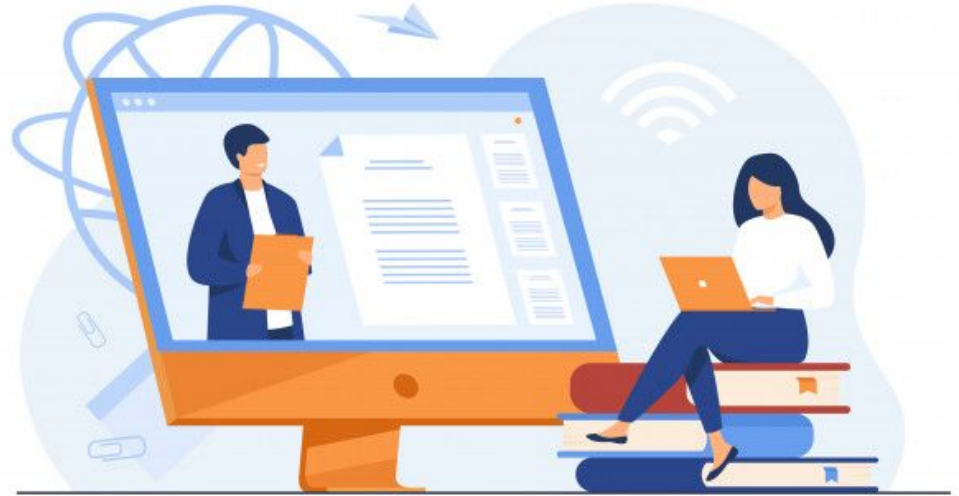# HMIS Monthly Training

HMIS Part 2

Agenda

1. Introductions & Policies
2. Intake & Enrollment
3. Creating & Managing Household Members
4. Services & Updates
5. Exiting Clients From Programs
6. HMIS Reports

Introduction & Policies

Introduction & Policies

What is Part 2?

HMIS Part 2 covers the data entry process and functionality of **Clarity**

Computer Requirements

When working with **real client data**, there are some requirements that your computer must have in order to access **Clarity**...

- Password Protected

- Locked out after **10 minutes** of inactivity

- Log in credentials can not be displayed in public area

- Clarity is compatible with:
    - Microsoft Edge
    - Chrome
    - Safari
    - Firefox

Intake & Enrollment

Client Search

A Springfield Agency

SEARCH FOR A CLIENT

ADD CLIENT ⊕

Britney Speers

SEARCH

Use full name, partial name, date of birth or any combination.

⚠ To search a client, please note that you can use any combination of:
name (whole or part first or last name), DOB, SS number

Managed with **Clarity Human Services**

🗑 Recover deleted data

Your recent client searches:

Guinea Pig

A Lind

Pork Belle Bacon

Chris P Bacon

Invader Zimm

Before creating a new client profile, make sure client is not already in the system by **searching** the client's **Name**, **SSN**, and/or **DOB**

*** can search by first to letters of first name and last name

Double Check:

- SSN
- Name
- DOB

If the profile does exist...

⚠ **Public Alert:** This client has been issued system-wide alert. Please review notes for full details.   REVIEW NOTES

Social Security Number   111 - 55 - 7897

Quality of SSN   Full SSN Reported

Last Name   Bacon

First Name   Chris P

Quality of Name   Full name reported

Quality of DOB   Full DOB Reported

Date of Birth   09/09/1993

Adult. Age: **27**

Middle Name   P

III

Gender   Male

Race   Asian

Ethnicity   Non-Hispanic/Non-Latino

Veteran Status   No

UNIQUE IDENTIFIER
FBC58BE7B

SAVE CHANGES   CANCEL

📅 Audit Log

Client Search

A Springfield Agency

Linda Ly,
A Springfield Agency

DASHBOARD   SEARCH   CASELOAD   REFERRALS

SEARCH FOR A CLIENT

ADD CLIENT ⊕

Your recent client searches:

🔍 peter griffin

SEARCH

Use full name, partial name, date of birth or any combination.

⚠ To search a client, please note that you can use any combination of:
name (whole or part first or last name), DOB, SS number

Your search - **"peter griffin"** - did not match any client.

Managed with **Clarity Human Services**

Guinea Pig

A Lind

Pork Belle Bacon

Chris P Bacon

Invader Zimm

Peter current **does not** have a profile in HMIS, so let's **create** a new profile!

Social Security Number 123 - 12 - 1233

Quality of SSN Full SSN Reported

Last Name Griffin

First Name Peter

Quality of Name Full name reported

Quality of DOB Full DOB Reported

Date of Birth 01/01/1975

Adult. Age: 45

Middle Name

None

Gender Male

Race White

Ethnicity Non-Hispanic/Non-Latino

Veteran Status Select

Please fill in Release of Information form   CANCEL

Creating New Client Profile

Profile page will ask you for …
- SSN
- Name
- DOB
- Gender
- Race
- Ethnicity
- Veteran Status

○ **Client Doesn't Know**: client does not know their Name, DOB, and/or their SSN

○ **Client Refused**: client refuses to give their Name, DOB, and/or their SSN

○ **Data Not Collected**: client for their Name, DOB, and/or their SSN

○ **Note**: If you do not have the SSN for a client enter it as 000-00-0000 and select the appropriate Data Quality option.

Adding Release of Information

If yes…
start date = date of consent
end date = 7 years from start date
select type of documentation

If no…
all fields will disappear

Then click **Save** on the Enrollment Screen

Permission	Yes
Start Date	10/29/2020
End Date	10/29/2027
Documentation	Select

Select

Electronic Signature

Attached PDF

Signed Paper Document

Verbal Consent

Household

RELEASE OF INFORMATION

Permission	No

Creating & Managing Households

What is a Household?

A household is a **single individual** or a **group of people** enrolling in a project together.
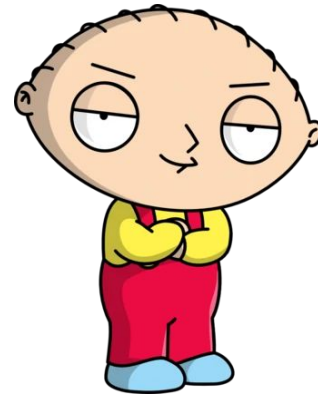
Household Management

Peter Griffin
HOH

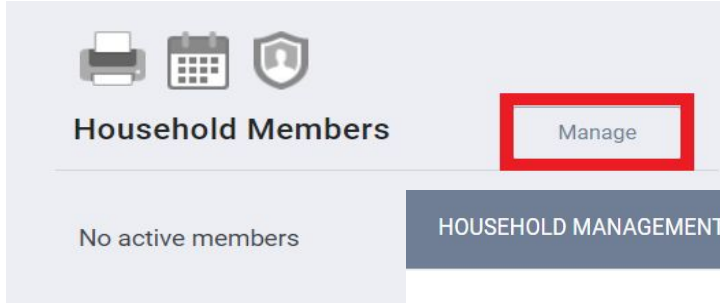# The Griffin Household

Peter Griffin
HOH

Stewie Griffin
Member #1

Add Stewie to Peter's Global Household

On Peter's profile...

Household Members Manage

No active members

Search for "Stewie Griffin"

HOUSEHOLD MANAGEMENT

Then, add to Household

Search for a Household Member

stewie griffin

SEARCH

Enter your search terms above to search for a client. Use full name, partial name, date of birth or any combination.

Client	Date of Birth	Last Four SSN	Last Updated
⊕ Add Stewie Griffin	12/30/2015	1432	10/18/2020

Add Stewie to Peter's Global Household

ADD TO HOUSEHOLD ⊗

Member Type   Son   ⌄

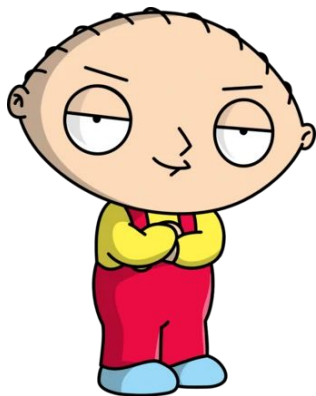Start Date   10/29/2020   📅

SAVE

The Griffin Household

Stewie Griffin
Member #1
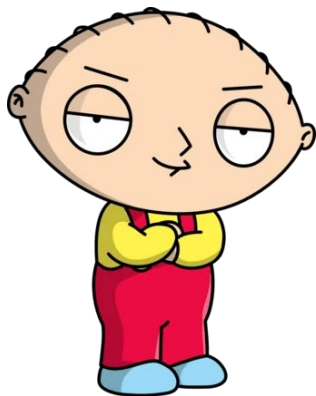
Peter Griffin
HOH

Brian Griffin
Member #2

JOIN HOUSEHOLD ⊗

○ Active client Peter Griffin will leave the existing Household to join Homer Simpson's Household

⦿ Transfer Homer Simpson from their existing Household to this Household

EXISTING HOUSEHOLD

Existing End Date   10/29/2020

Head of Household   Lisa Simpson

NEW HOUSEHOLD

Member Type   Cousin

Start Date   10/29/2020

SAVE

Will be asked to verify…

Existing Household
- End date
- New appointed HoH

New Household
- Relationship to HoH
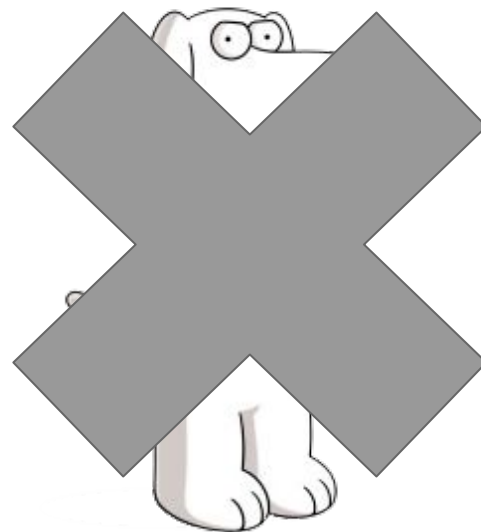- Start date

Exit Brian from Household

Under the Household Members section...

Household Members

Stewie Griffin

Brian Griffin

EDIT GLOBAL HOUSEHOLD

Member Type	Son
Head of Household	Peter Griffin
Joined Household	09/01/2020
Exited Household	
	10/16/2020

SAVE

Members

Not Set ★
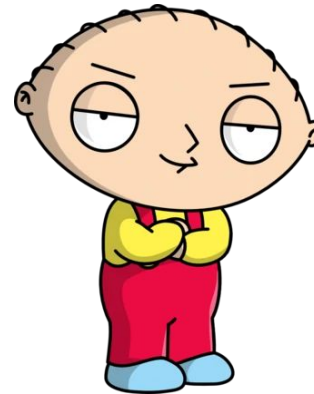
Son

Son

Search and Edit Brian's Household Settings

Toggle "Exited Household" & provide date exited

The Griffin Household

Peter Griffin
HOH

Stewie Griffin
Member #1

Enrolling Clients Into a Project

Enrolling Household Into New Project
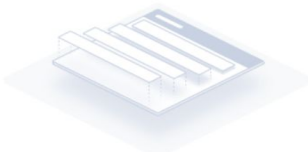
Peter Griffin

PROFILE HISTORY **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS SERVICES

⚠ Release of Information is Missing or Permission Not Provided. Please review to ensure compliance.

PROGRAM HISTORY

No results found

PROGRAMS: AVAILABLE

Elementary School Project	⌄
Evergreen Street Outreach Project	⌄
HOPWA Springfield	⌄
Short Term Supportive Housing	⌄
Springfield Homeless Shelter	⌄
Supportive Services for Springfield Citizens	⌄

Enroll Program for client Peter Griffin

Field	Value
Project Start Date	10/18/2020
Relationship to Head of Household	Self (head of household)
Client Location	Orange County CoC
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 ENGAGED

Field	Value
Date of Engagement	10/01/2020

PRIOR LIVING SITUATION

Field	Value
Type of Residence	Place not meant for habitation (e.g., a vehicle, an abandoned building, bu...
Length of Stay in Prior Living Situation	One week or more, but less than one month
Approximate Date Homelessness Started	08/01/2020
Number of times on the streets, in ES, or Safe Haven in the past three years	One Time
Total number of months homeless on the streets, in ES, or Safe Haven in the past three years	One month (this time is the first month)

Project Start Date
When did they begin working with the project (which can vary depending on the project type)?

Prior Living Situation
This information is used to help determine if the household is chronically homeless.

• **Type of Residence**: Where was the client just before the project start?

• **Length of Stay in Prior Living Situation**: How long did the client start staying in that place?

• **Approximate Date Homelessness Started**: How long has the client been in a "literal homeless" situation?

• **Number of times on the streets, in ES, or Safe Haven in the past 3 years**: How many times has the client been in "literal homeless" situations in the past 3 years?

• **Total number of months homelessness on the street, in ES, or Safe Haven in the past 3 years**: How many cumulative months has the client been in "literal homeless" situations in the past 3 years?

DISABLING CONDITIONS AND BARRIERS

Disabling Condition	Yes ⌄		
Physical Disability	Yes ⌄	Long Term	Yes ⌄
Developmental Disability	Yes ⌄		
Chronic Health Condition	Yes ⌄	Long Term	No ⌄
HIV - AIDS	Yes ⌄		
Mental Health Problem	Yes ⌄	Long Term	Yes ⌄
Substance Abuse Problem	No ⌄		
Domestic Violence Victim/Survivor	No ⌄		

Disabling Condition

Does the client have a disabling condition? Helps to determine client's **Chronic Homelessness Status**

It is important that if the client does have a disabling condition you select Yes and then Yes for the type of disability they have:

- ● Developmental
- ● HIV/AIds
- ● Substance Abuse

LONG TERM
- ● Physical
- ● Chronic Health Conditions
- ● Mental Health

HEALTH INSURANCE

Covered by Health Insurance	Yes

MEDICAID

MEDICARE

State Children's Health Insurance Program

Veteran's Administration (VA) Medical Services

OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project?
Santa Ana ⌄

What state were you born in?
CA - California ⌄

What country were you born in?
USA

Employment Status
Unemployed (No Job/Looking for Employment) ⌄

Federally Recognized Tribe
Select ⌄

Specify Other Tribe

Service & Updates

Adding Services

Peter Griffin

PROFILE   HISTORY   **PROGRAMS**   ASSESSMENTS   NOTES   FILES   CONTACT   LOCATION   REFERRALS   SERVICES

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
Springfield Homeless Shelter Emergency Shelter: Night-by-Night A Springfield Agency ⓘ	10/01/2020	**Active**	Group

On Peter's profile, click on the **Programs** tab and the **Edit** icon next to the project you want to add services to

Add Transportation Service

PROGRAM: SPRINGFIELD HOMELESS SHELTER

Enrollment   History   **Provide Services**   Assessments   Notes   Files   Forms   ✕ Exit

Services

Bed Night	Housing ⌄
Case Management	Case Management ⌄
Financial Assistance	Financial ⌄
[Springfield Homeless Shelter] Transportation	Transportation ⌃

Bus Pass	⌄
Shuttle	⌄
Uber Ride	⌄

Click on…

Provide Services tab

Select from list of **Services**

And select **Service Item**

Finalize Transportation Service

[Springfield Homeless Shelter] Transportation   Transportation ⌃

Bus Pass   ⌃

Start Date: `10/05/2020` 📅   End Date: `11/05/2020` 📅

Include group members:

🔵 Stewie Griffin

Service Note

| **B** | *I* | ≣ | ≣ |

Provided Case Management & Bus Pass

SUBMIT

Add in...

Start & End Date

Include **Group Members** if necessary

Provide **Service Note**

Save!

Client Services Attendance
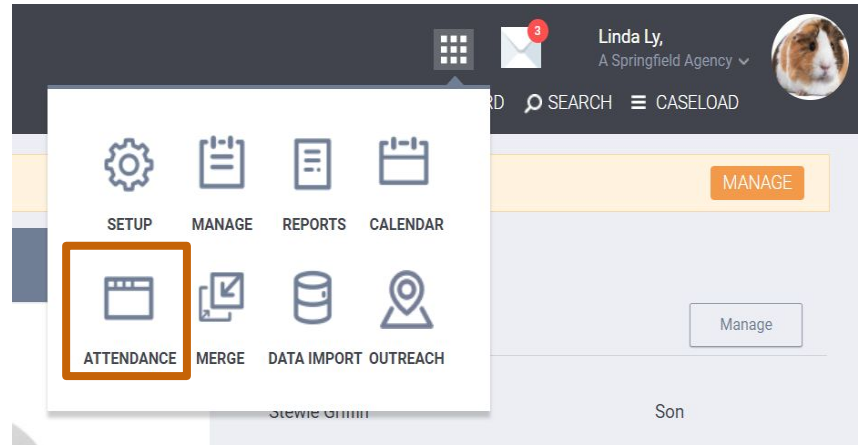
On the **Launchpad,** click on **Attendance**

Client Services Attendance

ATTENDANCE

Service Name	Category
Bed Night: Bed Night	Housing
Food: Meal	Food
[Springfield Homeless Shelter] Transportation: Shuttle	Transportation

Click on the **Edit** button next to the Service that you would like
to add an Attendance for

Client Services Attendance

FOOD: MEAL

Client Search

SEARCH

Date 10/12/2020 📅

Monday, October 12th, 2020

Manual   Scanned

In Attendance

Clients Name	Last 4 SSN	Time

Clients from last 4 Months

Clients Name	Last 4 SSN

Select **Date**
then Add Client by searching under Client Search

Client Services Attendance

Search for "Peter Griffin" on the right hand side under Client Search
then Click Add

Client Services Attendance

FOOD: MEAL

Monday, October 12th, 2020

Date 10/12/2020

Manual   Scanned

In Attendance

Clients Name	Last 4 SSN	Time	
Griffin, Peter	6543	01:03 pm	🗑

Clients from last 4 Months

Clients Name	Last 4 SSN

The **final** result!

Housing Notes

Housing Notes

———

Follow the **PIRP** format

Purpose
Intervention
Response
Plan

Purpose: Client is currently receiving rental assistance and needs to continue making rental payments when the rental assistance ends.

Intervention: Identified benefits that the client may be eligible for. Referred client to resource to assist with resume building.

Response: Client agrees that she needs both benefits and income in order to maintain rental payments in the future.

Plan: Client will apply for the benefits identified by next Friday. She will also work on her resume and bring a draft to our meeting in two weeks.

Housing Notes

Notes

Start Date: 11/01/2020   End Date: 11/01/2020

Time Tracking: 1 hour   None

Service Note

| B | *I* | ☰ | ☰ |

Client is currently receiving rental assistance and needs to continue making rental payments when the rental assistance ends.

HISTORY

Advanced Search Options   View ∨

Service Name

Housing Notes:Notes
A Springfield Agency ⓘ

Housing Notes:Notes
A Springfield Agency ⓘ

Client Notes - Agency Level

Peter Griffin

PROFILE   HISTORY   PROGRAMS   ASSESSMENTS   **NOTES**   FILES   CONTACT   LOCATION   REFERRALS   SERVICES

⚠ Release of Information is Missing or Permission Not Provided. Please review to ensure compliance.

CLIENT NOTES   ADD NOTE ⊕

Click on the **Notes** tab on the **Profile Screen**
then click **Add Note**

Client Notes - Project Level

Peter Griffin

PROFILE   HISTORY   **PROGRAMS**   ASSESSMENTS   NOTES   FILES   CONTACT   LOCATION   REFERRALS   SERVICES

⚠ Release of Information is Missing or Permission Not Provided. Please review to ensure compliance.

PROGRAM: SPRINGFIELD HOMELESS SHELTER

Enrollment   History   Provide Services   Assessments   **Notes**   Files   Forms   ✕ Exit

Client Program Notes   ADD NOTE

Click on the **Programs** tab on the **Profile Screen**
Select **Edit** button next to the **Springfield Homeless Shelter**
then click **Add Note** under the **Notes tab**

CLIENT NOTES

Title   Client Request

Agency   A Springfield Agency

Date   10/09/2020   Time Tracking : 1 hour ⌄   Select ⌄

Note   B I ≔ ≔

               Client request for transportation

Private   ◯

               ADD RECORD   CANCEL

Add in...

Note **Title**
Date of Note Created
Track **Time** if needed
Description of the Note
Save!

Case Notes

Case Notes are only **visible to the agency** that created the note.

Case Notes should be used to track information regarding the **client's enrollment** that should **not** be **shared** with the **CoC**.

Same day, factual, relevant

"I drove over to the workshop to see Kris, went into the building and saw her talking to a friend. I walked up to her and I needed to talk with her about her SSI check."
VS
"I talked with Kris about her SSI check."

"Derek was acting out."
VS
"Derek skipped school and was caught shoplifting."

"Mrs. Jacobs seems very depressed."
VS
"Mrs. Jacobs stated 'Of course I'm depressed. Wouldn't you be if you were in my situation?"

Public Alerts

Peter Griffin

PROFILE   HISTORY   PROGRAMS   ASSESSMENTS   **NOTES**   FILES   CONTACT   LOCATION   REFERRALS   SERVICES

⚠ Release of Information is Missing or Permission Not Provided. Please review to ensure compliance.

CLIENT NOTES   ADD NOTE ⊕

Title	User Full Name	Date
Client Request A Springfield Agency ⓘ	Linda Ly	10/09/2020
Case Management A Springfield Agency ⓘ	Linda Ly	10/09/2020

PUBLIC ALERTS   ADD ALERT ⊕

Click on the **Programs** tab on the **Profile Screen**
Select **Edit** button next to the **Springfield Homeless Shelter**
then click **Add Note** under the **Notes tab**

Peter Griffin

PROFILE HISTORY PROGRAMS ASSESSMENTS **NOTES** FILES CONTACT LOCATION REFERRALS SERVICES

PUBLIC ALERTS

Title
Lost DL

Agency
A Springfield Agency

Expiration Date
11/01/2020

Note

B *I* ☰ ☷

If Peter is searching for his driver's license, he can pick it up at OC Training Agency. He accidentally left it here

Private

[SAVE CHANGES] [CANCEL]

Add in...

Note **Title**

Date of Note Created

Description of the Alert

Save!

Status Assessment

Status Assessment

ADD PROGRAM ASSESSMENT

Peter Griffin · Father

Stewie Griffin · Son

ADD STATUS ASSESSMENT

Status Assessment

Do a Status Assessment Peter

Similar to Enrollment, but update anything that has changed since then.

Status Assessment is for any time

MONTHLY INCOME AND SOURCES

Income from Any Source	Yes
Earned Income	Amount 500
Unemployment Insurance	
Supplemental Security Income (SSI)	
Social Security Disability Insurance (SSDI)	Amount 500

Status Assessment

When a client who was a minor when they enrolled in the project turns 18, you must create a Status Assessment for them to reflect their income situation.

- **Minor** child is contributing to household expenses then the amount they contribute will be **added to their HoH's** record.

- If they **turned 18** while in the project and will continue to contribute the **same amount** to household expenses, you will create a Status Assessment and for the *Income from any Sources* field select **"No"**.

- Unless, they contribute **more money** then you will **add the additional amount** they are contributing.

Annual Assessment

Annual Assessment

ADD PROGRAM ASSESSMENT ⊗

Peter Griffin   Father

Stewie Griffin   Son

ADD ANNUAL ASSESSMENT

Exiting a Client from Project

Exiting A Client From Project

Exiting A Client From Project

Peter Griffin

PROFILE   HISTORY   **PROGRAMS**   ASSESSMENTS   NOTES   FILES   CONTACT   LOCATION   REFERRALS   SERVICES

PROGRAM: SPRINGFIELD HOMELESS SHELTER

Enrollment   **History**   Provide Services   Assessments   Notes   Files   Forms   ✕ Exit

Exiting A Client From Project

Exiting A Client From Project

PROGRAM: SPRINGFIELD HOMELESS SHELTER

Enrollment	History	Provide Services	Assessments	Notes	Files

End Program for client Peter Griffin

Project Exit Date   10/29/2020

Destination   Rental by client, no ongoing housing subsidy

*** Destinations should match the housing situation the client will be staying in on the night they leave your project.

Exiting A Client From Project

OPEN SERVICES

Service Name	Start Date	End Date	Change End Date
[Springfield Homeless Shelter] Transportation:Bus Pass A Springfield Agency	10/05/2020	11/05/2020	10/29/2020 📅

SAVE & CLOSE   **CANCEL**

📅 Audit Log

HMIS Reports

HMIS Reports
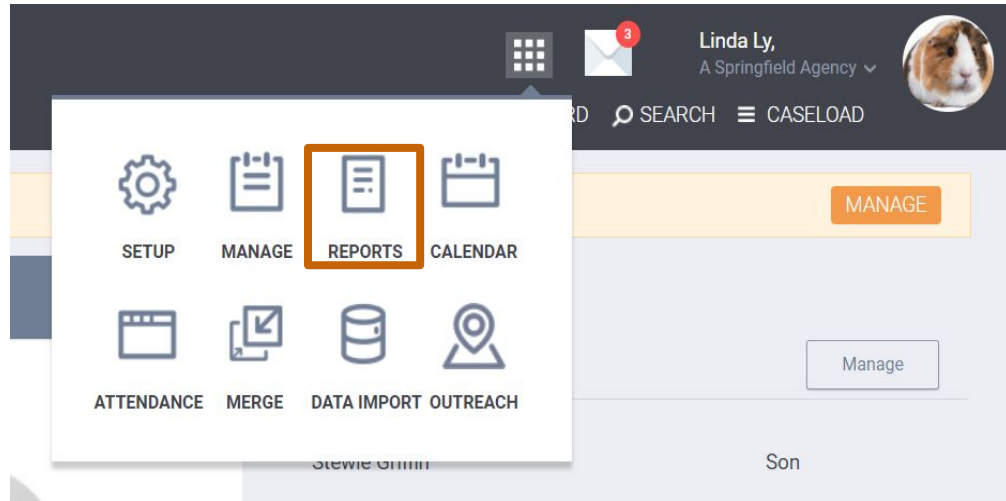
On **Launchpad**, click on **Reports** to access a list of HMIS Reports

HMIS Reports

A Springfield Agency

REPORT LIBRARY   EXPLORE   DATA ANALYSIS

REPORT LIBRARY

Administrator Reports	3 report(s) ⌄
Agency Management	4 report(s) ⌄
Assessment Based Reports	4 report(s) ⌄
Community and Referrals	3 report(s) ⌄
Data Quality Reports	3 report(s) ⌄
Housing	5 report(s) ⌄
HUD Reports	9 report(s) ⌄
Profile Screen Reports	1 report(s) ⌄
Program Based Reports	24 report(s) ⌄
Service Based Reports	12 report(s) ⌄

HMIS Reports Tabs

Report Library: This contains "**canned reports**" these are reports that are made so you will only need to adjust a few filters such as Date Range, Program Name, etc.

Explore: You will have the chance to play with Looker and create **custom reports**.

Data analysis: This is a library of reports that will contain any **custom reports** we have created **specifically for your agency**.

HMIS Reports

A Springfield Agency

REPORT LIBRARY

Administrator Reports	3 report(s) ∨
Agency Management	4 report(s) ∨
Assessment Based Reports	4 report(s) ∨
Community and Referrals	3 report(s) ∨
Data Quality Reports	3 report(s) ∨
Housing	5 report(s) ∨
HUD Reports	9 report(s) ∨
Profile Screen Reports	1 report(s) ∨
Program Based Reports	24 report(s) ∨
Service Based Reports	12 report(s) ∨

Program Roster Report

Program Based Reports   24 report(s) ⌄

[DQXX-102] Program Data Review	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[DQXX-121] Project Start Date > Project Exit Date	⊙ RUN | 🗓 SCHEDULE
[EMPL-101] Employment Report	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[EMPL-102] Employment / Education Report	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[EXIT-101] Potential Exits	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[EXPS-102] Program Service Expense Review	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[EXPS-103] Program Funding Source Financial Detail	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[GNRL-105] Program Participation Summary	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄
[GNRL-106] Program Roster	⊙ RUN | 🗓 SCHEDULE | MORE INFO ⌄

Program Roster Report

Program Based Reports > [GNRL-106] Program Roster

Program(s)
- Evergreen Street Outreach Project
- HOPWA Springfield
- Short Term Supportive Housing
- Springfield Homeless Shelter
- Supportive Services for Springfield Citizens

Status: Active within Report Date Range

Report Date Range: 10/01/2020 – 10/31/2020

Report Output Format: ● Web Page ○ PDF ○ Excel

SUBMIT

- Program: **Springfield Homeless Shelter**
- Status: **Active within Report Date Range**
- Report Date Range: **Range** in which **Data is generated**

- Web Page: **interactive**, taken to client record
- PDF: Official **reports**, grants, **records**
- Excel: **Organize** and **manipulate** data

Program Roster Report

REPORT QUEUE MANAGER.

Your report has been added to the Queue.
Please check the Queue Manager in the top
right of your screen to review processing status.

REPORT IS READY.

Report "[GNRL-106] Program Roster" is
completed.

OPEN

Program Roster Report

A Springfield Agency
Active within [10/01/2020 - 10/31/2020]

Housing Move-in: Undefined = Unknown HoH or Move-in is Null, ⬜ = Non PH Project, **A:** Assessments, **S:** Services, **CN:** Case Notes

Client	Unique Identifier	Birth Date	Age At Entry	Current Age	Enroll Date	Exit Date	LOS	Housing Move-in	A	S	CN	Assigned Staff
Program: Springfield Homeless Shelter												
Griffin, Peter	90E953CB5	01/01/1975	45	45	10/01/2020	10/29/2020	0		2	1	1	L. Ly
Griffin, Stewie	1D208F336	12/30/2015	4	4	10/01/2020	10/29/2020	0		2	1	0	L. Ly

Program Name	Project Type
Springfield Homeless Shelter	Emergency Shelter

1 / 1

HMIS Part 2 Training Task List

On **October 7th**, we implemented the **HMIS Part 2 Training Task List** for HMIS users to complete as part of the new re-certification process. Please use this link to access the task list and search "skills test" on our OC HMIS Knowledge Base.

The Task List will test your skills on everything that we covered today in the our Part 2 Training. Once this has been completed, please submit a HMIS Account Update & Testing Form to reflect your results of the **HMIS Part 2 Training Task List**.

Thank you!

If you have general questions please let us know in the chat box, or check out our Knowledge Base for articles! If you have questions specific to your agency please submit a ticket to the HMIS Help Desk.