

SMAC Governing Board Notes

October 17th, 2023

1) Introductions

10 Minutes

Who is your favorite author? Favorite Book

2) Coordinated Entry

Updated CE Assessment Governing Board Approval

*Vote Required

20 Minutes

Shared older version alongside new, proposed assessment ahead of the meeting.

Reviewed by Director's Council and then discussed with Thom (ICA) elements that were included in the older assessment that could be removed. Had previously approached the items contained within the assessment as absolute necessities, and learned more in the conversation with ICA that there was increased flexibility to encourage and provide changes

Previously, we thought that it would be more approachable to have a joint assessment between SMAC and Ramsey CoCs. We found that people needed to talk to an assessor regardless in either continuum for update purposes and/or for accessing the Priority List(s) in the first place, so it wasn't as streamlined as we initially intended. Needed someone attached to the assessment in SMAC to support the frequency of updates, so found that it wasn't saving time and was adding questions that were pertinent to Ramsey, but not as imperative for SMAC. Common questions would pull into the assessment regardless.

Updates include:

- Pronouns from 'Preferred Pronouns'
- Removed some veteran status questions related to dates of services (HVR (MDVA) was more interested in determining if someone previously served as opposed to diving into eligibility components to support connections to the Registry)
- Removed a chart for income – it will just be whether the household has income and is willing/able to work (intended to simplify data entry)
- DV/Trafficking Question Series: Feedback from DC: "Needs to be clear why we're asking certain things and asking for only information that is truly needed" – Old Assessment was primarily considering Breaking Free programming. Went back to Breaking Free to discuss these proposals and Breaking Free offered some insight for how to connect prospective, eligible households with their agency's information.
- Health Information: Changed 'SMI' to serious mental health condition
- Clarified language around HUD Homelessness and conviction record
- Reduced Housing Preferences from 5 to 3

Jen Motioned, Doreen Seconded – **Approved**

3) NOFO Review: How did things go?

20 minutes

What are opportunities for improving future processes?

Monitoring and Evaluation Committee (M&E Committee) is charged with making sure that we have a tool for reviewing the work of our CoC grantees, meeting with providers, discussing their projects and score range, and then working to rank the projects.

Met post-NOFO to debrief and talk about what we're seeking to implement this year:

Meet throughout the year as a committee

Meet with projects at least 2x a year to discuss their projects and how they can maximize their score

Have M&E Members score the projects

Implementing feedback received from providers received during the meetings with providers

Seeking to use the last NOFO cycle as a learning experience to incorporate these learnings into continuous improvement in our processes moving forward

Suzie (CAP): Acknowledged meeting more frequently with providers would be helpful as it can really be crazy around the 1 – 2 months that providers have to assemble all of their information for HUD

Continuing to recruit for new M&E Members. If you're interested in joining this committee, please contact Jen Romero (jromero@co.carver.mn.us) and Mz. Marla Dolson (mzmarla@shipcollab.org)

Feedback on this year's NOFO or M&E processes is absolutely still welcomed. Please email Laquita: laquita@mesh-mn.org if there's anything that you'd like to share about how this went for you and/or your organization.

What is the role of the Governing Board in the NOFO Process? That would be helpful for determining if additional NOFO training is necessary for our Governing Board.

Primarily centered around the scoring tool(s) as would be reflected in any adjustments that HUD makes from year to year

4) **Data Standards (HMIS)**

30 Minutes

Thom Romano (ICA)

An overview of these Data Standards changes can be found online here: <https://www.hmismn.org/fy-2024-hmis-data-standards-changes> and the **PowerPoint that we reviewed can be found incl. with these notes.**

2024 Data Standard Changes include both HUD and MN Data Elements (along with some very program specific data elements)

Summary of Changes: Every two years HUD goes through a process to make changes to current data elements and add brand new data elements. MN has aligned with these changes

ICA has changed the configuration of assessments in HMIS to simplify and bring clarity to the data entry process for all users. Before Oct. '23, providers were assigned the same assessment regardless of their project types. The issue was that different project types have different data collection requirements. Users had to be very careful to only request the information specific to their project type.

Challenge for ICA: A lot of different assessments so having these shared, combined assessments required changes to the assessments for each distinct change. There were 220 distinct data collection forms, so having to make these changes for each into the shared assessments was challenging.

From Oct. '23 onward, providers with the same project type will share a common assessment and be assigned separate funder-specific forms. Providers will now see a "core" assessment with questions only for their specific project and then will be able to switch over to their respective assessments within the entry/exit window. Hoping it will be easier for users to switch through these assessments.

Changes can be tough and confusing! The ICA Helpdesk continues to be available for users to access support. Please reach out to them at mnhmis@icaalliances.org

5) **Shelter Capital RFP Review –**

10 minutes

What projects were submitted across SMAC, what would these projects mean for our continuum, how can we be a partner, etc.?

Scott County Emergency Housing Building: Scott County Health and Human Services, in collaboration with the CAP Agency (Service Provider) submitted a proposal for a 12-unit, mix of 2+3-bedroom units, Family Emergency Housing

Building in Prior Lake. The site would sit adjacent to The Link's Passage ways Shelter and Transitional Housing Program on a portion of the parking lot that is being underutilized. The site would serve families experiencing homelessness in Scott County and would come with supportive services provided by CAP.

Washington County Shelter Project: Washington County applied for \$10M to support the development of an Emergency Housing Services building on their Government Center campus in Stillwater in partnership with Stepping Stone Emergency Housing as the supportive services provider .

There would be 23 rooms for single adults, 7 rooms for couples or two adults needing joint space. This would be built as a campus improvement, while there's land and some funding for this site, the new building will absolutely be expensive and require funding received from this grant application. Single adults identified as a large priority for Washington County.

Adjourn

SMAC Coordinated Entry Supportive Housing Assessment

Client Name: _____ **HMIS ID:** _____

ASSESSOR INSTRUCTIONS: Please read or paraphrase the following to the client.

I work for (name of your agency) and we are going to complete a Supportive Housing Assessment. This will give me a better idea of what your housing and service needs are. If you say it is ok to continue, I will ask you questions about your health and housing. If you do not understand a question, please say so. I can help explain what is being asked. Some of the questions may be personal, but you will only need to answer yes/no. I don't need specific details.

The questions are not meant to judge you, but to assess your needs at this time. If you feel uncomfortable you can take a break or skip a question. If you do not answer a question, no one will be upset with you. But, this information is important to help decide if you are eligible for service, so skipped or inaccurate answers may affect your eligibility. This information will help determine your eligibility and connect you to housing/services.

At any time, you can ask that the information you are giving me not be shared. If at any time you are unhappy with the assessment process and/or resulting score or you feel you were treated unfairly, you have the right to let us know.

You can submit a grievance to SMAC and the grievance will be looked at by a team working with the Coordinated Entry process. Do you want to continue?

COVID-19 Survey - MN

Date of Survey:	
In the last two weeks, have you been in close contact with anyone who is experiencing fever, new or worsening cough, and shortness of breath (symptomatic or likely have COVID-19)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been asked or chosen to keep yourself away from others (quarantine) because you've been in contact with others who likely have COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you kept yourself away from others (quarantined) since that time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff use: Was the client screened for COVID-19 symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently experiencing any symptoms consistent with COVID-19 (fever, new or worsening cough, shortness of breath)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date symptoms began: _____ If yes, were you tested for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, outcome of COVID-19 test results once received? <input type="checkbox"/> Confirmed COVID-19 <input type="checkbox"/> Negative	Date symptoms ended: _____
Have you been asked or chosen to stay away from others (isolate) because you have or likely have COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you kept yourself away from others (isolate) since that time? <input type="checkbox"/> Yes <input type="checkbox"/> No Date isolation ended: _____

Coordinated Entry Assessment

(In-person, phone, etc.)

Date of Assessment	Assessment Location	Assessment Type

SECTION 1: Assessor Information

Assessor's Name	Assessor's Organization	Assessor's Phone	Assessor's Email

SMAC Supportive Housing Assessment

Client Name: _____

SECTION 2: Client Contact Information

Phone number where you can be reached or a message can be left:	
Email where you can be reached or where a message can be sent:	
Can we leave a confidential voicemail or text for you at the phone number provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Secondary Contact Information

Name:	Name:
Phone:	Phone:
Email:	Email:
Relationship:	Relationship:
Can we speak with the contacts you listed to leave information for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Background Information

HMIS ROI Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No – Agency ROI Needed
Client Relationship to Head of Household:
Social Security Number:
Client Date of Birth:

Gender Identity:

Woman (girl if child) Man (boy if child) Transgender Culturally-specific gender (e.g. Two-Spirit) Non-Binary Questioning Different Identity Client Doesn't Know Client Refused

Pronouns: _____ If Different Identity, please specify: _____

Race/Ethnicity	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused		
Are you Native American?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, of which tribe are you an enrolled member?	

Client Location (CoC): _____

County where client resides: _____

Are you a former service member, regardless of discharge? Yes No

SMAC Supportive Housing Assessment

Client Name: _____

If yes, answer the Veteran Status questions below. If no, you may skip them.

Has Client been referred to the Homeless Veteran Registry ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SQUARES:	<input type="checkbox"/> No, could not confirm veteran status <input type="checkbox"/> Yes, confirmed veteran <input type="checkbox"/> Did not check SQUARES

SECTION 4: Household Composition

Household Type	<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Youth – Single <input type="checkbox"/> Youth – Family
Household Size: Total # of Persons	
Household Size: Total # of Children (17 and under):	
Household Size: Total # of Adults (18+)	
Are you pregnant?	
If yes, Projected Due Date	

Additional Household Members – Additional space in Notes if needed.

Name	Relationship to HoH	Gender	Date of Birth

Is there anyone else you plan to live with? Yes No

Are you working on reunification with any family members? Yes No

If yes to either, please explain: _____

SECTION 5: Income

Income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Chart

Relationship to HoH	Source of Income	Monthly Amount

SECTION 6: Domestic Violence/Trafficking

Script: There are some resources **targeted available** for people who have experienced domestic or sexual violence – past or present. These next questions are about that. They are only yes/no questions and don't need details.

SMAC Supportive Housing Assessment

Client Name: _____

There are resources available for people who have experienced or are experiencing violence or control. Are you interested in exploring those resources? If yes, as the following questions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone CURRENTLY trying to harm you, control your daily activities, resources, and/or documents, or force you to do things you don't want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know what sexual exploitation is? If yes, give Breaking Free information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth only: there is a housing program for people aged 16-24 who have experienced any kind of violence, would you be interested in this program? (What info will be given)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Script: Thank you for sharing with me. There are advocacy resources available for both people who are currently experiencing violence as well as those who experienced it in the past. You deserve to be safe and have support around you. I can provide you with contact information for an advocate or we can call them right now. (Day 1 number is 866-223-1111)

SECTION 7: Health Information

NOTE: Please include the names of any relevant service providers in Section 11 of this CES Assessment.

Does client have a disability of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told by a medical professional that you have a serious mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What accommodation do you require due to health or disability? _____

SECTION 8: Homeless/Housing History

Current Living Situation

Information Date	Current Living Situation (Shelter, PNMFHH, Staying with family, friends, etc.)

Directions: Please include housing and homeless history for the last 3 years. Having this much time documented included allows us to determine if the individual meets the LTH and/or HUD chronic homeless definitions.

Move-In Date	Move-Out Date	Residence Type	County/City

SMAC Supportive Housing Assessment

Client Name: _____

been on the streets or in shelters in the past 3 years including today:	
Total number of months homeless on the street or in shelters in the past 3 years :	

SECTION 9: Legal History

Note: Please add any current case worker information to Section 11: Provider Involvement.

Does anyone in your household have any **conviction record**? Yes No

If yes, please complete this chart*.

Relationship to HoH	Offense Type (Drug, Arson, Sex Offense, Violent Crime, Non-Violent Crime)	Classification (Felony, Misdemeanor)	Number of Offenses	Date of Most Recent Conviction	Active warrant or any open criminal case?	If sex offense, registered sex offender?
				___/___/___		
				___/___/___		
				___/___/___		

*Housing provider training – ask about probation/parole, other questions to advocate on client’s behalf

*Housing provider training – what to do about active warrants

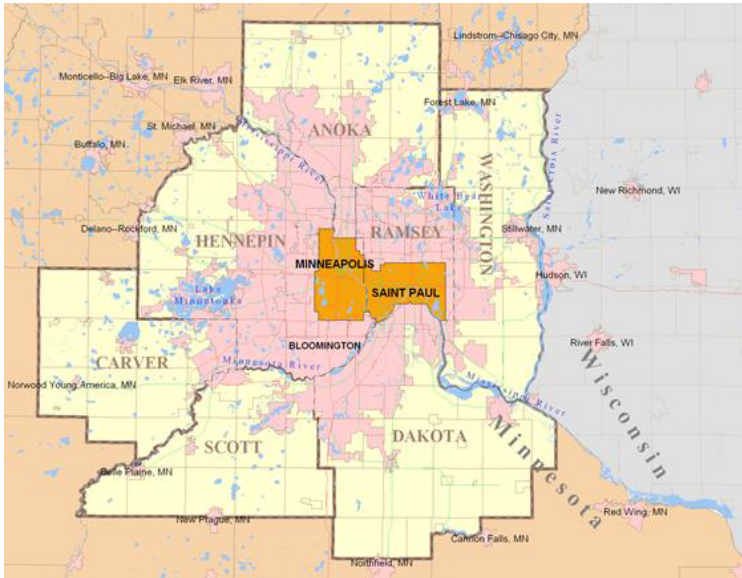
SECTION 10: Housing Preferences

Are you willing to live anywhere in the 7 county metro area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please rank up to 3 counties that you would prefer to live in.	
Client choice 1:	
Client choice 2:	
Client choice 3:	

Please indicate CoC based on client preferences. If the client identifies a CoC outside of their current residence, notify the priority list manager. SMAC Ramsey Hennepin Other: _____

SMAC Supportive Housing Assessment

Client Name: _____



Specific Services: Are you willing to consider or are you interested in programs that...	
Utilize Housing Support (formerly known as GRH) funding to cover the cost of housing and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offer room rentals or SROs (ie you have your own bedroom but may share kitchen, living, bathroom)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a front desk that helps monitor visitors for increased security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are a couple of sober programs that work with coordinated entry. They do not allow drugs or alcohol on the premises, and enforcement is based on behavior (no random searches/UAs). Are you interested in a program like this?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 11: Referrals info – This section is just to get an idea of services you may qualify right now, and will not affect your referrals to housing.

Do you owe money to any past landlords?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any money to PHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any past due utilities payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of these, please include details here:	

- Are you working with a mental health worker? Yes No
- Youth only: Were you ever in foster care? Yes No
- Do you have a Housing Stabilization Services worker? Yes No

Service Coordination

Directions: Please list all social service providers who client is currently working with. This could be HSS, targeted case management or other forms of social services, financial, mental health, vocation, veteran, child protection, etc.

Provider Type	County	Worker Agency	Worker Name	Worker Contact
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SMAC Supportive Housing Assessment

Client Name: _____

Do you receive Medical Assistance? Yes No

Non-Cash benefit from any source? Yes No

If yes, from which county are you receiving non-cash benefits? _____

Housing Stabilization Services Questions

The following series is required to help determine eligibility for DHS Housing Stabilization Services.

Based on your experience with the person you have assessed for Coordinated Entry, review the following 5 questions and use your professional judgement when selecting your responses.

1. Housing Instability: Is this person experiencing housing instability? Yes No
2. Communication: Does this person need support communicating their needs to help with housing? Yes No
3. Mobility: Does this person need support getting around to help with housing? Yes No
4. Decision Making: Does this person need support in decision making related to their housing? Yes No
5. Managing Challenging Behaviors: Does this person need support managing challenging behaviors to help with housing? Yes No

If yes to the question regarding housing instability, and yes to any of the remaining questions, the individual meets the Assessed Need and Housing Instability observations for DHS Housing Stabilization Services.

Additional Notes



FY 2024 HMIS Data Standards Changes



Summary of Changes

Every two years, the US Dept. of Housing & Urban Development (HUD) goes through a process to (1) make changes to current data elements collected in HMIS (collectively referred to as the “**Data Standards**”) and (2) add brand new data elements to HMIS as well.

The state of Minnesota has aligned with the HUD Data Standards changes and also rolled out MN HMIS Data Standards changes at the same time this year to reduce the burden on HMIS users.

- ❑ Changes to HMIS effective October 1, 2023 (i.e., the start of the new federal fiscal year).
- ❑ Changes only effect active clients, meaning clients still enrolled in your project as of October 1, 2023 and new clients going forward.
- ❑ Include changes to HUD Universal Data Elements, MN Universal Data Elements, and certain Program Specific Data Elements.
- ❑ New data collection forms and HMIS User Guides are available on our [Forms & Instructions](#) page.

Summary of Changes

As part of the FY24 HMIS Data Element Changes being applied to Minnesota's HMIS, ICA will be significantly altering how assessments are configured in HMIS. The goal of this system update is to simplify and bring clarity to the data entry process for all users.

Before October 2023, providers with different project types, like Transitional Housing and Permanent Housing, were assigned the same assessment.

The Challenge for Users: Because different project types have different data collection responsibilities, a shared assessment must include questions that are specific to each project type. This means that users must carefully review their assessments to make sure they are completing the required questions, and only the required questions.

Summary of Changes

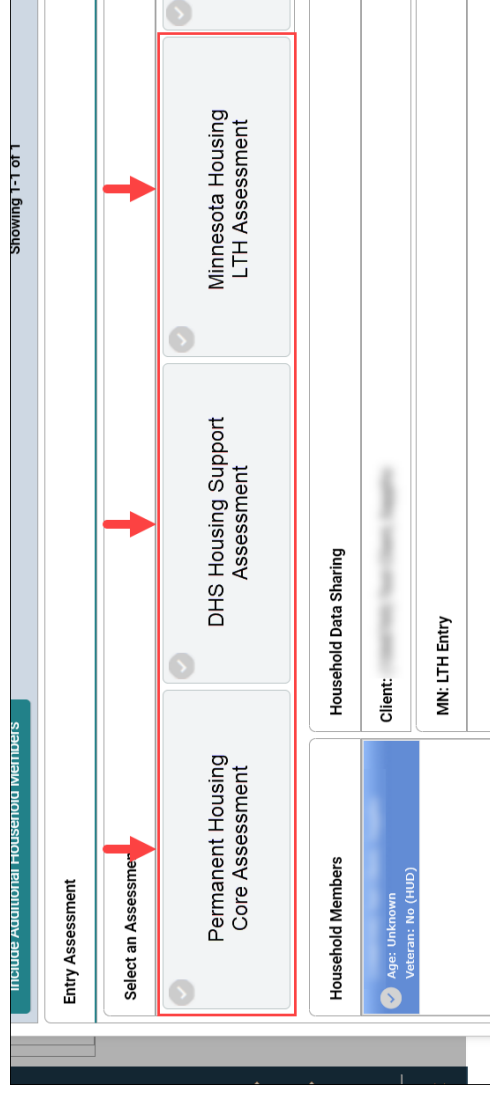
The Challenge for ICA: In addition to being concerned for the HMIS users who have to navigate complicated assessments, ICA's system administrators find it difficult to maintain those assessments and their roughly 220 distinct data collection forms, which must be updated whenever their corresponding assessment changes.

From October 2023 onward, providers with the same project type will share a common assessment, and be assigned separate funder-specific assessments as needed.

Benefits for All: When assessments are configured for specific project types and funding sources, users are only shown the questions they need to answer. Maintenance of those targeted assessments and any corresponding data collection forms becomes easier, too, giving your friendly neighborhood system administrator more time to spend on other HMIS improvement efforts.

Summary of Changes

How It Looks in HMIS: Imagine a Permanent Housing project that receives funding from two sources: DHS Housing Support and Minnesota Housing LTH. When a user creates an Entry/Exit for a client served by that project, they will first see a “core” assessment with questions meant only for Permanent Housing projects. Once the core assessment has been filled out, the user can switch over to their Housing Support and LTH assessments from within the Entry/Exit window.



When multiple assessments are assigned to a provider, users can switch between them in the **Select an Assessment** section of the Entry/Exit window.

ICA recognizes that this transition will represent a significant shift in how users complete assessments in HMIS. However, as everyone becomes more familiar with the new setup, we believe that users will find HMIS data entry a more accessible experience, and one that supports improved data quality. If you have any questions as these changes roll out, please do not hesitate to reach out to our Helpdesk at mnhmis@icalliances.org.

HUD Universal Data Elements

2024 CHANGES	COMMUNITY SERVICES INSTRUCTION
<p>GENERAL</p> <p><i>Changed "Client Refused" to "Client prefers not to answer" in all applicable HMIS data elements</i></p>	<p>Responses entered prior to 10/1/2023 remain valid responses. No updates required with this wording change.</p>
<p>3.04 RACE and ETHNICITY</p> <ul style="list-style-type: none"> • <i>Combined Race and Ethnicity data elements into a single data element.</i> • <i>Added response option</i> • <i>Response option language change</i> • <i>Added text box to add any additional race and/or ethnicity detail from client</i> <p>Answer Options: American Indian, Alaska Native, or Indigenous; Asian or Asian American; Black, African American, or African; Hispanic/Latina/e/o (LANGUAGE CHANGE); Middle Eastern or North African (NEW); Native Hawaiian or Pacific Islander; White</p> <p>Additional Race and Ethnicity Detail: [Text field]</p>	<p>Data Collected About: All Clients Data Collection Point: Record Creation Project Types: All Project Types</p> <p>Responses entered prior to 10/1/2023 remain valid responses and Ethnicity responses have been mapped over to the combined data element. Verify accuracy and make updates if needed. Starting 10/1/2023, provide new and revised response options to every new client who enters a project.</p>
<p>3.05 ETHNICITY <i>Retired</i></p>	<p>This element has been combined with the Race element and is now the Race and Ethnicity element. There are no additional data entry requirements.</p>

HUD Universal Data Elements

<p>3.06 GENDER</p> <ul style="list-style-type: none"> • <i>Response options language change</i> • <i>Added response options</i> • <i>Added text box to add additional detail from client</i> <p>Answer Options (Select as many as apply): Woman (Girl, if child) (LANGUAGE CHANGE); Man (Boy, if child) (LANGUAGE CHANGE); Culturally Specific Identity (e.g., Two-Spirit) (NEW); Transgender; Non-Binary (LANGUAGE CHANGE); Questioning; Different Identity</p> <p>If Different Identity, Please Specify: [Text field]</p>	<p>Data Collected About: All Clients Data Collection Point: Record Creation Project Types: All Project Types</p> <p>Responses entered prior to 10/1/2023 remain valid responses and have been mapped over to the modified response options. Starting 10/1/2023, provide all options to every new client who enters a project.</p>
<p>3.12 DESTINATION</p> <p><i>Revised language and reorganized responses</i></p> <ul style="list-style-type: none"> • Separated Temporary and Permanent Situations into separate headers • Removed "or RHY Funded" from descriptor of "Host Home" response option • Moved subsidized permanent destination response options as dependent on "Rental by client, with ongoing housing subsidy" option 	<p>Data Collected About: All Clients Data Collection Point: Project Exit Project Types: All Project Types</p> <p>Responses entered prior to 10/1/2023 remain valid responses and have been mapped over to the modified response options.</p>

HUD Universal Data Elements

3.16 ENROLLMENT COC

Revised language and data collection instructions

- Changed data element name from “Client Location” to “Enrollment CoC”
- Changed data collection stage to project start only
- Changed data collection instructions to “select or enter the CoC code assigned to the geographic area for where the project is funded to operate.” (Previously instructed to select the CoC code assigned to the geographic area for the project site where the head of household is being served.)

Data Collected About: Head of Household

Data Collection Point: Project Start

Project Types: All Project Types

Responses entered prior to 10/1/2023 remain valid responses and have been mapped over to the modified data collection guidance.

HUD Universal Data Elements

<p>3.917 A & B PRIOR LIVING SITUATION <i>Revised language and reorganized responses</i></p> <ul style="list-style-type: none"> • Separated Temporary and Permanent Situations into separate headers • Removed "or RHY Funded" from descriptor of "Host Home" response option • Moved subsidized permanent residence response options as dependent on "Rental by client, with ongoing housing subsidy" option 	<p>Data Collected About: Head of Household and Adults Data Collection Point: Project Start Project Types: All Project Types</p> <p>Responses entered prior to 10/1/2023 remain valid responses and have been mapped over to the modified response options.</p>
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MN Universal Data Elements

2024 CHANGES	COMMUNITY SERVICES INSTRUCTION
<p>COVID-19 SURVEY <i>Retired</i></p>	<p>While the COVID-19 screening survey has always been optional, the sub-assessment will be removed from all HMIS assessments on 10/1/2023. Agencies can request to have the sub-assessment (survey) made available to them by contacting the Helpdesk (mnhmis@icalliances.org).</p>
<p>M1 TRIBAL MEMBERSHIP <i>Added "Not applicable" as a response option</i></p>	<p>Data Collected About: All Clients, if "American Indian, Alaska Native, or Indigenous" is one of the Race and Ethnicity (3.04) categories that the client self-identifies as, then the question "If Native American, of which tribe are you an enrolled member?" is required to be answered. Data Collection Point: Record Creation Project Types: All Project Types</p> <p>Verify accuracy and make updates if needed. Starting 10/1/2023, provide new and revised response options to every new client who enters a project.</p>
<p>4.11 DOMESTIC VIOLENCE <i>Revised language</i></p> <p>"Have you ever experienced domestic violence?"</p> <ul style="list-style-type: none"> ➢ <i>Change to:</i> "Is the client a victim/survivor of domestic violence?" "If yes for domestic violence victim/survivor, are you currently fleeing?" <ul style="list-style-type: none"> ➢ <i>Change to:</i> "If yes for domestic violence victim/survivor, is the client currently fleeing?" 	<p>Data Collected About: Heads of Household and Adults Data Collection Point: Project Start & Update Project Types: All Project Types</p> <p>This question has been reworded to communicate more clearly what is being asked for. Nothing will change for you.</p>

Common Program Specific Data Elements



2024 CHANGES	COMMUNITY SERVICES INSTRUCTION
<p>4.12 CURRENT LIVING SITUATION <i>Revised language and reorganized responses</i></p> <ul style="list-style-type: none"> • Separated Temporary and Permanent Situations into separate headers • Removed "or RHY Funded" from descriptor of "Host Home" response option • Moved subsidized permanent residence response options as dependent on "Rental by client, with ongoing housing subsidy" response option 	<p>Data Collected About: Head of Household and Adults Data Collection Point: Occurrence Point (at the time of contact) Project Types: Street Outreach, Services Only, Night-by-Night Emergency Shelters, Coordinated Entry</p> <p>Responses entered prior to 10/1/2023 remain valid responses and have been mapped over to the modified response options.</p>

Program Specific Data Elements

- MN Housing LTH/HPH
- MN Housing FHPAP
- Homework Starts with Home (HSWH)
- DHS Housing Support
- DHS LTHSSF
- HUD CoC
- HUD ESG
- HHS RHY
- HUD HOPWA
- VA Programs (Including SSVF)

Additional Resources

For more training materials, please visit the FY 2024 HMIS Data Standards Changes website:

☐ <https://hmismn.org/fy-2024-hmis-data-standards-changes/>

For data collection forms, program specific user guides, and more, please visit the ICA Minnesota website:

☐ <https://hmismn.org/forms-and-instructions/>

Please visit the HUD Exchange website for more information about the HUD HMIS Data Standards:

☐ <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>