

# HMIS USER GUIDE FOR DHS HTHP PROJECTS

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Support Services (SSO) | Transitional Housing (TH) | Rapid Re-Housing (RRH)

## Contents

|                                      |   |
|--------------------------------------|---|
| Data Entry Quick Reference.....      | 3 |
| Data Collection Forms.....           | 6 |
| Families.....                        | 6 |
| Individuals.....                     | 6 |
| Program-Specific Data Elements ..... | 7 |
| Reason for Leaving .....             | 7 |
| Outcomes Measured .....              | 7 |
| Independent Living Skills Plan ..... | 8 |
| Transportation .....                 | 8 |
| Vital Documents Portfolio .....      | 8 |
| Employment .....                     | 8 |
| Education .....                      | 9 |
| Fiscal.....                          | 9 |

Housing Assistance..... 9

Family Reunification and Permanent Connections..... 9

Extended Foster Care ..... 10

Medical..... 10

Trauma Screening ..... 10

SEY/Sex Trafficking ..... 10

Do you create a household? ..... 11

Adding Outcomes ..... 11

    How To: Interim Review ..... 11

Reporting Guidelines ..... 13

    Data Quality Reports ..... 13

    Funder-Required Reports ..... 13

## DATA ENTRY QUICK REFERENCE

THIS SECTION PROVIDES SIMPLIFIED INSTRUCTIONS FOR COMMON DATA ENTRY TASKS. PLEASE REFER TO THE **GENERAL HMIS INSTRUCTIONS** AND UPCOMING SECTIONS OF THIS DOCUMENT FOR FURTHER INSTRUCTION.

### CREATE A NEW CLIENT RECORD

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Make sure that the client is not already in HMIS by searching for different combinations of their information.
  - a. If you are provisionally accepting a referral from your CoC's Coordinated Entry System for a housing opening, select your project provider (the project that has an opening the client may be filling at your agency) when entering EDA mode.
3. If no records match, fill out all of the search prompts and click on **Add New Client With This Information**.
  - a. If the client has consented to participate in statewide data sharing, enter the word **SHARED** in the **Alias** field.
  - b. If receiving a Coordinated Entry referral, you can go directly to the client's record using the client ID given to you by your CoC's Priority List Manager.
4. When prompted, enter the date of the client's entry into the project and select **Set New Back Date**. If the client entered the project today, you can select **Current System Date**. (The date can be changed by clicking on **Back Date** in the top-right corner of the screen).
  - a. If receiving a Coordinated Entry referral, you do not need to Back Date at this point. Please refer to the steps given in the "CES in HMIS Written Instructions" document for your CoC's workflow.
5. Select the **Client Profile** tab and enter any information missing from the **Universal Profile Assessment**.
  - a. If a client has agreed to statewide data sharing, enter a **Date of ROI Consent**.
6. If the client is being served with other household members, click on the **Households** tab and either add them to an existing household or create a new household.

## ENTER A CLIENT INTO A PROJECT

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
  - a. If entering data for a household, be sure to search for the head of household.
2. When prompted, enter the date of the client's entry into the project and select **Set New Back Date**. If the client entered the project today, you can select **Current System Date**.
  - a. The date can be changed by clicking on **Back Date** in the top-right corner of the screen.
3. Click on the **Entry / Exit** tab and select **Add Entry / Exit**.
  - a. If entering a household, check the box next to each client included in the entry.
  - b. Select **Basic** from the **Type** drop-down menu.
  - c. If necessary, adjust the **project start date**, then select **Save & Continue**.
4. For each client included in the entry, complete the data elements on the **MN: DHS HTHP Step 1** in the **Entry/Exit Data** pop-up.
  - a. If entering data for multiple household members, save time by clicking on **Add Household Data** and completing the **Household Data Sharing Assessment**.

## UPDATE A CLIENT'S INFORMATION

Outcomes updates are required quarterly. Create an update prior to each quarterly report due date.

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Click on the **Entry/Exit** tab, then select the **Interims** icon for the correct Entry/Exit.
3. In the **Interim Reviews** pop-up, click on **Add Interim Review**.
  - a. Select **90-Day Review** from the **Interim Review Type** drop-down menu.
  - b. If serving a household, be sure to include all applicable household members in the entry by checking the boxes next to their names.
4. Review the Outcomes data elements in the **Entry/Exit Interim Review** pop-up; where a change has taken place, update with the correct answer.

## EXIT A CLIENT FROM A PROJECT

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Click on the **Entry/Exit** tab, then select the **edit pencil** (in the **Exit Date** column) next to the correct entry.
  - a. If exiting a household, be sure to include all applicable household members in the exit by checking the boxes next to their names.
  - b. Enter the correct **Exit Date, Reason for Leaving, and Destination**, then click on **Save & Continue**.
3. Only **Reason for Leaving** and **Destination** are required at exit. **Save & Exit**.
4. Record updated information on the **MN: DHS HTHP Outcomes Assessment** by creating a final **90-Day Review** (or update one that had already been created that quarter).

## RUN A REPORT

For more information about DHS HTHP Reports, refer to the user guide section titled [Reporting Guidelines](#).

1. Click on **Reports** to open the **Report Dashboard**. Select **ART**.
2. Schedule reports for **DHS HTHP** located in Public Folder → SSA Report Gallery → DHS HTHP (Youth Transitions)
3. Select the report you wish you run, fill out the prompts, then click **Next**, fill out **Report Format** and **Interval**, and then click on **Send**.
4. Send reports to funder as PDF email attachments.

## DATA COLLECTION FORMS

DATA COLLECTION FORMS FOR DHS HTHP PROJECTS CAN BE FOUND BY FOLLOWING THE LINKS PROVIDED BELOW OR VISITING THE [FORMS AND INSTRUCTIONS](#) PAGE ON THE MINNESOTA HMIS WEBSITE. THESE FORMS WILL CHANGE AS NEW DATA STANDARDS ARE RELEASED ANNUALLY ON JULY 1 (MINNESOTA) AND OCTOBER 1 (HUD).

*You are not required to use ICA's data collection forms. Staff responsible for data collection should also be aware that their agency may require them to gather non-HMIS data that is not captured by these forms.*

### FAMILIES

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[DHS HTHP Household Entry](#)

[DHS HTHP Household Exit](#)

### INDIVIDUALS

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[DHS HTHP Single Entry](#)

[DHS HTHP Single Exit](#)

[DHS HTHP Outcomes](#)

## PROGRAM-SPECIFIC DATA ELEMENTS

PROGRAM-SPECIFIC DATA ELEMENTS ARE CHOSEN BY YOUR FUNDER AND ARE OFTEN UNIQUE TO THE TYPES OF PROJECTS THEY FUND. MORE INFORMATION ABOUT THESE DATA ELEMENTS CAN BE FOUND IN THE HTHP PROGRAM MANUAL, AVAILABLE BY REQUEST FROM [NIC VOGEL](#) AT THE MN DEPARTMENT OF HUMAN SERVICES.

### REASON FOR LEAVING

**Project Type Applicability:** All Project Types

**Data Collected About:** All Clients

**Data Collection Point:** Project Exit

**Data Collection Instructions:** This is required in addition to answering “Destination at Exit.”

| Field                | Dependency | Response Category/Data Type                                       |
|----------------------|------------|---|
| A Reason for Leaving | None       | Completed program   |
|                      |            | Non-payment of rent   |
|                      |            | Reached Maximum Age Allowed                                       |
|                      |            | Reached maximum time allowed                                      |
|                      |            | Criminal activity / violence                                      |
|                      |            | Voluntarily Withdrew From Program                                 |
|                      |            | Left for Housing Opportunity Before Reaching Maximum Time Allowed |
|                      |            | Non-compliance with program                                       |
|                      |            | Unknown/Disappeared   |
|                      |            | Needs could not be met  |
|                      |            | Death   |
|                      |            | Other   |

### OUTCOMES MEASURED

**Project Type Applicability:** All Project Types

**Data Collected About:** All Clients Receiving Services      **Data Collection Point:** Update (Interim Review)

**Data Collection Instructions:** Outcomes can be updated throughout the individual’s participation in the program. A response of “yes” or “no” is required for every single outcome area listed in the Outcomes Measured section. “Yes” indicates the client accomplished the outcome. “No” means they are either not focused on that outcome or are making progress but the outcome has not yet been achieved. See [Adding Outcomes](#) section for detailed instructions on entering Outcomes in HMIS.

**INDEPENDENT LIVING SKILLS PLAN**

| Field  | Dependency | Response Category/Data Type |
|--|------------|-----------------------------|
| A Independent Living Skills Plan completed?                        | None       | Yes                         |
|  |            | No                          |
| B Number of individual sessions during reporting period?           | None       | [number field]              |
| C Number of group sessions youth attended during reporting period? | None       | [number field]              |

**TRANSPORTATION**

| Field   | Dependency | Response Category/Data Type |
|---|------------|-----------------------------|
| A Does youth have Driver's License?             | None       | Yes                         |
|   |            | No                          |
| B Does youth have Driver's Permit?              | None       | Yes                         |
|   |            | No                          |
| C Successfully navigates public transportation? | None       | Yes                         |
|   |            | No                          |

**VITAL DOCUMENTS PORTFOLIO**

| Field   | Dependency | Response Category/Data Type |
|---|------------|-----------------------------|
| A Does youth have their Birth Certificate?      | None       | Yes                         |
|   |            | No                          |
| B Does youth have their Social Security Card?   | None       | Yes                         |
|   |            | No                          |
| C Does youth have a State ID or Tribal ID Card? | None       | Yes                         |
|   |            | No                          |

**EMPLOYMENT**

| Field   | Dependency          | Response Category/Data Type |
|---|---------------------|-----------------------------|
| A Is youth currently employed?                    | None                | 1 Yes                       |
|   |                     | 2 No                        |
| B Was youth employed for entire reporting period? | Field A; Response 1 | 1 Yes                       |
|   |                     | 2 No                        |



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**EDUCATION**

| Field   | Dependency             | Response Category/Data Type |
|---|------------------------|-----------------------------|
| A Does youth have GED or High School Diploma?                                   | None                   | 1 Yes                       |
|   |                        | 2 No                        |
| B If <b>No</b> , are they currently attending school?                           | Field A;<br>Response 2 | 1 Yes                       |
|   |                        | 2 No                        |
| C Was youth accepted into a post-secondary education program?                   | None                   | 1 Yes                       |
|   |                        | 2 No                        |
| D Assisted youth in applying for financial aid, including completing the FAFSA? | Field C;<br>Response 1 | 1 Yes                       |
|   |                        | 2 No                        |
| E Youth obtained Education and Training Voucher (ETV)?                          | Field C;<br>Response 1 | 1 Yes                       |
|   |                        | 2 No                        |

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**FISCAL**

| Field  | Dependency | Response Category/Data Type |
|--|------------|-----------------------------|
| A Was the youth provided with financial literacy training in reporting period? | None       | Yes                         |
|  |            | No                          |

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**HOUSING ASSISTANCE**

| Field   | Dependency             | Response Category/Data Type |
|---|------------------------|-----------------------------|
| A Did the youth receive housing assistance this reporting period? | None                   | 1 Yes                       |
|   |                        | 2 No                        |
| B Amount of assistance provided during quarter?                   | Field A;<br>Response 1 | 1 [Money field]             |

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**FAMILY REUNIFICATION AND PERMANENT CONNECTIONS**

| Field  | Dependency | Response Category/Data Type |
|--|------------|-----------------------------|
| A Is family reunification a safe, appropriate option for this youth?   | None       | Yes                         |
|  |            | No                          |
| B Was youth provided support in connecting and building relationships with family during the reporting period? | None       | Yes                         |
|  |            | No                          |
| C Completed Permanency Pact?   | None       | Yes                         |
|  |            | No                          |

|   |  |      |     |
|---|--|------|-----|
| D | Completed Youth Connection Scale?  | None | Yes |
|   |  |      | No  |
| E | Was youth provided support in connecting and building a stable relationship with a positive, supporting adult (other than family or agency staff)? | None | Yes |
|   |  |      | No  |

**EXTENDED FOSTER CARE**

| Field | Dependency   | Response Category/Data Type |
|-------|--|-----------------------------|
| A     | Has the youth attempted to access their extended Foster Care Benefits? | None                        |
|       |  | Yes                         |
|       |  | No                          |

**MEDICAL**

| Field | Dependency   | Response Category/Data Type |
|-------|--|-----------------------------|
| A     | Does the youth have identified healthcare (including mental health) providers and/or is connected to a clinic? | None                        |
|       |  | Yes                         |
|       |  | No                          |

**TRAUMA SCREENING**

| Field | Dependency  | Response Category/Data Type |
|-------|---|-----------------------------|
| A     | Did the agency provide youth with a trauma screening? | None                        |
|       |   | Yes                         |
|       |   | No                          |

**SEY/SEX TRAFFICKING**

| Field | Dependency   | Response Category/Data Type |
|-------|--|-----------------------------|
| A     | Has the youth exchanged sex acts for money, a place to stay, clothing, food, drugs, transportation, or other things to meet their needs? | None                        |
|       |  | 1 Yes                       |
|       |  | 2 No                        |
| B     | If <b>Yes</b> , was a third-party trafficker involved?   | Field A;                    |
|       |  | Response 1                  |
|       |  | 1 Yes                       |
|       |  | 2 No                        |
| C     | If <b>Yes</b> , has the youth been offered or referred to Safe Harbor services?  | Field A;                    |
|       |  | Response 1                  |
|       |  | 1 Yes                       |
|       |  | 2 No                        |

## DO YOU CREATE A HOUSEHOLD?

You will primarily be entering single clients into ServicePoint (youth served by your program placed in foster care or having left foster care). If youth are being served on their own, no household needs to be created and the youth will be considered “Self (head of household).”

Only create a household if the youth head of household is a parenting youth. You should not record information on parents or other adults to whom the youth client may be connected as they are not being served by your program.

## ADDING OUTCOMES

The “MN: DHS HTHP Outcomes” (“Outcomes”) assessment tracks a client’s progress for 12 outcome or goal areas which the client identifies, works towards, and/or completes while in your program. Outcomes should be completed for all clients and should be updated quarterly as the client makes progress. Outcomes can be updated from the Entry / Exit tab under the Interim heading.

### HOW TO: INTERIM REVIEW






















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1. If a client is enrolled in your program *at any point* during the quarterly reporting period, you must create a **90-Day Review** and answer/update the MN: DHS HTHP Outcomes assessment questions. Please note, the *Review Type* will always be **90-Day Review**, even if a client has not been enrolled in your project for 90 days. **90-Day Review** does not refer to a length of time, it is just the Review Type used to report Outcomes!
2. Create *only one 90-Day Review* for each quarterly reporting period. A new **90-Day Review** should be created for each quarterly reporting period. Below are the date ranges for the quarterly reporting periods:
  - Quarter 1 Dates: January 1 - March 31
  - Quarter 2 Dates: April 1 - June 30
  - Quarter 3 Dates: July 1 - September 30
  - Quarter 4 Dates: October 1 - December 31
3. From the Entry / Exit tab, under the Interim heading, click on the correct Entry / Exit you’re wanting to create an Interim Review for.
4. Select **90-Day Review** for Interim Review Type. Review Date should fall within the quarter you’re recording data and reporting on.
5. A response of “yes” or “no” is required for every outcome area listed in the **Outcomes Measured** section. “Yes” indicates the client accomplished the outcome. “No” means they are either not focused on that outcome or are making progress but the outcome has not yet been achieved.
  - a. **Please Note:** If you try to **Save & Exit** without answering all the required questions in the Outcomes Assessment, a pop-up window will appear, prompting you to complete the remaining questions:



- b.
- c. For some “yes/no” statements, there are “If yes...” or “If no...” clauses that require additional information. The system will not prompt you to answer these questions if they are left blank, so make sure to record an answer if necessary.

- 6. Best practice is to update Outcomes as a client meets a goal, so you are prepared for reporting. As you update outcomes during the reporting period, update the **90-Day Review** you’ve created for that reporting period.
- 7. At client’s exit, update the **90-Day Review** that falls within the reporting period at exit so that the answer to the Outcomes assessment are current as of exit date.
- 8. **Scenario:** A client enters your program with a project start date of 10/4/2017 and exits on 6/21/2019. Correct Outcomes assessment data entry would include seven Interim Reviews completed with the following Interim Review dates as possibilities: 12/15/2017, 3/20/2018, 5/24/2018, 8/30/2018, 10/16/18, 2/28/2019, and 6/21/2019. Note that each review that has been completed is a **90-Day Review** and there is one review completed within each quarterly reporting period:

| Interim Reviews Associated with this Entry / Exit   |             |               |   |
|---|-------------|---------------|---|
|   | Review Date | Review Type   | Client Count  |
|   | 06/21/2019  | 90-Day Review |  |
|   | 02/28/2019  | 90-Day Review |  |
|   | 10/16/2018  | 90-Day Review |  |
|   | 08/30/2018  | 90-Day Review |  |
|   | 05/24/2018  | 90-Day Review |  |
|   | 03/20/2018  | 90-Day Review |  |
|   | 12/15/2017  | 90-Day Review |  |

- 9. If a client reenters your program, when you create a new Interim associated with the new Entry/Exit you'll see previously entered Outcomes. You can continue to track these even if the outcome was accomplished in previous enrollment.

## REPORTING GUIDELINES

This section introduces the data quality and funder-required reports for DHS HTHP projects. Users should run data quality reports regularly to ensure that accurate information is being provided to funders and other agencies. For information about reporting periods, due dates, and changes to requirements, refer to communications from funders.

### DATA QUALITY REPORTS

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**Names:** DHS HTHP Demographics Data Check

DHS HTHP Outcomes (Same report used to submit to Funder)

**Location:** Public Folder → SSA Report Gallery (Funder Reports) (Secure) → DHS HTHP (Youth Transitions)

**Report Prompts:**

- Select Provider(s): *Choose the provider(s) you want to include in your report*
- Select Reporting Group(s): *Can be left blank if not using a Reporting Group*
- EDA Provider: *Can be left blank except in rare cases*
- Enter Start Date: *The first day of the quarter*
- Enter End Date (PLUS 1 Day): *The last day of the report period +1 day*
- Enter Biennium Start Date: *Leave as is (correct date is pre-populated)*
- Enter Biennium End Date (PLUS 1 Day): *Leave as is (correct date is pre-populated)*

**Data Quality Instructions:** Run all the reports listed above every month to identify and correct erroneous and missing data prior to the quarterly DHS due date. It is best to export these reports as an Excel file and cross analyze the counting and data check reports for both demographics and outcomes.

Check to confirm that all clients served in a report period appear on the report. Additionally, check to confirm that clients exited in prior quarters are not showing up on the report. If a client does not appear on a report, it is likely a problem with the project start date or the entry provider. If a client shows up on a report and has exited the program prior to the report period, it is likely a problem with the exit date.

### FUNDER-REQUIRED REPORTS

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**Names:** DHS HTHP Demographics Counting Report

DHS HTHP Outcomes (Same report used for Data Quality)

**Location:** Public Folder → SSA Report Gallery (Funder Reports) (Secure) → DHS HTHP (Youth Transitions)

**Report Prompts:**

- Select Provider(s): *Choose the provider(s) you want to include in your report*
- Select Reporting Group(s): *Can be left blank if not using a Reporting Group*
- EDA Provider: *Can be left blank except in rare cases*
- Enter Start Date: *The first day of the quarter*
- Enter End Date (PLUS 1 Day): *The last day of the report period +1 day*
- Enter Biennium Start Date: *Leave as is (correct date is pre-populated)*
- Enter Biennium End Date (PLUS 1 Day): *Leave as is (correct date is pre-populated)*

**Submission Frequency:** Reports are due to DHS quarterly on the 15<sup>th</sup> day of the month following the end of the quarter.

**Submission Instructions:** If you have more than one HTHP program (i.e. In Care and Left Care), include both providers in the ART report prompts and send the combined reports to DHS. ICA HMIS runs a different report summarizing each HTHP provider separately for DHS. Email the “DHS HTHP Demographics Counting Report” and “DHS HTHP Outcomes” to DHS staff as PDF files.