisfaction Survey!](#)
- [Upcoming Events](#)
- [Bitfocus is Hiring!](#)

Documenting Client Consent in HMIS

Thank you to all who completed the updated HMIS client consent training! As you are aware, it is required in Santa Clara County that all participating agencies document their clients' HMIS consent status directly in the HMIS database and that the client Release of Information (ROI) document is scanned and uploaded.



Don't forget, an ROI needs to be signed for EVERY client. Clients must choose the information they consent to by writing their initials in the box next to the type of Protected Personal Information (PII) or Protected Health Information (PHI) listed in the document. If the client does not initial next to a specific PII/PHI item (e.g. health information) in the document, the client does NOT consent to share that specific type of information. If the client does not consent to share, then the data cannot be entered into Clarity, including any VI-SPDAT questions related to that topic. For children's data entered in HMIS, the ROIs should be signed by the parent. You can find out whether your clients have their consent status documented in HMIS by clicking the Client Privacy shield on the right side of a client's profile page in HMIS.

Housing Inventory Count (HIC) & Point In Time (PIT) Count

Housing Inventory Count (HIC)

The Housing Inventory Count (HIC) is conducted annually in late Jan.

This year, it was on Mon, Jan 28.

Report is on shelter and housing programs (ES, TH, RRH, PSH), including non-participating HMIS programs (e.g. DV programs) and includes:

- ◀ Bed/unit capacity
- ◀ Federal funding source
- ◀ HMIS participation
- ◀ Location (geocode and address)
- ◀ Other project details
- ◀ Utilization rate based on clients in shelter/housing during one night in January (point-in-time count)





HIC: Client Data Requirements

- ★ All Shelter and Housing projects will need to report the actual number of clients served on one night in January.
Information will be used to calculate Utilization Rates for each project.
 - PSH, RRH, and OPH (Other Permanent Housing) Projects will be based on clients housed
 - RRH bed/unit inventory will be based on housed clients



Point In Time (PIT) Count Information

The Point In Time (PIT) Count is conducted annually in late January, on the same day as the HIC

The report includes sheltered clients (ES, TH, Safe Haven), including clients in non-participating HMIS programs (e.g. DV programs):

- ◀ Number of households and clients served the night of the PIT
- ◀ Number of children, adults aged 18-24, adults over 24
- ◀ Race, Ethnicity, Gender, Chronic Homelessness
- ◀ Substance Abuse, Mental Illness, DV, HIV/AIDS

Information is broken out by both household type as well as specific demographics (Veterans, Parenting Youth, Unaccompanied Youth)

Last Month's HIC/PIT Action Items

- ◀ Inventory information: Please do a final review and confirm the information about housing and shelter programs that we previously reported to HUD in **THIS SPREADSHEET.**
 - ◀ Let us know if any new housing or shelter programs have come online during calendar year 2018
 - ◀ Similarly, let us know if any programs on our list have stopped operating during calendar 2018
- ◀ Client data: Make sure the household and client counts are accurate for the night of **Mon, Jan 28**
 - ◀ The number of households/clients in your programs in HMIS match the number of households/clients that were actually there on that date
 - ◀ For ES/TH: Review demographic information
 - ◀ For RRH/PSH: Fill out the Housing Move-In Date for your housed clients



Last Month's PIT Count Preparation

For clients in your **Emergency Shelter, Transitional Housing, or Safe Haven programs** on the night of the PIT:

Make sure the household and client counts are accurate (i.e. if you run a Program Roster report for that day, it matches how many households/clients were actually there the night of the PIT)

For all clients served on **Mon, Jan 28**, review:

- ◀ Date of Birth
- ◀ Race
- ◀ Ethnicity
- ◀ Gender
- ◀ Veteran Status (for adults)
- ◀ Mental Health Problem
- ◀ Substance Abuse Problem
- ◀ Domestic Violence Victim/Survivor
- ◀ Living Situation section (for Chronic Homelessness)



This Month's HIC/PIT Action Items

- ★ For all projects, review number of clients served in the “PIT Count” column of **THIS SPREADSHEET** for accuracy
 - Reminder: this year, the number of clients for PSH is based on Housing Move-In Date
- ★ For RRH projects, review the bed/unit inventory. The number of beds/units in columns M through W should match the number of clients/households housed in your project the night of Mon Jan 28th
- ★ Bitfocus will reach out to verify address information for all projects:
 - For site-based projects: full address is needed
 - For scattered-site projects: zip code where most units are located
- ★ Bitfocus will reach out if there are any specific questions for your agency

*Please complete your review by **Monday, March 11** and let Bitfocus know once it's been completed*

Breakout Groups



Scenario 1

In reviewing one of your clients profile, you notice there is no ROI entered. What needs to happen to fix this error?

Please fill in Release of Information form

CANCEL

Scenario 2

In three years, how many times must a person become homeless AND what is the minimum required total months of homelessness to be considered chronically homeless?

A. $2x=8$ months

Two times equal to 8 months

B. $3x=12$ months

Three times equal to 12 months

C. $4x=12$ months

Four times equal to 12 months

D. $6x=9$ months

Six times equal to 9 months



How well do you know your acronyms?

- UPLIFT
- VI-SPDAT
- TAY
- AHAR
- HEARTH ACT
- HMIS
- SCC



" Take this report and reduce it to an **acronym**. "

Scenario 3

Scenario 4



The client consent form must be retained for _____ years following its expiration (fill in the blank).

To revoke consent for any information that relates to substance use treatment or mental health treatment after signing the form, a written request must be submitted to Bitfocus (True/False).



Scenario 1 Response

Q

In reviewing one of your clients profile, you notice there is no ROI entered. What needs to happen to fix this error?

Please fill in Release of Information form

CANCEL

A

For a client to be entered into HMIS there must be and ROI signed. An ROI will need to be added/uploaded to the clients profile. If needed conduct one and upload it.

Scenario 2 Response

Q

In three years, how many times must a person become homeless AND what is the minimum required total months of homelessness to be considered chronically homeless?

A

A. $2x=8$ months

B. $3x=12$ months

☒ C. $4x=12$ months

D. $6x=9$ months

Two times equal to 8 months

Three times equal to 12 months

Four times equal to 12 months

Six times equal to 9 months



A

How well do you know your acronyms?

Q

- UPLIFT
- VI-SPDAT
- TAY
- AHAR
- HEARTH ACT
- HMIS
- SCC

Santa Clara County

Vulnerability **I**ndex-**S**ervice **P**rioritization
Decision **A**ssistance **T**ool

Annual **H**omelessness **A**ssessment **R**eport

Homeless **E**mergency **A**ssistance and **R**apid
Transition to **H**ousing **A**ct

Transition **A**ge **Y**outh

Homeless **M**anagement **I**nformation **S**ystem

Universal **P**ass for **L**ife **I**mprovement for
Transportation

Scenario 3 Response

Scenario 4 Response



The client consent form must be retained for 6 years following its expiration (fill in the blank).

To revoke consent for any information that relates to substance use treatment or mental health treatment after signing the form, a written request must be submitted to Bitfocus.

FALSE

SCC HMIS Recertification Updates



HMIS Access Requirements

Training

1. Online **Clarity General Training** (*prerequisite for account creation*)
2. Pre-recorded **SCC HMIS Client Consent Training** (*prerequisite for account creation*)
3. In-person **VI-SPDAT Training** (*prerequisite for account creation*). Updates to come!

Once these trainings are completed, the Technical Administrator, Agency Administrator, or Security Officer should contact the Bitfocus Help Desk to request account creation.

Documentation

HMIS End User Agreement- signature required, and document is maintained by OSH/Bitfocus.

Documents for review:

- ▶ Partner Agency Privacy Statement
- ▶ SCC HMIS Data Quality Plan
- ▶ HUD Data Standards
- ▶ HMIS Security Plan
- ▶ HUD HMIS Data Dictionary

HMIS End User Agreement

The HMIS End User agreement is your commitment to maintain the security and confidentiality of client information.

What am I agreeing to?

Specific language in the End User agreement including, but not limited to:

- ▶ Not using information recorded in SCC HMIS to discriminate against a client in housing or services.
- ▶ User ID and Password is never shared, and logging out when leaving a workstation where HMIS Data is collected.
- ▶ A copy of the HMIS Privacy Statement is posted at every workstation where HMIS Data is collected
- ▶ Treating all SCC HMIS Partner Agencies and all SCC HMIS End Users with fairness, respect, and trust.
- ▶ Immediately notifying the Partner Agency Technical Administrator and Security Office of a security breach of system security or client confidentiality

SANTA CLARA COUNTY HMIS END USER AGREEMENT

The Santa Clara County Homeless Management Information System ("SCC HMIS") is a shared database and software application which confidentially collects, uses, and shares client-level information related to homelessness in Santa Clara County. On behalf of the Santa Clara County Continuum of Care ("CoC"), SCC HMIS is administered by the County of Santa Clara ("County") and Bitfocus, Inc. ("Bitfocus") in a software application called Clarity Human Services ("Clarity"). Clients must consent to the collection, use, and release of their information, which helps the CoC to provide quality housing and services to homeless and low-income people.

Client information is collected in SCC HMIS and released to housing and services providers (each, a "Partner Agency," and collectively, the "Partner Agencies"), which includes community based organizations and government agencies. Partner Agencies use the information in SCC HMIS: to improve housing and services quality; to identify patterns and monitor trends over time; to conduct needs assessments and prioritize services for certain homeless and low-income subpopulations; to enhance inter-agency coordination; and to monitor and report on the delivery, impact, and quality of housing and services.

SCC HMIS follows the HMIS data standards established by the U.S. Department of Housing and Urban Development ("HUD") in the most recent versions of HUD's HMIS Data Standards Manual and HMIS Data Dictionary or other applicable publications. As a Partner Agency authorized agent or representative (an "SCC HMIS End User," or simply an "End User"), you will play a critical role in collecting and entering valuable data and safeguarding client confidentiality.

Please initial below to indicate your understanding and acceptance of your responsibility regarding SCC HMIS.

Initials	
	I have read and understood, and I agree to comply with, the most recent versions of the SCC HMIS Standard Operating Procedures and the SCC HMIS Security Plan.
	I have read and understood, and I agree to comply with, my Partner Agency's Privacy Statement.
	I understand that my user identification and password information are for my use only and must not be used by or shared with anyone other than me.
	I will keep my password information electronically and physically secure.
	I understand that the only individuals who may view or receive SCC HMIS client-level information are authorized SCC HMIS End Users and the clients to whom the information pertains. I further understand that not all SCC HMIS End Users have the same level of access to client-level information, and that I cannot share client-level information from HMIS with anyone, including other SCC HMIS End Users, except through the HMIS system.
	I understand that these duties and responsibilities apply to all End Users of SCC HMIS, regardless of position, role, or authority.
	I will only view, obtain, disclose, or use the SCC HMIS information to perform my assigned duties on behalf of the Partner Agency named below.
	I have verified that there is a copy of the SCC HMIS Privacy Statement posted at every workstation where I may be collecting SCC HMIS data.

HMIS End User Agreement

- Having read, understood, and agreed to comply with:
 - HMIS Security Plan
 - HMIS Standard Operating Procedures
 - Partner Agency Privacy Statement
 - SCC HMIS Data Quality Plan
 - HUD HMIS Data Dictionary
 - HUD HMIS Data Standards Manual
- Completed the following training:
 - HMIS Workflow Training
 - HMIS Client Consent Training

Initials	
	If I am logged in to SCC HMIS and must leave the workstation where the computer is located, I will log out of HMIS before I step away from the workstation.
	I will keep all SCC HMIS information, whether in hard copy or electronic form, secure and confidential at all times, and when the information is no longer needed I will ensure that it is properly destroyed to maintain confidentiality.
	If I notice or suspect a breach of SCC HMIS system security or client confidentiality standards, I will immediately notify the Partner Agency Technical Administrator and Security Officer.
	I will not knowingly enter false or malicious information into SCC HMIS.
	I understand that it is my responsibility to ensure that I am always using the most recent versions of SCC HMIS standard forms and workflow.
	I will secure informed consent from each client from whom information is collected, and I have completed the SCC HMIS Client Consent Training most recently on _____ (please print date).
	I will follow the standards and recommendations of the SCC HMIS Data Quality Plan, and I will always strive to ensure that the information recorded in SCC HMIS is current and accurate.
	I understand that my user identification and password information will terminate upon a change in my employment status or if I no longer require HMIS to perform my assigned duties on behalf of the Partner Agency named below.
	I will not use information recorded in SCC HMIS to discriminate against a client in housing or services directly or indirectly on the basis of race, ethnicity, ancestry, skin color, religion, sex, gender identity, sexual orientation, national origin, age, familial status, or disability.
	As partners working toward common outcomes in a shared system, I will treat all SCC HMIS Partner Agencies and all SCC HMIS End Users with fairness, respect, and trust.
	I have completed the SCC HMIS Privacy and Security Training most recently on _____ (please print date). I will attend a refresher training annually.
	I have completed the SCC HMIS Workflow Training most recently on _____ (please print date). I will attend a refresher training annually.

Client Consent and Client Release of Information

End User and System Administration Responsibilities

- ◀ Each person or agency with access rights to SCC HMIS, or to whom client information is released, must sign an agreement to maintain the security and confidentiality of client information. HMIS End User agreement.
- ◀ Client information is protected by limiting access rights to the database and by limiting the parties to whom the confidential information may be released, in compliance with federal, state, and local regulations governing the confidentiality of client records.
- ◀ Upon any violation of the agreement, access rights may be terminated, and the person or agency found to be in violation of the agreement may be subject to further penalties.

Client Consent and Client Release of Information

Client rights to data entered in HMIS

- ▶ Access to a list of all participating partner agencies in SCC HMIS.
- ▶ A choice to participate in HMIS without affecting their eligibility for benefits or services.
- ▶ Opportunity to identify which PPI/PHI they want entered in HMIS
- ▶ The ability to revoke consent at any time.

Client initials	Type of PPI/PHI
	<ul style="list-style-type: none">• Identifying information (including: name, birth date, gender, race, ethnicity, social security number, phone number, residence address, or other similar identifying information)
	<ul style="list-style-type: none">• My photograph or other likeness
	<ul style="list-style-type: none">• Medical information included in my responses to questions asked as part of the standard HMIS intake and identification as a client or patient of the Santa Clara Valley Health and Hospital System
	<ul style="list-style-type: none">• HIV/AIDS-related information included in my responses to questions asked as part of the standard HMIS intake
	<ul style="list-style-type: none">• Mental health information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving mental health services from the County's Behavioral Health Services Department
	<ul style="list-style-type: none">• Substance abuse treatment information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving substance abuse or alcohol treatment from the County's Behavioral Health Services Department
	<ul style="list-style-type: none">• Financial and benefits information (including: employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other similar financial or benefits information)
	<ul style="list-style-type: none">• Housing information
	<ul style="list-style-type: none">• Information about services provided by HMIS Partner Agencies (including: date, duration, and type of service; and other similar service information)
	<ul style="list-style-type: none">• Other (specify): _____

Continuous Data Quality Improvement - CDQI



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Data Quality Defined

Data quality is a term that refers to the reliability and validity of client-level in HMIS. It is measured by the extent to which data in the system reflects actual information in the real world. With good data quality, a Continuum of Care can accurately tell its story of the individuals and families it serves.

Data Quality Plan

[Continuous Data Quality Improvement Process Santa Clara Continuum of Care](#)



Continuous Data Quality Improvement Process SCC CoC

Overview of Data Quality Continuous Improvement Process

Facilitates the ability of the CoC to achieve statistically valid and reliable data that can accurately tell a story of the individuals and families it serves.

Roles & Responsibilities

Bitfocus will provide assistance to agencies in correctly entering data in HMIS, and in addressing data quality issues.

Agencies will take primary responsibility for entering, verifying, and correcting data entry.

Data Quality Standards

- Running reports on an ongoing basis
- No Null data for required elements
- Minimizing Data Quality Issues
- When to Correct Data Quality Issues
- How to Identify Data Quality Issues



CDQI - Quarterly Data Quality Review

In general, Agency Administrators should evaluate and correct data quality quarterly using the following schedule:

- First month of quarter: begin data quality review, focused on ensuring the correct number of clients are enrolled and there are no null values. Make corrections as needed.
- Second month of quarter: review data to verify accuracy of data compared other records. For example, ensure that veteran status data entered into Clarity is correct.
- Third month of quarter: assess agency workflow to identify process improvements that may help ensure high quality data is consistently entered into system.- share your experience with OSH Managers and Bitfocus!

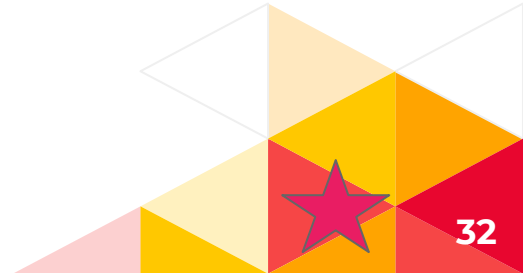


CDQI - Utilization

First month of quarter: begin data quality review, focused on ensuring the correct number of clients are enrolled and there are no null values. Make corrections as needed.

Helpful Reports: Who is enrolled in the program?

- [GNRL-106] Program Roster
- [GNRL-220] Program Details Report (Program Based Reports)
 - All client data at entry, annual assessment or exit
 - Useful for looking for outlying values



[GNRL-106] Program Roster Report

Program Roster Report

Puget Sound Homeless Response Network

Status: All

Client	Unique Identifier	Birth Date	Age At Entry	Current Age	Enroll Date	Exit Date	LOS	Assessments	Services	Assigned Staff
Main Street Emergency Shelter										
Marshall, Brandi	484F4E66B	01/01/1980	37	37	06/01/2017	-	49	0	1	S. Dougherty
Grant, Tami	B29085238	04/05/1999	18	18	06/01/2017	-	49	0	1	S. Dougherty
Wright, Brittany	BE1D264EF	09/08/1988	28	28	06/01/2017	06/15/2017	15	0	1	S. Dougherty
Payne, Mercedes	DA714AAB8	07/07/1977	39	40	06/01/2017	-	49	0	1	S. Dougherty
Medina, Jason	CD4D58FE0	09/12/1972	44	44	06/01/2017	-	49	0	1	S. Dougherty
Coleman, Sean	196A817AD	10/10/1970	46	46	06/01/2017	-	49	0	1	S. Dougherty
Boone, Frank	B20B0D977	12/09/1956	60	60	06/01/2017	-	49	0	1	S. Dougherty
Carlson, Sally	A460A6B2B	03/18/1967	50	50	06/01/2017	-	49	0	1	S. Dougherty
Janet, Jackson	0C69099CB	08/20/1959	57	57	07/01/2017	-	19	0	0	S. Holmes
Pop, Baby	D4E535A25	09/01/2010	6	6	07/01/2017	-	19	0	0	S. Holmes
Pop, Iggy	17CE6C4D2	09/09/1950	66	66	07/18/2017	-	2	0	1	S. Holmes

Total : 11

[GNRL-220] Program Details Report

IGNRL-220

Program Details Report

File

Edit

View

Insert

Format

Data

Tools

Help

All changes saved in Drive

fx

No

A

B

C

D

E

F

G

H

I

J

	First Name	Last Name	Agency	Assigned Staff	Staff Created	Enrollment Start Date	Enrollment Exit Date	Chronic Homeless	Housing Service	Housing Service Start Date
1	17Fc146E1	Refused	Test Agency	Test User		2017-03-16		Y	[Test Shelter] ES Housing/Household s without children	03/16/2017
2	Consent	Refused	Test Agency	Test User		2017-05-31		Y		
3	Consent	Refused	Test Agency							
4	Consent	Refused	Test Agency							
5	Consent	Refused	Test Agency							
6	Consent	Refused	Test Agency							
7	Consent	Refused	Test Agency							
8	Consent	Refused	Test Agency							
9	Consent	Refused	Test Agency							
10	Consent	Refused	Test Agency							
11	Consent	Refused	Test Agency							
12	Consent	Refused	Test Agency							
13	Consent	Refused	Test Agency							
14	Consent	Refused	Test Agency							
15	Consent	Refused	Test Agency							
16	Consent	Refused	Test Agency							
17	Consent	Refused	Test Agency							
18	Consent	Refused	Test Agency							

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Programs List

ENT-Test Shelter

	T	U	V	W	X	Y
1	Veteran Status	Program Entry Date	Client Location	Zip Code of Last Permanent Address	Quality of Zip Code	Relationship Head of Household
2	No	03/16/2017	WA-500			Self (he/household)
3	No	05/31/2017	WA-500			Self (he/household)
4	No	05/31/2017	WA-500			
5	No	05/31/2017	WA-500			
6	No	05/31/2017	WA-500			
7	Data not collected	05/30/2017	WA-500			
8	No	05/30/2017	WA-500			
9	No	05/30/2017	WA-500			
10	Data not collected	05/30/2017	WA-500			
11	No	05/29/2017	WA-500			
12	No	05/28/2017	WA-500			
13	No	05/28/2017	WA-500			
14	No	05/28/2017	WA-500			
15	No	05/27/2017	WA-500			
16	No	05/26/2017	WA-500			
17	Yes	05/26/2017	WA-500			
18	No	05/26/2017	WA-500			

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Programs List

ENT-Test Shelter

AI

AJ

1	Length of Stay Less Than 7 Nights	Length of Stay Less Than 90 Days	On the street
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Reminders

Agency Admin Format

Introductions

- ★ Name
- ★ Agency
- ★ Sharing Is Caring (getting to know you)

Please be sure that when connecting remotely you have a microphone (computer or phone)

“I shall participate, I shall contribute, and in so doing, I will be the gainer.”
Walter Annenberg



Recertification Process

- Please complete the Recertification process by viewing the video and taking the **10 question quiz**
- You must score an **80%** or higher to pass
- All staff that do not recertify will be disabled
- If disabled **Agency Lead** will need to request the reinstatement of user account





“ HIC & PIT 2019 Follow-Up

Please note that *Alison* from Bitfocus has begun the verification process of the data for your agency

You will receive an email (if you have not already) with a link to a spreadsheet - you will be able to add comments if needed in response to any changes and/or updates

Next Month's Meeting

- ◀ **When:** Thursday, April 4th, 2019
- ◀ **Time:** 1:30pm - 3:30pm
- ◀ **Where:** 600 Valley Way, Room 1
Milpitas, CA 95035



Questions, Comments and/or Concerns?

Contact Information

- Bitfocus System Administration team:
scc-admin@bitfocus.com **NEW!**

Janel Fletcher (janelf@bitfocus.com)

Alison Wilson (alisonw@bitfocus.com)

Lesly Soto (leslys@bitfocus.com)
- Support Team: sccsupport@bitfocus.com