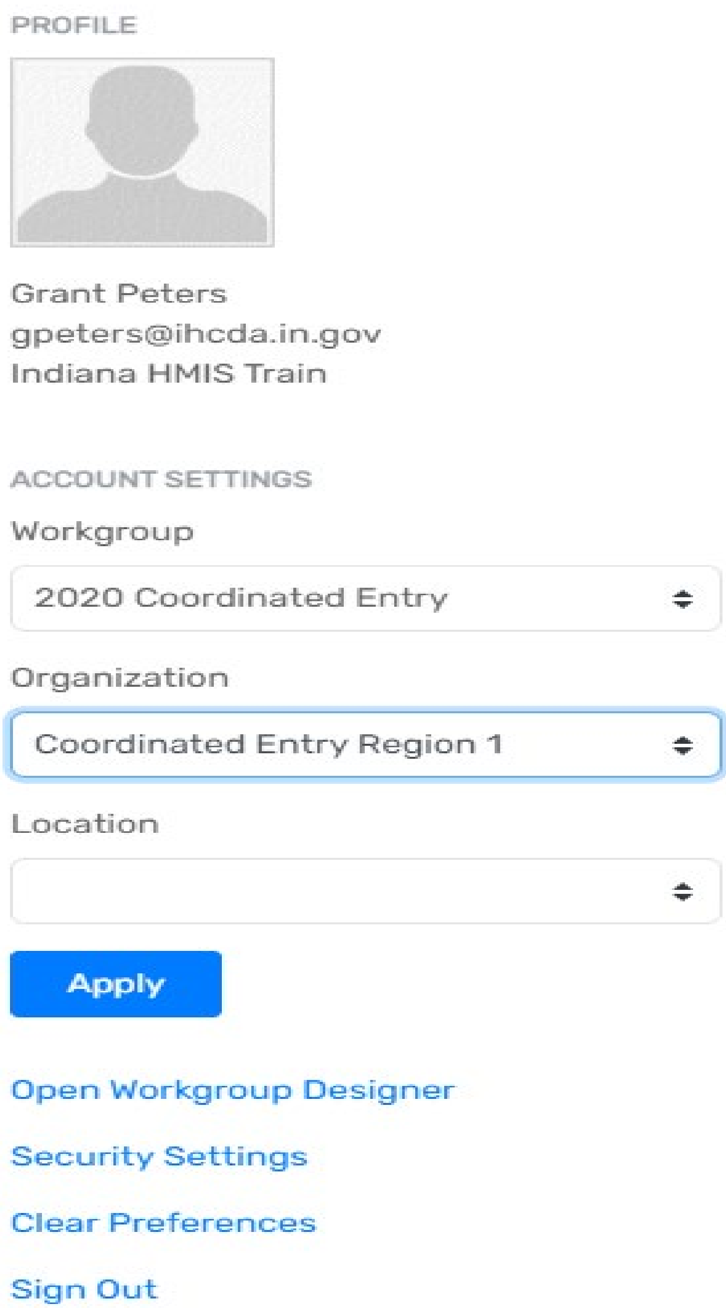
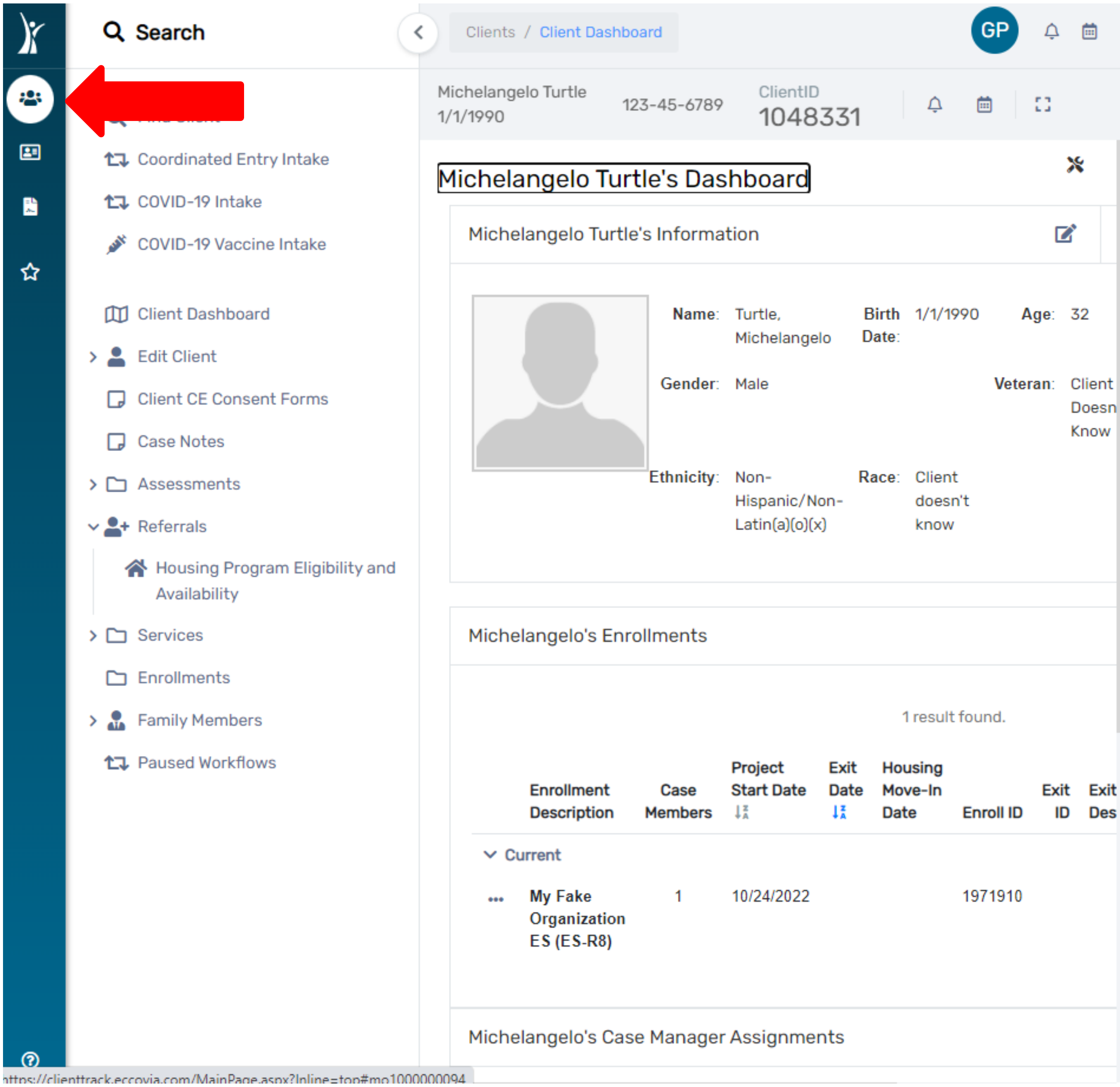
How to Guide – Coordinated Entry HMIS Intake Workflow

1. Log in to HMIS using the **“2020 Coordinated Entry”** *workgroup* and your **“Coordinated Entry Region #**” as the *organization*.
2. From the **“Home”** workspace, click on your **initials** on the far top right of *ClientTrack* at the top of the page.

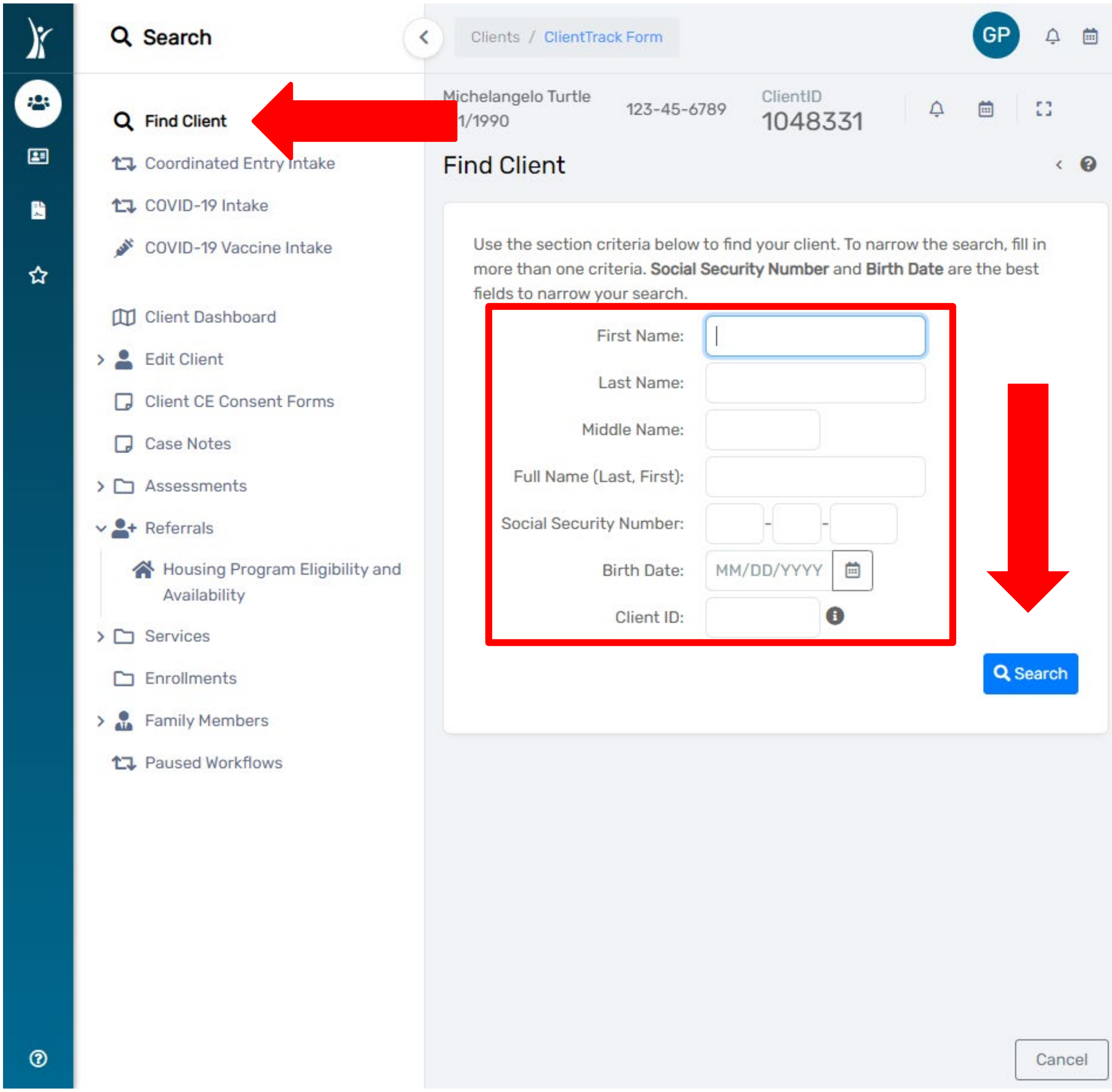


3. From the left hand **"Workspace"** menu, click on **"Clients"**.

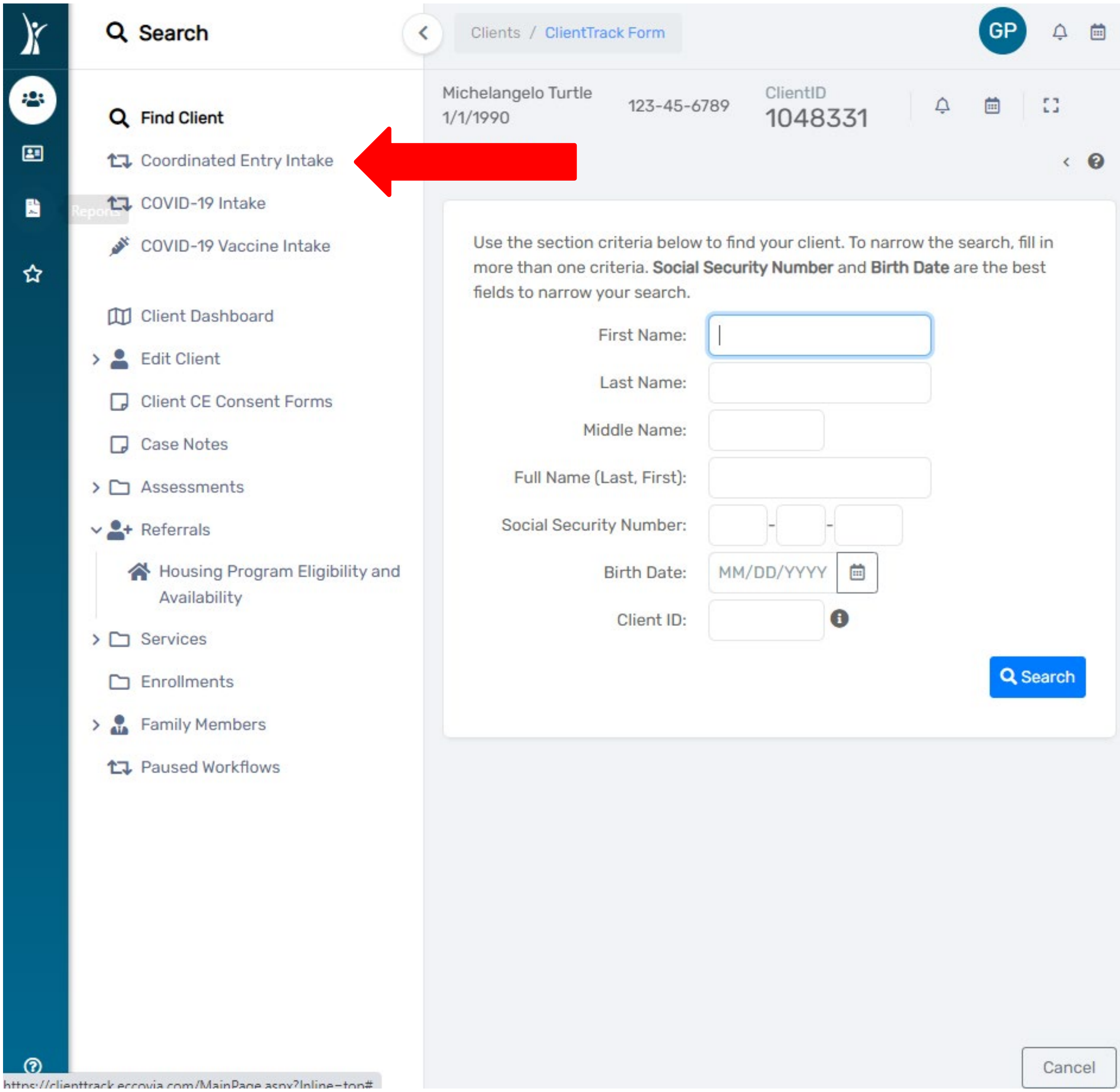


4. Always complete a **"Find Client"** search prior to adding a new client record in HMIS. This will alleviate duplicate client records. Click on the **"Find Client"** feature in the **"Client Workspace"**.

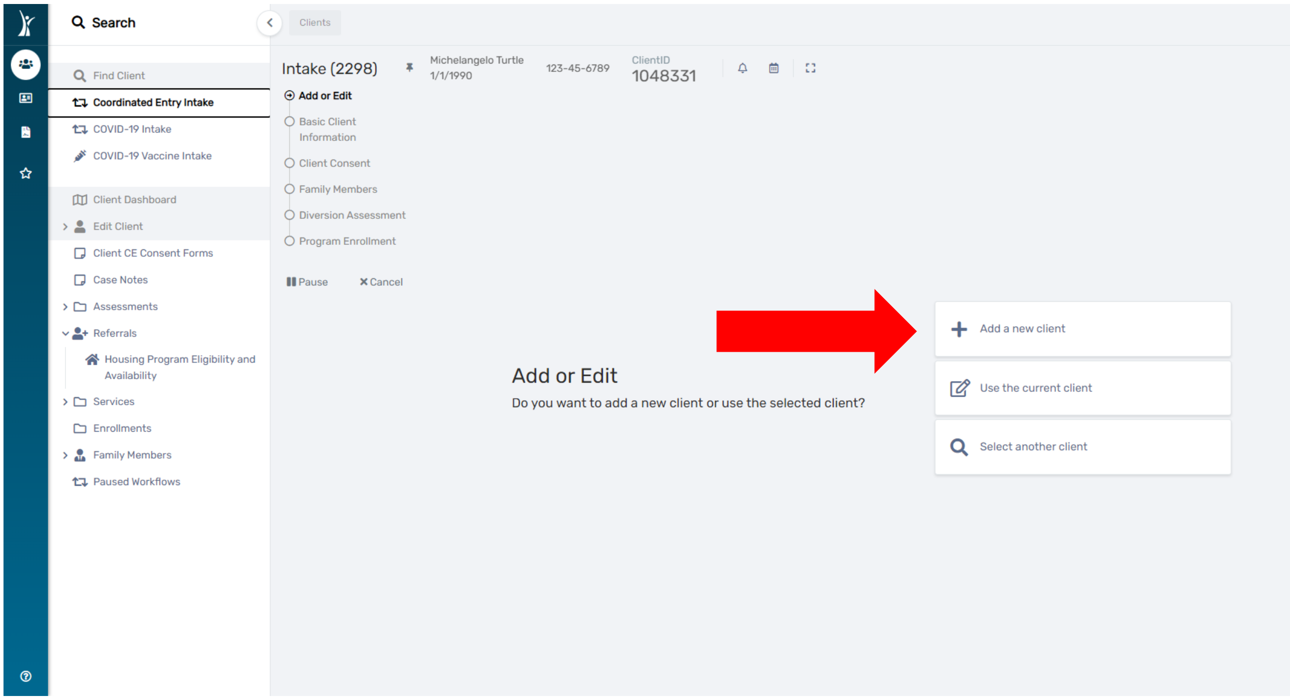
5. Complete the search information *(you may search by name, social security number, date of birth or client ID#)*. Next, click **"Search"**



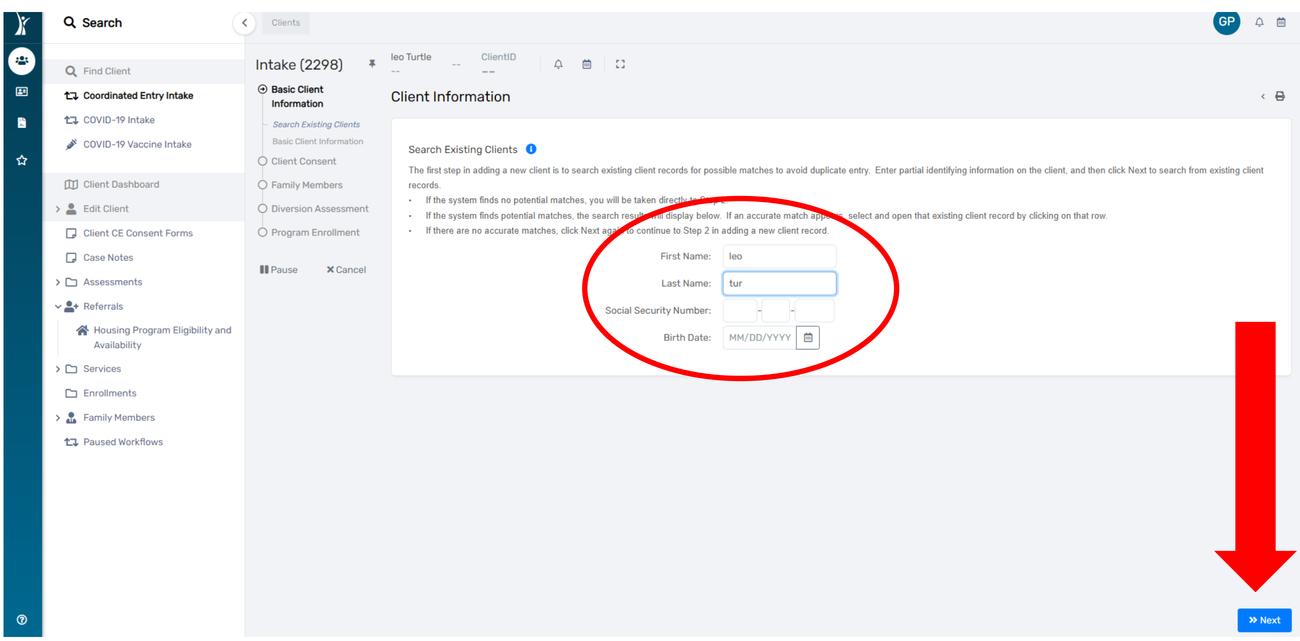
6. If no existing HMIS record is found, click on the **"Coordinated Entry Intake"** feature in **"Client Workspace"**.



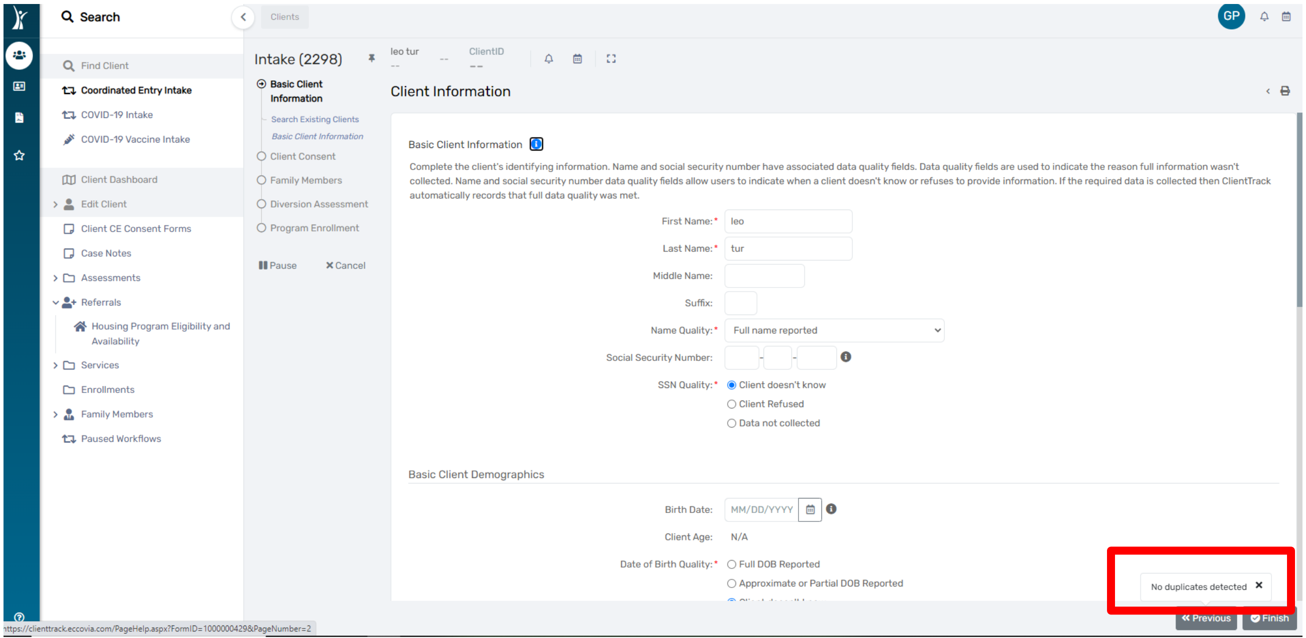
7. Click on **"Add a new client"**.



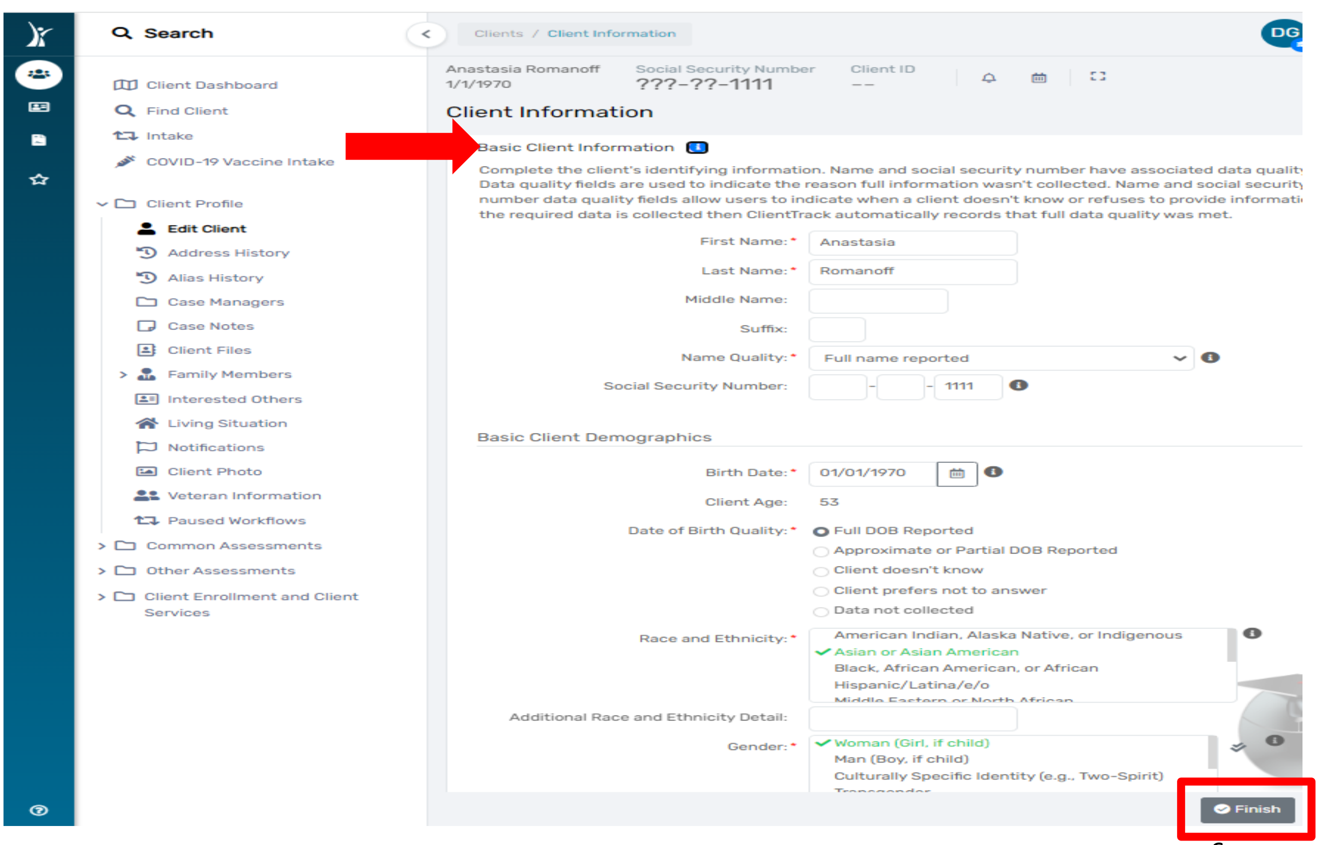
8. The system will perform a search for the client. Type in the first few letters of the clients First and Last Name (e.g., FN: Leo; LN: Tur for Leonardo Turtle) of the new client, then click the **"Next"** button.



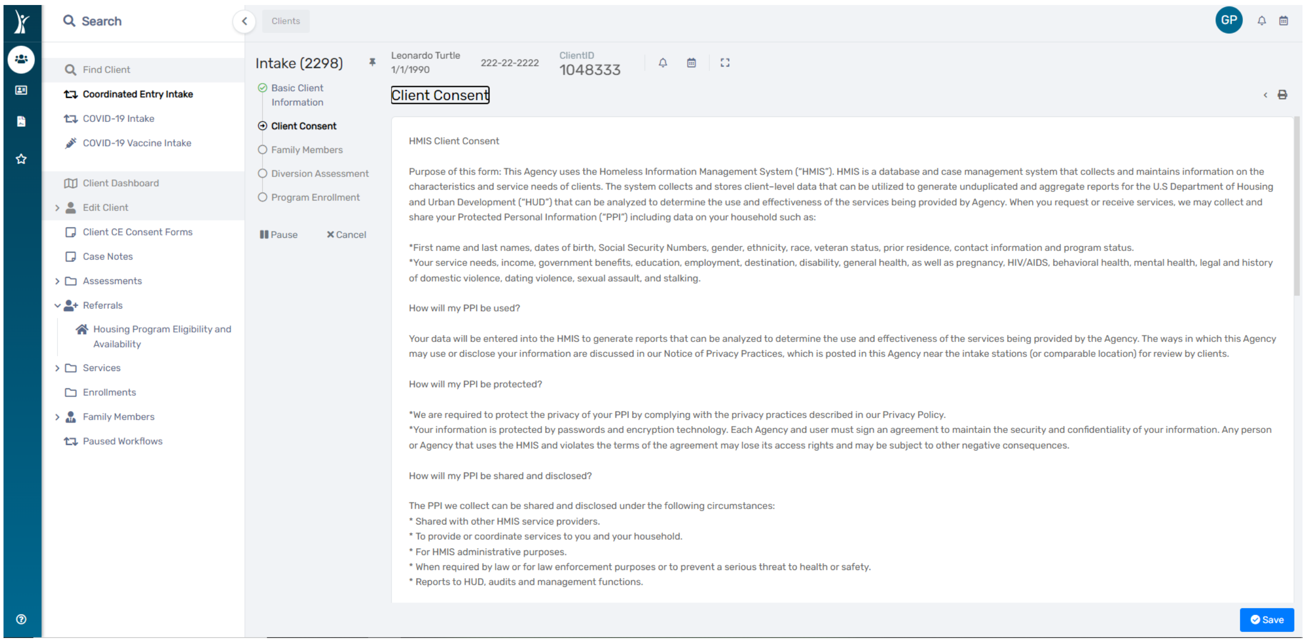
9. If the client is not currently entered in to the HMIS, the intake workflow will begin, and a **“No Duplicates Detected”** message will display on the intake workflow screen.



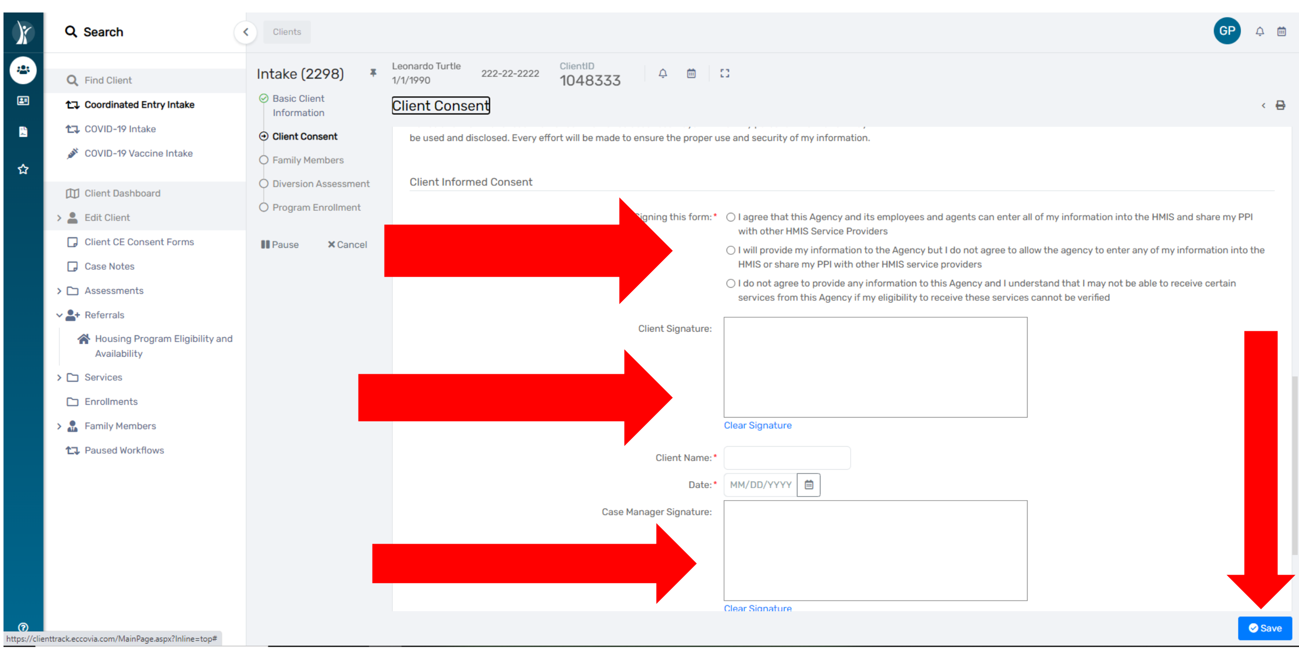
10. **Basic Client Information Assessment**: Complete all fields marked with a red asterisk *. Next, click the **“Finish”** button.



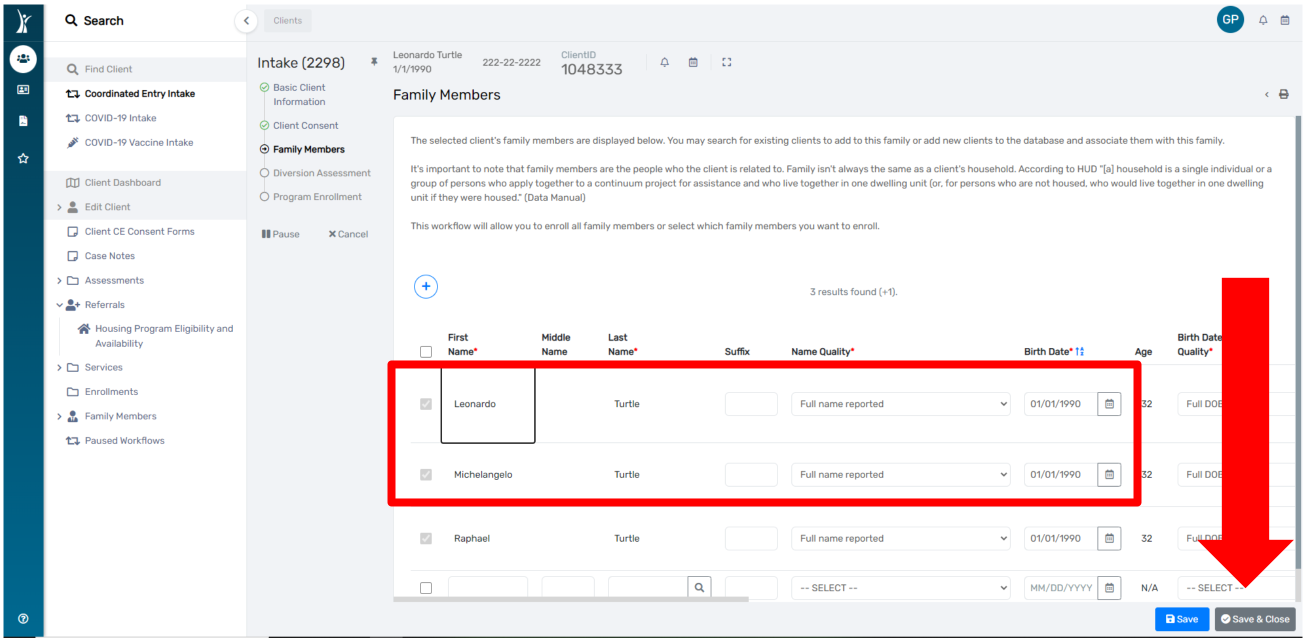
11. Please make sure the client reads the **"Client Consent"** ***before*** they sign the form. The client will choose one of the three available options in the **"Client Informed Consent"** section of the form. Next, the client will sign the form in the **"Client Signature"** box using the computer mouse or signature pad *(provided by the HMIS team upon request and subject to availability of stock).*



12. Complete the **"Client Name"** and **"Date"** field. Next, you will sign the form in the **"Case Manager Signature"** box. Complete the **"Case Manager Name"** and **"Date"** field. Next, click the **"Save"** button.

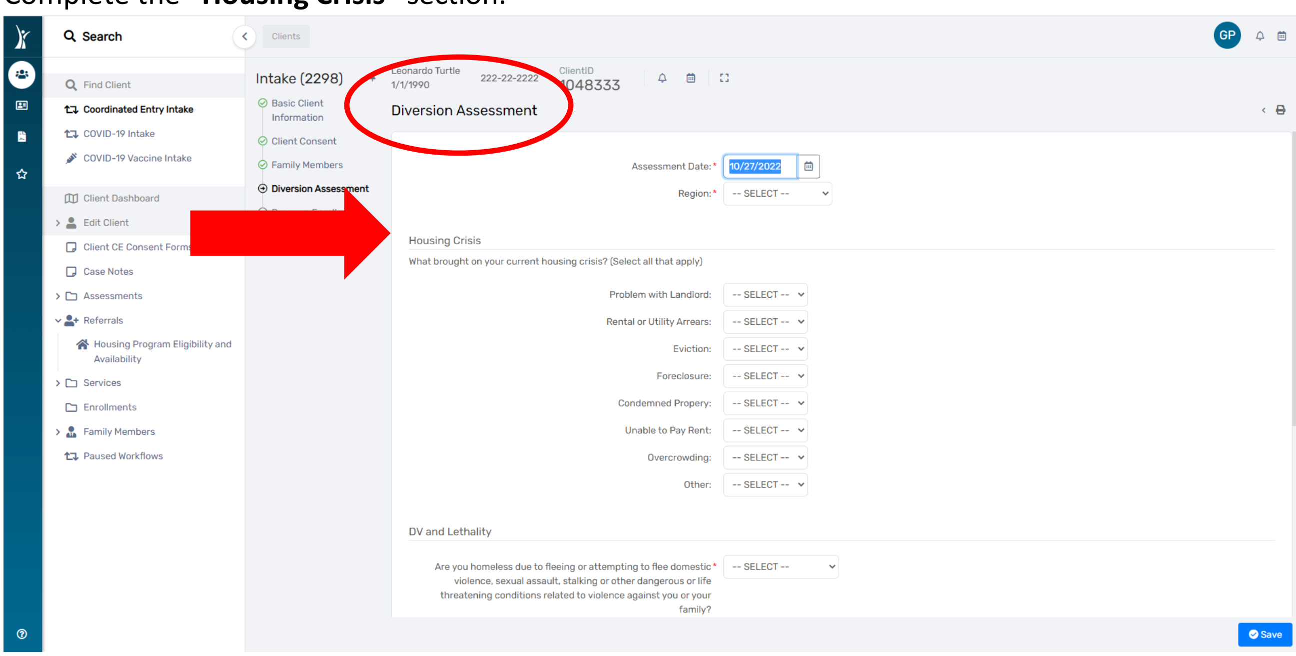


13. **Family Members Assessment**: If no changes are needed, click the **"Save and Close"** button. To add family members, complete the data fields for each family member. Click the **"Check Box"** to the left of the added family member's name(s) then click the **"Save and Close"** button.

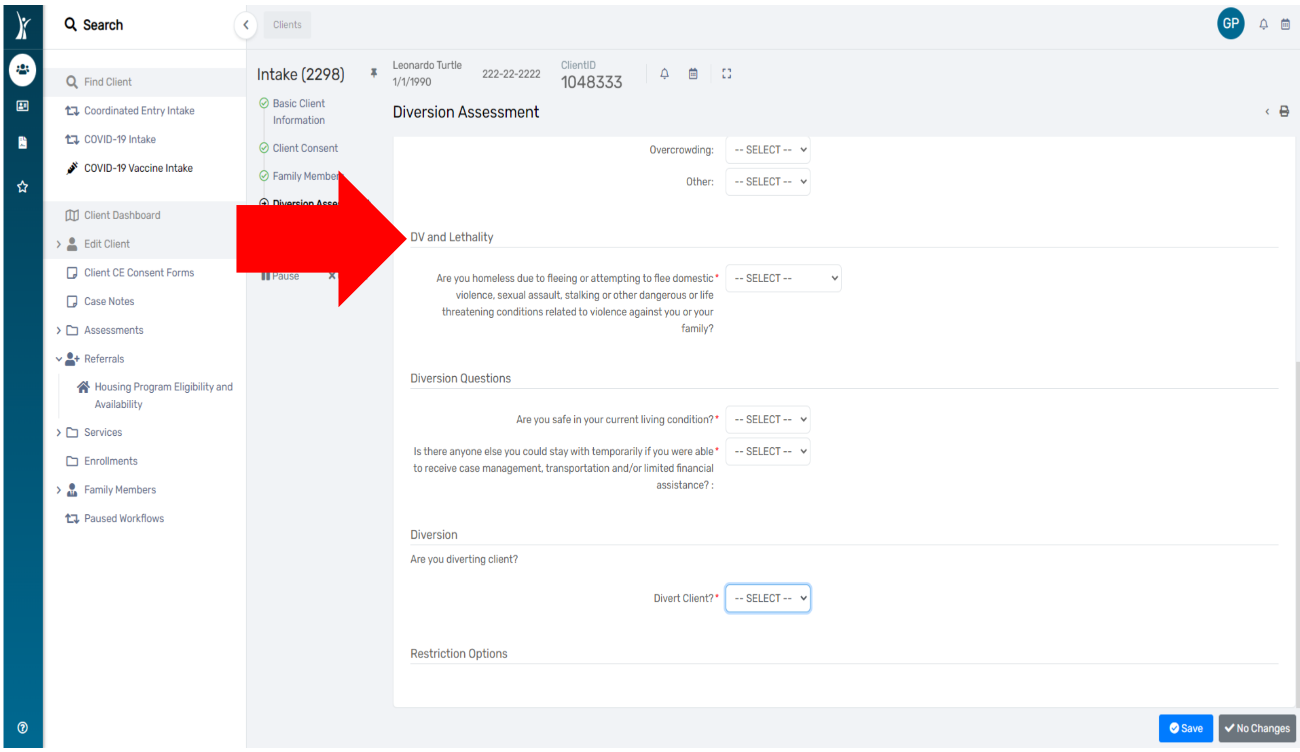


14. The **"Diversion Assessment"** is a tool to assist with the **"Creative Conversation"** (Diversion) process with the client as you work together to identify possible alternative housing options. Complete the **"Region"** field, then move through the **"Housing Crisis"** fields to capture information pertaining to the client's current housing crisis.

15. Complete the **"Housing Crisis"** section.

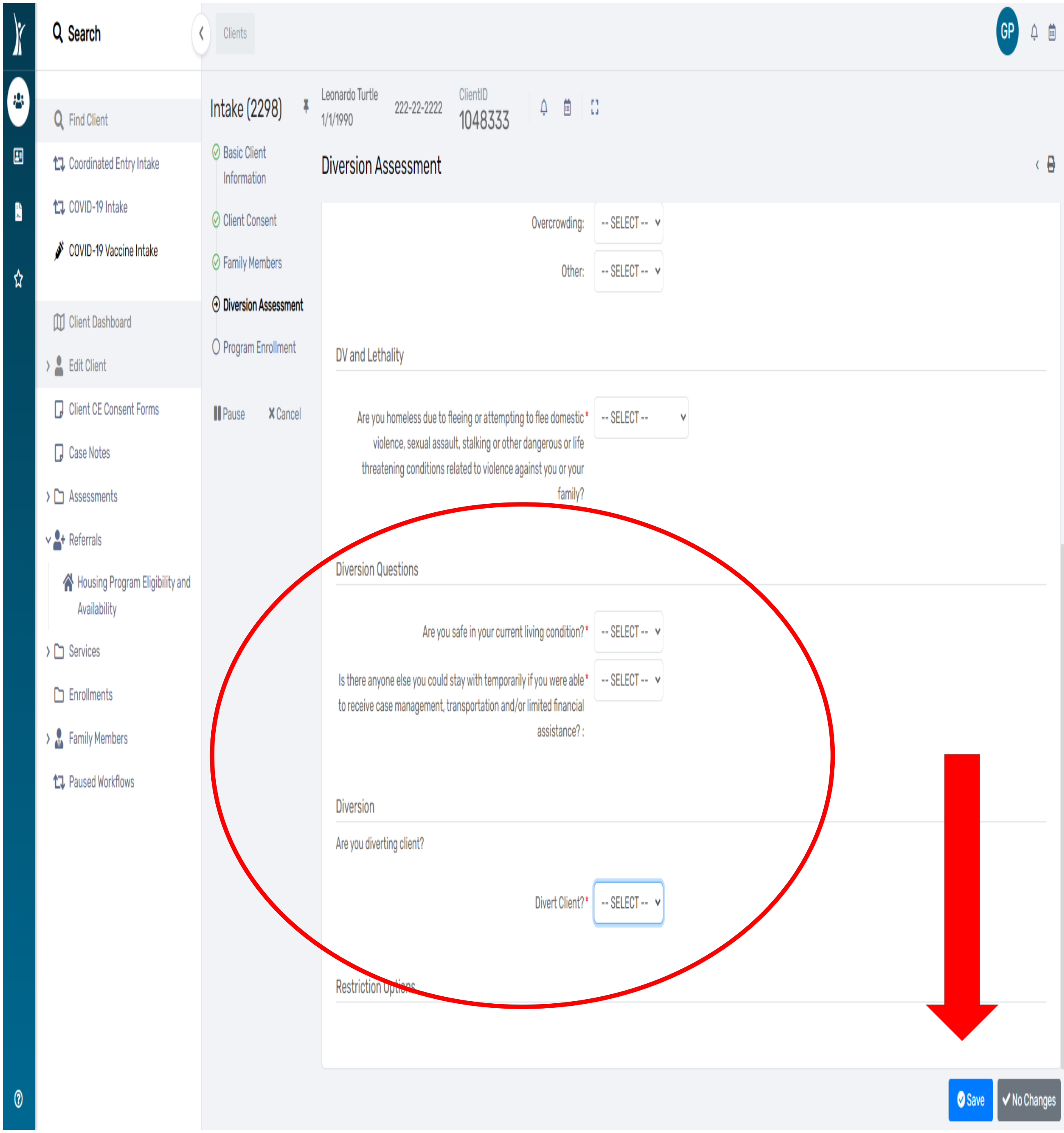


16. **PLEASE NOTE: The "DV and Lethality" section is to be completed for every client as part of the CE Intake Workflow.** *If the client answers **"Yes"** to the question: **"Are you homeless due to fleeing or attempting to flee domestic violence, sexual assault, stalking or other dangerous or life-threatening conditions related to violence against you or your family?"**,* the system will display the additional field: **"Approximate date homelessness began" (Please complete the date).**
17. Next, please complete the three "**Lethality Questions"** by selecting **"Yes" or "No"** for each question. The system will automatically calculate the **"Lethality Score"** for the DV survivor and display the **"Lethality Score"** on the **Prioritization List**.

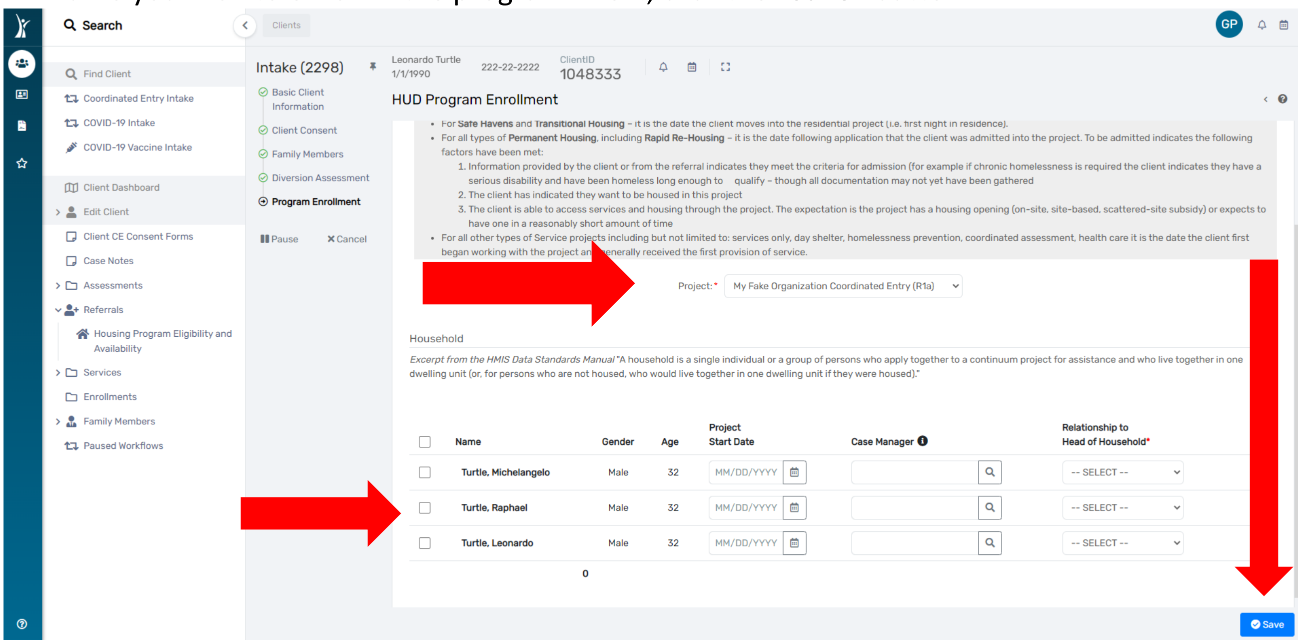


18. By adding these additional DV questions, CE Lead Agencies will be able to quickly identify DV survivors by the **"Lethality Score"** displayed on the **Prioritization List**
19. ***When domestic violence survivors are being assessed, please provide the client with a copy of the Safety Plan located in the Coordinated Entry Policies and Procedure manual. Next, reach out to the nearest DV Provider if the client needs immediate shelter, and offer the client a referral to the DV Provider for DV housing and supportive services.***

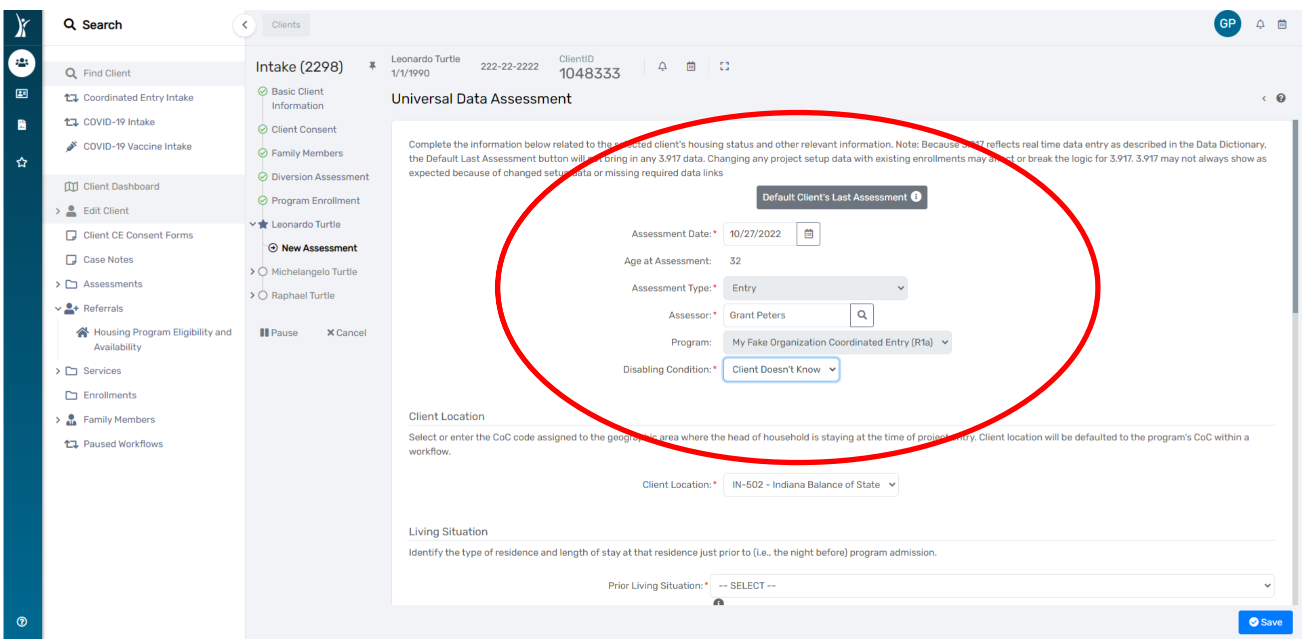
20. Complete the **"Diversion Questions"**. *If the client is diverted, the workflow will end. If the client is* ***NOT*** *diverted, the Intake workflow will continue.*
21. Click the **"Save"** button to continue.



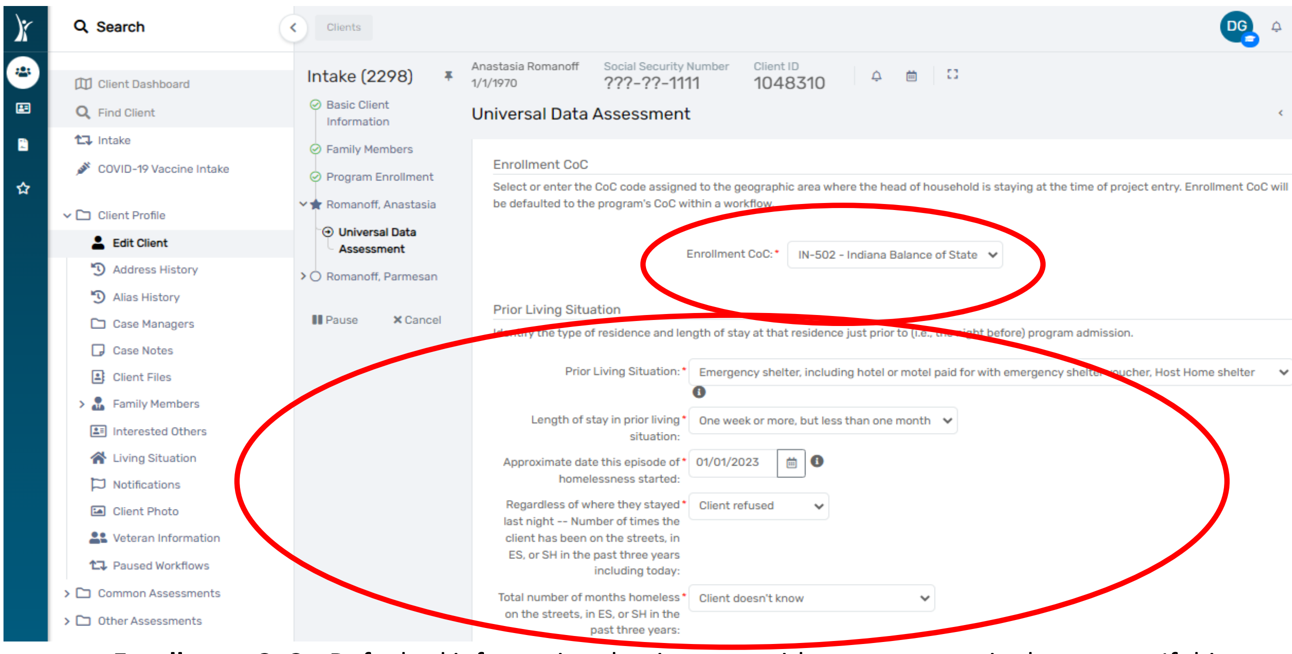
22. **HUD Program Enrollment Assessment:** Click on the drop-down arrow in the **"Project"** data field and choose the project. Next, click the check box to the left of each family member's name you wish to enroll in the program. Next, click the **"Save"** button.



23. **Universal Data Assessment:** Complete all fields marked with a red asterisk *.

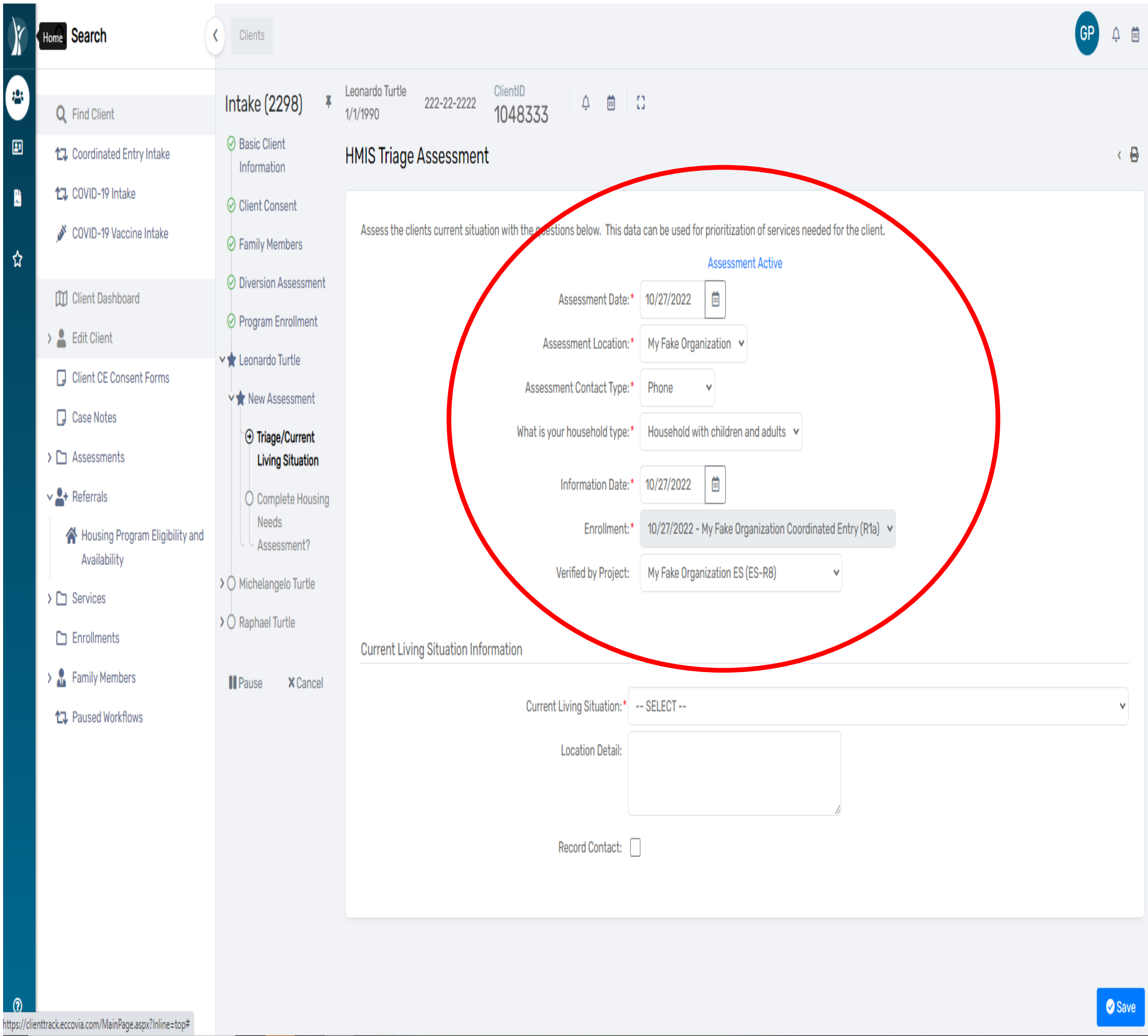


- **Assessment Date** – Date the assessment was completed with the client (field will auto-fill with today's date).
- **Assessment Type** – Defaulted and cannot be changed during the workflow. If you notice that you're completing the incorrect assessment, contact the HMIS Help Desk where you will be assisted.
- **Assessor** – Case manager completing the assessment and who will automatically be assigned to all case members.
- **Program –** Displays the name of the Program in which client is enrolled
- **Disabling Condition –** Enter the client's answer (Yes, No, Client Doesn't Know, Client Prefers Not to Answer, Data Not Collected)



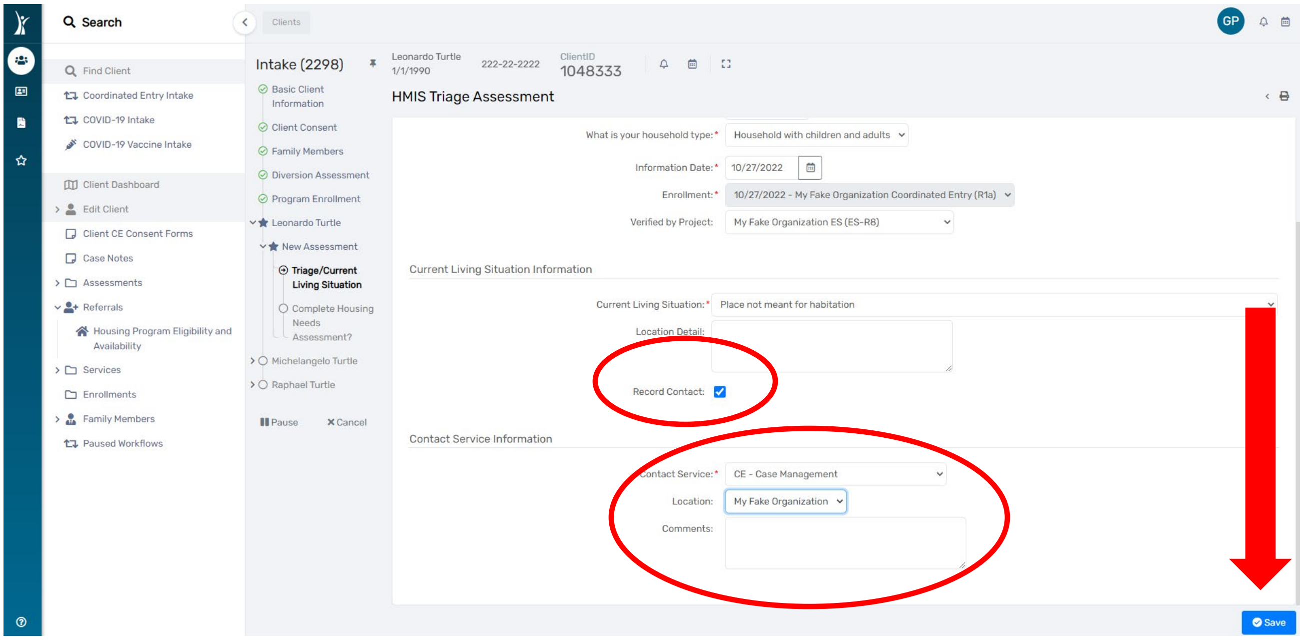
- **Enrollment CoC** – Defaulted information that is set up with your program in the system. If this information is missing when completing an assessment, please contact the HMIS Help Desk.
- **Prior Living Situation** – Identify where the client was staying on **the night before** the client is enrolled in your program. The built-in logic will prompt you for more data depending on the selection made for this question. Those additional data elements are the following:
  - **Length of stay in prior living situation**
  - **Approximate this episode of homelessness started.**
  - **Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today.**
  - **Total number of months homeless on the street, in ES, or SH in the past three years** - Data in this section is used along with disabling condition to determine whether a client is chronically homeless. *HUD strongly encourages HMIS users to just ask the client for the information and record the client's answer. Attempting to tie each individual response with definitions or documentation requirement is not the attempt of this question.*

24. **Triage Assessment**: ***Please Note: The Triage Assessment is a new assessment implemented with the 2020 HUD Coordinated Entry Data Standards***

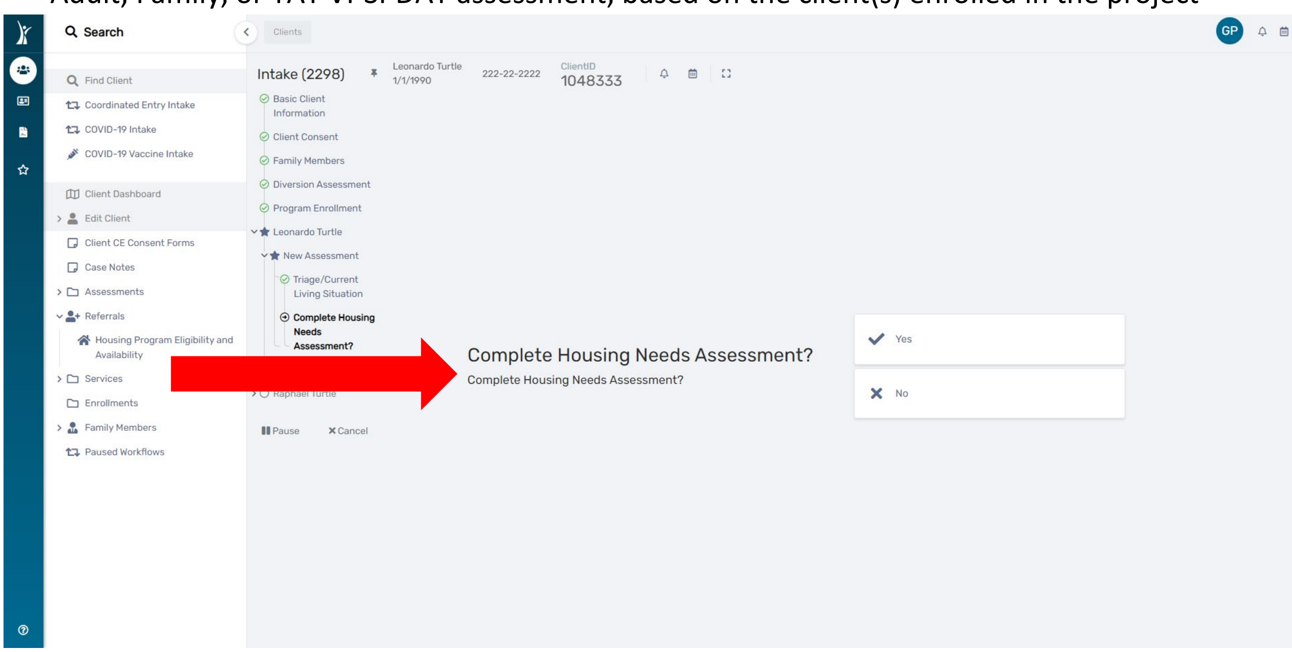


- Complete the **"Assessment Location"**
- Complete the **"Assessment Contact Type"**: Select the answer from the drop-down box
- Complete **"Current Living Situation"**: Select the answer from the drop-down box
- Complete **"Household Type"**
- Complete **"Information Date"**
- Complete **"Verified by Project"**

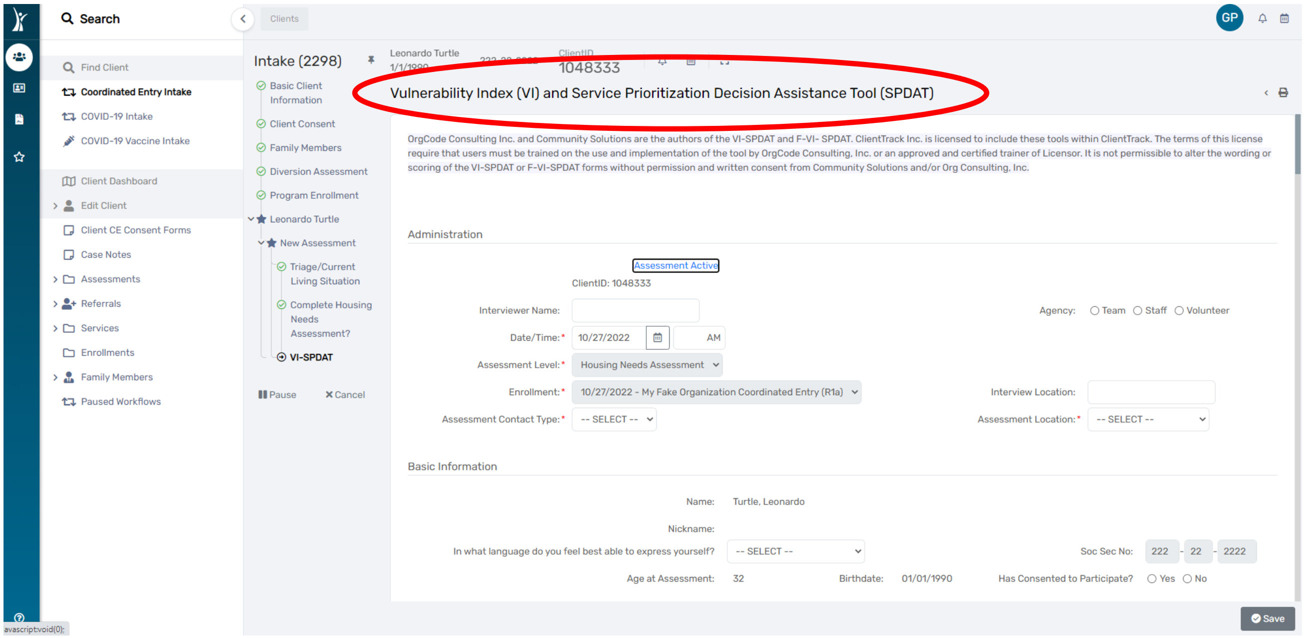
- **You MUST check the "Record Contact" checkbox** (This field is **REQUIRED,** and we are working on adding the **red asterisk *** as the required field indicator)
- Select the **"Contact Service"** from the drop-down box then click **"Save"**



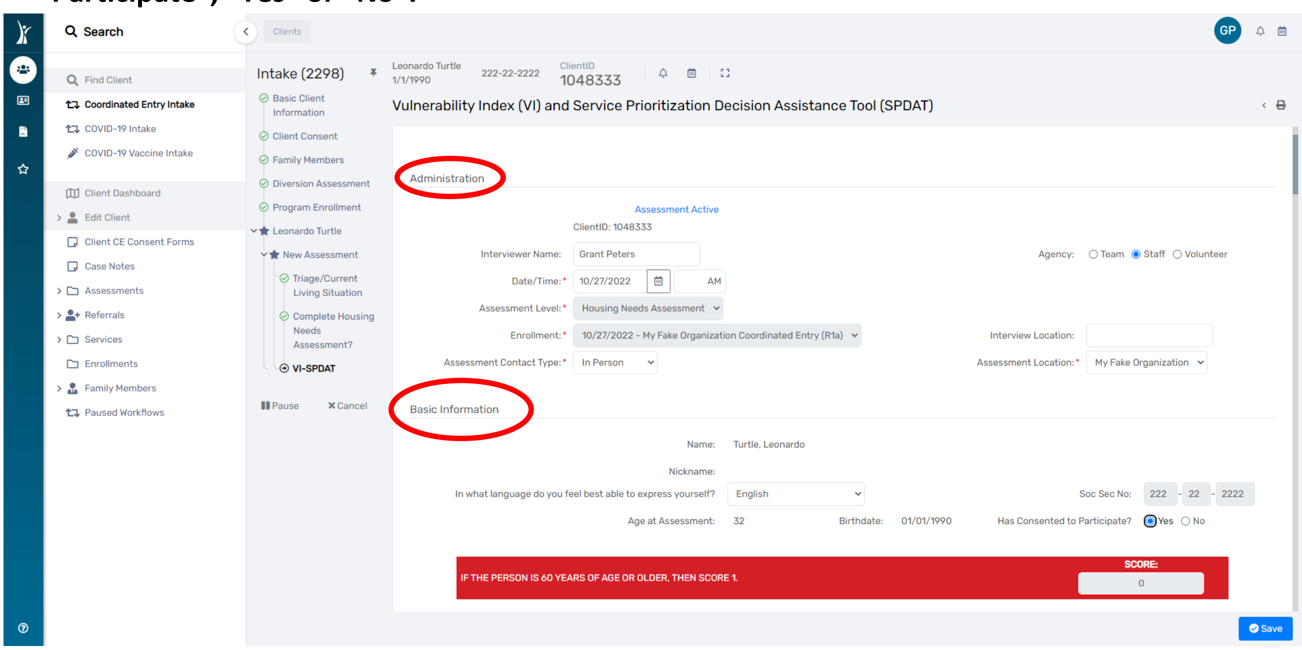
25. **VI-SPDAT Assessment/Housing Needs Assessment:** The system will default to the single Adult, Family, or TAY VI-SPDAT assessment, based on the client(s) enrolled in the project

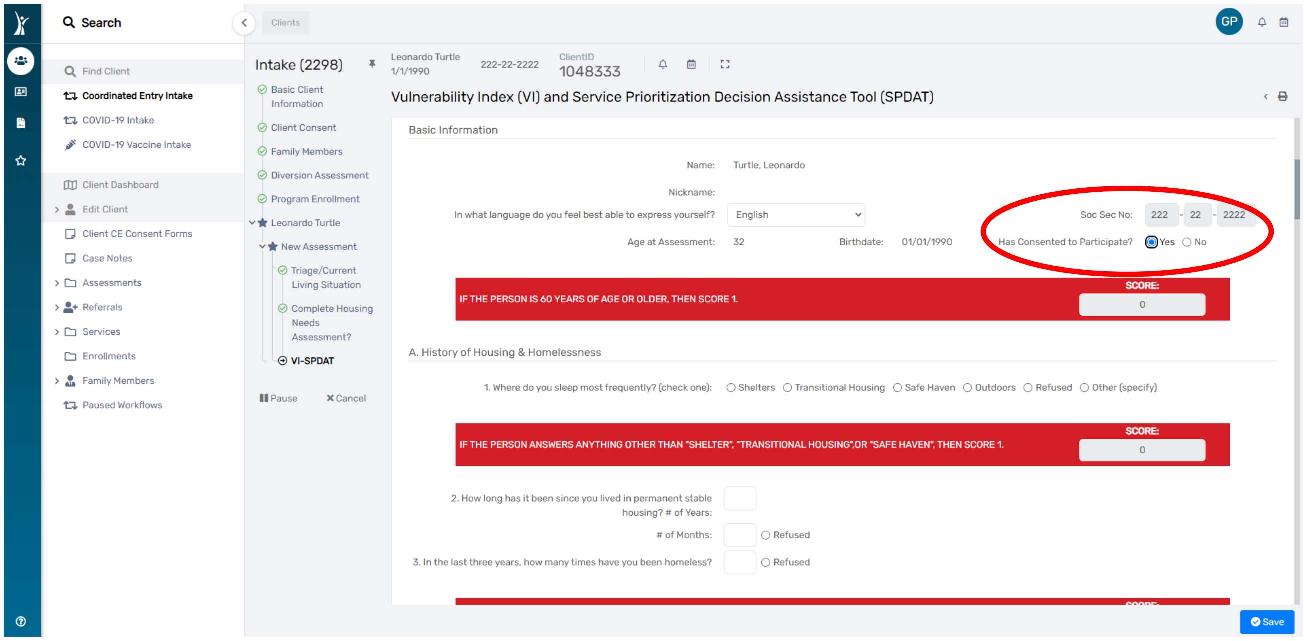


26. For our client, "Leonardo Turtle" the **"VI-SPDAT"** was chosen.

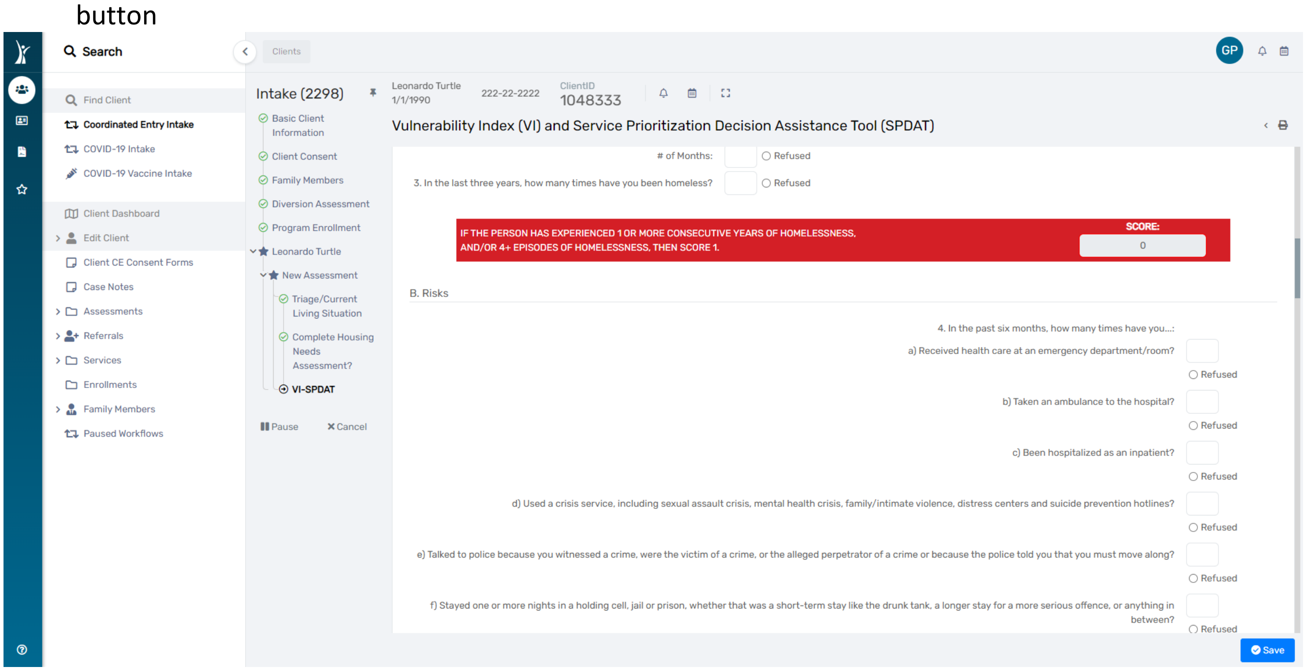


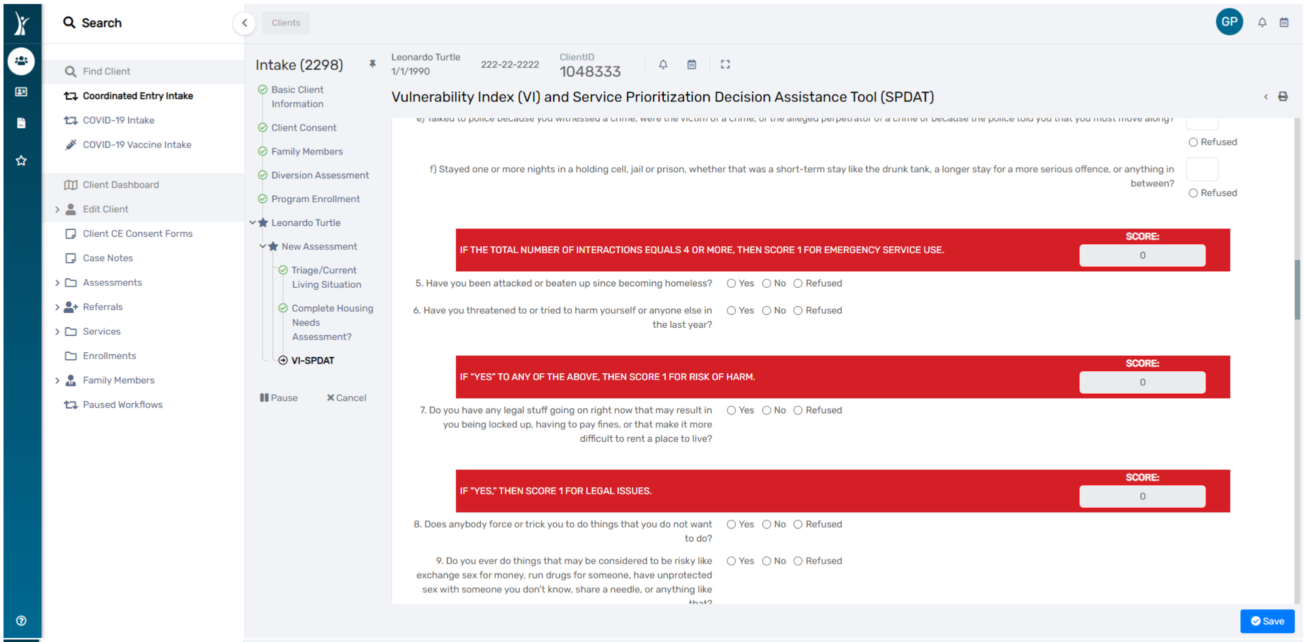
27. **Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) Assessment:** Complete the data fields in the **"Administration"** and **"Basic Information"** section. **Mark the appropriate check box for the question "Has Consented to Participate", "Yes" or "No".**





28. The tool will automatically calculate the client's vulnerability score as each of the answers to each question are completed. When finished, click the **"Save"** button, then click the **"Save and Close"** button

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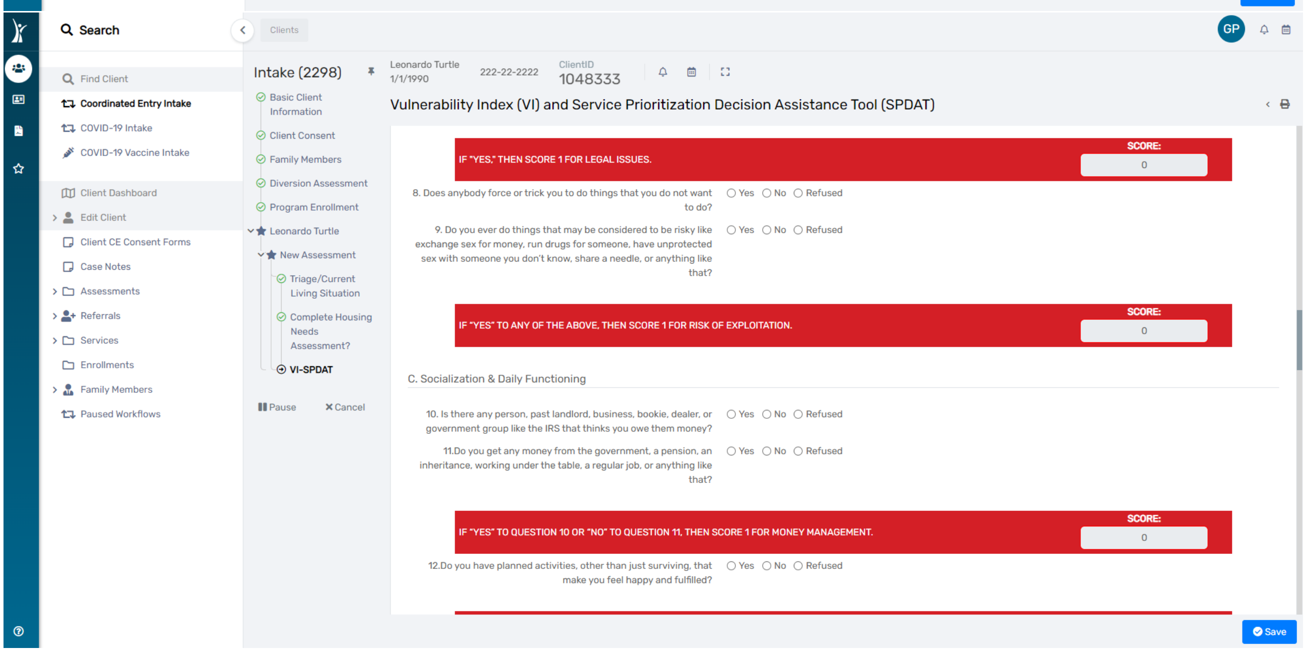
VI-SPDAT
Pause
Cancel
Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)
Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?
Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.
SCORE:
0
5. Have you been attacked or beaten up since becoming homeless?
Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.
SCORE:
0
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?
Yes No Refused
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.
SCORE:
0
8. Does anybody force or trick you to do things that you do not want to do?
Yes No Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like
Yes No Refused
Save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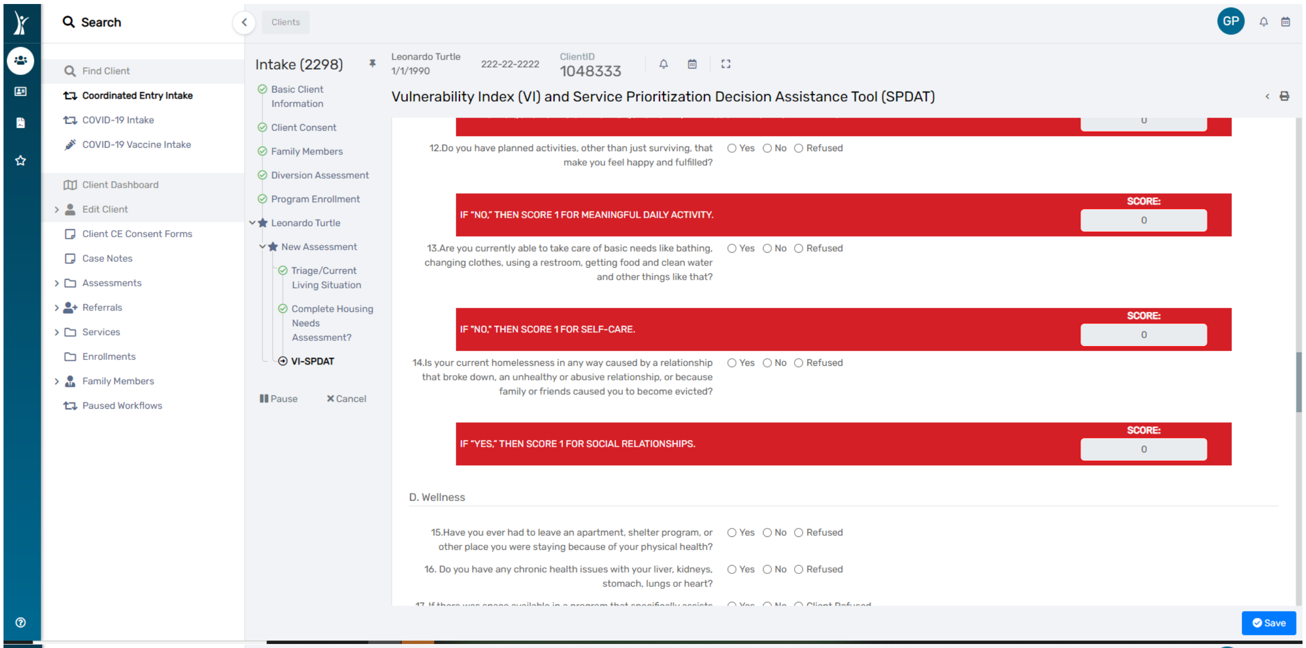
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.
SCORE:
0
8. Does anybody force or trick you to do things that you do not want to do?
Yes No Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
SCORE:
0
C. Socialization & Daily Functioning
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?
Yes No Refused
11.Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
Yes No Refused
IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.
SCORE:
0
12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
Yes No Refused
Save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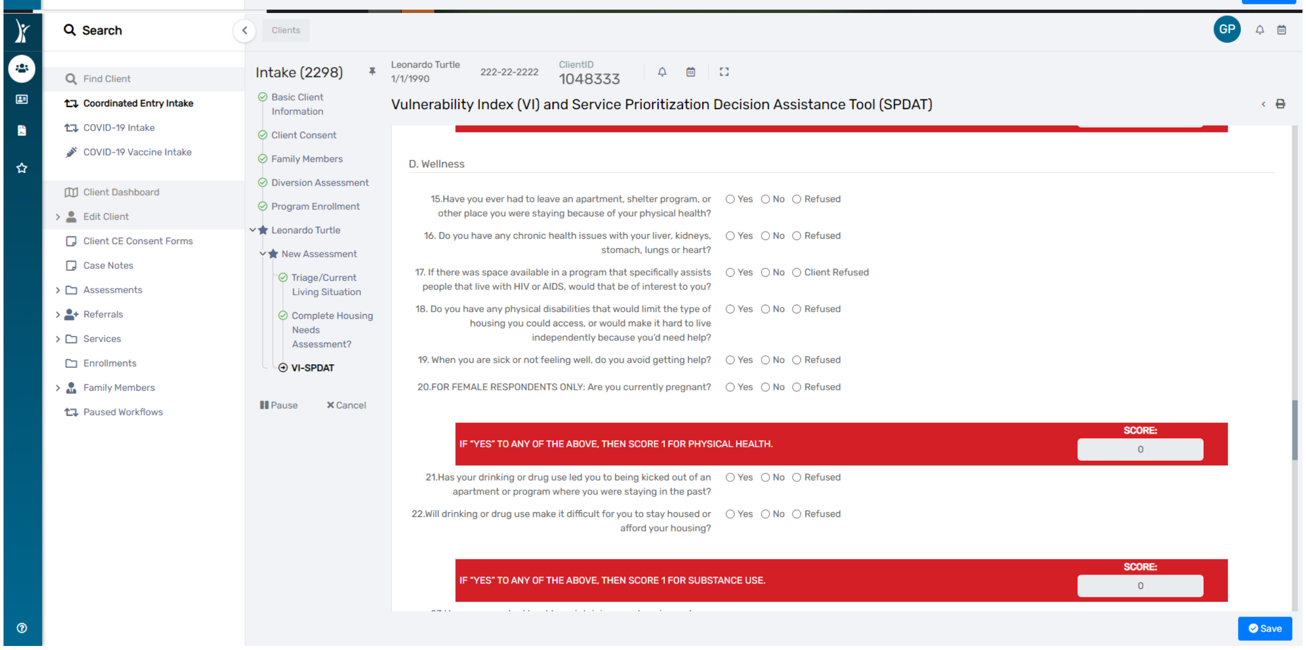
12.Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
Yes No Refused
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.
SCORE:
0
13.Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?
Yes No Refused
IF "NO," THEN SCORE 1 FOR SELF-CARE.
SCORE:
0
14.Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?
Yes No Refused
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.
SCORE:
0
D. Wellness
15.Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
Yes No Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?
Yes No Refused
Save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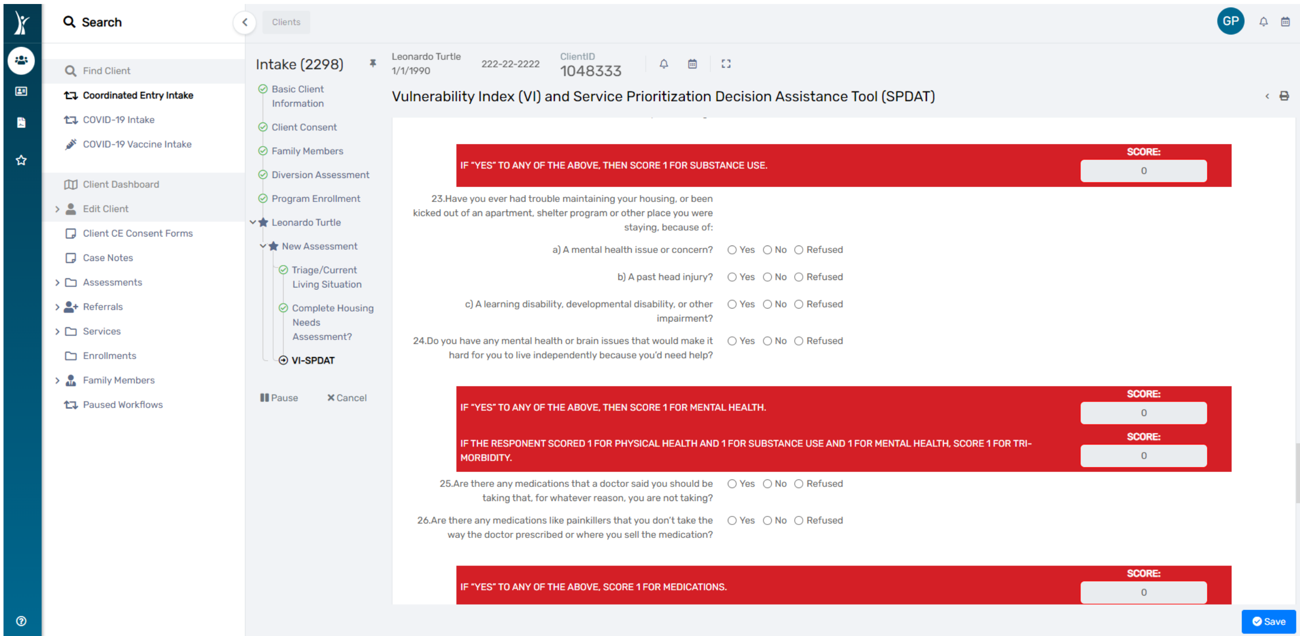
15.Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
Yes No Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?
Yes No Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?
Yes No Client Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?
Yes No Refused
19. When you are sick or not feeling well, do you avoid getting help?
Yes No Refused
20.FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.
SCORE:
0
21.Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
Yes No Refused
22.Will drinking or drug use make it difficult for you to stay housed or afford your housing?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.
SCORE:
0
Save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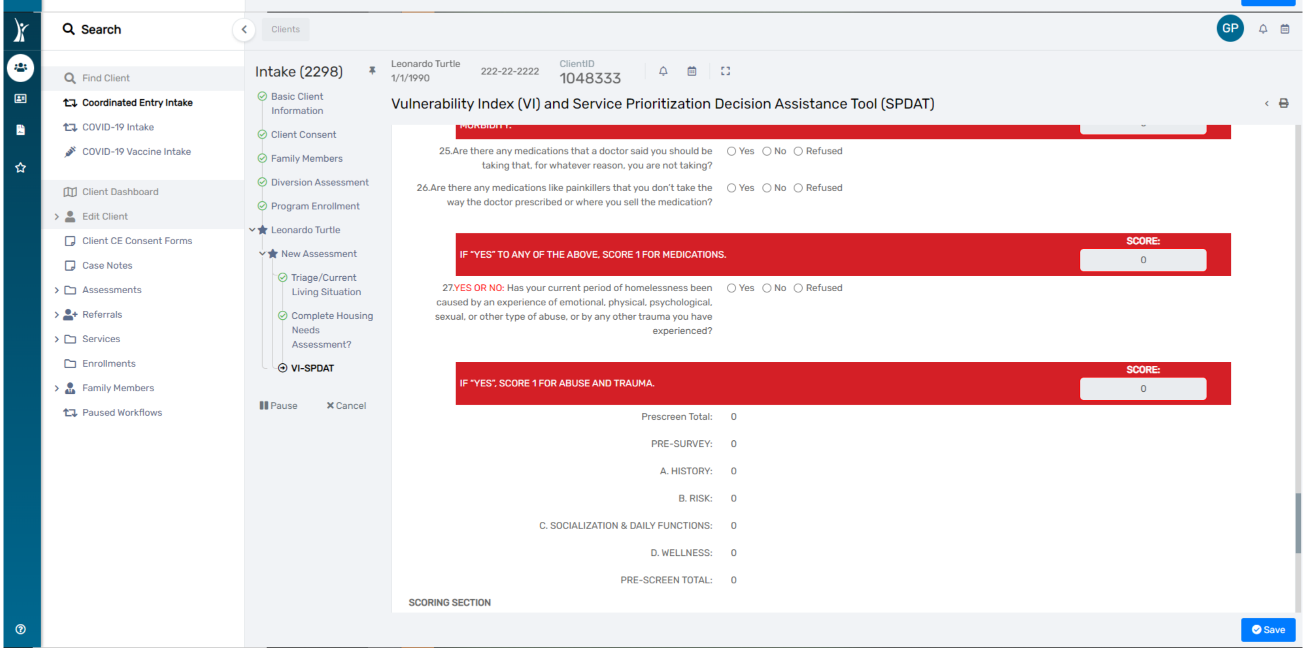
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.
SCORE:
0
23.Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
a) A mental health issue or concern?
Yes No Refused
b) A past head injury?
Yes No Refused
c) A learning disability, developmental disability, or other impairment?
Yes No Refused
24.Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.
SCORE:
0
IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.
SCORE:
0
25.Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?
Yes No Refused
26.Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.
SCORE:
0
Save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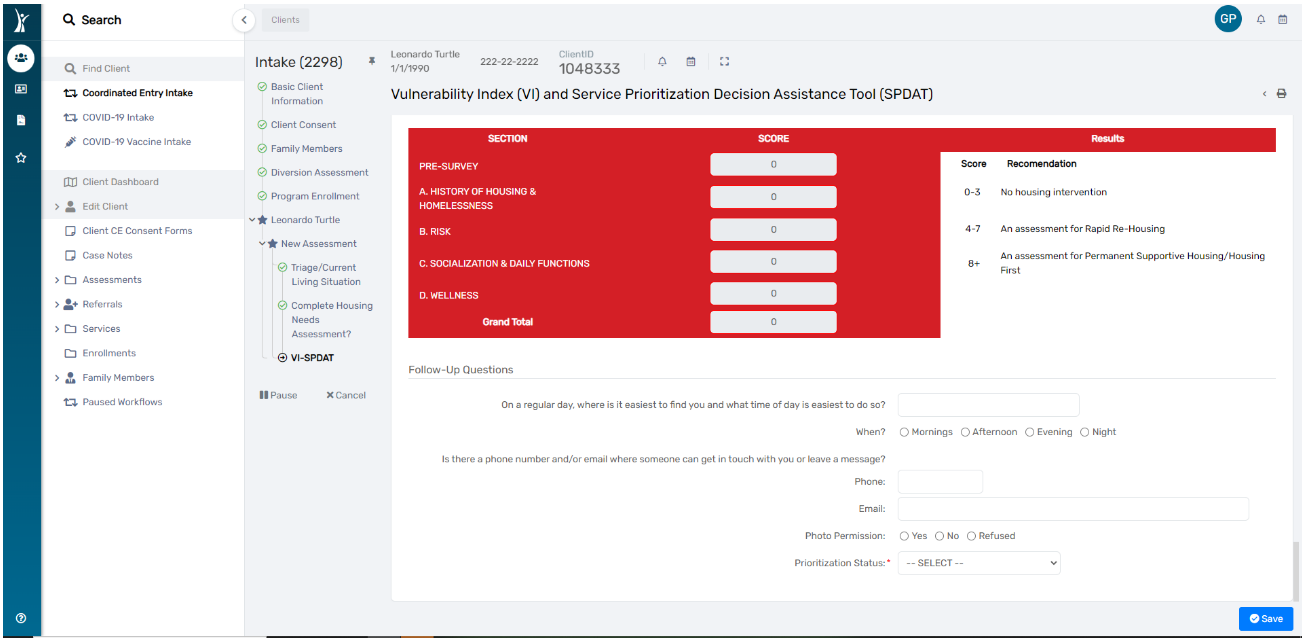
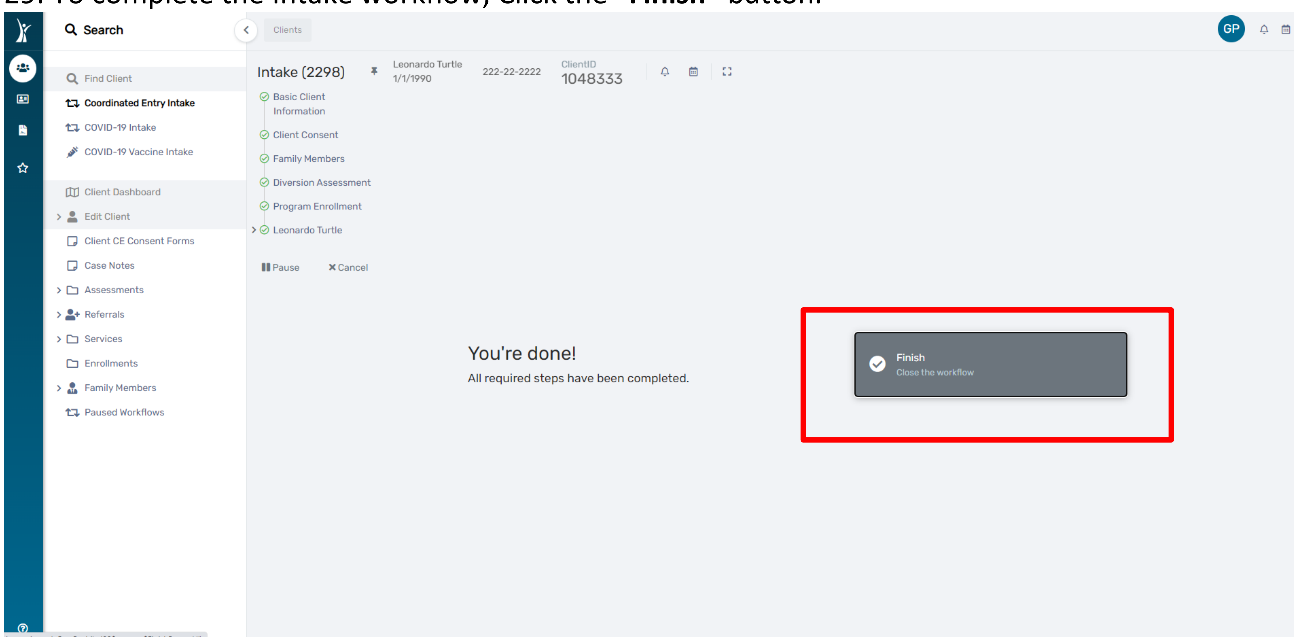
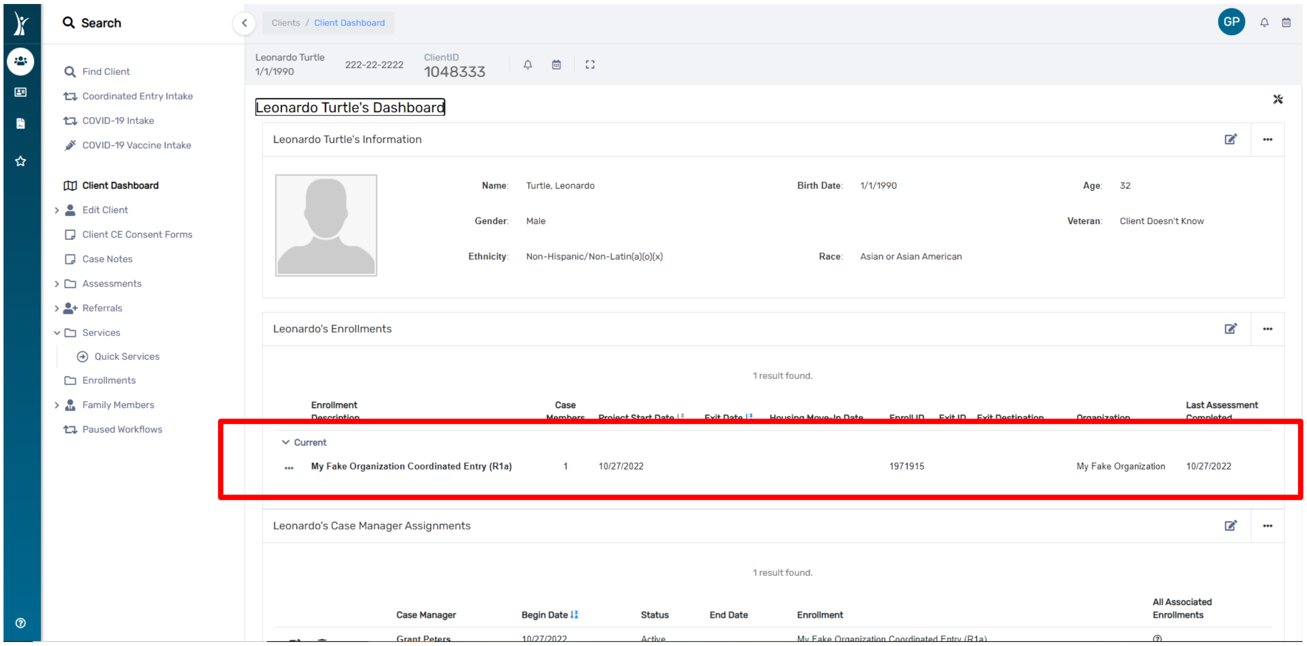
Yes No Refused
26.Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?
Yes No Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.
SCORE:
0
27.YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?
Yes No Refused
IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.
SCORE:
0
Prescreen Total: 0
PRE-SURVEY: 0
A. HISTORY: 0
B. RISK: 0
C. SOCIALIZATION & DAILY FUNCTIONS: 0
D. WELLNESS: 0
PRE-SCREEN TOTAL: 0
SCORING SECTION
Save



29. To complete the Intake workflow, Click the **"Finish"** button.



30. The enrollment for Coordinated Entry now appears on the **"Client Dashboard"**



You have successfully completed the Coordinated Entry Intake workflow. Please contact the HMIShelpdesk@ihcda.IN.gov if you have questions or would like additional assistance.