

COVID-19 Vulnerability Assessment in HMIS

COVID-19 has spread rapidly in the US, prompting an ongoing emergency response from homeless service providers. Non-congregate shelter resources have been made available to facilitate social distancing and the health and safety of some of our most vulnerable clients.

The HMIS team has created COVID-19 Vulnerability questions to collect necessary COVID-19 health risk data. This data collection will help shelter and outreach programs prioritize residents and clients for available non-congregate shelter. It will also allow for future data evaluation to assess and inform homeless services systems' future emergency responses.

Where to record data: These questions are integrated into our Coordinated Entry Assessment. You will record the data on the **Assessment Tab** (if your agency has a default custom assessment on the Assessment Tab then you can find the COVID-19 Vulnerability Assessment at the bottom of the **Client Summary page**).

When to record data: Data began being collected as part of the Coordinated Entry Assessment on 4/13/20. When these data are collected on existing clients is at the discretion of the agency.

What data to enter:

- Enter **Yes** for “**Do you have any Chronic Health Conditions?**” if appropriate. Even if client responds “No” to this question, proceed with the rest of the assessment. The client may not be characterizing some of the listed risk factors as chronic health conditions.
- Enter **Yes** for “**Does Client Have Diabetes?**” if appropriate.
- Enter **Yes** for “**Do you have Heart Disease?**” if appropriate. Select **Yes** if the client reports a **History of Heart Attack** or **Stent**.
- Enter **Yes** for “**Do you have High Blood Pressure?**” if appropriate.
- Enter **Yes** for “**Do you have Lung Disease?**” if appropriate. Select **Yes** if the client reports **COPD** or **Asthma**.
- Enter **Yes** for “**Are you Immunosuppressed?**” if appropriate. Select **Yes** if the client reports **HIV** or **Cancer**.
- If client reports **other chronic health conditions**, please **specify** the chronic health conditions in the **text box**.
- Enter **Yes** for “**Are you or any one in your household over the age of 60?**” if appropriate.
- Select the correct age group from the drop down for the question “**What is the age group of the oldest member of your household?**”
- Please also complete the first question under the **Health Risk Assessment** which is directly above the **COVID-19 Vulnerability Assessment** in HMIS.
 - For the **Health Risk Assessment** question “**Does client have any of the following: Terminal or end-stage disease, such as end stage**

renal disease, end stage liver disease, congestive heart failure, dementia, advanced cancer, pulmonary disease, or ALS?” select Yes if client has any of the conditions listed.

COVID-19 Vulnerability Assessment

Do you have any Chronic Health Conditions?	-Select- G
Do you have Diabetes?	-Select- G
Do you have Heart Disease (history of Heart Attack or Stent)?	-Select- G
Do you have High Blood Pressure?	-Select- G
Do you have Lung Disease (Asthma, COPD)?	-Select- G
Are you Immunosuppressed (Cancer/ HIV)?	-Select- G
If you have other chronic health conditions, please specify:	<div style="border: 1px solid gray; height: 80px; width: 100%;"></div> G
Are you or any one in the household over 60?	-Select- G
What is the age group of the oldest member of your household?	-Select- G

HEALTH RISK ASSESSMENT

Does client have any of the following?

Terminal or end-stage disease, such as end stage renal disease, end stage liver disease, congestive heart failure, dementia, advanced cancer, pulmonary disease, or ALS	-Select- G
---	------------

CDC Guidance on **People Who Are at Higher Risk for Severe Illness** can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>