

HMIS PROJECT SETUP AND INVENTORY CHANGES DURING AN INFECTIOUS DISEASE OUTBREAK

This document offers information to help Continuum of Care (CoC) and homeless management information system (HMIS) Leadership add, remove or modify projects and bed inventories locally in HMIS as communities respond to infectious disease outbreaks.

First and foremost, communities need to prioritize providing effective services to address the crisis. Communities need to weigh the effort associated with the project setup and the benefit to the data setup choice. HUD will be flexible in understanding and accounting for data quality issues in required reporting, and communities should assess feasibility of increased or complex data collection strategies to ensure efficient crisis systems are created and maintained.

Documenting Inventory Changes in HMIS

Minor fluctuations in day-to-day inventory need not be recorded in HMIS, and HMIS inventory records can be updated to reflect historical changes that weren't captured at the time. Use the instruction in the [HMIS Data Manual](#) for documenting inventory changes. Some examples of inventory changes that might occur in an infectious disease outbreak are listed below, with the preferred responses to Project Descriptor Data Elements (PDDE) in HMIS.

Documenting moving Emergency Shelter inventory temporarily to prevent the spread of infectious disease

An example of this may be when an Emergency Shelter temporarily moves a portion of the existing beds to a different physical space to create greater distance between sheltered residents. In HMIS, continue to use the emergency shelter set up as it is in HMIS, recording people moved to the temporary location as if they were in the regular shelter. Continue the same intake/exit data collection.

Documenting new inventory dedicated to persons experiencing homelessness

An example of this may be when Emergency Shelter inventory increases in a community to accommodate previously unsheltered persons or to create space between residents. There are several HMIS options for capturing temporary increases in Emergency Shelter inventory:

Ways to Capture Temporary Increases in Emergency Shelter Inventory	Detailed Instructions
Add "Overflow" inventory to existing emergency shelter projects in HMIS assuming: <ul style="list-style-type: none">the inventory is operated by existing ES projectFunding Sources for the inventory are comingled with ES project; project eligibility criteria consistent between existing and new inventory	Create new 2.07 bed inventory record(s) with an Inventory Start Date, CoC Code from 2.03, Household Type, Emergency Shelter Bed Type and Emergency Shelter Bed Availability marked as "Overflow." Record an Inventory End Date when the infectious disease crisis response has concluded and the overflow beds have been shuttered.
Add a new "Emergency Shelter" project to an existing organization in HMIS assuming: <ul style="list-style-type: none">the inventory isn't operated under an existing ES projectthe inventory is operated by a single organizationFunding Sources are unique to the quarantine project	Create an entirely new project in HMIS with a project type of "Emergency Shelter" (Continuum Project = "Yes") and inventory records (for distinct Household Types and Bed Types) with an Availability of "Overflow." Record an Inventory End Date when the infectious disease crisis response has concluded and the overflow beds have been shuttered.
Add a new "Organization" in HMIS, with associated new "Emergency Shelter" project assuming: <ul style="list-style-type: none">the inventory is operated under a collaborative or agency that doesn't already exist in HMIS	Create an entirely new organization AND project in HMIS with a project type of "Emergency Shelter" (Continuum Project = "Yes") and inventory records (for distinct Household Types and Bed Types) with an Availability of "Overflow."

Documenting new services or beds NOT dedicated exclusively to persons experiencing homelessness

An example of this may be when general population isolation beds or a facility to serve medically in-need people is established locally and the community wants to use HMIS for tracking purposes. There are several HMIS options for capturing temporary increases in a community's suite of services during an infectious disease crisis response:

Ways to Capture Temporary Increases in a Community's Suite of Services	Detailed Instructions
Add a new "Emergency Shelter" project in HMIS assuming: <ul style="list-style-type: none">the new project needs bed tracking/inventory functionality	Create an entirely new project in HMIS with a project type of "Emergency Shelter" (Continuum Project = "No") and inventory records (for distinct Household Types and Bed Types) with an Availability of "Overflow."
Add a new "Other" project in HMIS assuming: <ul style="list-style-type: none">the new project doesn't need any bed tracking/inventory functionality	Create an entirely new organization AND project in HMIS (Continuum Project = "No") with a project type of "Other."

Removing existing dedicated homeless inventory beds in HMIS

If, due to the infectious disease response, existing dedicated homeless "Year Round" beds are removed from the community's inventory for an "extended period of time" (which should be determined in partnership with the CoC and may be only for a temporary period), HMIS inventory records should be updated according to the [HMIS Data Manual](#):

- When a project reduces inventory but will continue to serve the same household type with a smaller number of beds, a new record should be added. The 'Inventory Start Date' should reflect the date the inventory will effectively be reduced. The earlier record should be closed out by recording an 'Inventory End Date' that is the day prior to the effective date of the decrease.
- When a project is eliminating all inventory for a given household type, an 'Inventory End Date' reflecting the last date on which beds were available should be entered for the existing record.

If existing dedicated homeless "Year Round" beds are removed from the community's inventory for only a short period of time for cleaning purposes or are left vacant for a short period of time due to the changing local situation, HMIS inventory records *do not need to be updated* as "minor day-to-day fluctuations need not be recorded."

HMIS Privacy and Sharing

The [HMIS Privacy and Security Standards](#) gives providers a reasonable degree of flexibility regarding disclosure of information about participants during an infectious disease response. There should be a legal review of state, local and other federal privacy laws to determine if there are more restrictive or limiting requirements for data into HMIS. If so, these laws will need to be considered when developing your local HMIS data collection policies. HUD has provided COVID-19 HMIS resources on the [HUD Exchange](#), including the [HMIS Privacy and Security Standards and COVID-19 Response](#), and the [COVID-19 HMIS Set up and Data Sharing Practices](#).

Client Data Considerations for New or Updated Infectious Disease Projects

Prior living situation, current living situation, and destination

If the new or updated project addressing the community's infectious disease crisis response is residential and dedicated to persons experiencing homelessness, the prior living situation, current living situation, and destination recorded for people coming from, staying in, or exiting to the new/updated project would match the project type in HMIS for that project. If the new or updated project is residential but isn't dedicated to persons experiencing homelessness, it would be appropriate to document the living situation for the people coming from, staying in, or exiting to the new or updated project as residing in option #6 in the HMIS Data Standards, "Hospital or other residential non-psychiatric medical facility." Remember that "Living Situation" in HMIS should *always* most closely match where the client resides either prior, currently, or immediately following the project stay, depending on which data element you are addressing.