THE BACKBONE OF OUR HOMELESS RESPONSE SYSTEM: AN INSIDE LOOK AT HMIS

CITIZEN HOMELESS COMMITTEE RETREAT

JULY 31, 2025

WHAT IS HMIS AND WHY IT MATTERS

Facilitator: Rae Clay, Chief Program Officer, Housing Forward

HMIS (Homeless Management Information System) is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Our community selected Eccovia's solution, ClientTrack, in 2019 as its HMIS. HMIS is mandated by HUD to track service usage and outcomes. Our CoC uses HMIS to analyze trends, improve services, and report to federal agencies. Housing Forward is the HMIS Lead Agency that administers the HMIS. A help desk ticketing system is monitored 24/7 to ensure the database is fully functioning for providers.

WHAT IS HMIS AND WHY IT MATTERS

Current HMIS Participation Statistics:

- 65 providers entering data into HMIS

- 282 active projects

- 537 active end users

- 10 providers submit data for PIT and HIC counts, including 3 victim service providers using a comparable database

WHAT IS HMIS AND WHY IT MATTERS

The All Neighbors Coalition CoC HMIS meets and exceeds the HUD 2004 HMIS Data and Technical Standards Final Notice (July 2004):

Privacy Standards

- Client Consent: Clients must be informed before collecting or sharing personally identifiable information (PII).

- Notice of Privacy Practices: Agencies must explain how client data will be used and protected.

- Data Collection Limits: Only necessary data should be collected.

- Client Rights: Clients may refuse to share data and still receive services.

WHAT IS HMIS AND WHY IT MATTERS

The All Neighbors Coalition CoC HMIS meets and exceeds the HUD 2004 HMIS Data and Technical Standards Final Notice (July 2004):

Security Standards

- User Authentication: Access is restricted to authorized users with secure credentials.

- Data Encryption: Data must be encrypted during transmission and storage.

- Physical Security: Physical access to systems must be restricted and monitored.

- Audit Trails: Systems must log user access and data changes.

WHAT IS HMIS AND WHY IT MATTERS

The All Neighbors Coalition CoC HMIS meets and exceeds the HUD 2004 HMIS Data and Technical Standards Final Notice (July 2004):

Ethical Use of Data

- Minimizing Harm: Data should protect the dignity and safety of individuals.

- Non-Discrimination: Data use must not result in discrimination or stigmatization.

- Transparency: Agencies must be transparent about data use, especially with third parties.

WHAT IS HMIS AND WHY IT MATTERS

HMIS Training Requirements:

- New user training before access is granted

- Annual HMIS training

- Data standards update training

- Ongoing training based on data quality reports

HMIS ADMINISTRATION

HMIS is the backbone of our community's homelessness response system. It ensures that decisions are guided by data, resources are used effectively, and people in crisis are connected to the support they need.

Community Dashboard: https://housingforwardntx.org/data/

WALKTHROUGH DEMO OF HMIS

Facilitator: Eryca Peters, HMIS Manager

This section provides a visual walkthrough of HMIS using ClientTrack. It includes three main workspaces:

- Login Screen: Overview of login screen, forgot password, and security questions.

- Home Workspace: Displays HMIS news, program enrollments, case assignments, recently viewed clients, and Quick Services for batch service entry.

- Client Workspace: Example of client ID#36 Freda Nelms with multiple enrollments, services, and case notes.

- Reporting Workspace: Run HUD reports (APR, Clients in Program, service summaries) and custom reports.

*A live demonstration of creating an enrollment in HMIS.

INTERACTIVE EXERCISE – HMIS PAPER INTAKE FORM

Facilitator: Office of Homeless Solutions / Housing Forward

Participants will receive a paper HMIS intake form used for emergency shelter night-by-night projects. This exercise helps participants understand the questions asked during shelter intake and the sensitivity required by case managers.

- Experience the intake process from a client's perspective

- Understand the required data elements

- Appreciate the thoughtful approach needed to gather accurate and respectful responses

HOUSING FORWARD

Step 1: Client Demographics   All fields with an * are required

First & Last Name:* _____

Middle Name: _____   Alias: _____

Name Data Quality:*

☐ Full Name Reported   ☐ Client Doesn't Know
☐ Partial, Street, or Code Name Reported   ☐ Client Prefers Not to Answer   ☐ Data Not Collected

Social Security Number:* _____ - _____ - _____ | **Birth Date:*** ___MM___ / ___DD___ / ___YYYY___

☐ Full SSN Reported | ☐ Full SSN Reported
☐ Approximate or Partial SSN Reported | ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know | ☐ Client Doesn't Know
☐ Client Prefers Not to Answer | ☐ Client Prefers Not to Answer
☐ Data Not Collected | ☐ Data Not Collected

Race and Ethnicity:*

☐ American Indian, Alaska Native, or Indigenous   ☐ Native Hawaiian or Pacific Islander   ☐ Additional Race and
☐ Asian or Asian American   ☐ White   Ethnicity Detail:
☐ Black, African American, or African   ☐ Client doesn't know
☐ Hispanic/Latina/e/o   ☐ Client prefers not to answer
☐ Middle Eastern or North African   ☐ Data not collected

Gender:

☐ Woman (Girl, if child)   ☐ Questioning   ☐ If Different Identity,
☐ Man (Boy, if child)   ☐ Different Identity   Please Specify:
☐ Culturally Specific Identity (e.g., Two-Spirit)   ☐ Client doesn't know
☐ Transgender   ☐ Client prefers not to answer
☐ Non-Binary   ☐ Data not collected

If Female, Pregnancy Status:

☐ Yes   ☐ No   ☐ Client prefers not to answer
   If Yes, Due Date:_____   ☐ Client doesn't know   ☐ Data not collected

Veteran Status:*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Contact Information

Address: _____   City/State/Zip: _____
Email: _____   Phone: _____

Relationship to Head of Household:*

☐ Self (Head of Household)   ☐ Head of Household's Spouse or Partner   ☐ Other: Non-Relation Member
☐ Head of Household's Child   ☐ Head of Household's Other Relation Member

Step 2: Project Enrollment

Project Start Date:* ___MM___ / ___DD___ / ___YYYY___

Case Manager: _____   Date of Engagement: ___MM___ / ___DD___ / ___YYYY___

Collection Point: **Entry/Intake**
Project/Grant(s): **Emergency Shelter (NBN)** - ESG/RUSH
Applicable To: **Head of Household** (Primary) **& Adults** (18+)

HOUSING FORWARD

Step 3: Entry Assessments

Disabling Condition:*		
☐ Yes	☐ Client doesn't know	☐ Data not collected
☐ No	☐ Client prefers not to answer	

Prior Living Situation*

Living Situation - Identify where the client slept the night before enrollment (ONLY SELECT ONE)

Homeless Situation

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway/station/airport, or anywhere outside)

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Safe Haven

Institutional Situations

☐ Foster care home or foster care group home

☐ Hospital or other residential non-psychiatric medical facility

☐ Jail, prison, or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

Temporary Housing Situations

☐ Transitional housing for homeless persons (including homeless youth)

☐ Residential project or halfway house with no homeless criteria

☐ Hotel or motel paid for without emergency shelter voucher

☐ Host Home (non-crisis)

☐ Staying or living in a friend's room, apartment, or house

☐ Staying or living in a family member's room, apartment, or house

Permanent Housing situation

☐ Rental by client, no ongoing housing subsidy

☐ Rental by client, with ongoing housing subsidy

☐ Owned by client, with ongoing housing subsidy

☐ Owned by client, no ongoing housing subsidy

Other

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

If "**Yes**, *Rental by Client, with Ongoing Housing Subsidy" – SPECIFY:**

☐ GPD TIP housing subsidy	☐ Rental by client, with other ongoing housing subsidy
☐ VASH housing subsidy	☐ Housing Stability Voucher
☐ RRH or equivalent subsidy	☐ Family Unification Program Voucher (FUP)
☐ HCV voucher (tenant or project based) (not dedicated)	☐ Foster Youth to Independence Initiative (FYI)
☐ Public housing unit	☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons	

HOUSING FORWARD

Length of stay in prior living:*

☐ One night or less

☐ Two to six nights

☐ One week or more, but less than one month

☐ One month or more, but less than 90 days

☐ 90 days or more, but less than one year

☐ 90 days or more, but less than one year

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Approximate date this episode of homelessness started:* ___MM___/___DD___/___YYYY___

Number of *times* the client has been on the streets, ES or Safe Haven in the last 3 years (including today):*

☐ One Time

☐ Two Times

☐ Three Times

☐ Four or More Times

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years:*

☐ One month (this time is the first month)

☐ 2-12 months (specify number of months): _____

☐ More than 12 months

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Barriers (Disabling Conditions)

Physical Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

*If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Developmental Disability*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

*If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

Chronic Health Condition*

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

*If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently**

☐ Yes   ☐ Client doesn't know   ☐ Data not collected
☐ No   ☐ Client prefers not to answer

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HIV/AIDS*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Mental Health Disorder*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Substance Use Disorder*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

If "YES", is it expected to be of long continued & indefinite duration and substantially impairs ability to live independently*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Survivor of Domestic Violence*

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

*If "Yes, Survivor of Domestic Violence" – **Specify When Experience Occurred**:**

☐ Within the past three months	☐ Client doesn't know
☐ Three to six months ago (excluding six months exactly)	☐ Client prefers not to answer
☐ Six months to one year ago (excluding one year exactly)	☐ Data not collected
☐ One year ago, or more	

*If "Yes, Survivor of Domestic Violence" – **Are You Currently Fleeing**?:**

| ☐ Yes | ☐ Client doesn't know | ☐ Data not collected |
| ☐ No | ☐ Client prefers not to answer | |

Current Living Situation*

Homeless Situation

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway/station/airport, or anywhere outside)

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Safe Haven

Institutional Situations

☐ Foster care home or foster care group home

☐ Hospital or other residential non-psychiatric medical facility

☐ Jail, prison, or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

Temporary Housing Situations

☐ Transitional housing for homeless persons (including homeless youth)

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☐ Hotel or motel paid for without emergency shelter voucher

☐ Host Home (non-crisis)

☐ Staying or living in a friend's room, apartment, or house

☐ Staying or living in a family member's room, apartment, or house

Permanent Housing situation

☐ Rental by client, no ongoing housing subsidy

☐ Rental by client, with ongoing housing subsidy

☐ Owned by client, with ongoing housing subsidy

☐ Owned by client, no ongoing housing subsidy

Other

☐ Other

☐ Worker unable to determine

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

*If "Yes, Rental by Client, with Ongoing Housing Subsidy" – SPECIFY:**

☐ GPD TIP housing subsidy	☐ Rental by client, with other ongoing housing subsidy
☐ VASH housing subsidy	☐ Housing Stability Voucher
☐ RRH or equivalent subsidy	☐ Family Unification Program Voucher (FUP)
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☐ Public housing unit	☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons	

Is client going to have to leave their current living situation within 14 days?*

☐ Yes	☐ Client doesn't know	☐ Data not collected
☐ No	☐ Client prefers not to answer	

If "Yes, Client Will Have to Leave Within 14 Days":

Has a subsequent residence been identified?*

☐ Yes	☐ Client doesn't know	☐ Data not collected
☐ No	☐ Client prefers not to answer	

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Project/Grant(s):   **Emergency Shelter (NBN) -** ESG/RUSH
Applicable To: **Head of Household** (Primary) **& Adults** (18+)

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Does individual or family have resources or support networks to obtain other permanent housing?*

☐ Yes ☐ Client doesn't know ☐ Data not collected

☐ No ☐ Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?*

☐ Yes ☐ Client doesn't know ☐ Data not collected

☐ No ☐ Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?*

☐ Yes ☐ Client doesn't know ☐ Data not collected

☐ No ☐ Client prefers not to answer

Location Details: _____

Translation Assistance Needed*

☐ Yes ☐ Client doesn't know ☐ Data not collected
☐ No ☐ Client prefers not to answer

*IF "**Yes**, Translation Assistance Needed" – INDENTIFY PREDERRED LANGUAGE:**

☐ _____

☐ _____

☐ _____

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected