
Connect To Home Eastern PA CoC Coordinated Entry System HMIS Guide



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Introduction

The following provides a guideline to using the Eastern Coordinated Entry (CE) system through PA HMIS to intake clients, perform a Pre-Screening and VI-SPDAT assessment on their needs and from there perform a combination of sending immediate Emergency Shelter referrals and/or placing them on a Community Queue for the Continuum to assist in maintaining / achieving housing.

For access to the Pennsylvania HMIS or access to the Coordinated Entry system within PA HMIS please contact ra-pahmis@pa.gov for user account information.

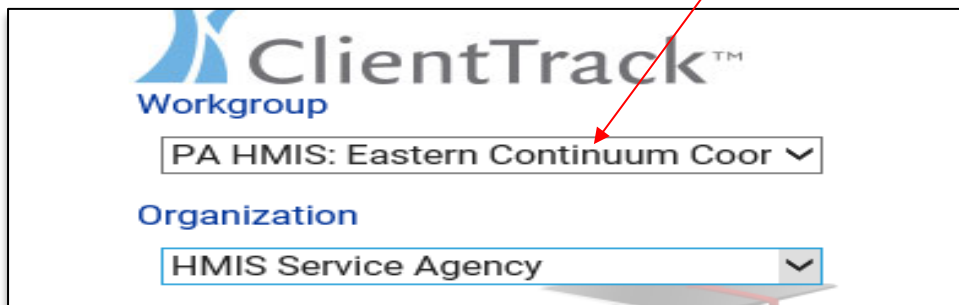
Training Class

To view a comprehensive training video of this process in HMIS, please go to the link below and view (stream) the 1 hour and 45-minute class:

[Eastern Continuum Coordinated Entry 101](#)

Workgroup

We have created a new Workgroup for all Coordinated Entry personnel in the Eastern Continuum that allows for the collection of CE data and for its management of clients through the system. All Coordinated Entry data entered into the system will be through this [Eastern Continuum Coordinated Entry Workgroup](#). *Please select this Workgroup when logging into the system to access the Coordinated Entry functions.*



Coordinated Entry Process

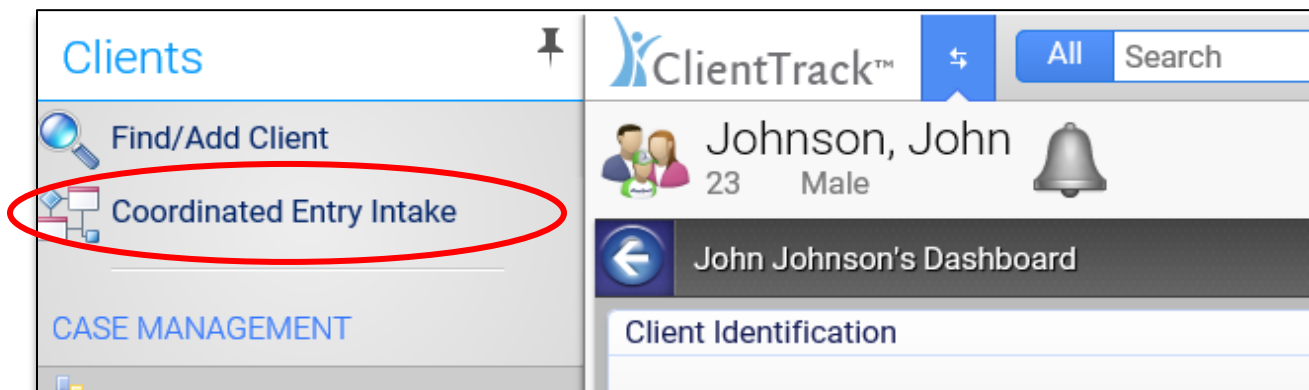
The Coordinated Entry process is broken down into two steps, the first step is the initial Intake and Assessment of the client/household performed at an Assessment Center. An Assessment Center is any organization or provider that is setup to perform the continuum's intake and VI-SPDAT assessment either over the phone (call center) or in-person (Assessment Center).

The second step occurs after shelter referrals and/or placement on the Community Queue is performed, and involves Service Providers actively reviewing and finding clients/households on the queue in which they can serve through their programs in the client's geographical region. Each of these steps is detailed below.

Intake and Assessment:

The Intake and Assessment process begins the process of entering clients into the Eastern CES, once the initial triage questions have been conducted and initial requirements and eligibility have been met. The CES begins with a Client Intake to identify the client in HMIS or create a new record, followed by a Pre-Screening Assessment and then to the VI-SPDAT Assessment screening.

To begin the Intake and Assessment part of the process, within the Client tab, select the **Coordinated Entry Intake** option (circled below). This launches a workflow in PA HMIS that allows for the completion of the above listed intake and assessment steps. This is the option to use for every Assessment Center client that wants to enter the CE system.



Client Intake

Client Intake will be the first step and will allow a user to search for / create a new client in the same step. A client will need to be selected (existing one) or created during this step before moving forward with the rest of the intake which includes the Pre-Screening, and VI-SPDAT steps.

A screenshot of the 'Eastern Continuum Coordinated Entry II' form. The left sidebar shows 'Client Intake' selected. The main area has a title bar 'Eastern Continuum Coordinated Entry Intake'. Below it, there is a 'Call/Visit History' section. Then, a section for 'Most Recent Pre-Screening', 'Most Recent VI-SPDAT', and 'Placed on Queue', all showing 'None'. Below that is a 'Client Intake (Head of Household)' section with instructions. At the bottom, there are input fields for 'First Name', 'Last Name', 'Date of Birth', 'Social Security Number', and 'Home Phone (xxx-xx-xxxx)'.

Client Search

To begin the search, enter in the client's (head of household) First Name and Last Name into the appropriate fields. When you have finished entering the Last Name the system will automatically perform a search to find existing matches in the system through a new pop-up window

With the process a new client will automatically created using the last used search criteria. Select "Next Step" to take process.

First Name: *	Jack
Last Name: *	Smith
Date of Birth:	
Social Security Number:	
Home Phone (xxx-xx-xxxx) :	
Owned by Your Organization:	New Client

The user can always force a search to appear by selecting/clicking the magnifying glass icon at the end of the Last Name or Home Phone fields.

When the search window appears, it will search the system for any matches for the name information entered. We recommend entering in as much information as you have for the client, such as Date of Birth, Social Security Number into the appropriate fields and hitting the "search" button to better pinpoint or refine your matches.

Find/Add Client

Use the section criteria below to find your client. To narrow the search, fill in more than one criteria. **Social Security Number and Birth Date** are the best fields to narrow your search.

First Name:	Jack
Middle Name:	
Last Name:	Smith
Full Name (Last, First):	
Social Security Number:	
Birth Date:	11/09/1975
Client ID:	
Home Phone:	

Search

No records found.

First Name	Middle Name	Last Name	Suffix	SSN	Birth Date	Gender	City	Home Phone	Household	Owned By Your Organization
------------	-------------	-----------	--------	-----	------------	--------	------	------------	-----------	----------------------------

Enter as much information about the client into the element fields as possible and hit the "search" button to check the system; any matching clients will be listed in the results section

You can run any many searches as you need in this window until you have found a matching client or determined that the client does not currently exist in the system.





No Matches – if no matches are found within the search, you can hit the Cancel button at the bottom right of the pop-up window. When moving forward the system will create a new client in the system to use with the remainder of the intake and assessment process.

Existing Matches – if a match is located, the client should be selected from the search results section. By clicking directly on the record, the system will select this existing client and load them on the Client Intake screen and this existing client will be used when moving forward with the CE process and additional assessments.

1 result found.										
First Name ▲	Middle Name ▲	Last Name ▲	Suffix ▲	SSN ▲	Birth Date ▲	Gender ▲	City ▲	Home Phone ▲	Household ▲	Owned By Your Organization ▲
John		Johnson		123-45-6789	07/14/1997	Male		717-805-1212	Johnson, John Household	Yes

If you select an existing client, the system will load that record on the current Client Intake screen and will display **Coordinated Intake Notes**, **Pre-Screening**, **VI-SPDAT** and **Referral Records** options on the top right of the page as circled below.

By selecting either option, the system will generate a new window that shows any previous Assessment or Note records collected or any previous Referrals sent for this client in HMIS. This information can be used to determine returning visitors to the Coordinated Entry system and adjust the intake process accordingly (as the client/household may just need any update on their status).

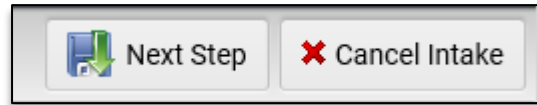
 Coordinated Intake Notes	 Pre-Screenings	 VI-SPDAT Assessments	 Referral Records
Call/Visit History - if an existing client is identified and selected in the search, the system will provide recent call / visit history below along with all Coordinated Entry records and Intake Notes through the buttons above, if applicable.			
Most Recent Pre-Screening: None			
Most Recent VI-SPDAT: 2/3/2017			
Placed on Queue: None			

Call/Visit History

This section above the Client Search area can be used after selecting an existing client in the system and can be helpful for return visitors to the CE system or HMIS in general. Along with displaying historical records for Coordinated Intake Notes, Assessments and Referrals this section will display information about the client's most recent pre-screening, VI-SPDAT or placement on the queue.

This information can be helpful to decide on the next best course of action if the client has already entered the CE system. For new clients, since we have no history on their actions, the system will display "None" for each of those dates and hide the historical buttons.

Once the Client Search and Client Sharing sections are completed, select the **Next Step** option on the bottom of the screen to move forward with collecting the main assessment.



Please note that Close Intake will stop the process and not save any information from this step.

Pre-Screening


The Pre-Screening step is a short assessment that gathers a small amount of information about the person being assessed and collects information in terms of Zip Code, Military Service History and where the client resided and for long the previous night. A Pre-Screening can be completed for all clients prior to moving to the next step but is not required, and can be completed as new (with new clients) or an existing screening can be selected for returning clients to use when moving forward.

The Pre-Screening is separated into 2 sections, the top section is for Previous Pre-Screenings and will display all Pre-Screenings that have been recorded in HMIS for the client being assessed. The 2nd section, the Pre-Screening Questionnaire includes the questions that make up the actual assessment that can be completed to move forward in the process.

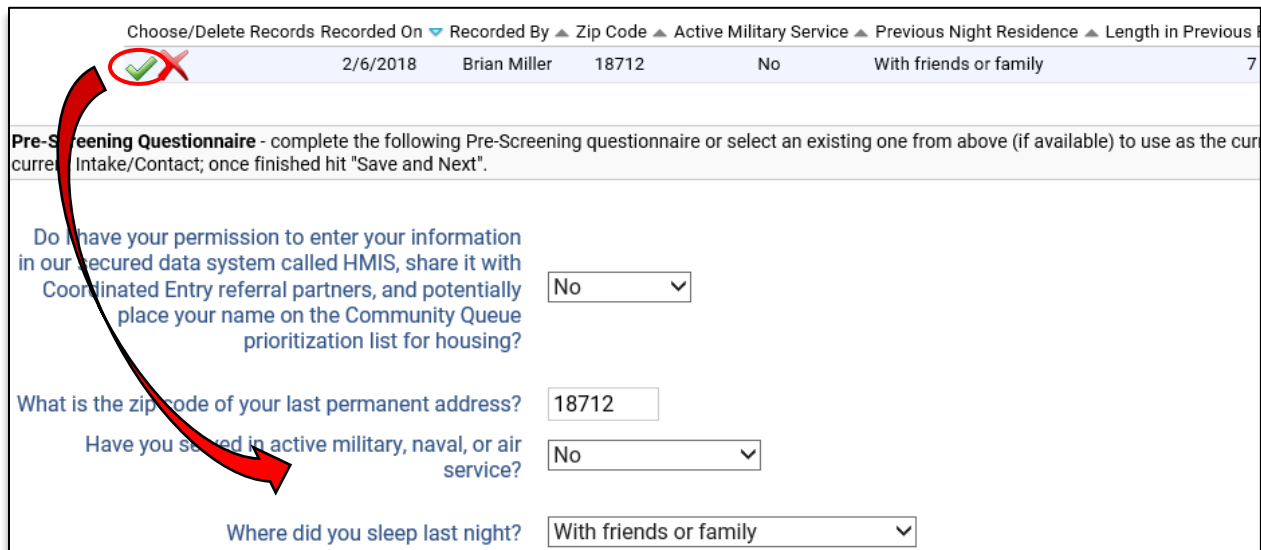
A screenshot of the 'Eastern Continuum Pre Screening Assessment' form. The form has a dark header with a back arrow and a green plus icon. Below the header, there is a paragraph of instructions. The form is divided into two main sections. The first section, 'Previous Pre-Screenings', lists any previous screenings for the client. It shows 'No records found.' and a table with columns: 'Choose/Delete Records', 'Recorded On', 'Recorded By', 'Zip Code', 'Active Military Service', 'Previous Night Residence', and 'Length in Previous Residence'. A red arrow points from a blue callout box to the 'Choose/Delete Records' column. The second section, 'Pre-Screening Questionnaire', contains several questions and input fields. The first question is 'Do I have your permission to enter your information in our secured data system called HMIS, share it with Coordinated Entry referral partners, and potentially place your name on the Community Queue prioritization list for housing?' with a '-- SELECT --' dropdown. The second question is 'What is the zip code of your last permanent address?' with a text input field. The third question is 'Have you served in active military, naval, or air service?' with a '-- SELECT --' dropdown. A blue callout box on the right side of the form states: 'Any previous Pre-Screenings for the client will be listed and available to select in this grid'.


Any previous Pre-Screenings for the client will be listed and available to select in this grid

For existing clients, if a Pre-Screening or Pre-Screenings have been recorded, they will be listed in the top section in the available grid with the most recently recorded placed on top.

The user can either record a new Pre-Screening by entering a new questionnaire from the beginning, or they can select or load an existing Pre-Screening by clicking the “Choose Pre-Screening” icon  at the beginning of the record.

When selecting an existing Pre-Screening record from the previous pre-screenings section, the screen will refresh and the questionnaire section will populate / load with the Pre-Screening information previously recorded.



Choose/Delete Records	Recorded On	Recorded By	Zip Code	Active Military Service	Previous Night Residence	Length in Previous
	2/6/2018	Brian Miller	18712	No	With friends or family	7

Pre-Screening Questionnaire - complete the following Pre-Screening questionnaire or select an existing one from above (if available) to use as the current Intake/Contact; once finished hit "Save and Next".

Do you have your permission to enter your information in our secured data system called HMIS, share it with Coordinated Entry referral partners, and potentially place your name on the Community Queue prioritization list for housing?


What is the zip code of your last permanent address?

Have you served in active military, naval, or air service?

Where did you sleep last night?

The system will allow changes to be made to an older screening once it has been selected and loads into the bottom questionnaire section.

Before moving to the next step, the CE / Case specialists can enter in a new Pre-Screening, select an existing one to use going forward or skip the process by leaving the entire screening blank. Use the Save and Next button on the bottom of the screen to save the current information entered into the Pre-Screening Questionnaire and move to the next step of the process.



Client Sharing

When a client enters the Eastern CE system they can verbally share their client record and Coordinated Entry information with other Assessment Centers within the continuum, this option is the first question on the Pre-Screening assessment. This option can be answered with a ‘Yes’ to share their data with other Assessment Centers directly, no to not share their data with other Assessment Centers directly or can left intentionally blank (which equals a No / No Sharing answer).

Do I have your permission to enter your information in our secured data system called HMIS, share it with Coordinated Entry referral partners, and potentially place your name on the Community Queue prioritization list for housing?

Yes ▼

Please note that even if the client does not agree to directly share their Coordinated Entry information directly with Assessment Centers they can still be provided with direct Referrals and with Placement onto the Community Queue with limited viewing from the continuum partners.

Military Service

The Pre-Screening can collect whether a client has served in the active military and any client that answers with a Yes is flagged as a Veteran in the system.


Have you served in active military, naval, or air service?


No ▼


Intake Action Choice (Referral vs. VI-SPDAT)


Once the Pre-Screen assessment step is completed the system will prompt the CE /Case Specialist for the next step in the process, which could be sending referrals for emergency services (i.e. Emergency Shelter, Transitional Housing or Homelessness Prevention) or recording a VI-SPDAT assessment based on the configuration of the household.


The following prompt will appear and will allow the CE/ Case Specialist to select one of the following options and each is described in more detail below.


**What would you like to perform next?**
What would you like to perform next?


 Send Referral to Assessment Center (2-1-1)

 Send Referral to ES, TH or Prevention.

 Begin VI-SPDAT for Single Adults

 Begin VI-SPDAT for Families

 Begin VI-SPDAT for Single Youth

 Exit the Process

Direct Referrals

For clients that require a referral to either a physical assessment center or directly to an emergency services provider (and do not require a VI-SPDAT) can choose one of the following actions:

- Send Referral to Assessment Center (2-1-1)
- Send Referral to ES, TH or Prevention

The Send Referral to Assessment Center option allows Call Centers to begin the Intake process and send the client to a physical Assessment Center for the completion of any remaining steps in-person.

The Send Referral to ES, TH or Prevention option can be used for clients that do not require the collection of a VI-SPDAT assessment but require emergency services and allows them to directly send referrals to Providers for Emergency Shelter, Transitional Housing and Homelessness Prevention in the following step.

Please see the [Emergency Housing/Service Referral](#) section below for details on sending referrals.

VI-SPDAT

For clients that require the collected of a VI-SPDAT assessment, the CE / Case Specialist can choose from the three available Vi-SPDAT versions based on the household configurations below:

- Single Adults (ages 24+, with no minor children)
- Families (ages 18+ that include minor children in the household)
- Single Youth (ages 18-23, with no minor children)

Once the proper VI-SPDAT version is selected the system will load the appropriate assessment form for completion.

VI-SPDAT Assessment

Once a VI-SPDAT version is selected that assessment form will load on screen to allow the user to fill it out for the current client. All the questions and responses provided should match exactly the version the Eastern Continuum has been trained on for all three versions. Please complete as much of the assessment as possible with the client by scrolling down the assessment, as most questions are answered with Yes/No toggles and lists and a few at the end allow for manual text entry.

The screenshot shows a web application interface for the "Eastern Continuum Pre Screening Assessment". The title bar includes a back arrow, the text "Eastern Continuum Pre Screening Assessment", and a green plus icon followed by "Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool". The interface is divided into two main sections: "Administration" and "Basic Information".

Administration Section:

- Interviewer Name:** Brian Miller
- Date/Time:** 10/27/2017 02:05 AM
- Agency:** Radio buttons for Team, Staff (selected), and Volunteer.
- Interview Location:** Assessment Center

Basic Information Section:

- Name:** Smith, Jack
- Nickname:** (empty field)
- Soc Sec No:** (three empty boxes for digits)

The system currently contains and supports the following OrgCode, Inc. VI-SPDAT versions in PA HMIS, Single Adults – v2.01, Families – v2.0, and Single Youth – v1.0.

The electronic version will also automatically update the scoring for the domains in real-time as the questions and data are entered – be on the look-out for the red colored blocks which displays scores for specific sections, domains and the overall assessment which change as you answer each question.

A. History of Housing & Homelessness

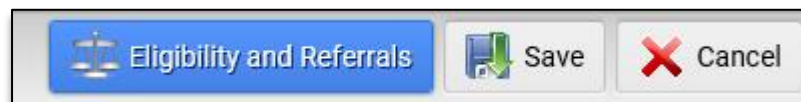
1. Where do you sleep most frequently? (check one): ☐ Shelter ☐ Transitional Housing ☐ Safe Haven ☒ Outdoors ☐ Other (specify) ☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:
1

Once you have completed the Vi-SPDAT Assessment and have reviewed the final domain and assessment scores and are confident with them, select the “Save” option at the bottom of the screen to permanently save your data.

Once the VI-SPDAT assessment is saved, the system will refresh the assessment and a new “Eligibility and Referrals” option will appear on the bottom of the screen. Selecting this option will start the last step of the Intake and Assessment phase and allow for the sending of Emergency Shelter referrals and/or placement of the client/household on the Community Queue.



Family Members

The only section of the VI-SPDAT assessments that may vary from the OrgCode templates, other than our Feedback Survey question, is the Family Members section / grid found near the top of each assessment.

The Family Members grid will show the current client you are assessing along with any household or family members that may be associated with that client (if they were previously entered). As each row displays an individual member of the current household along with their current demographics such as Gender, Date of Birth, Race, Ethnicity and Veteran Status and Relationship to Head of Household.

Family Members

1 result found (+3).

Currently, this household has two members and you can update their demographics directly within the grid

	First Name*	Last Name*	Gender	Age	Birth Date	Relationship to Head of Household*
<input checked="" type="checkbox"/>	Jack	Smith	Male	45	06/11/1972	Self
<input checked="" type="checkbox"/>	Bonnie	Evans	Female	38	07/29/1979	Spouse
<input type="checkbox"/>		-- SELECT --	-- SELECT --	N/A		-- SELECT --

You can update the demographic fields by entering or updating each of the fields for each client to collect any information that may be missing.

For new clients with households or for incomplete households on existing clients, the Family Members grid also allows you to enter in new clients by clicking on a blank row and entering in the client's information into each field. You can enter in all the family members directly into this grid, one in each row.

	First Name*	Last Name*	Gender	Age	Birth Date
<input checked="" type="checkbox"/>	Bonnie	Evans	Female	38	07/29/1979
<input checked="" type="checkbox"/>	Jack	Smith	Male	45	06/11/1972
<input checked="" type="checkbox"/>	Josh		-- SELECT --	N/A	
<input type="checkbox"/>			-- SELECT --	N/A	

Please note that the Family Members has a scroll bar on the bottom of the grid, which can scroll right and left (←→) to show you all the individual elements for each client.

Once the Family Members section is completed / reviewed the Case Specialists can continue with the VI-SPDAT Assessment. Any changes made to the household members information or any new clients added will be saved once the VI-SPDAT assessment form is saved.

Eligibility and Referrals


The Eligibility and Referrals screen initial displays the client you are assessing along with their VI-SPDAT type and overall score, if collected, as a reference going forward. The Eligibility and Referrals process is separated into 2 sections, the first for Emergency Housing/Services and the second for Community Queue Services.


Based on the Coordinated Entry referral and queue placement rules, direct referrals sent from Assessment Centers to providers are for Emergency Housing/Service needs for Emergency Shelter, Transitional Housing, and Homelessness Prevention types. The other service needs for long-term







housing, such as Rapid Rehousing and Permanent Supportive Housing, should only go through the Community Queue and no direct referrals should be sent for them during this step.


Emergency Housing/Service Referrals

This section allows for the sending of one or more Emergency Housing/Service referrals to shelter, transitional and prevention providers through the HMIS for those client/households that have an immediate housing need. This is regardless of their VI-SPDAT score and independently assesses their immediate housing needs.

By selecting the  icon, for Send Referral, the system will load an option to send a single referral to a single provider for that specific emergency service. Once completed the user will be returned to this screen to send additional referrals if needed or move to the Community Queue placement step of the process.

Emergency Housing/Service Needs - for any client(s) that requires an immediate housing solution for Emergency Shelter or Transitional Housing please use the **Send Referral** option  below regardless of their eligibility for the CQ. *Direct referrals should only be used for these Emergency Housing/Service Needs. Supportive Housing should be assigned and provided through the queue.*





 Send Referral	Immediate Housing/Service Needs 
 Diversion	Diversion Service Referrals
 Emergency Shelter Housing	Emergency Shelter Housing Referrals
 Rental Assistance / Prevention	Rental Assistance / Prevention Referrals
 Transitional Housing (SHP)	Transitional Housing Referrals

To send an Emergency Service Referral, select the  icon and the system will launch into a referral process that allows the sending of an electronic referral requesting shelter assistance through HMIS.

During the referral process, there are 2 sections to review and configure and include the Referral Service/Included Household Members and Referral Recipient sections.

Within the Referral Service/Included Household Members section, the screen displays the current client, the referral date and the referral service. Almost all this information is properly filled in by default and you want to check that the Referral Service shows the proper service (i.e. ES, TH, etc.) and that any additional household members added or reviewed in the VI-SPDAT step are added to the referral.

Referral Service/Included Household Members - Please note any additional household members associated with the service requested.

Client Name:	Smith, Jack
Included Household Members:	 Include Evans, Bonnie 
Referral Date: *	10/27/2017 
Referral Service: *	Emergency Shelter Housing 

To add additional household members click them in the included household members list box shown below.

Within the Referral Recipient section, the Provider Group should default to your Eastern Continuum Provider Group (i.e. CE Group). The Refer to Provider is the final element to complete and will be the provider in which the referral request will be sent. To begin the provider selection process, click the magnifying glass at the end of that field to load the search which will appear in a pop-up window.

Referral Recipient - Select the agency referral recipient as the Refer to Provider. Only Providers that offer the requested service will be available for selection.

Provider Group: * Eastern Continuum Provider Group ▼ ⓘ

Refer to Provider: * ⓘ

Once the Available Providers window appears it will show all Providers within your continuum that have been setup as able to receive referral requests for emergency shelter housing services. Each provider will be listed along with their address and county.

7 results found.

Provider ▲	Address ▲	County ▲
Allentown Rescue Mission	355 Hamilton Street, Allentown - 18101	Lehigh County
Community Action Committee of LV	219 North Sixth Street, Allentown - 18102	Lehigh County
HMIS Service Agency II (Test)	1 Elm Street, Harrisburg -	Dauphin County
ProJeCt of Easton, Inc.	320 Ferry Street, Easton - 18042	Northampton County
Salvation Army of the Lehigh Valley	344 North 7th Street, Allentown - 18102	Lehigh County
Valley Youth House Committee, Inc.	829 W Linden Street, Allentown - 18101	Lehigh County
Victory House of Lehigh Valley	314 Fillmore St., Bethlehem - 18015	Northampton County

The Refer to Provider also allows you to perform additional searching, by Provider Name, Address, Referral Zone and/or County as shown below. You can enter in the text name or address fields or simply select a Referral Zone and/or County from the list.

Provider:

Address: ⓘ

Referral Zone: -- SELECT -- ▼ ⓘ

County: -- SELECT -- ▼

Display Project / Inventory: ☐

The Display Project / Inventory option allows a more in-depth look at each provider and includes each individual program and their target population(s), program eligibility description and inventory information on available slots/beds to help CE Specialists decide on the best match for client referrals.

For the Eligibility Description field, any program that displays the ⓘ icon can provide basic eligibility information; hovering over this icon will display this information in a pop-up text box.

County: Lehigh County

Display Project / Inventory: ☒

Search

2 results found.

Provider	Address	County	Program Name	Program Type	Target Population	Sub-Population Target	Eligibility Desc.	Facility Type	Available Vouchers	Available Rooms	Available Beds
Community Action Committee of LV	219 North Sixth Street, Allentown - 18102	Lehigh County	CACLV Sixth Street Shelter Program	Emergency Shelter	Households with Children (Male and Female)			Housing Facility	N/A	0	61
Valley Youth House Committee, Inc.	829 W Linden Street, Allentown - 18101	Lehigh County	Valley Youth House - Emergency Shelter Program	Emergency Shelter	Unaccompanied Young Males and Females (under 18)			Housing Facility	N/A	2	6

Once a Provider has been identified as the referral recipient, select them from the grid by clicking on their record (you can select anywhere within that provider's row on any field).

Once a Refer to Provider is selected, the screen will refresh and be updated with your choice. The system will update the provider contact information if it has been setup in the system (Providers can be setup to have a primary contact for referrals).

Referral Recipient - Select the agency referral recipient as the Refer to Provider. Only Providers that offer the r available for selection.

Provider Group: * Eastern Continuum Provider Group

Refer to Provider: * Community Action Committee

Refer to Program: CACLV Sixth Street Shelter Program

Provider Contact: Megan Barker

Provider Contact Phone Number:

Provider Contact Email: mbarker@caclv.org

Send Email Notification To Provider: ☒

Refer to User :

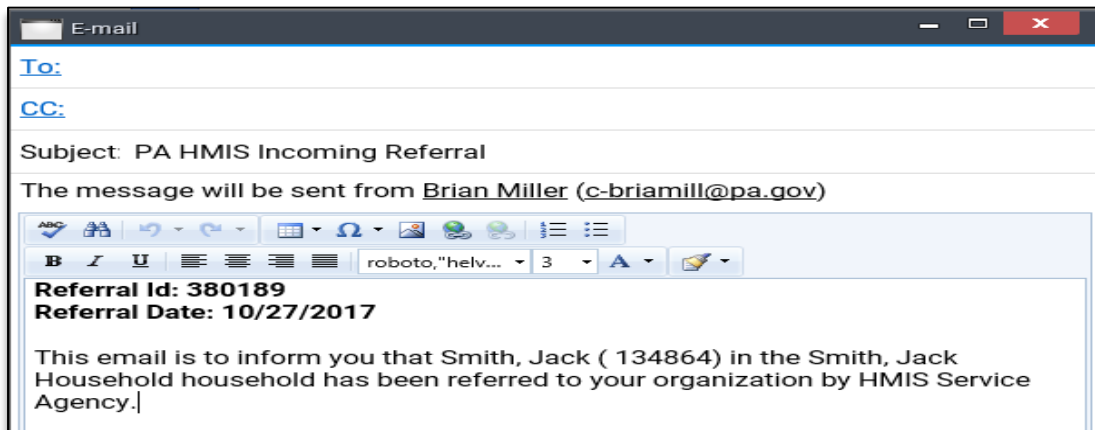
While not required, Case Specialists can also use the Refer to User option to associate the referral to a specific user/case manager at the recipient provider. By clicking the magnifying glass, a search screen will load that shows all users at that provider and their contact information; select a user to add them to the referral.

Once these 2 sections are completed, you can finish the process and send the electronic referral by selecting the "Finish" option on the bottom of the screen.

Coordinated Intake Notes
 Finish
 Cancel

Once the referral is sent it will be electronically placed into the recipient provider’s referral queue (i.e. referral inbox) and the system will provide the opportunity to send an email along with the referral.

An email dialog box will appear that contains information about the current referral and can be sent to specific persons at both the recipient and source provider. The email dialog works like any email application and you can manually type in email addresses or add in email addresses into the “To” and “CC” spots. Additional text may also be added to both the subject and body of the email.



Please note that when sending a referral, the system attempts to automatically complete the “To” email address as the primary contact of the recipient provider, however the information is not always available in the system for all providers. When using the Refer to User option, if this is completed the system will always auto-complete the “To” email address to the user you selected in that step.

Once a referral and email are completed the system will reload the Eligibility and Referrals screen, this will allow the Case Specialists to send additional Emergency Housing/Service referrals and/or move to the Community Queue Placement step.

Community Queue Eligibility

This section displays the remainder of the available services, which are Rapid Rehousing Services and Permanent Supportive Housing, and highlights which of these services the client/household is eligible for based on the VI-SPDAT score. If a service(s) is highlighted with a green flag icon and has “Passed” eligibility, the client/household should be placed on the Community Queue with these needs identified.

Community Queue Services - if there are any services that are highlighted and have Passed eligibility below, place the client onto the Community Queue and the system automatically assign either the Rapid Rehousing or Permanent Supportive Housing service using the **Place on Community Queue** button.

Service ▲	Help	Eligibility Criteria Applied ▲	Eligibility Result
Permanent Supportive Housing	?	Eligibility for Permanent Supportive Housing	Fail
Rapid Rehousing Services	?	Eligibility for Rapid Rehousing Assistance	Passed

Please note that for Community Queue eligibility, the client will only affirmatively score for Rapid Rehousing or Permanent Supportive Housing not both at the same time. The client could also score below the score threshold shown below and only be recommended for Emergency Housing/Services.

In terms of project/service eligibility for the Community Queue the following VI-SPDAT Scoring is used:

Single VI-SPDAT	Family VI-SPDAT	Eligible Services
0 – 3	0 – 3	Emergency Housing/Service Referrals (no placement)
4 – 7	4 – 8	Rapid Rehousing
8+	9+	Permanent Supportive Housing

If a client passed eligibility for one of these two long-term housing services, place the client/household on the Community Queue using the “Place on Community Queue” button on the bottom of the screen. Selecting this option will the CQ placement process.



Placement on Community Queue

The next and final step of the Intake and Assessment process involves completing the placement form to officially adding the client/household to the Eastern Continuum’s Community Queue.

The placement form will load and will default to the current client and will include all the service needs declared in the previous eligibility stage. The three main areas to check additional household members, waitlist county, and the waitlist priority; the rest of the fields are defaulted or optional.

The recommendation is to include any additional household members added during the VI-SPDAT so that the proper family dynamics are displayed from with the queue; you can add household members by selecting them from the list box. You can also include a client/household is Fleeing a Domestic Violence Situation on the CQ by checking that option below.

Client (Head of Household): *	Smith, Jack
Included Household Members:	<input checked="" type="checkbox"/> Include Evans, Bonnie
Fleeing a Domestic Violence Situation:	<input type="checkbox"/>
Referral Service Needs: *	<div> <div>Diversion</div> <div>Emergency Shelter Housing</div> <div>Permanent Supportive Housing</div> <div><input checked="" type="checkbox"/> Rapid Rehousing Services</div> <div>Rental Assistance / Prevention</div> <div>Transitional Housing (SHP)</div> </div>

As a note, we also recommend checking over the service needs list to ensure it matches the eligibility logic presented in the previous step. These are the service needs the client/household will be broadcast as needing and is important for matching up the correct Referral Providers for services.

For Available Zone, you want to select the Referral Zone in which the client/household is available to relocate or receive housing services, along with selecting one or more of the Counties defined within the selected Zone within the Available County(s) selection box.

Add to Waitlist Date: * 11/29/2017

Available Zone: * Referral Zone 10

Available County(s): * Lehigh County Northampton County

Referral Zone Map -->

The Eastern Continuum is separated into 10 Referral Zones (1 through 10) and each zone includes one or more counties to form that geographical zone. Depending on the Referral Zone selected, the system will build the available county(s) list and allow for the selection of one or more of the included counties.

The Available Zone and County(s) selections will be used for filtering on the Community Queue and for sending Queue Placement notifications based on the client/household's geographic preferences and housing situation.

Within the Queue Placement screen and within the Community Queue Record, the system provides a Referral Zone Map button after the Referral Zone field to display a window that shows the referral zone / county makeup within the continuum for reference purposes.

The placement form also provides the ability to enter in the client's contact information for phone and email to help providers searching the queue to more easily reach out these individuals, as well a place to enter in comments (although it is recommended all comments be entered with Coordinated Intake Notes feature).

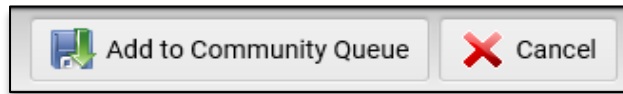
Status: * New

Contact Phone Number:

Contact Email:

Comments:

Once the Community Queue placement screen has been completed and all elements configured to best fit the client(s) situation, select the “Add to Community Queue” option on the bottom of the screen to permanently save and initiate the placement.

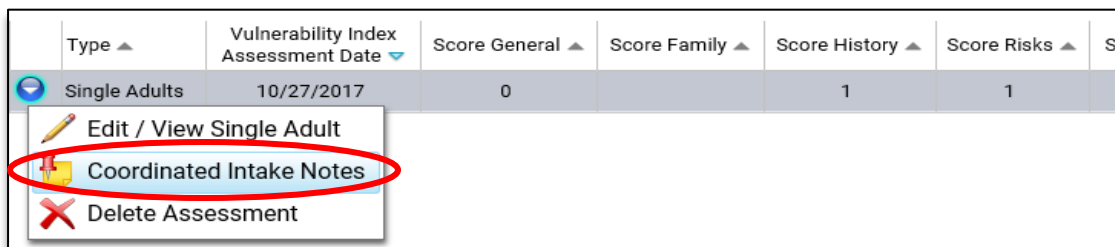


Once the placement occurs the client(s) are properly placed and identified on the Community Queue and all Eastern Continuum Providers participating in the Coordinated Entry System (CES) in HMIS will have access to review and attempt to serve their housing needs.

Coordinated Intake Notes

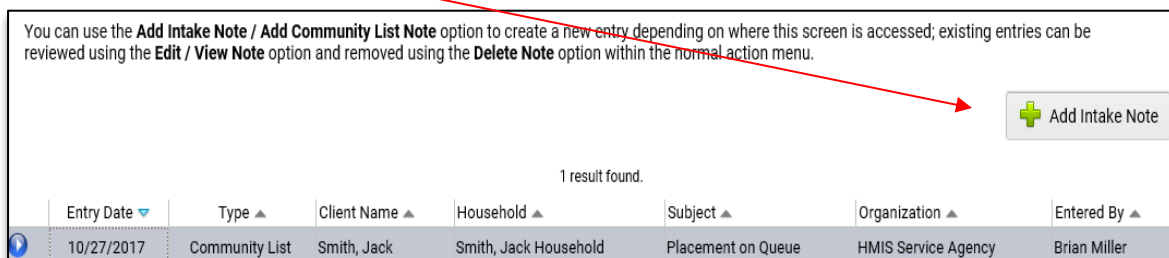
The Coordinated Intake Notes are an integrated note system within HMIS built specifically for Coordinated Entry and allows all participating members to view and enter all notes entered by all providers for all clients in the system. It is highly recommended to enter in a Coordinated Intake Note every time you contact or work with a specific client/household and update the entry will any relevant information on their needs, status or pending actions.

Once the VI-SPDAT and Community Queue Placement is completed the system automatically loads the VI-SPDAT screen, which lists all assessments for the current client/household and provides a number of actions. By selecting the action menu for a VI-SPDAT assessment (blue ball) you can **Edit / View the VI-SPDAT**, as well as load the **Coordinated Intake Notes**.



By selecting the **Coordinated Intake Notes** option after the initial assessment / placement you can enter in additional information about the current client/household to pass along to other providers that may view this client and their needs in the future.

Once loading this option the system will display all the notes entered by the community for this client and can be reviewed for information. For initial clients, it is recommended to enter in a new note by selecting the **Add Intake Note** option at the top right of the screen.



When creating a new note, you enter in the Entry Date, Contact Type, Subject and Note into the appropriate fields. You can enter in multiple notes if needed to provide as much relevant information to the community to help them locate and serve this client/household on the Community Queue.

Client Name: Smith, Jack

Entry Date: *

10/25/2017

Contact Type: *

First Contact

Subject: *

Initial Intak/Screening Contact

Note:

Client and wife, no children - looking for help with rental assistance in Lehigh area; also need Deposits

Send as Email:

☐

Once entered, hit save and the note will be recorded and displayed for all community partners to view for this client/household. Each note will be listed as their own record and shows which organization and user recorded and can be view using the **Edit/View Note** option as shown below.

	Entry Date ▼	Type ▲	Client Name ▲	Household ▲	Subject ▲	Organiza
	10/27/2017	Community List	Smith, Jack	Smith, Jack Household	Placement on Queue	HMIS Se
	10/25/2017	Intake/Assessment	Smith, Jack	Smith, Jack Household	Initial Intak/Screening Contact	HMIS Se

Edit/View Note
 Delete Note

Community Queue Management

The Community Queue for Eastern Continuum providers is available within the Provider tab and located within the Eastern Community Queue folder. By selecting that folder, the system will display the **Community Queue** option (circled below) and when selected will load all clients that have been assessed and placed from the Intake and Assessment step.

Providers

Access Provider

Resource Directory

PROVIDER MANAGEMENT

EASTERN COMMUNITY QUEUE

Community Queue

Community Queue Summary

Community Queue Details

ClientTrack™

All Search

HMIS Service Agency

Provider HMIS Service Agency

Eastern Continuum Community Queue

The list of clients that are displayed below are clients that have b associated. To edit/view a record simply select the Edit option

Service Needs:

- S

Sub-Populations:

- S

County:

- S

Type:

Act

Client Search (Last, First):

When loading the Community Queue each client/household placed will be identified as a single row and will display summary information about that person(s). Each list record includes the client, household demographics, screening information, service needs, status and more.

	Added to Waitlist ▲	Client (Head of Household) ▲	Adult Males	Adult Females	Child Males	Child Females	Household Size ▲	Waitlist County ▲	Waitlist Priority ▲	SPDAT Type ▲	SPDAT Score ▲	Service Needs	Status ▲	Last Intake Note Date ▲
	10/27/2017	Smith, Jack	1	1	0	0	2	Lehigh County	Medium	Single Adults	4	Transitional Housing (SHP), Rapid Rehousing Services,	New	10/27/2017

By using the below Community Queue Search and the Community Queue Management functions, community providers can search, locate, examine, note and match client/households to their own available resources for housing placement opportunities.

Prioritization List Search

By default when loading the Community Queue all active clients are displayed on the screen and are sorted automatically with the person(s) with the highest Screening Tool score on top, followed by those with the highest needs determined by sub-populations (i.e. Veteran, History of Homelessness, Fleeing DV, etc.). The Community Queue provides several search options to help community providers search through the list to attempt to locate matching clients/household in which to attempt to offer housing resources. Each of these filters can be used alone or in conjunction with one another by providers to assist in managing the overall list.

Exclude Emergency Services from CQ: ☐

Service Needs: -- SELECT --

Available Zone: -- SELECT --

Available County: -- SELECT --

Sub-Populations:

Veteran

Youth

History of Homelessness

Domestic Violence

Mental Health Issues

Physical Health Issues

Type: Active

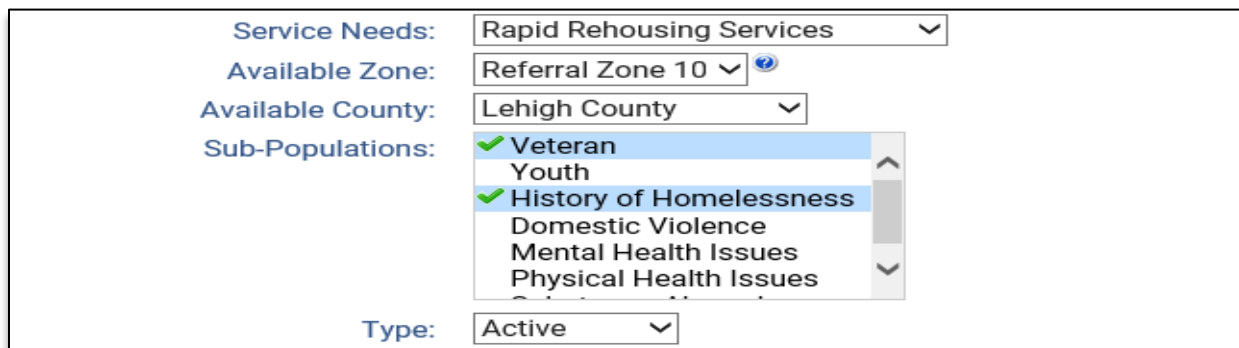
Client Search (Last, First):

Please note that the filters in the Community Queue for Service Needs and County coincide with the selections and settings entered for clients during the placement process.

As each filter is chosen the system will automatically rebuild the list of available clients on the screen and most community providers should be reviewing clients/households that have service needs that match their program(s) within their geographic region (County).

The sub-population filter can also be used to further filter available clients for specialized programs that serve specific demographics and include: Veteran, Youth, History of Homelessness, Domestic Violence and Mental Health, Physical Health and Substance Abuse issues. All sub-population information for each Queue record is derived from information collected during the Intake (Pre-Screen) or through the associated VI-SPDAT.

As an example, if a provider that has available Rapid Rehousing resources for Veterans with a History of Homelessness within Lehigh County can use the following search filters to locate persons on the list that have similar service needs and are within the geographic region to contact for a potential meeting to determine eligibility for enrollment.



Service Needs: Rapid Rehousing Services

Available Zone: Referral Zone 10

Available County: Lehigh County

Sub-Populations: ☒ Veteran, ☒ Youth, ☒ History of Homelessness, ☐ Domestic Violence, ☐ Mental Health Issues, ☐ Physical Health Issues






Type: Active

Once a client(s) are located within the list the following options can be used to further review the client and work toward enrolling them into your project and letting the community know through the Coordinated Intake Notes.

Community Queue Management Functions

Each Community Queue record has 2 main options for use during the review / contact stage after they have been identified from the initial search and includes the **Review Community Queue Record** and the **Coordinated Intake Notes** functions.

	Added to Waitlist	Client (Head of Household)	Adult Males	Adult Females	Child Males	Child Females	Household Size	Waitlist County	Waitlist Priority
	10/27/2017	Smith, Jack	1	1	0	0	2	Lehigh County	Medium

 Review Community Queue Record
  Coordinated Intake Notes
  Intake Notes Log
  Client's Dashboard
  Delete Waitlist Record

Review Community Queue Record

This is the option to review and edit not only the Community Queue record but the outcomes section as well. The review list record displays options at the top of the page to display the client's recorded Coordinated Screening assessments (VI-SPDAT) and Referrals for information purposes.

Client Type : Local Client

Client (Head of Household):* Smith, Jack

Included Household Members: ☒ Include Evans, Bonnie ☒

Referral Service Needs:*

- ☐ Diversions
- ☐ Emergency Shelter Housing
- ☐ Permanent Supportive Housing
- ☒ Rapid Rehousing Services

VI-SPDAT Assessments **Referrals**

The Prioritization List Record also can set the client/household's overall **Status** on the list, as well as provide an option to import the client through a **Service Acceptance** process to provide official housing services. These options will be covered in more detail in the "Housing Placement" section below.

Coordinated Intake Notes

The Community Queue has access to the same Coordinated Intake Notes described in the Intake and Assessment section and displays all shared notes entered by community providers working / contacting this client/household. By selecting this option a new window will load that displays all notes for the client that can edit/viewed individually and new notes can be entered using the **Add Community List Note** option. The same rules for viewing, editing and creating new notes remain the same whether you access these notes in the assessment or prioritization list steps.

You can use the **Add Intake Note / Add Community List Note** option to create a new entry depending on where this screen is accessed; existing entries can be reviewed using the **Edit / View Note** option and removed using the **Delete Note** option within the normal action menu.

+ Add Community List Note

2 results found.

	Entry Date	Type	Client Name	Household	Subject	Organization	Entered By
	10/27/2017	Community List	Smith, Jack	Smith, Jack Household	Placement on Queue	HMIS Service Agency	Brian Miller
	10/25/2017	Intake/Assessment	Smith, Jack	Smith, Jack Household	Initial Intak/Screening Contact	HMIS Service Agency	Brian Miller

Once a client has been reviewed a new Coordinated Intake Note should be entered that provide information on whether the provider plans to pursue connecting with the client/household for potential services or whether a connection is not going to be made.

Client Name: Smith, Jack

ed Intake Note

Entry Date: * 10/26/2017 

Contact Type: * In Person - Office Appointment 

Subject: * Eligibility Appt. with Household

Note: Contacted Household - eligibility apt to review income and homeless status requirements prior to entry. 


Send as Email: ☐ 

It is important to use the Coordinated Intake Notes from the Community Queue side to record all actions with an active client/household, this provides other providers with information on whether another provider is working with them or not and whether to begin actively working with the client or to move to the next one on the list.

Intake Log Notes

This option produces a pop-up report that combines all the Coordinated Intak Notes entered for the Prioritization List record and displays them on a single report in reverse chronological order. The log report can be used to quickly run and scan all intake notes for the most recent entries and to locate trends when seeing all information together on the same page.



Prioritization List – Housing Placement

After reviewing a client/household and matching their service need with an opening or available housing resource, the next step is to perform a Service Acceptance function for the Community Queue record to indicate your agency and program can meet their needs.








Service Acceptance

The **Service Acceptance** option is within the Community record (using Review Community Queue Record function) and found within the bottom Referral Service Review or Outcomes section and is circled below.

Referral Service Review

 Eligibility and Referrals  **Service Acceptance**

2 results found.

<input type="checkbox"/> Service 	Referral Date 	To Provider 	From Provider 	Referral Status 	Result 	Housed By 
Rapid Rehousing Services						
Transitional Housing (SHP)						

By selecting this option the system will load a screen that will allow you to record the Referral Service and result of that service that you are providing to the current Community Queue client/household.

Client Name:

Smith, Jack

Referral Date: *

10/27/2017

Referral Service: *

Rapid Rehousing Services

Result:

Service provided

Once you have selected the service you are providing to the client and the expected result, select the **Accept from Queue** option to complete the process. Once the process is complete, the service will be labeled as provided and the client/household will be imported into your provider agency.

This will give your agency full access to the client/household and allow for standard data collection through HMIS and you can load the Client's Dashboard and even Start an Enrollment to place the client into one of your programs.

Client Dashboard

Start an Enrollment

Return to Community Queue

Cancel

Please note that the Service Acceptance step should only occur once your agency is going to provide the client/household with a housing service.

Community Queue Status

Once a provider has agreed to provide a service to a client/household and performed the above acceptance import process the final step is the close out or officially mark the Community Queue record as "Placed".

To officially mark the Community Queue record as "Placed", which indicates a positive housing outcome, requires one of the following steps:

1. Performing a standard enrollment in an HMIS program for Permanent Supportive Housing, Permanent Housing or Rapid Rehousing. By performing an HMIS enrollment the system will automatically identify and close out the proper Community Queue record with the "Placed" status and associate the actual program for future reference (under Housed By).

Service ▲	Referral Date ▼	To Provider ▲	From Provider ▲	Referral Status ▲	Result ▲	Housed By ▲
Rapid Rehousing Services	10/27/2017	HMIS Service Agency	HMIS Service Agency	Accepted	Service provided	HMIS - ESG RRH
Transitional Housing (SHP)						

2. Manually closing out the Community Queue record, by loading the record through the Review Community Queue Record function and updating the Status to “Placed” and completing the “Placement Destination” to match the best housing destination from the list provided. Once the status is updated, save the Community Queue record to complete the process.

Waitlist County:	Lehigh County	▼
Waitlist Priority: *	Medium	▼
Status: *	Placed	▼
Placement Destination: *	Placed in Rapid Rehousing	▼ ⓘ

Once this step is performed, the client/household will be moved from the active to the historical side of the Community Queue.

Community Queue – Non-Housing Placement

Once a client/household on the Community Queue has been determined that they either no longer require any housing services, is deemed ineligible, or declines further contact from the community (i.e. disappears) the community can remove them from the active list.

Community Queue Status

To officially mark the Community Queue record as “Closed” or “Turned Away”, which indicates a negative or non-positive housing outcome, requires a provider to manually update the list record’s Status and enter in a Non-Placement Reason. Once the status is updated, save the Community Queue record to complete the process.

Status: *	Closed	▼
Non-Placement Reason: *	Declined further contact/assistance	▼ ⓘ

Once this step is performed, the client/household will be moved from the active to the historical side of the Community Queue.

Please note that you only want to close out a Community Queue record to a non-housing placement when the client/household’s situation no longer fits the requirements of the system or they have refused further services directly or through inaction. When a provider reviews a client/household and does not find them to be a match for their own program(s) only record that within the Coordinated Intake Notes and let the client/household remain active on the list for other providers to review for potential matches.

When closing out a Queue record from the active list, for Placed, Closed or Turned Away, the system will prompt with the following message which indicates the record is being removed from the active list and

no longer requires assistance. Selecting save again will place / close out the Queue record to the historical list.

Please note that by setting the Queue Status to "Placed, Closed or Turned Away" you will be removing this record from the active Queue list and is assumed the client/household no longer needs housing assistance; select Save again to confirm this action.

Referral Management

Referral Management covers the process of reviewing your referral queue includes the actions of accepting/rejecting referral requests. All referrals that have sent or received are located within the Provider tab, within the Provider Management -> Referrals area highlighted below.

The screenshot shows the ClientTrack™ interface. On the left, the 'Providers' sidebar is visible with options: 'Access Provider', 'Resource Directory', 'PROVIDER MANAGEMENT', 'Provider Dashboard', 'View Provider', 'Referrals' (circled in red), and 'Wait List'. The main content area shows the 'HMIS Service Agency' header, a search bar, and a section titled 'Clients Referred to this' with a description: 'The list of clients that have been referred referral.' A blue callout bubble points to the 'HMIS Service Agency' header with the text: 'Please note that for Referral and Community Queue Management double check that your organization is listed at the top of the screen.' Below the header, there are dropdown menus for 'Referral Type: - SELECT -', 'Referral Status: - SELECT -', and a text field for 'Referral ID:'.

As mentioned in the comment bubble, if your agency is not listed at the top of the Provider tab, please select Access Provider at the top of the menu to load your organization provider.

When selecting the Referrals option, this will load your agency's referral "queue" and this screen includes all the referrals sent by you (outgoing) and sent to you (incoming) in the system. The referrals screen has several filters that can be used to assist in finding the exact referrals you are looking to review and process.

The filters include type (incoming vs. outgoing), status (pending vs. accepted vs. rejected...), referral ID and by client name. For standard referral management, the main filters to use will be to view incoming and pending referrals as these are the referrals that a Provider needs to immediately review and act upon.

Referral Type:

Incoming Referrals

Referral Status:

Pending

Referral ID:

Client (Head of Household):

Each referral will be listed in its own row and includes information about the request, such as the Refer to Provider and Refer from Provider, the Client, the Service and the Status.

	Referral ID	Refer to Provider	Refer to Program	Refer from Provider	Client (Head of Household)	Phone Number	Referral Date	Referring Service	Status	A
▼ Incoming Referrals										
▼ Pending										
	380193	HMIS Service Agency		HMIS Service Agency	Smith, Jack		10/27/2017	Permanent Supportive Housing	Pending	
	380192	HMIS Service Agency		HMIS Service Agency	Smith, Jack		10/27/2017	Permanent Supportive Housing	Pending	

Each referral has a couple of actions that can be used to review, process and report on each transaction and are listed below:

Accept/Reject Referral

Any pending referral, which is a referral that has been sent but not yet received a response from the receiving provider, will have this action available to allow the referral to be processed.

▼ Incoming Referrals										
▼ Pending										
	380193	HMIS Service Agency		HMIS Service Agency	Smith, Jack		10/27/2017	Perma Housi		
				HMIS Service Agency	Smith, Jack		10/27/2017	Perma Housi		

Accept/Reject Referral

Referral Information Form

Once this action is selected, the referral will be loaded on screen and one data element that effects the overall status of the request is the Acknowledgement Status located within the Referral outcome section near the bottom of the page. This is only element that needs to be updated to process the referral, as both the date acknowledged and result are optional.

REFERRAL OUTCOME

Outcome Information - To acknowledge the receipt of a referral update the *Acknowledgement Status* to Accept, Reject or Cancel request and record the *Acknowledgement Date* in the outcome section below.

Acknowledgment Status: Pending

Send Response

Date Acknowledged:

Result: - SELECT -

The Acknowledgement Status allows for the receiving Provider to update the referral request to be either Accepted or Rejected/Cancelled. Once a referral's acknowledgement status has been updated, select "Finish" on the bottom of the screen to permanently update the referral request.

Accepted Status

A referral should only be updated to Accepted when a provider can 100% provide the client/household with the service included in the referral. This status will inform the sending provider or assessment center that the client's needs have been met; in terms of Coordinated Entry this means providing Emergency Shelter housing.

When a referral is accepted, the client and associated household members are automatically imported into the recipient provider's agency in HMIS and will have full data access to perform enrollments into their program(s).

Rejected/Cancelled Status

A referral should be rejected or cancelled when a provider is unable to provide the services requested through the referral. This status will inform the sending provider / assessment center that the client's needs have not been met by this request.

When a referral is rejected/cancelled, the client and household members are not imported into the provider's agency in HMIS and any temporary sharing provided through the referral request is cancelled.

When rejecting or cancelling referrals from Coordinated Entry Assessment Centers, the system will require the entry of a Coordinated Entry Referral Note to include the reason the referral was cancelled. To enter a note, select the Enter Referral Note option shown below to enter in the reason.

REFERRAL NOTES


Referral Note(s) - Referral Notes can be added using the *Enter Referral Note* option below; all notes recorded for this client for Intakes, Referrals and Community Lists can be viewed using the **Coordinated Intake Notes** option at the bottom of the screen.

Enter Referral Note

Please note that all responses to referrals, whether accepted or rejected/cancelled, prompt the system to automatically send an email to the sending provider (sending user) that informs them of the final status and includes any referral notes.

Review Referral

Once a referral has been processed as either accepted or rejected/cancelled the status is permanent and cannot be changed. However, the referral can still be viewed for historical information and note purposes. All processed referrals will have the Review Referral access that will load the referral screen and provide access to the information entered and noted recorded.

	Referral ID ▲	Refer to Provider ▲	Refer to Program ▲	Refer from Provider ▲	Client (Head of Household) ▲	Phone Number ▲	Referral Date ▲	Referring
▼ Incoming Referrals								
▼ Accepted								
	380193	HMIS Service Agency		HMIS Service Agency	Smith, Jack		10/27/2017	Permanent Housing
				HMIS Service Agency	Smith, Jack		10/27/2017	Rapid Ref Services
				HMIS Service Agency	Robert, Bob		08/22/2017	Rapid Ref