

HMIS FAQ

(1st Edition)

February 16, 2011

Master Assessment/Assessment(s)

1) What is a Master Assessment; when do I need to complete one on a client?

A Master Assessment is a collection of Individual Assessments grouped together. For example, the Financial Assessment, Chronic Homelessness Assessment, and Employment Assessment, can all be completed separately, or as part of a Master Assessment. A Master Assessment must be completed for each client upon program entry, exit, (and if the client is in the program for 365 days or longer) and annually. Since a Master Assessment is 'attached' to the program enrollment and exit, it is what populates the data on the Annual Progress Report (APR) and a number of other crucial reports.

It is up to the case worker to decide if Individual Assessments (e.g. Financial) should be updated as the client's information changes. The available Individual Assessments are viewable in the Client's tab under the Assessments Icon. Master Assessments **must never** be changed, unless the data is **known** to be incorrect **at the time it was collected.**

2) How do I 'attach' an assessment to an enrollment?

There is a good walk through of this in the Assessments Tutorial, which is available on the Human Services Website at: Spokanehumanservices.org.

Ensuring that the client's assessment is correctly attached to the enrollment has been one of the biggest issues to data quality within the Spokane CoC.

The best practice approach to handling the collection of client data for reports is to use the workflows. If the client is entering the program, than the Spokane Program Entry workflow would be the correct choice; if the client is leaving the program, you would use the Spokane Exit workflow.

APRs/Reports

3) Why is the head of household for my family showing up as single in my Clients in Programs Report and/or APR?

This is a very good question; one which I get frequently! HUD defines the family dynamic **at the time of program entry.** For instance, if a single mother enters a program on 1/1/2010, and then her child enters the program on 1/2/2010, the mother will still show up 'single'. Below is HUD's definition on the various household types. This definition is taken from the old APR, which will soon be replaced:

Definitions of Client/Household Types: Each client/household type is defined below. Note that a client's client/household type should be based on the client's age and/or household composition at the program entry date closest to the start of the operating year.

Families – A family is a household composed of two or more related persons, at least one of who is a child accompanied by an adult or a juvenile parent.

Singles not in Families – Persons not accompanied by children, including pregnant women not accompanied by other children and unaccompanied youth, are singles not in families. When two adults or two unaccompanied youth present together for services, each person should be counted in singles not in families. Clients' household status should be determined based on their household composition at the program entry date closest to the start of the operating year. *This means that pregnant women expected to give birth during their program stay should still be counted as singles not in families.*

Adults in Families – Within a family, an adult is any person 18 years of age or older. For the purposes of APR reporting, the determination of whether a person is an adult in family should be made based on their age and household composition at the program entry date closest to the start of the operating year.

Children in Families – Children in Families are defined as children under the age of 18 accompanied by one or more adults (parent, relative or guardian). Children in families also include both a juvenile parent and the parent's child(ren). For the purposes of APR reporting, the determination of whether a person is a child in family should be made based on their age and household composition at the program entry date closest to the start of the operating year. For example, clients who are less than 18 years of age on the first day of the operating year or at program entry (if they entered during the operating year) should be counted as children even if they turn 18 during the course of the operating year.

Persons in Families – Persons in families includes adults in families and children in families.

4) You keep asking me to check my data, but how do I do that?

There is no such thing as over-verifying the accuracy of the data you enter! A little time spent checking data now, can save hours, not to mention reduce stress, down the road. There are a number of ways in which client data can be checked. The following represent some of the most effective. I would encourage each of you to explore the system and find your own 'best practices' approach to data checking.

Static Reports: A good example of a Static Report is the Clients in Programs report. I call it a 'Static Report' because you have a very limited range of filter criteria to choose from (i.e. filter criteria are the questions you answer before running the report, such as the date range) and you are limited in what data you can view. The Clients in Programs report is one of the more useful examples of a Static Report.

Another good Static Report is the Universal Data Report. This report will indicate which Universal Data Elements (e.g. SSN, DOB, Race, Ethnicity, Name, Program Entry Date, Exit Date, Veteran Status, Disability Status, etc.) are missing for your clients in each program.

Agencies are required to run, and verify the accuracy of, the Clients in Programs and Universal Data Reports!

Dynamic Report: A shift, largely on the part of HMIS vendors, has begun towards the use of 'Dynamic Reports'. Dynamic Reports are those that can be changed to reflect any criteria required. For instance, a Dynamic Report could be changed to include the number of clients who received a specific service while in a specific program. The flexibility of Dynamic Reporting allows reports which are more pertinent to the agency creating them. Instead of running multiple reports to get data, a single report can be run to return virtually any imaginable combination of data.

The Data Explorer feature in ClientTrack is the Dynamic Report tool currently available for use. There is a definite learning curve with Data Explorer. The vendor has released a manual, which outlines the basics. Mastery of this tool can dramatically reduce time spent in running individual reports. **Special training in the use and operation of Data Explorer is available.**

Regardless of which reporting format you choose, you should run your reports at **least** monthly.

5) How should client barriers, like HIV or Mental Health status, be recorded?

Recording client barriers can be tricky! HUD mandates that the Mental Health, Chronic Illness, Physical, and Developmental barriers be substantiated by **documentation**. Acceptable forms of documentation include: receipt of a disability check, written verification from a state-licensed professional, such as a medical service provider or a health-care provider, or the Social Security Administration. Other barriers do not require additional documentation.

Certain barriers, such as alcohol or drug abuse and domestic violence, **do not** require any form of official documentation.

If a client indicates they have either a Mental Health or Chronic Illness barrier, and don't have documentation, the barrier **should not** be listed in the client's barriers in ClientTrack.

Data collection of client barriers is required at program entry, exit, and annually (for those clients remaining in program at least 365 days).

Each barrier type has pre-defined criteria:

Mental Health: A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

Chronic Illness: A chronic health condition means a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.

Physical: a physical disability means a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

Developmental: a developmental disability means a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.