**Preparing for COVID-19 Vaccine Distribution in Homeless Systems and Agencies**

**Frequently Asked Questions**

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This document addresses frequently asked questions (FAQs) related to COVID-19 vaccine preparedness for Ohio BoSCoC homeless assistance providers. This document will be updated as needed.

Additional questions should be directed to ohioboscoc@cohhio.org.

## What is going to be done with this information about vaccines once it's collected?

The Ohio BoSCoC is requiring its providers to collect and enter into HMIS data about vaccines in order to help providers connect clients experiencing homelessness to available vaccines and to assist them to get fully vaccinated. Providers will be able to review vaccine information about their clients in R minor elevated (Rme) to help identify who needs a first or second dose of the vaccine. The CoC currently has no intention to use vaccine data for other purposes.

## Do we know when Ohio will move into Phase 2 of the state’s vaccination plan, which includes vaccinating people experiencing homelessness and staff at shelters?

As of February 5, 2021, Ohio has not yet moved into Phase 2 of their vaccination plan and the Ohio Department of Health (ODH) has not indicated when they expect to move into that phase; however, Local Health Departments (LHDs) may be able move more or less quickly on vaccine distribution. Therefore, it is critical that homeless assistance providers contact their local LHDs now to try to begin discussions around local vaccine distribution planning, and to start identifying the total numbers of staff and residents who will need the vaccine once its available.

## Effective 2/5/21, do RRH/PSH providers need to identify all active clients awaiting housing and enter interim updates for 2/5/21 for the COVID-19 vaccine assessment regardless if they've received a dose of the vaccine or not? Or should providers wait until an actual income change/recertification?

RRH and PSH providers should identify all active clients awaiting housing and enter interim updates. The Current Clients report in Rme may be useful. Set reporting dates to 2/5/2021. Additionally, if RRH/PSH clients are currently residing in a shelter, the shelter provider is also responsible for completing the COVID-19 vaccine assessment data into HMIS. In that case, RRH/PSH providers may want to coordinate with their local shelter project around this.

## What if clients don’t want to answer questions about the vaccine?

Clients can decline to answer questions about COVID-19 vaccine status. If clients refuse to provide responses to these questions, HMIS end users should record the client response as “don’t know/refused.” Providers are encouraged to revisit the vaccine assessment questions with clients over time and/or to explore with clients the reasons for their refusal to respond to the assessment questions. Revisiting these questions may provide opportunities to further engage with and educate clients about vaccine safety, address concerns they may have, and promote vaccine acceptance.

## Will it cause data quality errors if clients refuse to provide information about their vaccine status?

Clients can decline to answer questions about COVID-19 vaccine status. If clients refuse to provide responses to these questions, HMIS end users should record the client response as “don’t know/refused.” When responses to these the COVID-19 vaccine assessment questions have not been reported in HMIS, clients 16 and older will appear in relevant Rme reporting with indications that the vaccine assessment data is missing. Responses recorded as “don’t know/refused” will appear in Rme data quality reporting. None of these types of responses on the COVID-19 vaccine assessment data elements will negatively impact providers; however, missing information will be highlighted in Rme reporting so that providers can identify when they may need to collect vaccine data or may want to revisit vaccine assessment questions with a particular client.

## How will HMIS distinguish between the first and second doses of the vaccines?

When completing the COVID-19 Vaccine Assessment in HMIS, end users will record the date the first vaccine was administered, if applicable, and then record the date the second vaccine was administered. The date fields are the primary way that providers will be able to determine if the vaccine recorded was a first or second dose.

## If clients move out of emergency shelter prior to receiving the second COVID-19 vaccine dose, will that cause ongoing data quality errors?

No. However, if there are client records in your project that had a first vaccine dose recorded but not a second dose recorded, those clients will be included in forthcoming Rme reporting to identify clients due for a second COVID-19 vaccine dose. These clients will continue to appear on this reporting for at least several months, regardless of program exit. The HMIS/CoC team approached reporting in this way in order to help providers track clients who need to receive their second vaccine dose, even if the client is no longer in a particular program.

## If a client is in an emergency shelter and enrolled in RRH but not yet housed, which program collects the COVID-19 vaccine assessment information from the client? Do both the ES and RRH staff need to complete the assessment questions with the individual or family?

Emergency shelter projects should collect the COVID-19 Vaccine Assessment data on all current clients, effective 2/5/21, and then on all entering clients going forward. Rapid Re-Housing (RRH) projects are required to collect (or update) the COVID-19 vaccine assessment data on all current clients who are not yet housed and all newly entering clients going forward. Since most RRH clients come from emergency shelter locations, it is likely that most RRH clients will already have the COVID-19 Vaccine Assessment data collected and reported in HMIS from when they initially entered the shelter. However, RRH projects should check with clients to see if that data is still accurate and updated and if not, enter vaccine updates into HMIS for that client.

## What if a client receives the first COVID-19 vaccine dose but does not consent to a second dose? How would that be reported in HMIS?

If a client declines the second dose of the COVID-19 vaccine, end users can leave the fields for the second vaccine dose blank and update the fields regarding client consent for the vaccine from ‘yes’, client would consent to ‘no’, client would not consent to a vaccine. Within the COVID-19 Vaccine Assessment in HMIS end users have the ability to document any concerns the client has that have caused them to decline to consent to the vaccine. If a client has declined to consent to a first or second vaccine dose, the CoC also encourages providers to engage with those clients on a frequent basis to provide information, answer questions, and/or address other concerns the client may have had that caused them to decline to consent.

## What if clients refuse to share information about their vaccination status?

If clients decline to provide information about their vaccine status, end users may report in HMIS that the client refused to answer the question regarding whether they would consent to the COVID-19 vaccine, and then leave the vaccine dose fields blank.

## What if clients don’t remember which vaccine type they received?

If clients don’t know which vaccine type they received, providers may indicate in the HMIS dropdown options for Vaccine Manufacturer that the **‘Client doesn’t know and data could not be obtained from other source.’**

Please note that the Vaccine Manufacturer data point is very important because it is used to calculate when and if the client will need their 2nd dose. This information will also help in coordinating with your local health departments, as clients who are willing to be vaccinated must receive first and second doses from the same manufacturer. Please do everything possible to find out which vaccine clients received. If you absolutely cannot find the information, you can report that the ‘**client doesn’t know and data could not be obtained from other source.’**

Pro-tip: If the client does not know the Vaccine Manufacturer, but they do know the date they are supposed to come back for their 2nd dose, you can use that information to identify the vaccine manufacturer. If the date is 21 days after the first dose, you will know that the client received the Pfizer vaccine. If it is 28 days after the first dose, the client received the Moderna vaccine. As more vaccines come onto the market, we will keep you, HMIS, and Rme updated.

Where the vaccine manufacturer is not known, forthcoming reporting in Rme will calculate a Date 2nd Dose Needed as 28 days after the first dose as it is acceptable for clients to receive the 2nd dose later than the recommended return date, but the client cannot receive the second dose too early.