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WELCOME!

AGENCY ADMIN. MEETING THURSDAY, OCTOBER 3RD, 2019

GETTING TO KNOW YOU!

Your Name Your Agency

What did you want to be when you were a child?

AGENDA	* * * * * * * * * *	×	×	*	×	×	×	×	*	×	×	×	×					*	×	×	*	×	×	×	×	×	*	×	×	*****
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AGENDA

- COC|Coordinated Assessment|UPLIFT Updates
- HMIS Newsletter
- 👆 🛛 Breakout Groups
- HUD 2020 Data Standards

Next Months Meeting

- 🔖 Continuous Data Quality Improvement
 - Customization of HMIS|Feature Enhancements
- Reminders
- 0





HMIS NEWSLETTER



- Reminder: Data Standards Changes Coming
 October 1st
- Update the Contact and Location Tabs
- Best Practices for Sharing PII (Protected Personal Information)
- Report Spotlight: [DQXX-110] Duplicate Clients
- Solution Upcoming Events

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



A new staff person is onboarding and will be doing HMIS data entry. What are the next steps that you need take as the Agency Lead to ensure this staff person is granted access to HMIS?



Scenario #2

What are actions/steps that should be taken to help minimize and/or to prevent a data breach?



- According to the Agency Administrator agreement (Technical
- Administrator and Security Officer Agreement), how frequently should
- an agency administrator review data quality at their agency?
 - (Choose responses that apply)
- 1. Conduct a complete review daily, or as necessary, dependent on program need
- 2. As soon as I get a minute, too many meetings to attend
- 3. Data quality reports should be run at least once per month throughout the year. In the weeks prior to
 - submitting a report, data quality reports may need to be run on a daily basis.
- 4. Conduct a complete and accurate quarterly review of the Partner Agency's compliance with all applicable plans, forms, manuals, standards, agreements, policies, and governance documents

Identify the data quality errors that are found in this client's profile

Marga PROFILE		SERVICES	PROGRAMS	FILES	NOTES	ASSESSMENTS	CONTACT	LOCATION	REFERRALS			
CLIENT	PROFILE											
	Social Security	Number	345 -	34 -	2123							
	Quality of SSN		Client does	sn't know	6			~				
	Last Name		Rita					≞		1		
	First Name		Marga									
	Quality of Nam	e	Client refus	sed				~				
	Quality of DOB		Approxima	te or part	tial DOB re	ported		~		U	NIQUE IDENTIFIER	
	Date of Birth		01/02/1985				Ad	ult. Age: 34		[DF35775B6	
	Middle Name					None	~					
	Gender		Female					~				
	Race		White					~				
	Ethnicity		Hispanic/La	atino				~				
	Veteran Status		No					~				

SCENARIO #4 CONT.

Continue to review the client's program enrollment and identify any issues that you see

Project Start Date	08/16/2019	
Is the Client an Adult or Head of Household?	Yes (Automatically Generated Response)	~
Is the Program Type Either Emergency Shelter, Safe Haven, or Street Outreach?	Yes (Automatically Generated Response)	~
Is the Program Type Either Street Outreach or a Night-by-Night Emergency Shelter?	Yes (Automatically Generated Response)	~
COMPLETE DATE OF ENGAGEMENT WHEN CLIENT HAS BEEN ENGA	GED	
Date of Engagement	08/19/2019	
LIVING SITUATION		
Type of Residence	Place not meant for habitation	~
Length of Stay in Prior Living Situation	One week or more, but less than one month	~
Approximate Date Homelessness Started	07/16/2019	
Number of times on the streets, in ES, or Safe Haven in the past three years	Three Times	~
Total number of months homeless on the streets, in ES, or Safe Haven in the past three years	Two Months	~
DISABLING CONDITIONS AND BARRIERS		
Disabling Condition	No	
Physical Disability	No	
Developmental Disability	Yes Ves Substantially Impairs Independence Client does	
Chronic Health Condition	Yes V Long Term Yes V	
HIV - AIDS	No	
Mental Health Problem	Yes ✓ Long Term Client does ✓	
Substance Abuse Problem	No	
Domestic Violence Victim/Survivor	No V	

*Please note this client is enrolled in a RRH program with employment assistance. Identify issues that you notice.

Program Enrollment

CASH INCOME FOR INDIVIDUAL	
Income from Any Source	Yes
Earned Income	
Unemployment Insurance	
Worker's Compensation	
Private Disability Insurance	
VA Service-Connected Disability Compensation	
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Retirement Income from Social Security	
VA Non-Service Connected Disability Pension	
Pension or Retirement Income from a Former Job	
Temporary Assistance for Needy Families (TANF)	Amount 714.00
General Assistance (GA)	
Alimony and Other Spousal Support	
Child Support	
Other Cash Income	
Total Cash Income for Individual	714.00

Program Exit

CASH INCOME FOR INDIVIDUAL	
Income from Any Source	Yes
Earned Income	
Unemployment Insurance	
Worker's Compensation	
Private Disability Insurance	
VA Service-Connected Disability Compensation	
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Retirement Income from Social Security	
VA Non-Service Connected Disability Pension	
Pension or Retirement Income from a Former Job	
Temporary Assistance for Needy Families (TANF)	
General Assistance (GA)	
Alimony and Other Spousal Support	
Child Support	
Other Cash Income	
Total Cash Income for Individual	0.00



SCENARIO #1 RESPONSE

A new staff person is onboarding and will be doing HMIS data entry. What are the next steps that you need take as the Agency Lead to ensure this staff person is granted access to HMIS?

Ensure the staff person completes the required trainings rainings include: 1. Clarity General Training 2. SCC HMIS Client Consent Training 3. SCC VI-SPDAT As the Agency Admin. you will need to contact the Helpdesk and make the official request-not the staff person requesting access

Lastly, be sure to include the End User Agreement (PDF) when requesting access

SCENARIO #2 RESPONSE

What are actions/steps that should be taken to help minimize and/or to prevent a data breach?

Safeguarding client privacy by ensuring Partner Agency and Partner Agency End User compliance with all applicable confidentiality and security policies Investigating potential and actual breaches of either SCC HMIS system security or client confidentiality and security policies, and immediately notifying the County and the System Administrator

Managing new, retired, and compromised local system account credentials

Developing and implementing procedures that will prevent unauthorized users from connecting to any private Partner Agency networks

- According to the Agency Administrator agreement (Technical
- Administrator and Security Officer Agreement), how frequently should
- an agency administrator review data quality at their agency?
 - (Choose responses that apply)
 - Data quality reports should be run at least once per month throughout the year. In the weeks prior to submitting a report, data quality reports may need to be run on a daily basis. And in some instances as deemed necessary on program need.
 - Conduct a complete and accurate quarterly review of the Partner Agency's compliance with all applicable plans, forms, manuals, standards, agreements, policies, and governance documents

Additionally, be sure to check for the following:



Identify the data quality errors that are found in this client's profile

Marc	ga Rita E HISTORY SERVICES	PROGRAMS FILES NOTES ASSESSMENTS	CONTACT LOCATION REFERRALS	
CLIE	NT PROFILE			
	Social Security Number	345 - 34 - 2123		
	Quality of SSN	Client doesn't know	~	
	Last Name	Rita	A	
	First Name	Marga		
	Quality of Name	Client refused	~	
	Quality of DOB	Approximate or partial DOB reported	~	UNIQUE IDENTIFIER
	Date of Birth	01/02/1985	Adult. Age: 34	DF35775B6
	Middle Name	None	~	
	Gender	Female	~	
	Race	White	~	
	Ethnicity	Hispanic/Latino	~	
	Veteran Status	No	~	

SCENARIO #4 CONT.

Continue to review the client's program enrollment and identify any issues that you see

Project Start Date	08/16/2019
Is the Client an Adult or Head of Household?	Yes (Automatically Generated Response)
Is the Program Type Either Emergency Shelter, Safe Haven, or Street Outreach?	Yes (Automatically Generated Response)
Is the Program Type Either Street Outreach or a Night-by-Night Emergency Shelter?	Yes (Automatically Generated Response)
COMPLETE DATE OF ENGAGEMENT WHEN CLIENT HAS BEEN EN	IGAGED
Date of Engagement	06/19/2019
LIVING SITUATION	
Type of Residence	Place not meant for habitation
Length of Stay in Prior Living Situation	One week or more, but less than one month
Approximate Date Homelessness Started	07/16/2019
Number of times on the streets, in ES, or Safe Haven in the past three years	Three Times 🗸
Total number of months homeless on the streets, in ES, or Safe Haven in the past three years	Two Months 🗸
DISABLING CONDITIONS AND BARRIERS	
Disabling Condition	No
Physical Disability	No 🗸
Developmental Disability	Yes 🗸 Substar tially Impairs Independence Client does
Chronic Health Condition	Yes 🗸 Long Term Yes 🗸
HIV - AIDS	No V
Mental Health Problem	Yes ✓ Long Term <u>Client does</u> ✓
Substance Abuse Problem	No
Domestic Violence Victim/Survivor	No 🗸

*Please note this client is enrolled in a RRH program with employment assistance. Identify issues that you notice.

Program Enrollment

CASH INCOME FOR INDIVIDUAL	
Income from Any Source	Yes
Earned Income	
Unemployment Insurance	
Worker's Compensation	
Private Disability Insurance	
VA Service-Connected Disability Compensation	
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Retirement Income from Social Security	
VA Non-Service Connected Disability Pension	
Pension or Retirement Income from a Former Job	
Temporary Assistance for Needy Families (TANF)	Amount 714.00
General Assistance (GA)	
Alimony and Other Spousal Support	
Child Support	
Other Cash Income	
Total Cash Income for Individual	714.00

Program Exit

ncome from Any Source	Yes
carned income	
Jnemployment Insurance	
Vorker's Compensation	
Private Disability Insurance	
/A Service-Connected Disability Compensation	
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Retirement Income from Social Security	
/A Non-Service Connected Disability Pension	
ension or Retirement Income from a Former Job	
remporary Assistance for Needy Families (TANF)	
General Assistance (GA)	
Alimony and Other Spousal Support	
child Support	
Other Cash Income	
Other Cash Income	0.00

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DATA QUALITY REPORTS

The following reports, found in the **Report Library** are recommended tools to use when trying to confirm data quality and accuracy.





DATA STANDARDS ARE LIVE!

Reminders:

- **Disabling Condition** (yes/no): Only appears on the enrollment screen.
- Move-in date: Only appears on enrollment screen. To record a move-in date, open the program enrollment and enter the move-in date on the enrollment screen.
- Current Living Situation Assessments: Replaces Outreach Contact services for Night-by-Night shelters, Street Outreach, and Services Only projects
- New SSVF Services: Extended Shallow Subsidy, Returning Home, Rapid Resolution, and Extended Shallow Subsidy - rental assistance (financial assistance service)
- **RHY Programs**: New "Other" option and textbox for sexual orientation field
- VA Programs: Required to collect employment status on enrollment and exit screens. Required to enter VAMC station number on enrollment screen.

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PROFILE SCREEN DATA QUALITY REVIEW

- Data Elements on the Profile Screen are a part of a group of **Universal Data Elements (UDE)** that are required to be collected when a record is made in HMIS.
 - Universal Data Elements that appear on the profile screen:
 - Client Name
 - DOB
 - Ethnicity
 - Gender

- Race
- SSN
- Veteran Status

ABOUT THE DATA QUALITY UDE REPORT

- This report is designed to show data collection issues on the profile screen:
- Data elements recorded as: Client Doesn't Know, Client Refused, and Data not Collected.
- SSN errors will also include "Possibly Invalid" (all 0s collected and full
 - SSN reported in quality field) and "Too Short" when the SSN reported is not 9 digits
 - "Null" indicates that no response was recorded on the Profile Screen for that data element
 - **"None"** indicates that there is no error with the data collection

ABOUT THE DATA QUALITY UDE REPORT

Client Name, DOB, and SSN errors are responding to the quality fields on the profile screen.

Marga Rita	ROGRAMS FILES NOTES ASSESSMENTS CON	ITACT LOCATION REFERRALS	
CLIENT PROFILE			
Social Security Number	345 - 34 - 2123		
Quality of SSN	Client doesn't know	×	
Last Name	Rita	۵.	
First Name	Marga		
Quality of Name	Client refused	~	
Quality of DOB	Approximate or partial DOB reported	~	
Date of Birth	01/02/1985	Adult. Age: 34	DF35775B6
		29	

System 3	Janel Fletcher, System ~
REPORT LIBRARY EXPLORE DATA ANALYSIS	$\frac{2}{1} p \text{ search} \equiv \text{caseload}$
DATA ANALYSIS	SETUP MANAGE REPORTS CALENDAR
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	▼ VISUALIZATION	EDIT	(¢)								
	Unique Identifier	Client Name Error	DOB Error V	Ethnicity Error	Gender Error	Race Error	SSN Error	Veteran Status Error	Project Type Code	Name	
	identifier					News	News		PH - Permanent Supportive Housing (disability		
		None	None	None	None	None	None	None	required)		
	2	None	None	None	None	None	None	None	PH - Permanent Supportive Housing (disability required)		
	2	Partial name	None	None	None	None	Possibly	None	PH - Permanent Supportive Housing (disability		
	3	reported	None	None	None	None	Invalid	None	required)		
	4	None	None	None	None	None	Possibly Invalid	None	PH - Rapid Re-Housing		
	5	None	None	None	None	None	None	None	PH - Rapid Re-Housing		
	6	None	None	None	None	None	None	None	Services Only		
	7	None	None	None	None	None	None	None	PH - Rapid Re-Housing		
	8	None	None	None	None	None	None	None	PH - Rapid Re-Housing		
	9	None	None	None	None	None	None	None	PH - Permanent Supportive Housing (disability required)		
	10	None	None	None	None	None	None	None	PH - Rapid Re-Housing		
	11	None	None	None	None	None	Possibly Invalid	None	PH - Permanent Supportive Housing (disability required)		
	12	None	None	None	None	None	None	None	PH - Permanent Supportive Housing (disability required)		
	13	None	None	None	None	None	None	None	PH - Permanent Supportive Housing (disability		
									required)		
	14	None	None	None	None	None	None	None	Street Outreach		
	15	None	None	None	None	None	None	None	PH - Rapid Re-Housing		
	16	None	None	None	None	None	None	None	PH - Rapid Re-Housing		

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FEATURE ENHANCEMENT REQUEST LIST

- CAWG 9/12/19: Staff contact information in HMIS
- CAWG 9/12/19: Notification of alert for the person who touched the

client last

- Outreach Meeting 9/27/19: ISP case management functionality
- Outreach Meeting 9/27/19: Automated refer to queue button
- Outreach Meeting 9/27/19: Alerts for incongruent changes
- CCP Meeting 9/30/19: Looker dimension to compare the change in income category b/t entry/status/exit

SCC VIRTUAL SUGGESTION BOX

Have ideas about an enhancement and/or addition to HMIS? Let us know! Drop it in the box!

Virtual Suggestion Box



REMINDERS

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2020 DATA STANDARDS FOR END USERS



REGISTER HERE!

AGENCY ADMIN. MEETING REQUIREMENT



 Must participate in <u>Z</u> in-person meetings (Zoom does not count)
 If you cannot make it, please send a representative (who uses HMIS)
 Countdown began with the

meeting in September

UPCOMING: DATA ENGAGEMENT WORKSHOP (DEW)

Currently all booked, but please check the

week of, for folks that may have cancelled.

Click here for direct link!



VI-SPDAT IMPACT ON HMIS ACCESS

- Staff who miss the 60-day threshold after being granted access to HMIS will receive a courtesy email (OSH|Agency Lead| End User) from Bitfocus
- Staff will have 72 hours to register for an upcoming training and must show verification of sign-up to prevent account deactivation
- Staff who do not show up to a training will have account disabled

Please ensure staff are using a **work related email address**

AGENCY ADMIN. STRUCTURE SURVEY



Survey will be sent out on Thursday, October 10th



SCC VIRTUAL SUGGESTION BOX

Have ideas about an enhancement and/or addition to HMIS?

Want to volunteer you agency for an upcoming Agency Admin. Meeting?

Let us know! Drop it in the box!

Virtual Suggestion Box



