CLIENTTRACK COORDINATED ENTRY

HOUSING ASSESSOR WORKFLOW

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CONTENTS

PURPOSE

The Atlanta Continuum of Care (CoC) has automated the Coordinated Entry (CE) process using the GA Homeless Management Information Systems (GA HMIS) called ClientTrack.

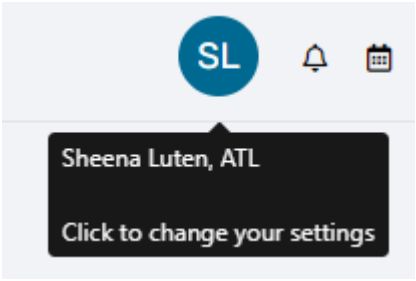
The automated process (Coordinated Entry Workflow) will be used to intake new clients, place them on the Housing Queue, perform reassessments, and refer to housing. The CE assessment will be initiated by enrolling the client into a new project called Atlanta Coordinated Entry Assessment. A client's enrollment in this project will add them to the Housing Queue where clients can be prioritized and referred to a Housing Provider for placement.

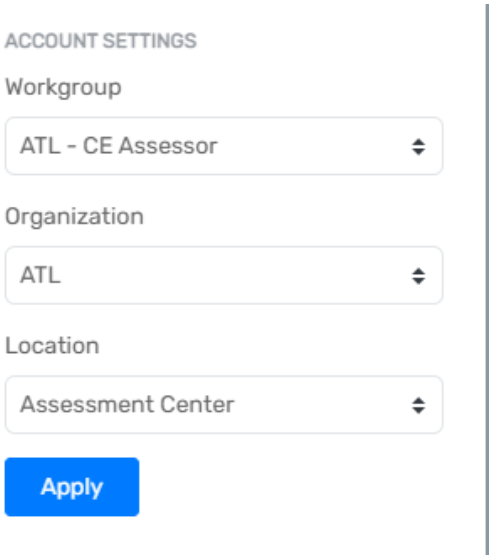
There are three roles for the new Coordinated Entry process: ATL – CE Case Manager (Housing Assessor), ATL CE Provider (Housing Provider), and ATL – CE Coordinated Entry Manager (CE Manager). This document will provide instructions on how the Housing Assessor will add a client onto the Housing Queue, complete reassessments (when applicable), refer client to short-term intervention, pick up a housing referral for permanent housing and remove a client from the Housing Queue.

HOW TO ENROLL A CLIENT INTO COORDINATED ENTRY

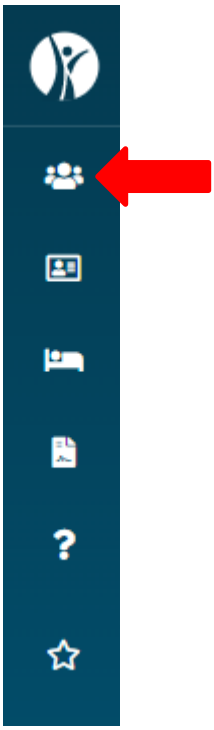
1. Sign into ClientTrack with username and password.

2. At the top right corner of the page, you will see your initials. This is where you would change your workgroup if you are operating under a different workgroup.





3. The menu to the left in blue is how you would switch between the different workspaces. Choose the CLIENTS workspace icon (see below).



4. Search for the client's record by clicking on the "Find Client" menu option in white.

5. Search for the client by SSN, DOB, or partial first and last name and click on the Search button. A list of clients will appear in the search results section at the bottom of the screen.

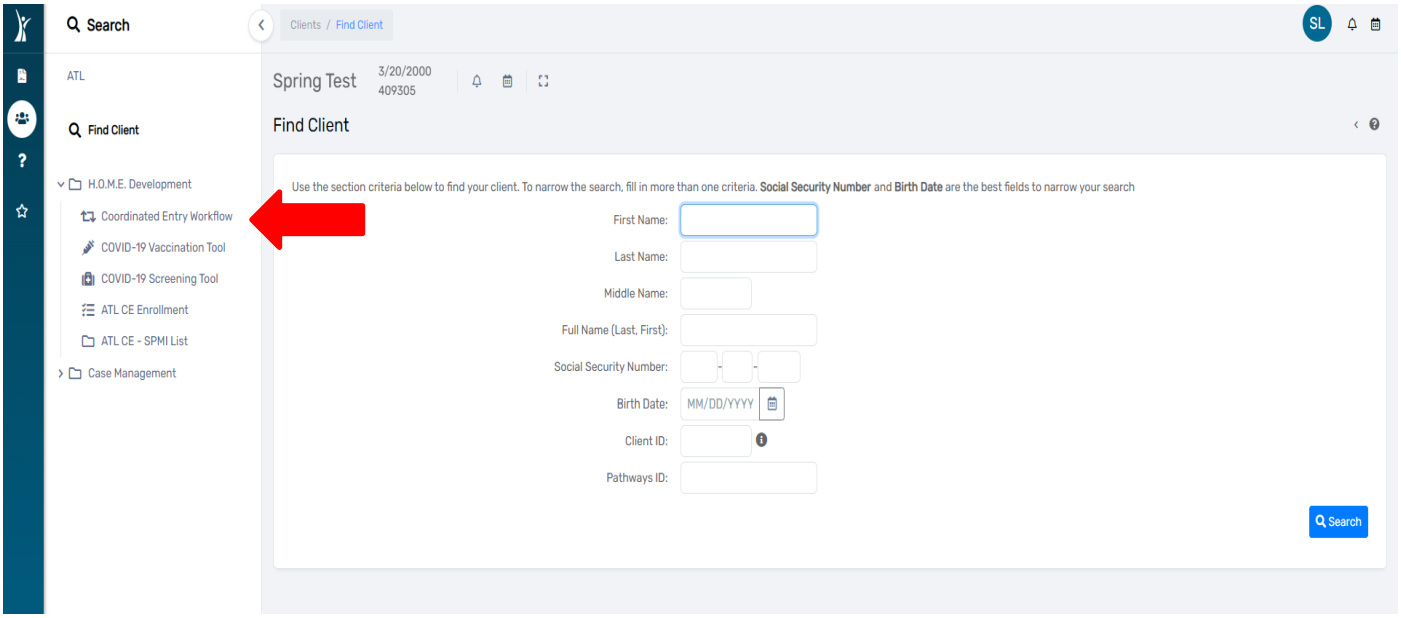
6. Select the client's name from the results section. If the client is already inputted into the system, the client's dashboard will appear.

7. If the client appears on the dashboard after search, review the client's dashboard to determine if the client is currently enrolled in Coordinated Entry by another agency.

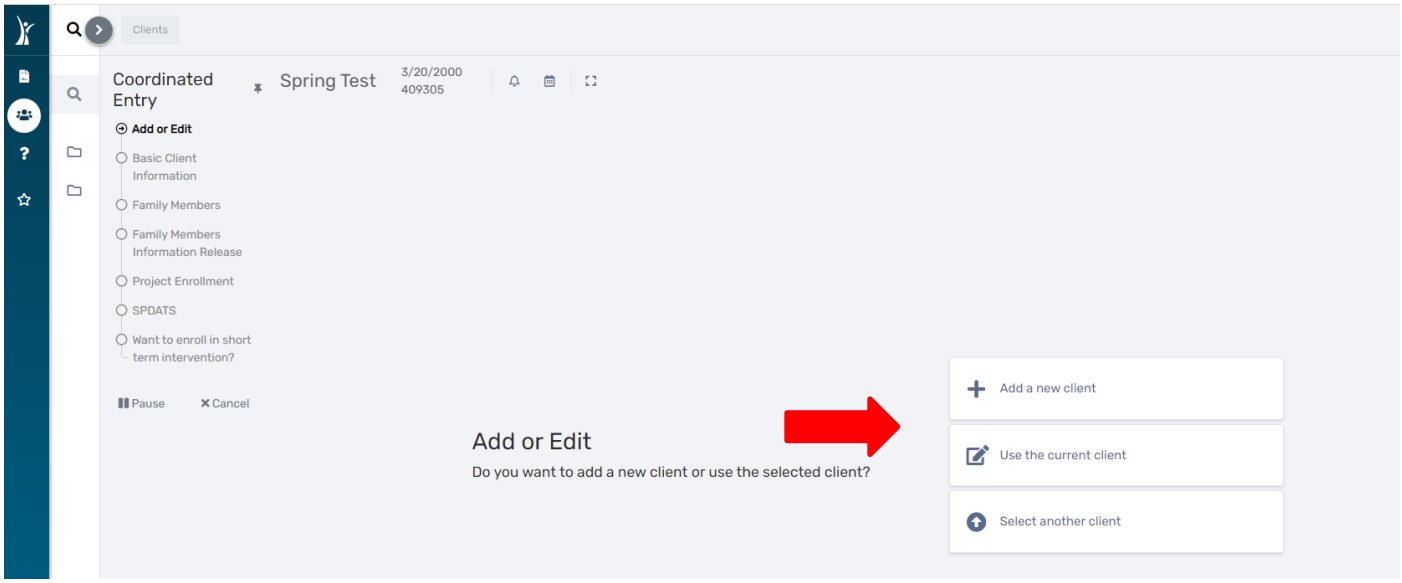
IF THE CLIENT HAS AN ACTIVE ENROLLMENT INTO ATLANTA COORDINATED ENTRY, THE CLIENT IS ALREADY ON THE HOUSING QUEUE. THE CLIENT WILL NOT APPEAR ON YOUR PROJECT'S QUEUE BECAUSE THEY WERE ENROLLED BY ANOTHER AGENCY.

IF THE CLIENT DOES NOT HAVE AN EXISTING ATLANTA COORDINATED ENTRY ENROLLMENT, PROCEED TO STEP 8.

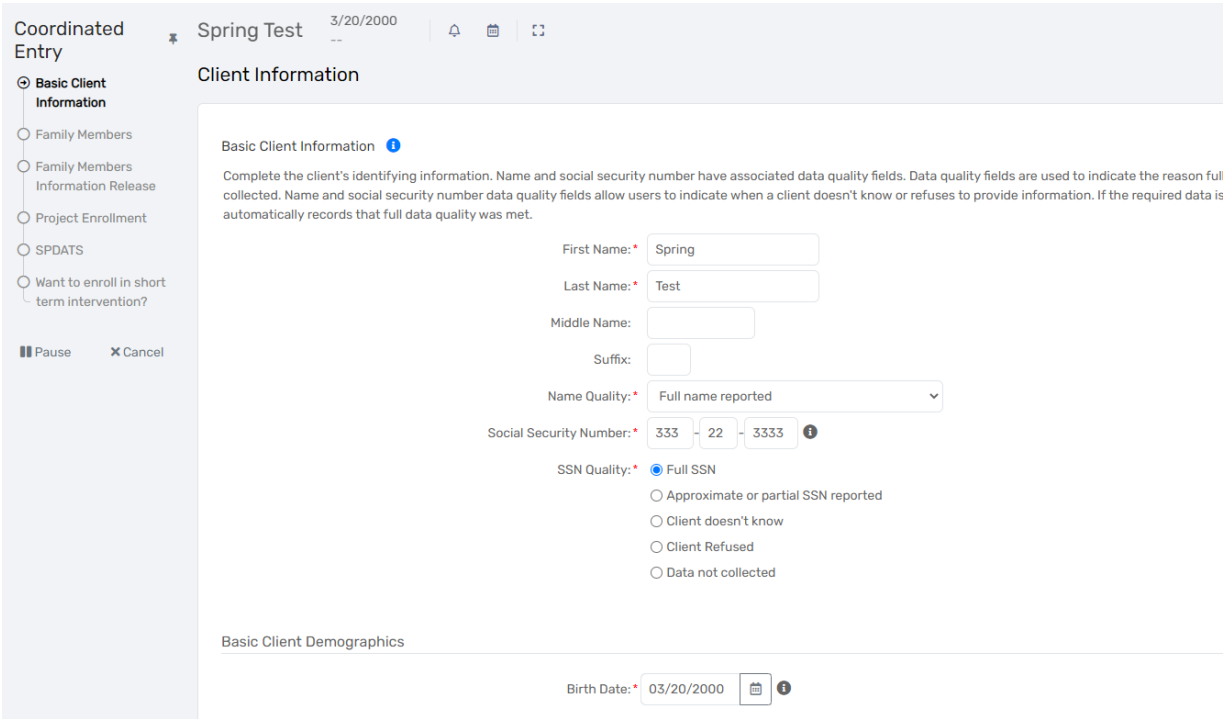
8. Select Coordinated Entry Workflow from the H.O.M.E Development menu to start the enrollment (1).



9. Choose “Use the current client” (2) from the Add or Edit screen if your client was found in the system. If the client is new, choose “Add a new client”.



10. The client’s basic demographic information screen will be displayed. Fields with a red asterisk (*) are required; they must be answered to proceed to the next screen. *Note: You can multi-select for the race and gender fields.*

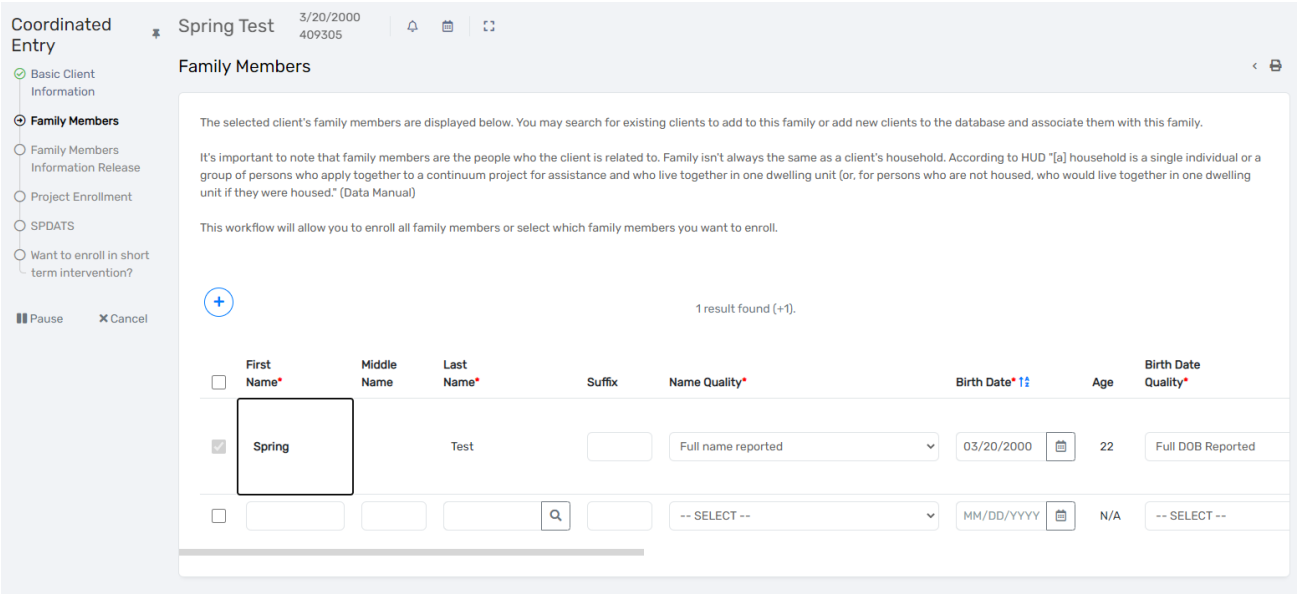


11. Scroll down to view all the questions and to complete the Contact Information section.

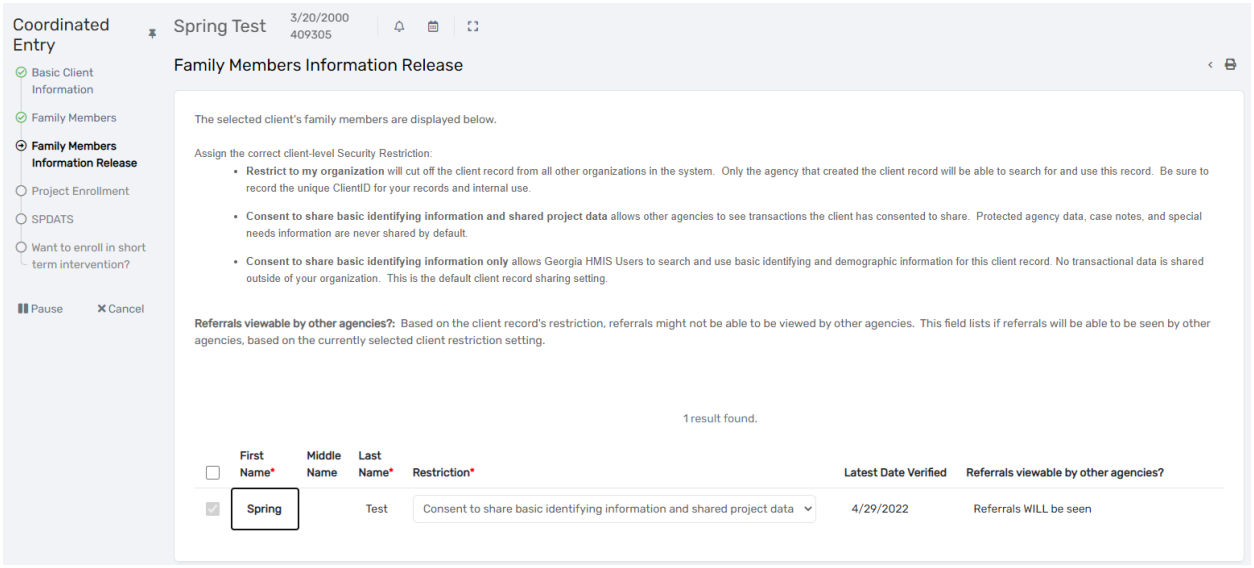
The client's contact information is critical to the referral process. If the client does not have an address or phone number, it is ok for them to provide a friend, family member, or close contact's information.

12. Click on the Finish button.

13. Review the Family Members on the next screen and click the Save and Close button.



14. Select the appropriate Restriction option for each person in the household based on their Client Consent to Share Information form[1] on the Family Members Information Release screen. ***Note: Implied consent is automatically given unless the client chooses to opt out. Must complete opt-out form for client that wishes to restrict.***

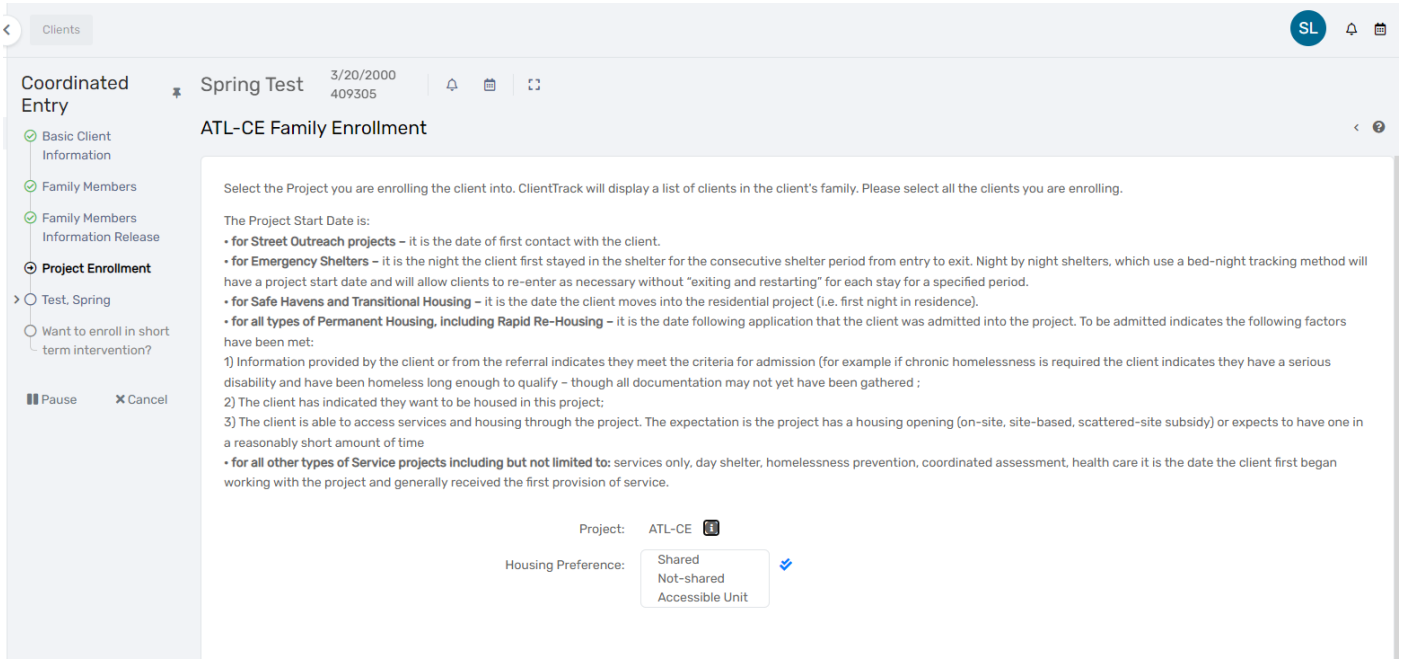


Note: If a client chooses not to share or only share part of their information referrals won't be seen, and the CE Manager will have to manually refer the client which could cause a delay in the client receiving assistance. The CE Manager will provide a referral if a client chooses not to share their information; however, this process may take longer.

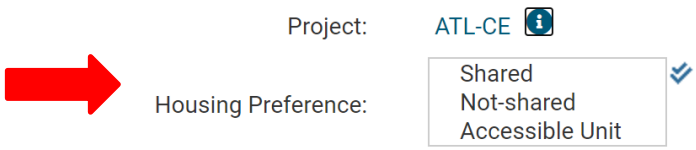
15. Click the Save & Close button.

[1] GA HMIS Client Consent to Share form: https://www.dca.ga.gov/sites/default/files/ga_hmis_client_consent_to_share_form_10.10.18-general.pdf

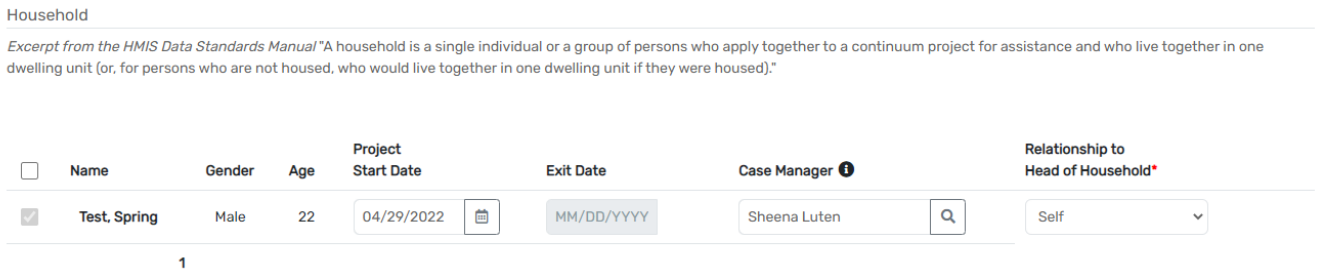
16. On the Family Enrollment screen, select "Atlanta Coordinated Entry Assessment" from the Project drop list and place a check mark next to each person in the household who will be enrolled in Coordinated Entry. This screen will determine which SPDAT assessment (VI-SPDAT, TAY-SPDAT, or F-VI-SPDAT) will be associated with the enrollment.



Select if you wish to have your client's attributes shared or not for an easier match of available units. If needing an accessible unit, that field can be checked in addition.



17. Verify that the Case Manager's name is correct in the Case Manager field. If it is not you, click on the magnifying glass and select the correct case manager's name or search for their name. **Do not leave this field blank.**

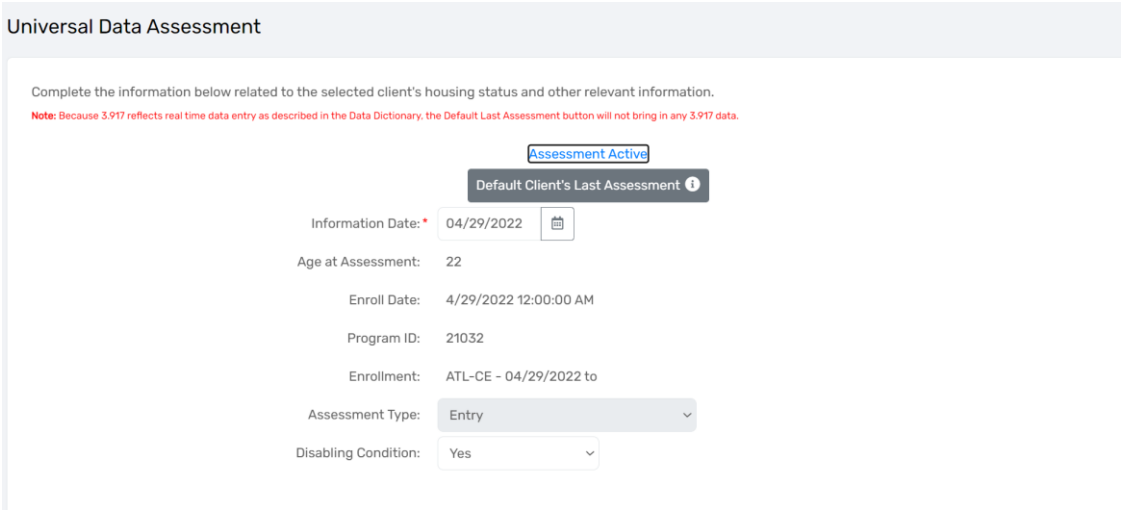


The Case Manager can also be updated via the Housing Queue by clicking on the edit pencil next to the client's name and choosing the Case Manager Assignment option. If the Case Manager field is left blank, it will auto populate the current user as the Case Manager. Please ensure to search and select the appropriate Case Manager.

18. Click the Save button at the bottom of the screen. The next screen will be the Universal Data Assessment.

19. Complete each assessment screen, beginning with the Universal Data Assessment. Fields with a red asterisk (*) are required; they must be answered to proceed to the next screen.

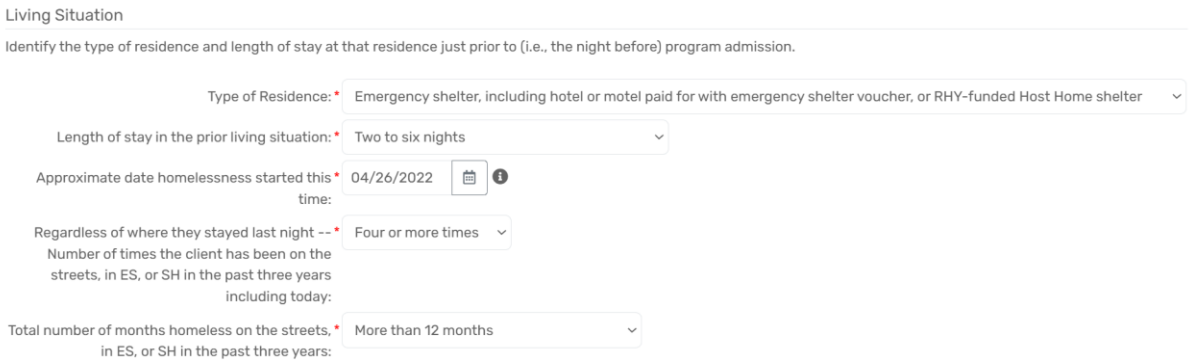
20. If the client has a disabling condition, answer yes or no. (You will identify the type of disabilities on another assessment page).



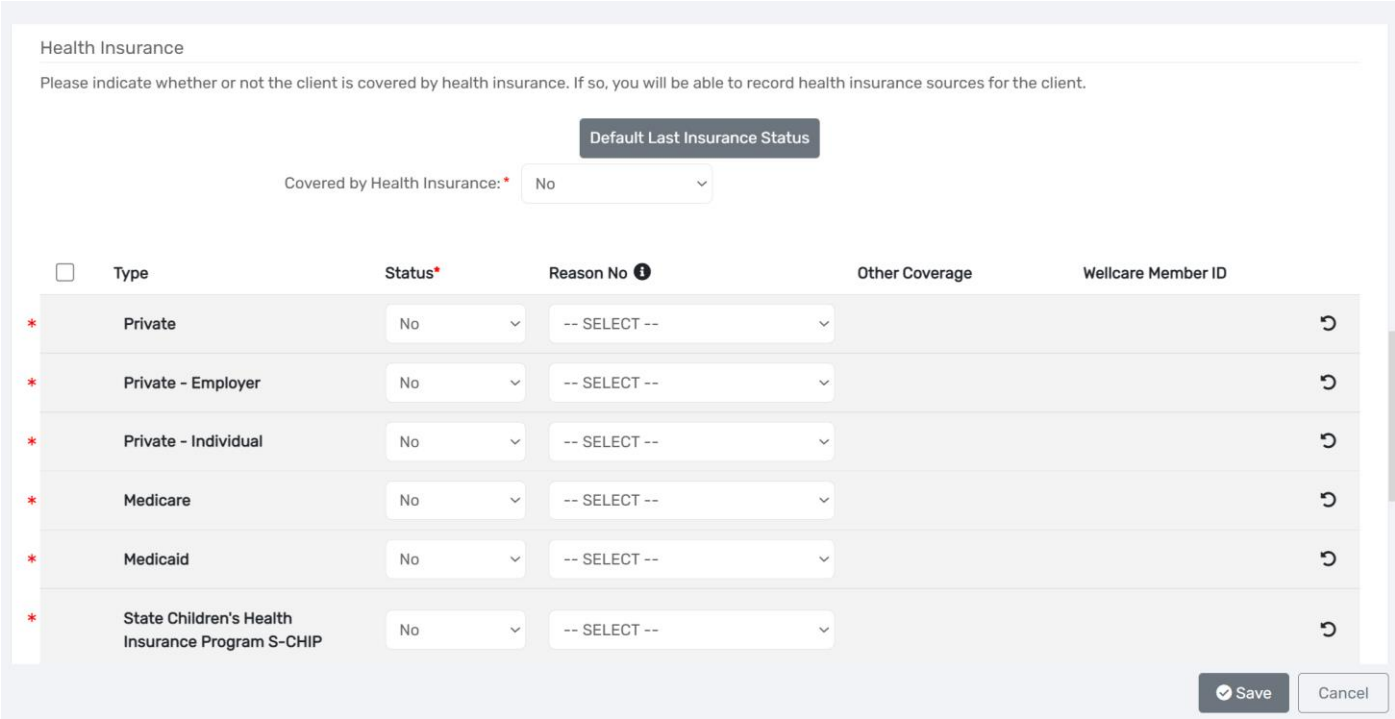
The Living Situation section is crucial to determining a client's chronic homeless status. The first two questions in this section want to know where the client stayed the prior night and for how long. The remaining questions in this section are based on if the person was in a Homeless, Institutional, or Transitional and Permanent Housing Situation. If at some point during the current episode the client stayed on the street, in ES, or in a SH[1] it will ask "Approximate date homelessness started". This question is only referring to the current episode. *See link to training for completing this section* *3.917 Prior Living Situation & DV Training*

> If a person with a disability stayed in a place not meant for habitation, ES, or SH[2] for at least 12 consecutive months OR has at least four separate episodes in the past three years, the person qualifies as chronically homeless.

[1] SH stands for Safe Haven. Georgia does not have any HUD funded Safe Haven projects, so use of this selection will be limited.



21. Scroll to the bottom of the screen to answer if the client has Health Insurance. Select yes or no to the different types of insurance options and click the Save button.



CE PREVENTION AND DIVERSION REFERRALS

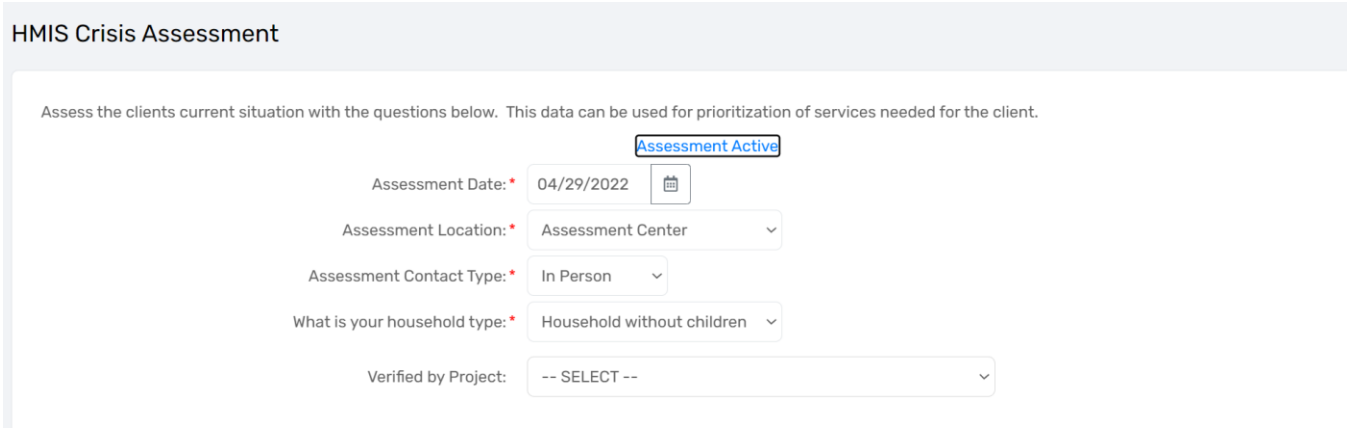
There will be additional steps if the client is seeking prevention or diversion assistance. Please reference section Possible Interventions is this guide for the necessary steps.

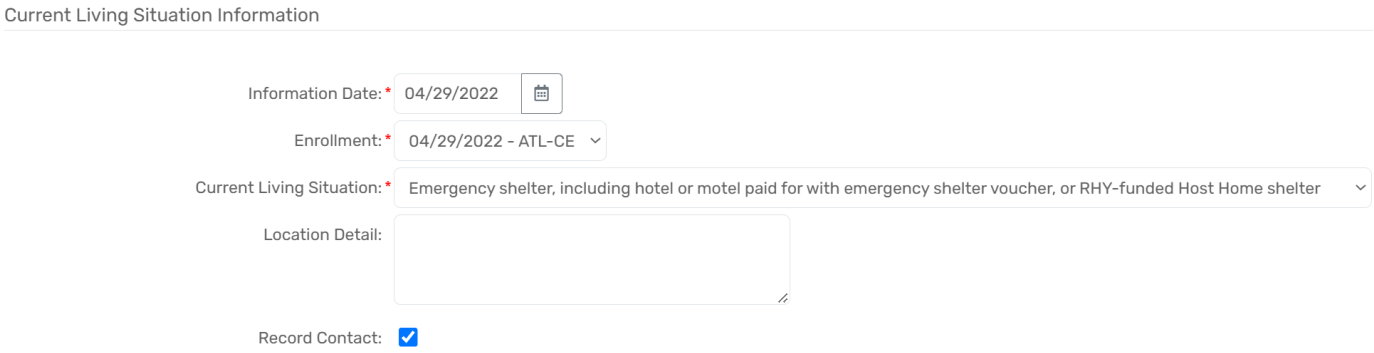
CRISIS ASSESSMENT

The Crisis Assessment is a required assessment added into the workflow. This is to assess the client's current living situation.

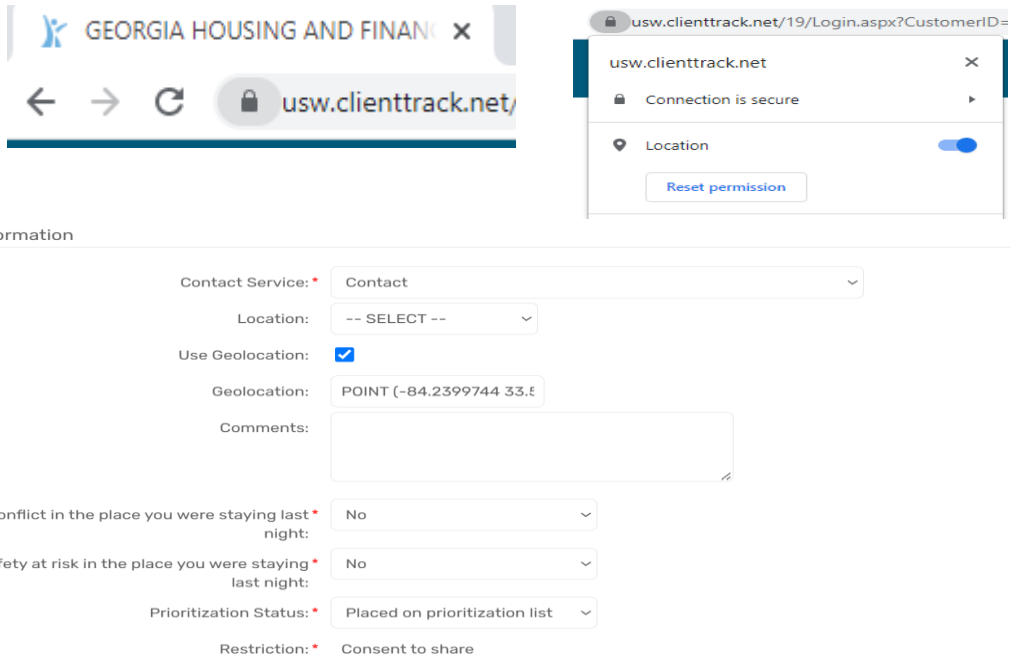
22. Input the details of the location and how you are conducting the assessment.
23. This information is duplicated from 3.917

> *Note: Additional Crisis Assessments will be added to the client record over time if the client is still enrolled into Coordinated Entry. The assessment should be updated at least once every 90 days to verify that the client is still able to be contacted and is still interested in housing through the Coordinated Entry system.*

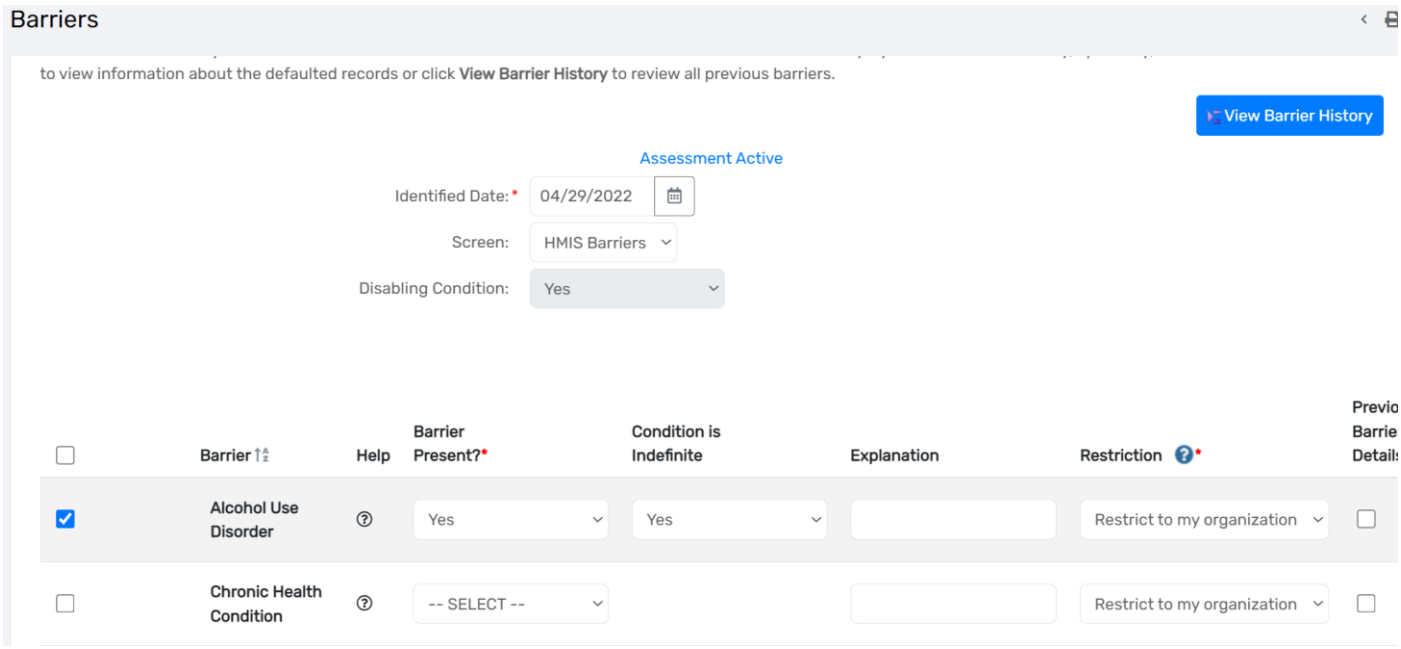




24. Complete the contact service information.
    1. Record the contact service as a 'contact'
    2. Make sure Geolocation is checked and your geolocation is turned on while using ClientTrack
       To turn on geolocation go to your web browser and click the lock icon. Turn on your location (see below).

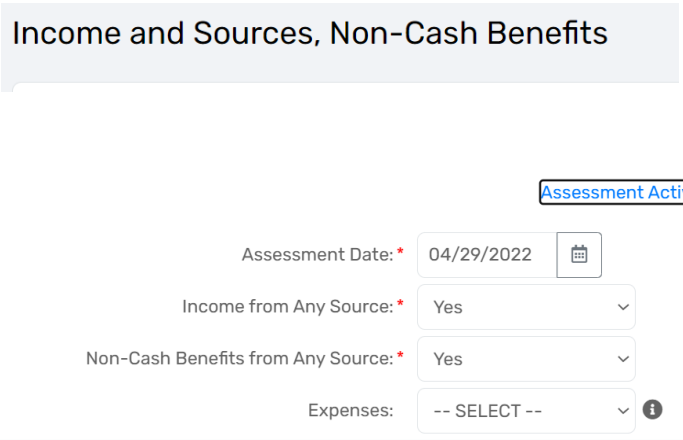


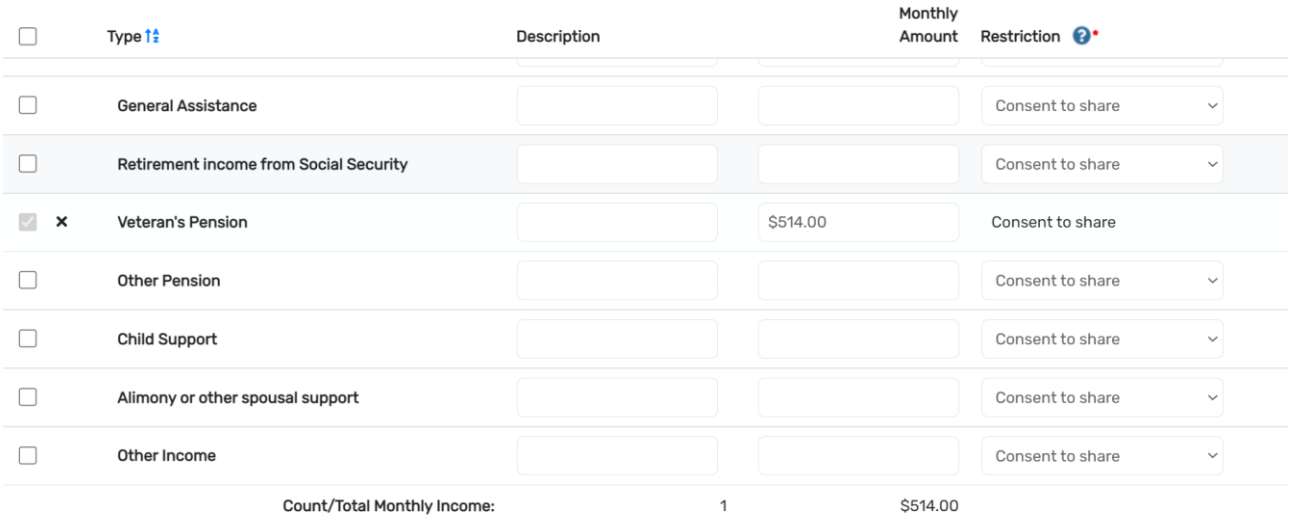
25. Select all barriers/disabling conditions that the client identifies having. If yes is selected for any of the "Barrier Present" options, the "Condition is Indefinite" field must also be answered with a "Yes". If any other answer is selected the disability will not appear correctly on the housing queue. Additionally, if a barrier is selected here and the "Disabling Condition" field above was not previously set to Yes, you would need to go back to the previous screen and update the "Disabling Condition" field.



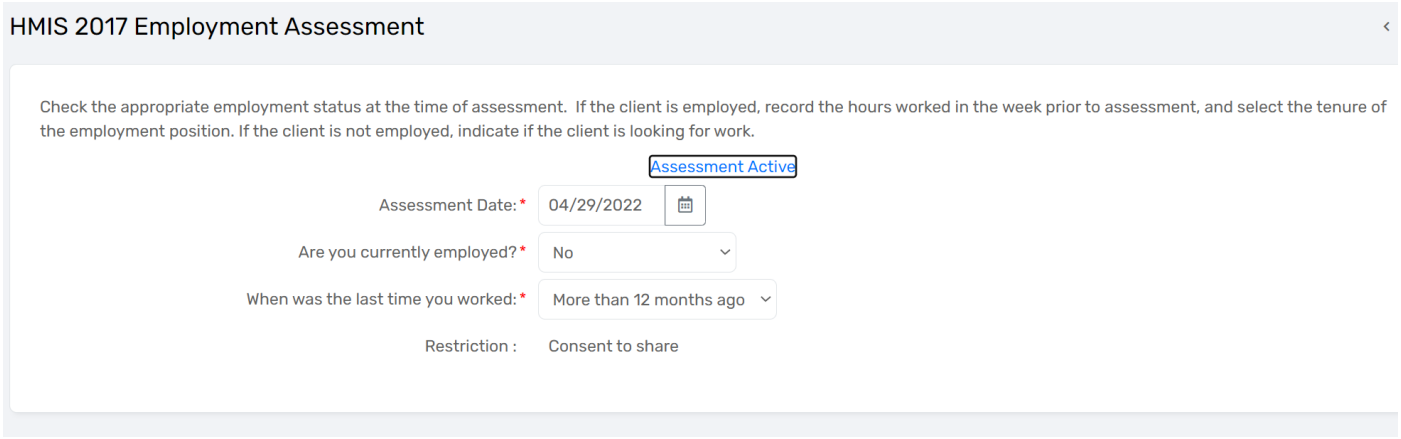
Note: If a client has a mental health condition, a Serious and Persistent Mental Illness (SPMI) diagnosis will need to be recorded on the SPMI screen. The SPMI screen **will only** appear for mental illness barriers. The SPMI screen will appear after the document check. See guidance for completing here.

26. Complete the income and non-cash benefits assessment. Be sure to scroll down and select the source of income or benefit, if the client receives any.

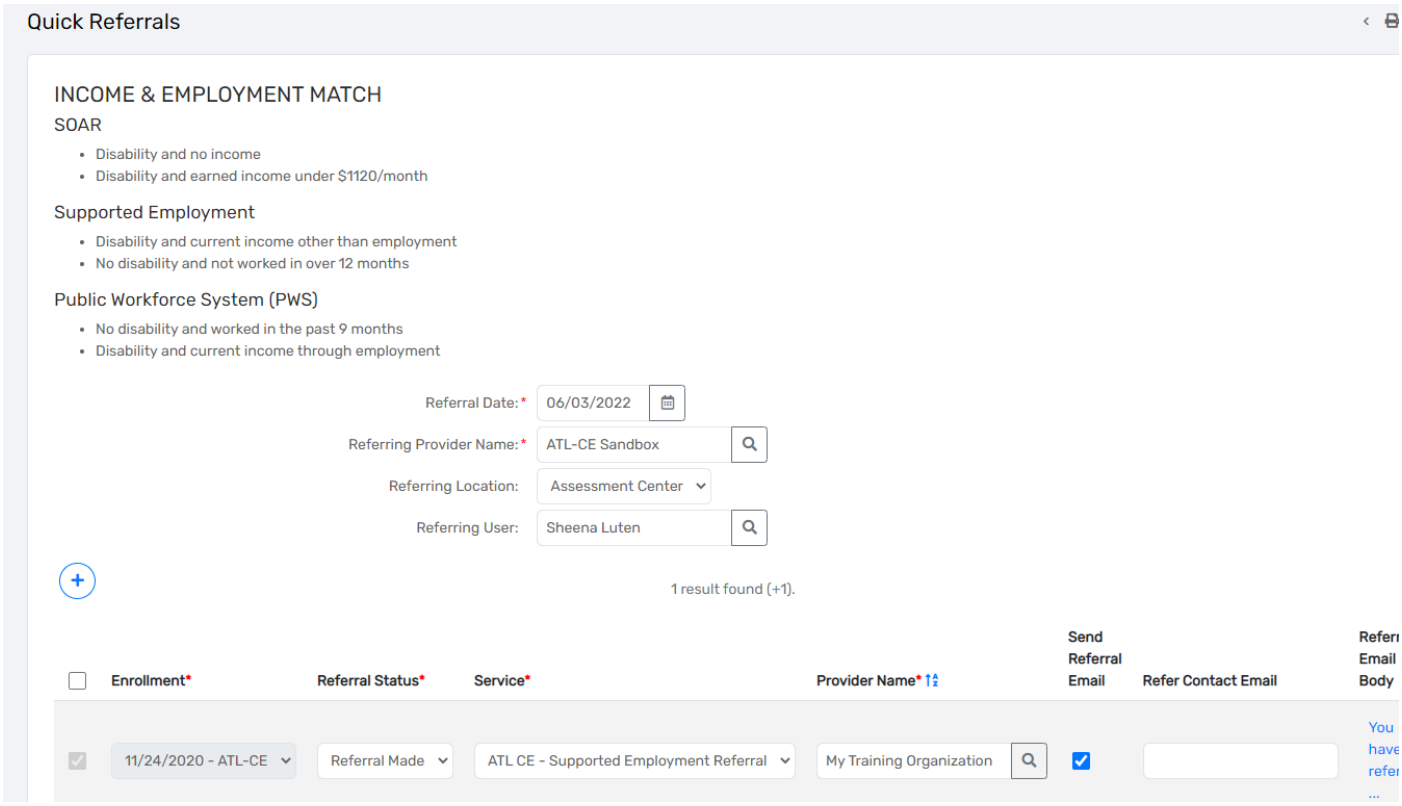




27. The next assessment is identifying your client's employment status. If the client is not employed, a referral can be created to employment services. You can skip the referral if the client does not need an employment referral.



If you do make an employment referral, the below screen will populate. Be sure to scroll to the right of the referral to input any remaining information that is required.

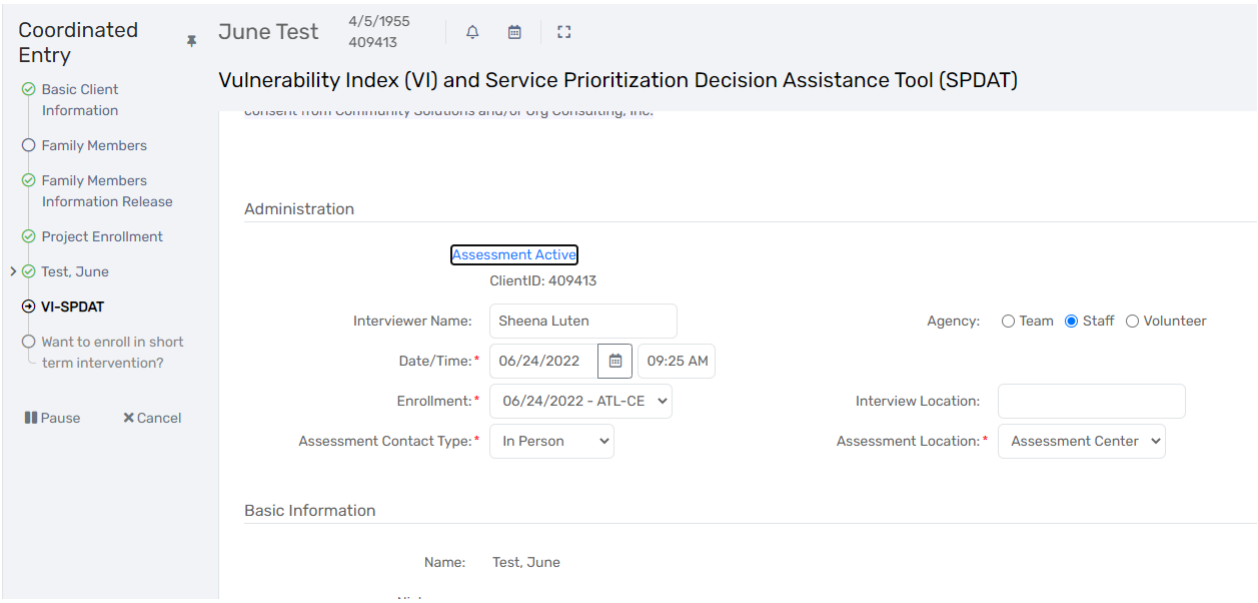


28. The next screen will bring you to the document checklist. Select your method of verifying the documents.

At the end of the Intake Assessment the appropriate SPDAT Assessment will appear:

- VI-SPDAT will load for a single person 25 years and older.
- TAY-SPDAT will load for a single person 24 years old or younger.
- F-VI-SPDAT will load for a household with more than one person, regardless of age.

If the age of the client is unknown, select the most appropriate SPDAT for the household.

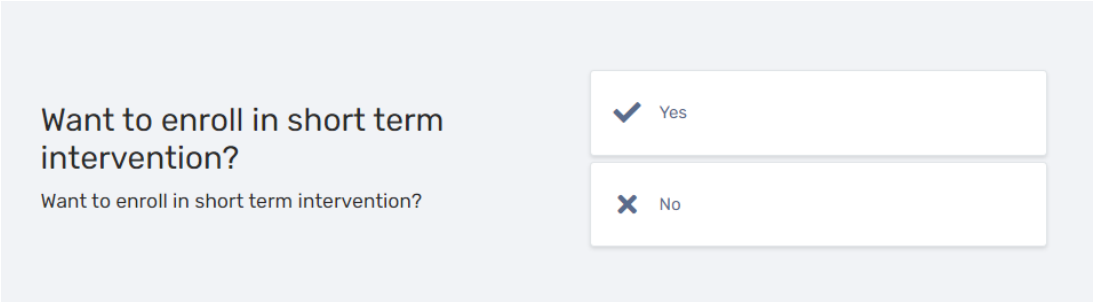


Note: If a client has a previous vulnerability score and it has been less than 6 months since they've completed the assessment, the SPDAT can be skipped by clicking on the Skip button at the bottom of the screen. The previous score will appear in the Housing Queue for the client. Be aware that a score of zero will appear for the client if they do not have a previous score. Make sure to check the previous score prior to clicking the submit button.

HOW TO ENROLL A CLIENT INTO A SHORT-TERM INTERVENTION

Select yes or no to the final question of "Want to enroll in short term intervention?". Short term intervention is for Emergency Shelter placement.

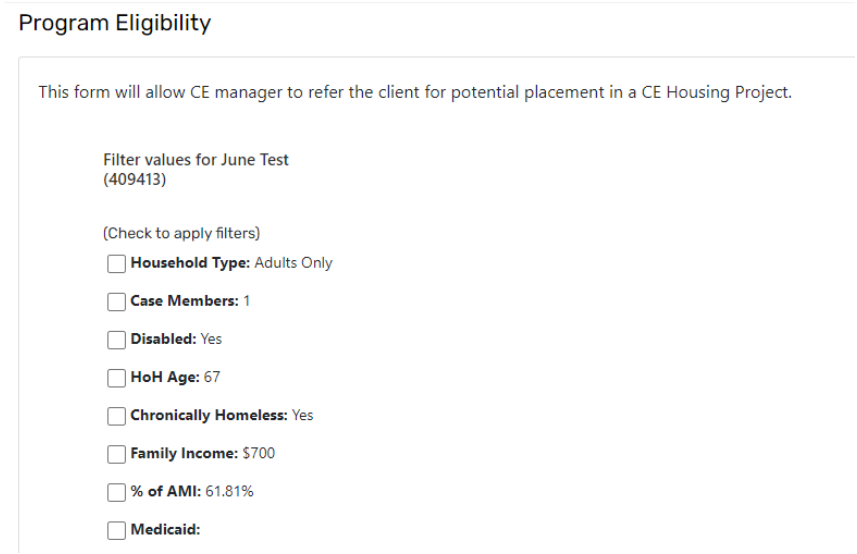
The household is now on the Housing Queue!!



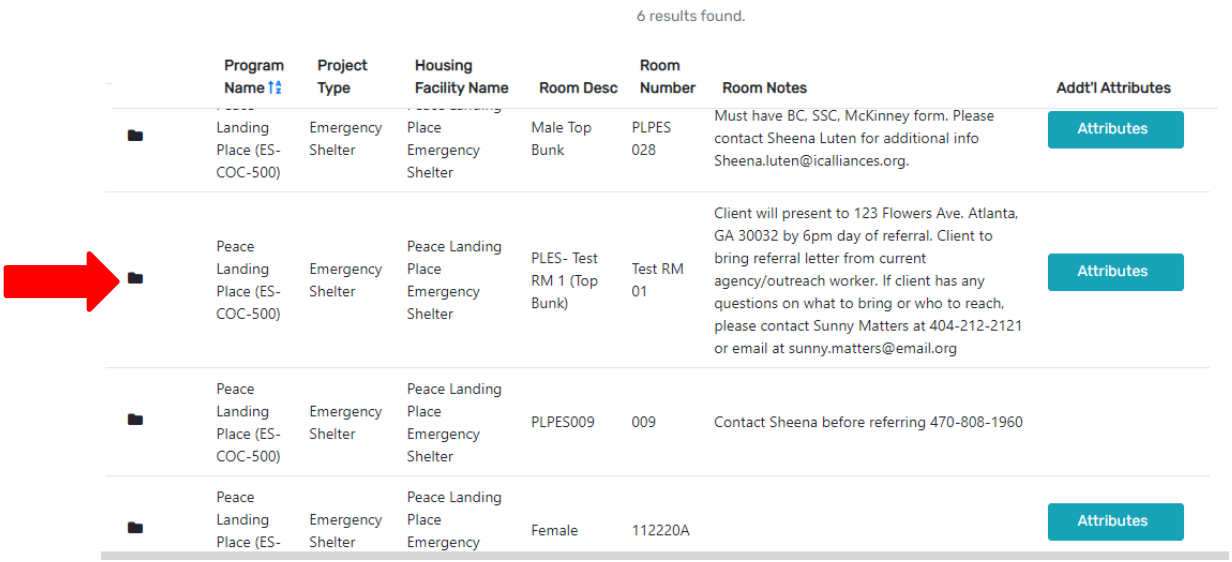
If the client qualifies and agrees to short term housing, the Housing Assessors can refer the household to an Emergency Shelter and reserve a vacancy.

1. Select "Yes" on the "Want to enroll in short term intervention?" screen.

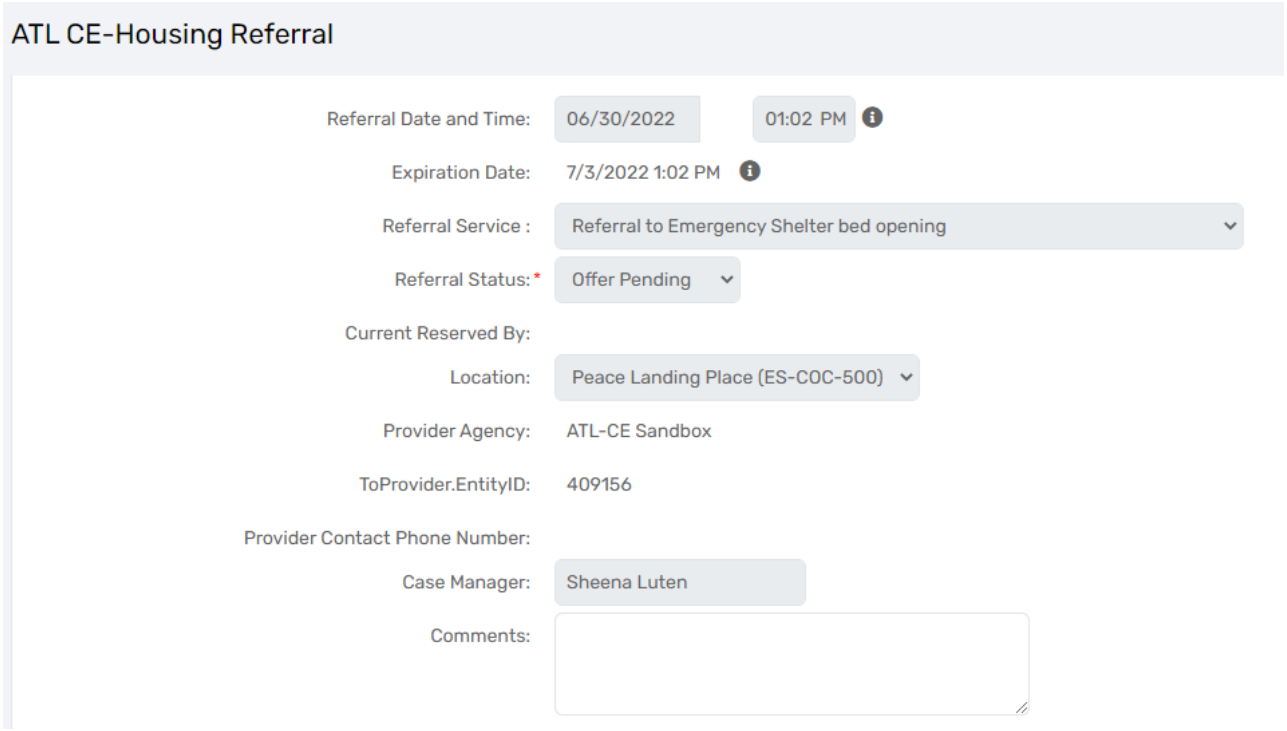
2. Select any filter values for your client that may needed to identify an available room/unit. Select "Only Show Available Units" to only display units that are available.



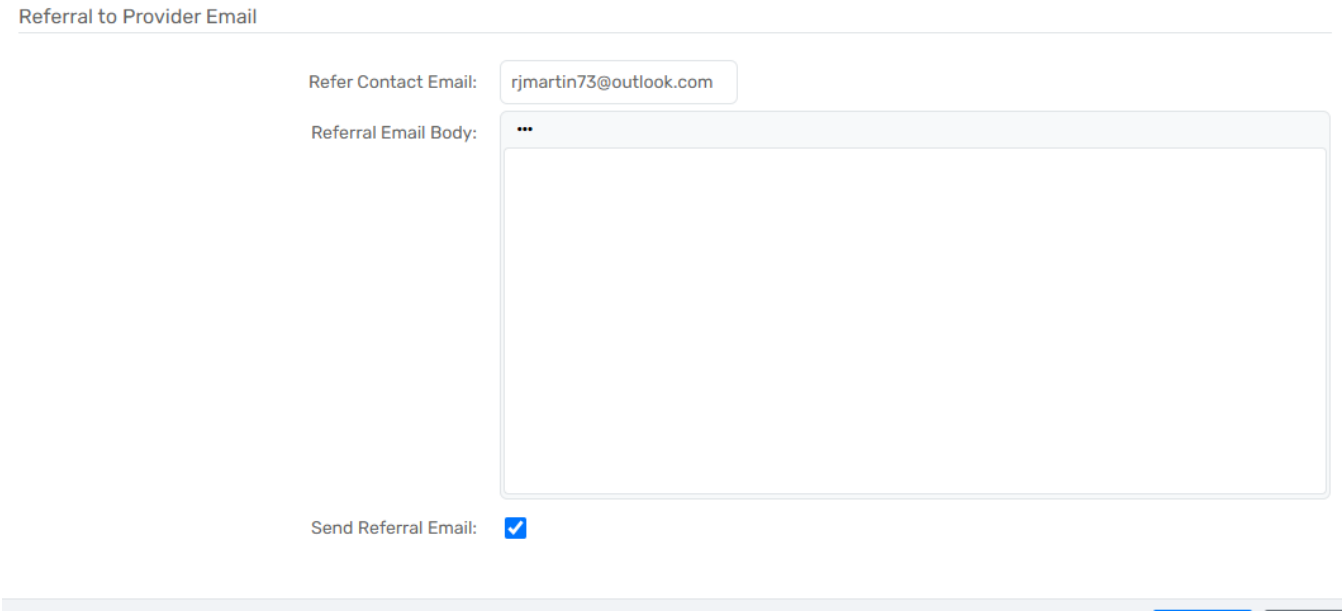
3. Click the Referral icon (folder) next to the Program Name to review the details of the referral. Select "Attributes" to view additional room information.



4. The screen below is the referral. You can add additional information in the comments section if needed. *Please note: Do not add any PII of the client into the comment section or referral email body. Client ID is the best way for a provider to identify the client*

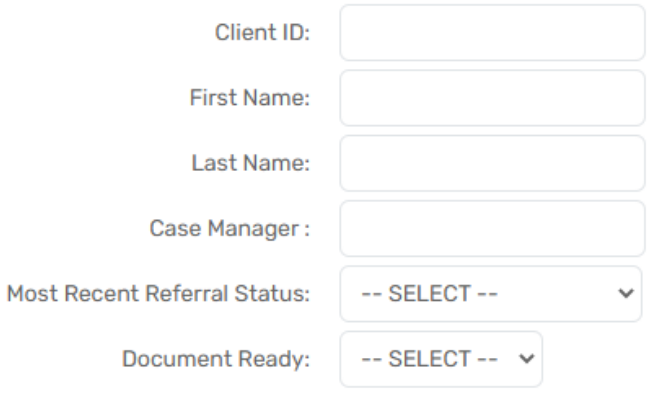


5. The referral can be emailed to the provider. Select “Send Referral Email”.



6. Click on the Save button and then click the Finish link. The head of household’s name will appear on the housing queue.

7. Verify that the client’s name appears on the Housing Queue by changing into the HOME workspace and click on the Housing Queue icon. You will then search for the client.

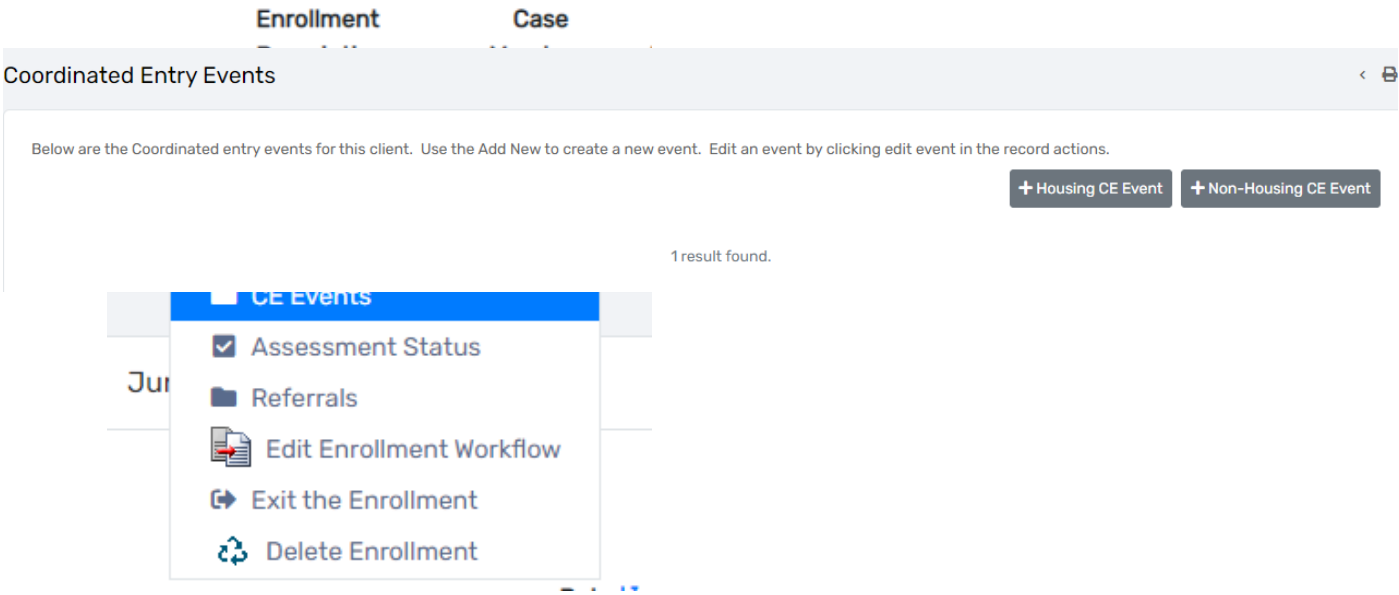


Next steps for accepting a referral can be found in section “How to Accept a Referral”

CONDUCTING REFERRALS FOR CLIENTS THAT ARE NOT ON YOUR AGENCY’S HOUSING QUEUE

If a client is not found on your agency's housing queue or if you need to make a referral for a client but already completed the CE intake enrollment, you can still make a CE referral.

1. By clicking the action dots of the Atlanta Coordinated Entry enrollment, you can access the "CE Events" tab.



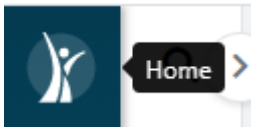
2. You will then be taken to the "Coordinated Entry Events" screen. Select the "Housing CE Event" tab to start a ***shelter*** referral.

3. The next screen will bring you to all available units to select for the referral.

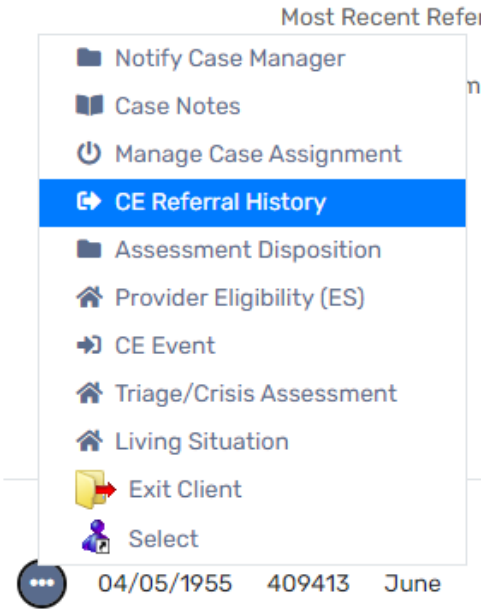
4. Repeat steps 3-6 in the previous section to successfully make the referral.

HOW TO ACCEPT A REFERRAL

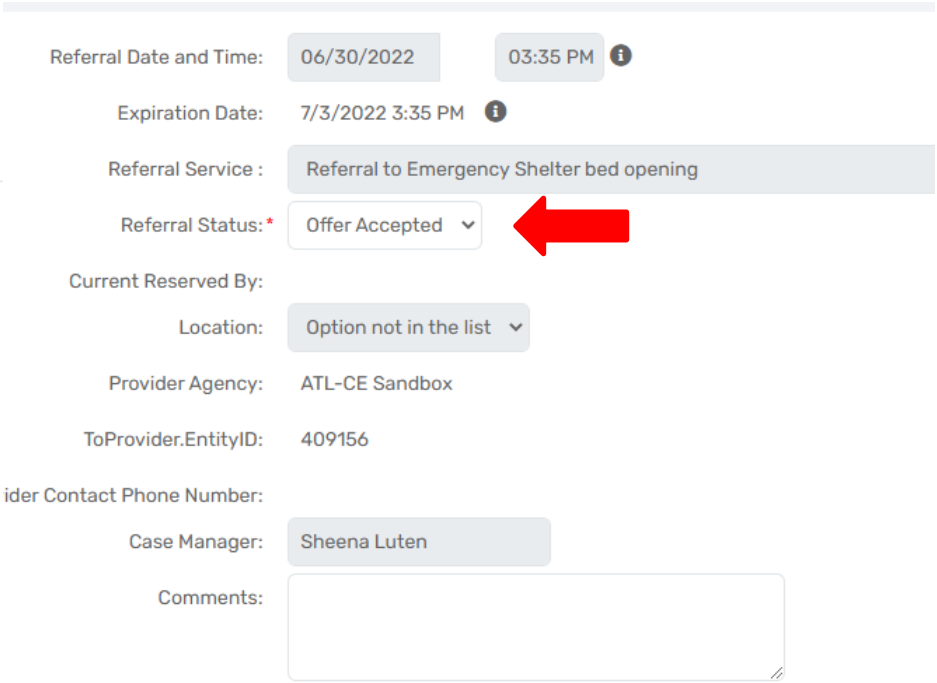
1. Click the Home workspace icon.



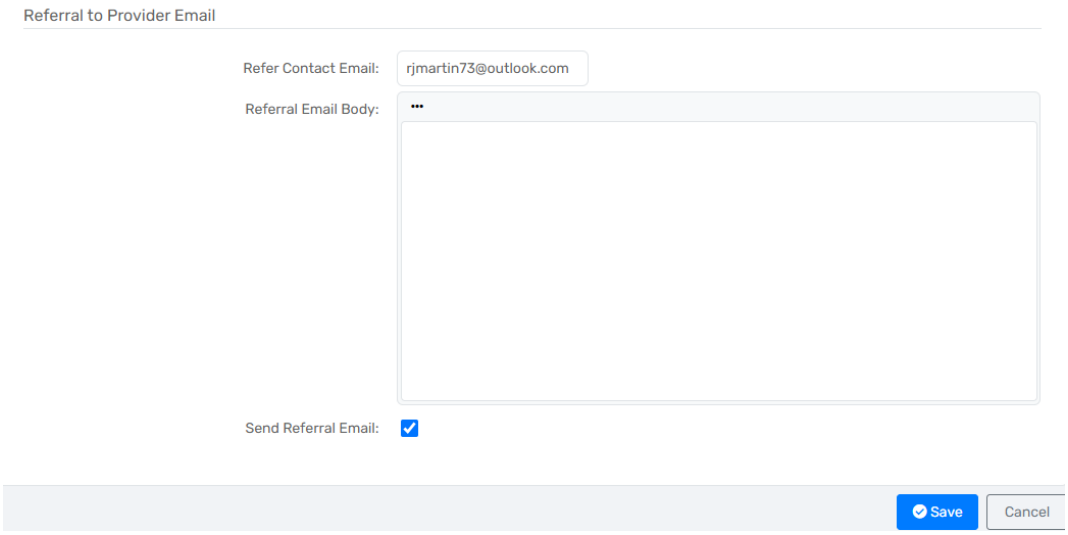
2. Click on the action dots next to client's name and choose CE Referral History.



3. Click on the Edit Referral icon and change the Referral Status to Offer Accepted and click the Save button.



4. The referral update can be sent through email to the provider, if selected.



HOW TO ACCEPT A PERMANENT HOUSING REFERRAL

If a household does not accept a short-term intervention, they will remain on the Housing Queue until they are referred to permanent housing. The Coordinated Entry (CE) Manager will review the queue and determine if the household qualifies for permanent housing. If the household qualifies, the CE Manager will check for vacancies and refer the client.

The CE Manager primarily "Offer Accepts" the PH referrals on behalf of the client.

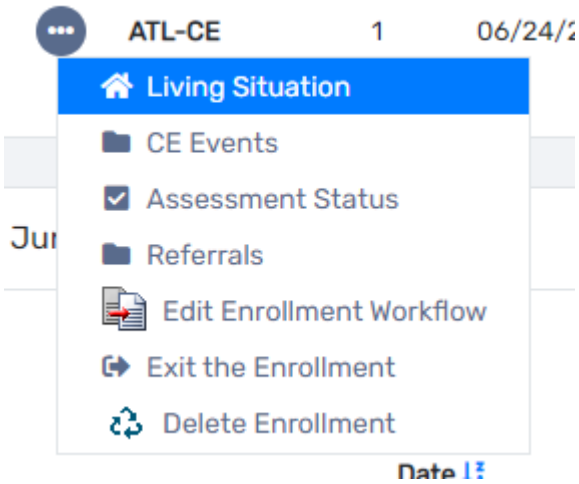
The Housing Provider will "Provider Accept" the client into the permanent housing project once they see the "Offered Accepted" status for the client on their Housing Queue.

Note: If the Housing Assessor chooses to reject the PH referral, they will need to communicate with the CE Manager and the CE Manager can override the rejection.

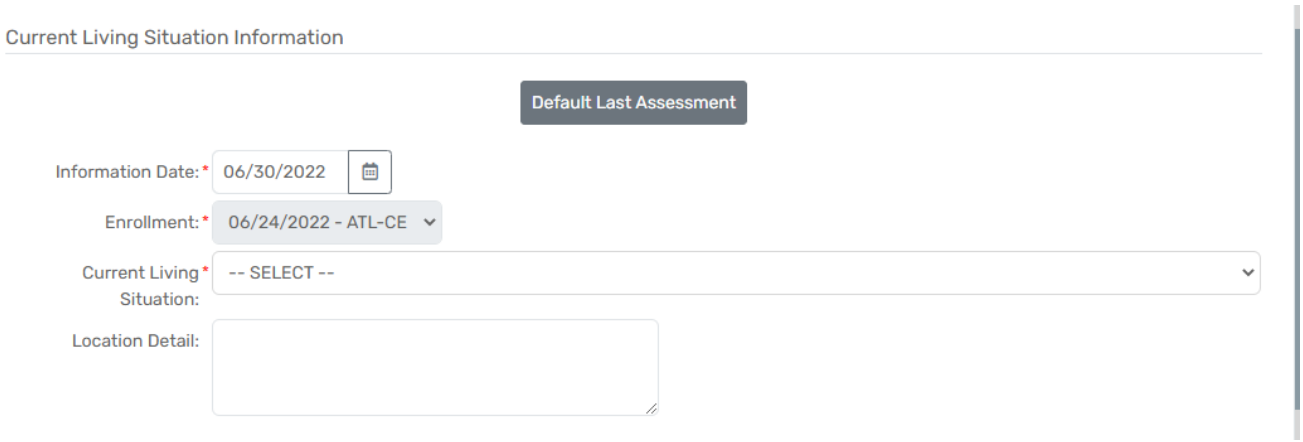
LIVING SITUATION

CE Assessors should update a client's living situation at least once every 90 days. Clients should be exited from Coordinated Entry if they are no longer homeless or in need of housing.

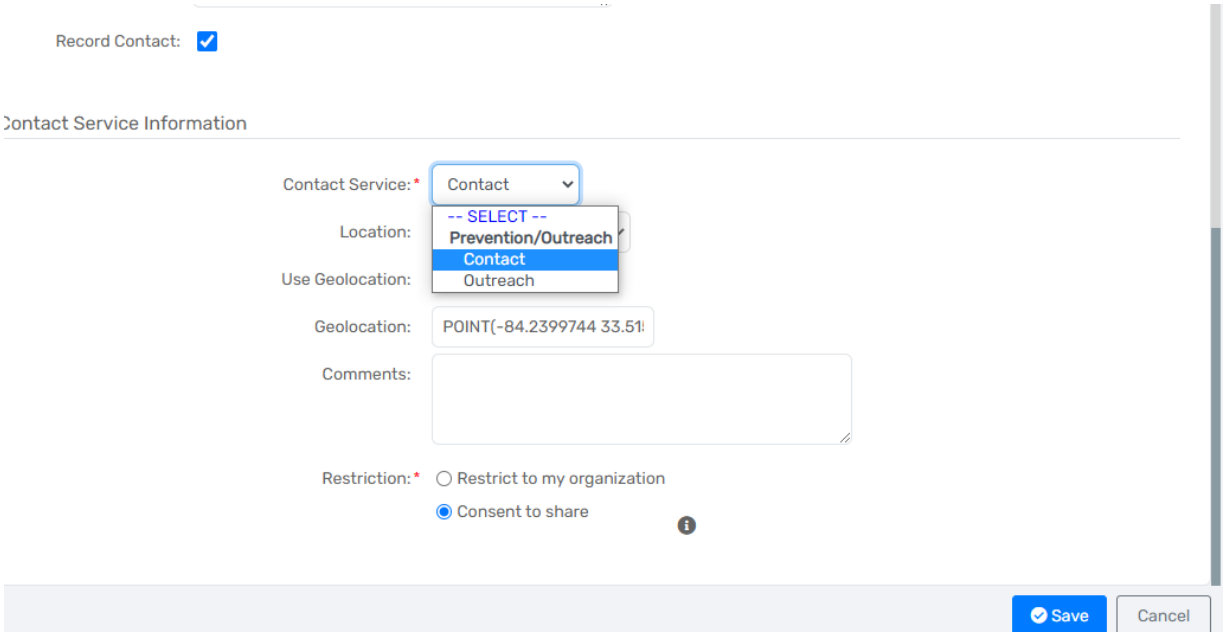
1. Select the action dots next to the Client's CE enrollment and select Living Situation.



2. Update the Current Living Situation field with the client's current living situation.



3. When updating the living situation, this requires CE Assessors to create a Contact Service. The Contact Service will update the days since the client's last service on the HQ.

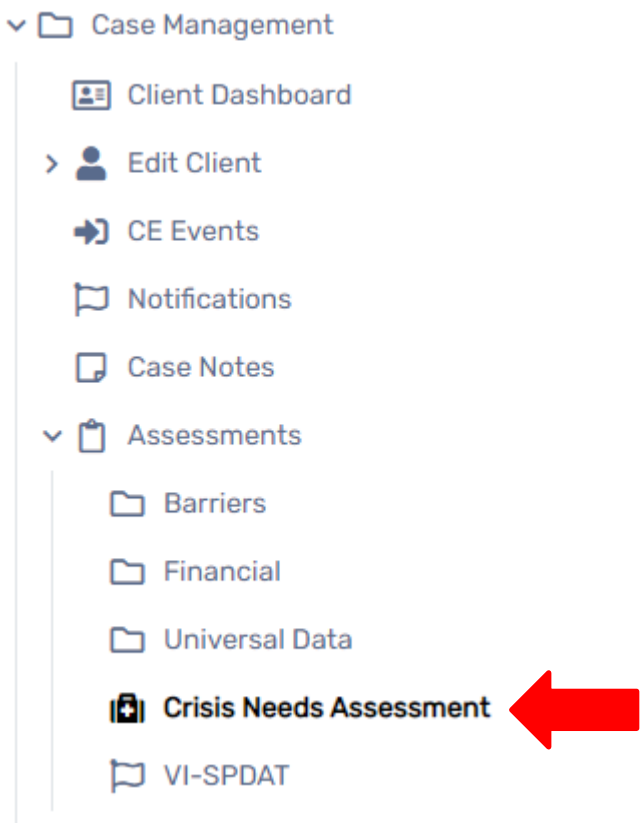


Note: The "Contact" located in Contact Service will be the only field that will update the Client's last service date.

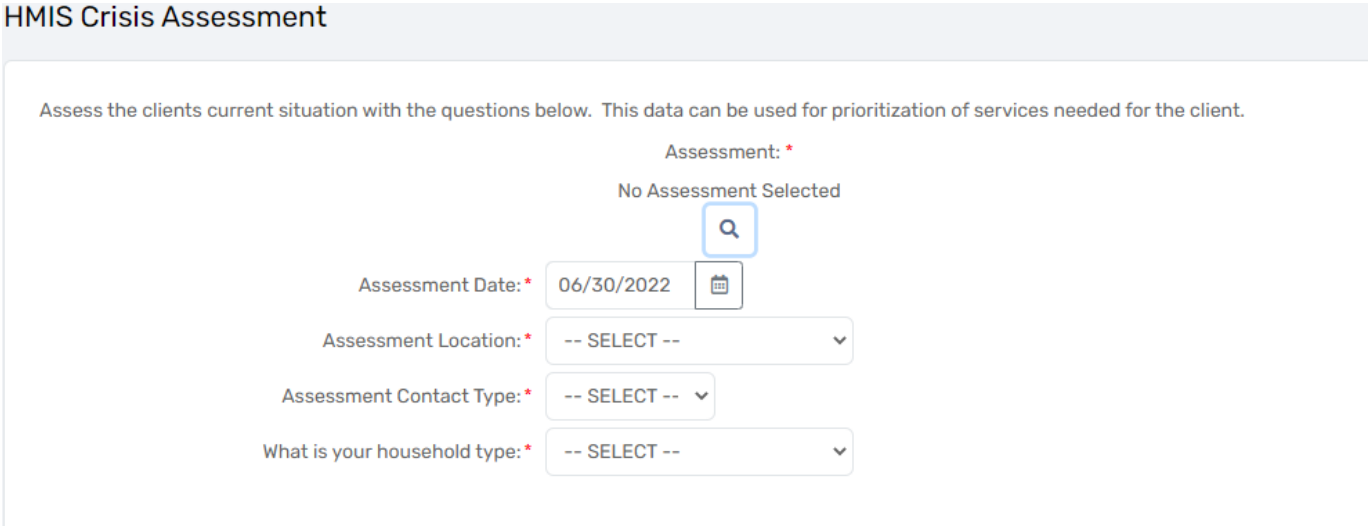
HOW TO COMPLETE A RE-ASSESSMENT

Reassessment are encouraged to be conducted every 6 months if a client is still enrolled into Coordinated Entry by updating a Crisis Needs Assessment and a VI-SPDAT assessment.

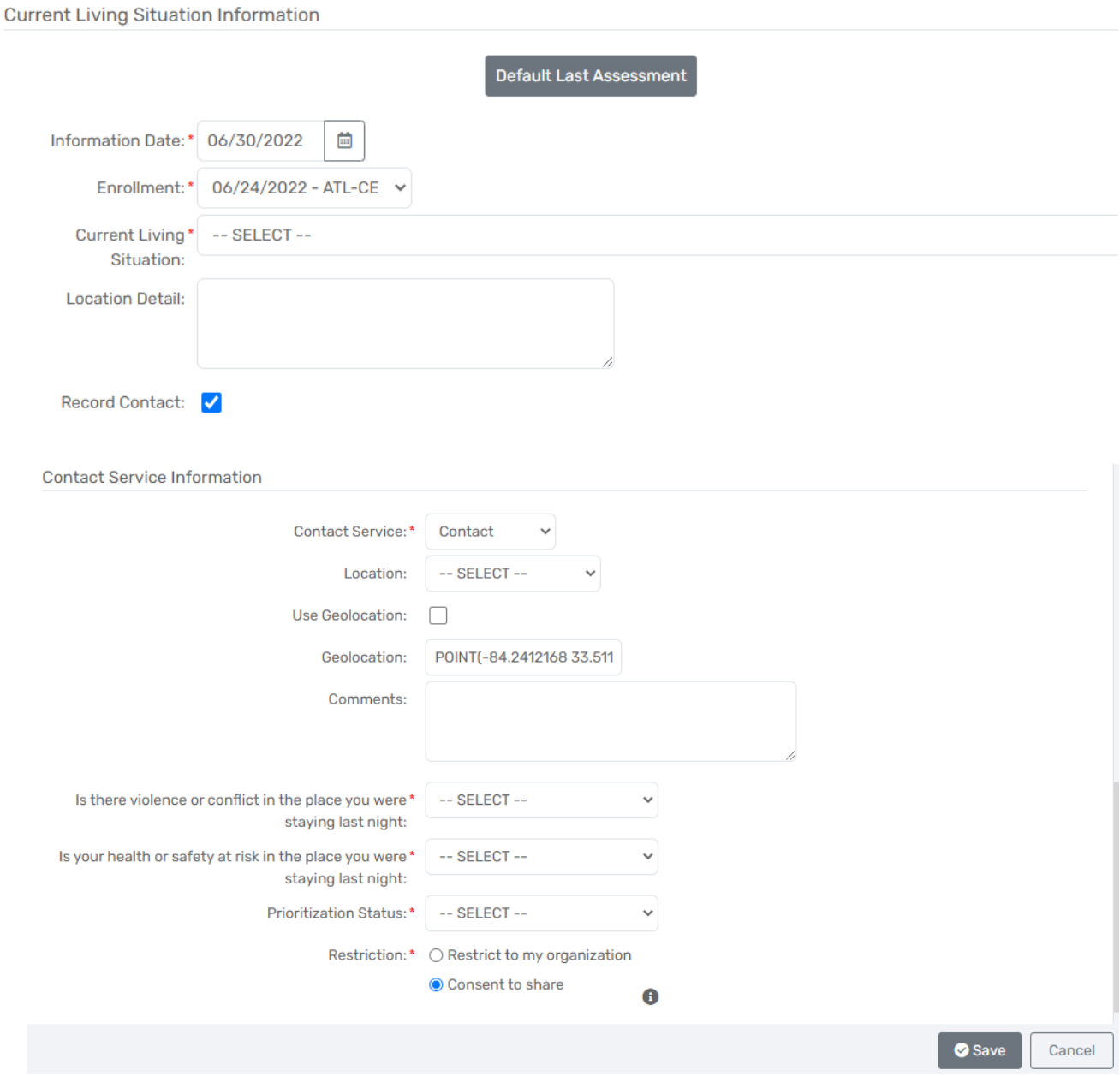
1. From the Case Management Menu, select assessments and then select ‘Crisis Needs Assessment’.



2. Select ‘Add New Crisis Assessment’ and update the below fields.



Current Living Situation will also be updated on the HMIS Crisis Assessment. Be sure to record a contact service as well.



3. To update the VI-SPDAT, under the Case Management menu, select assessments and then select 'VI-SPDAT' if needing to update this one.

Select the appropriate VI-SPDAT for the client that should be added

Proceed with the VI-SPDAT assessment. The new score will then be replaced on the Housing Queue.

HOW TO EXIT A CLIENT FROM COORDINATED ENTRY BEFORE HOUSING

WHY WOULD I EXIT A CLIENT FROM COORDINATED ENTRY BEFORE THEY ARE PLACED IN HOUSING?

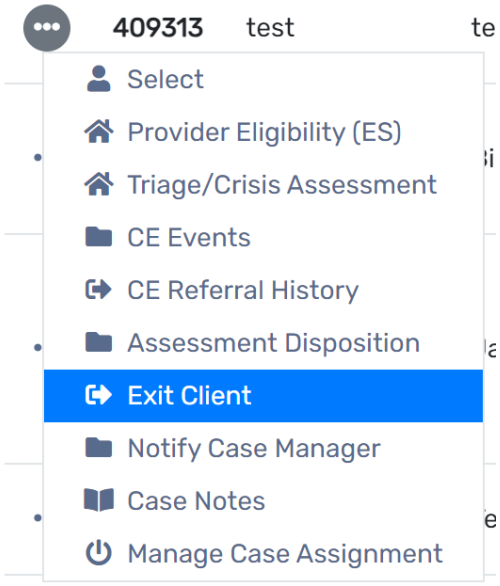
There are various reasons why a client will need to exit Coordinated Entry prior to being placed into housing. The most common reasons are:

- Client was deferred.
- Client is ineligible for housing/services.
- Client left the CoC, city, or state.
- Client was able to self-resolve their housing situation

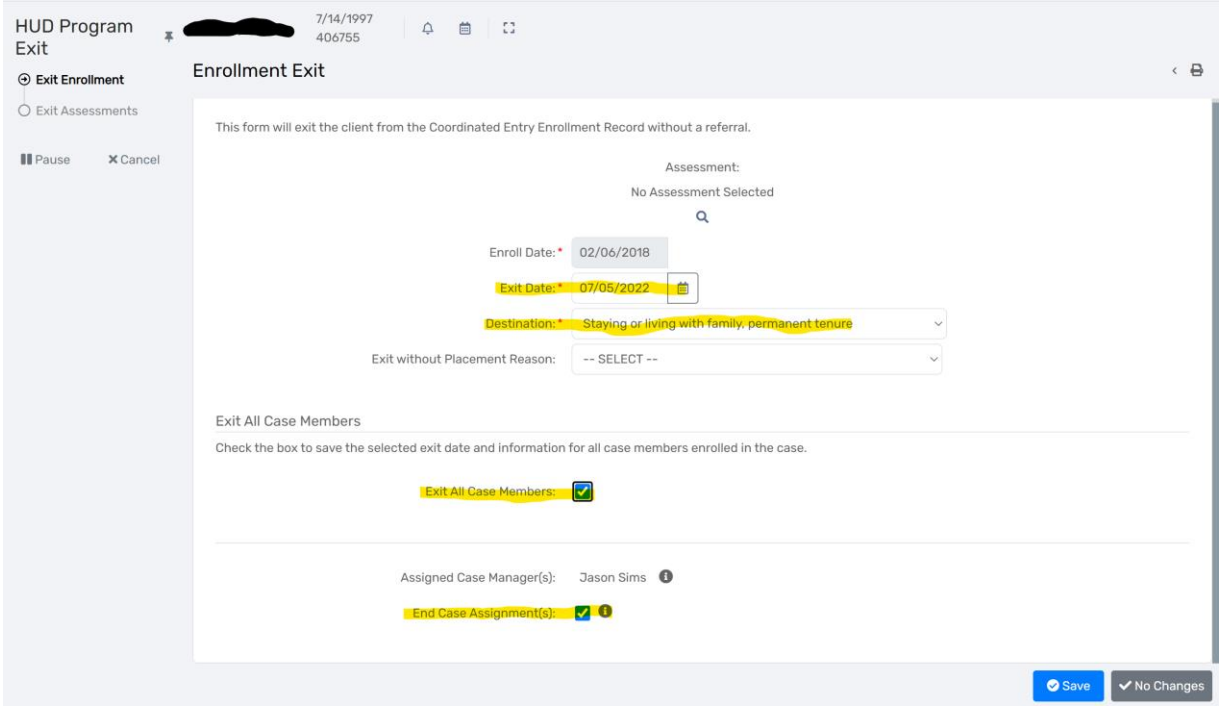
HOW DO I EXIT A CLIENT FROM COORDINATED ENTRY BEFORE THEY ARE PLACED IN HOUSING?

To exit a client:

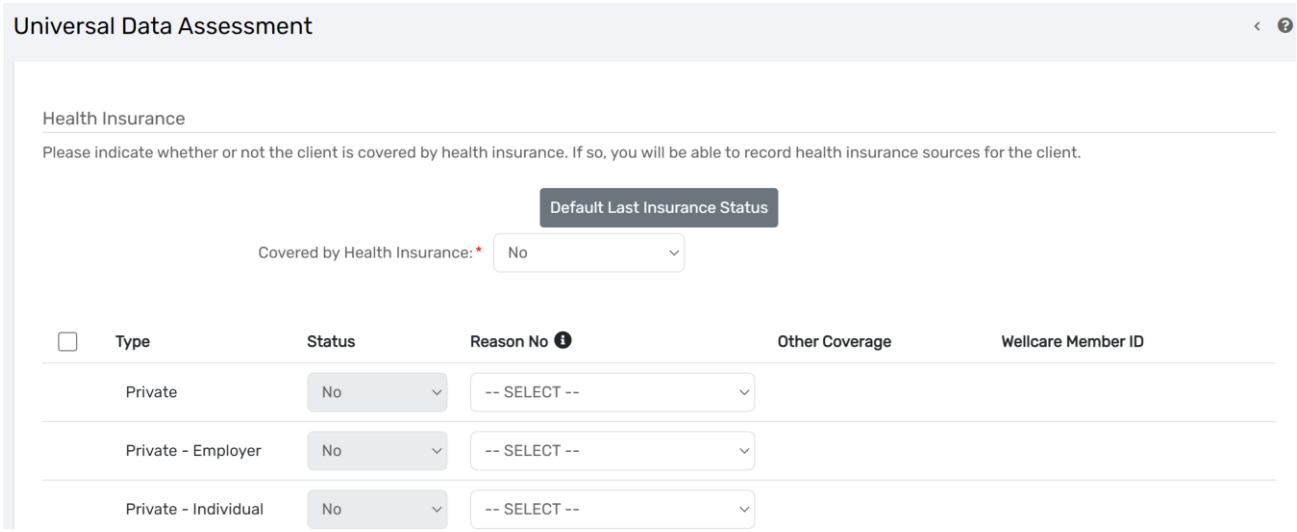
1. Go to the Housing Queue for Assessors.
2. Search for the client that needs to be exited from the CE project.
3. Click on the action dots next to the client and select “Exit Client” from the picklist.



4. The Enrollment Exit form will appear.
5. Answer all of the questions with a red asterisk (*) next to them. They are required. Make sure to check the End Case Assignment(s) box.



6. Click the save button. The next screen will ask about health insurance update or default to last if still the same.



The client's dashboard will show the exited Coordinated Entry Assessment.

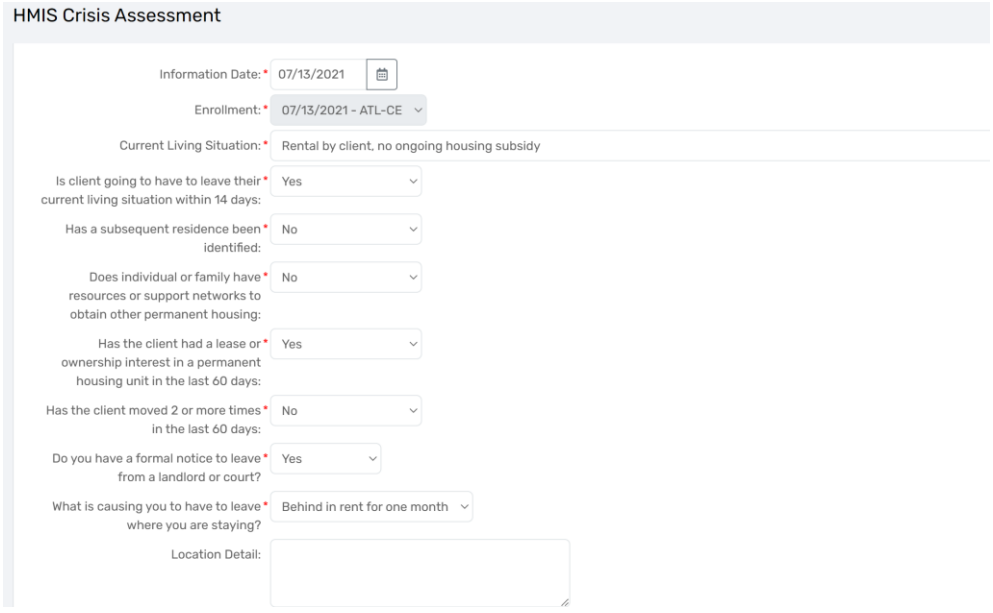
COORDINATED ENTRY HOUSING QUEUE TIPS

- The Housing Queue must be checked daily by the Housing Assessor. The Housing Assessor only has ***72 hours*** to accept a referral or the referral will expire, and the client will remain on the Housing Queue.
- Clients on the Housing Queue with missing information, an Enrollment Status of "Incomplete Enrollment", "Data Not Collected" for Disability Present, or does not have an assigned case manager ***will not be*** referred to permanent housing. The Coordinated Entry Manager(s) need this information to properly prioritize the clients and to contact the client's case manager.
- Please review the client's dashboard prior to enrolling them in the Atlanta Coordinated Entry project. Clients ***should not have*** overlapping Atlanta Coordinated Entry enrollments.
- The Housing Queue will only show clients who were assessed by your agency. If you see a client has an Atlanta Coordinated Entry enrollment on their dashboard but do not see them on your agency's Housing Queue, the client is on the Housing Queue but only visible to the agency who enrolled them in the project.

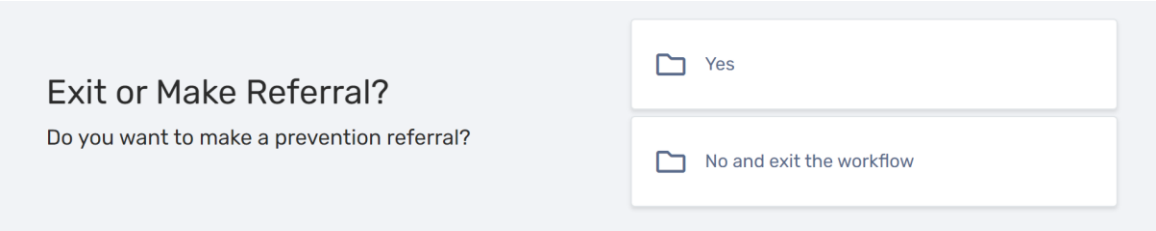
POSSIBLE INTERVENTIONS

After completing the crisis assessment, a new subset of 'Current Living Situations' should populate depending on how it is answered.

FOR A ***PREVENTION*** REFERRAL:

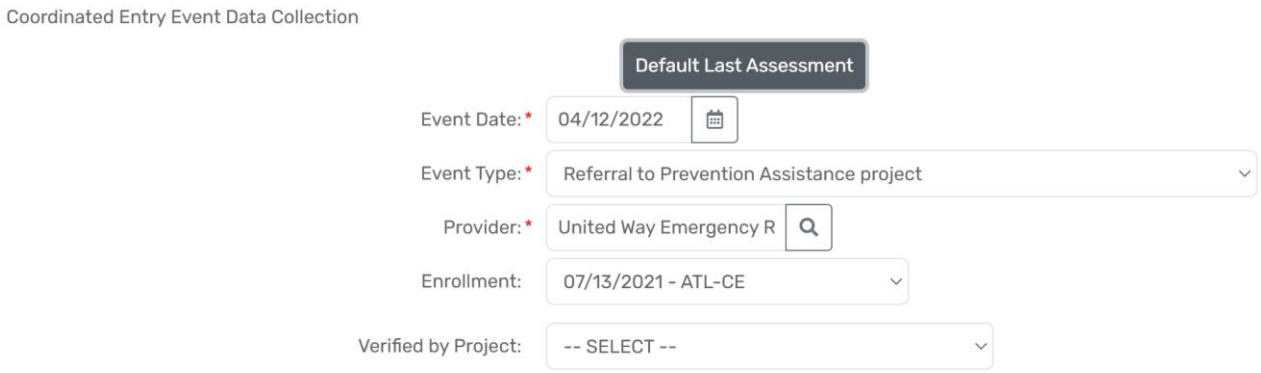


The next screen will appear to make a prevention referral. If you select no on this screen, you are suggesting that the client does not want any prevention services.

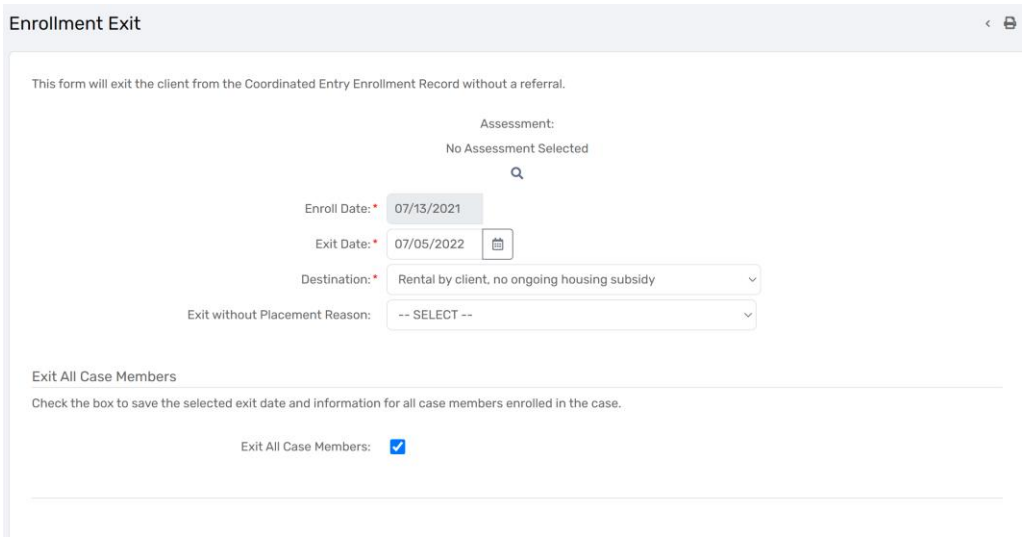


Complete the 'Coordinated Entry Event Data Collection'. You will still complete the 'Current Living Situation' and 'Contact Service Information' as inputted from the previous pages.

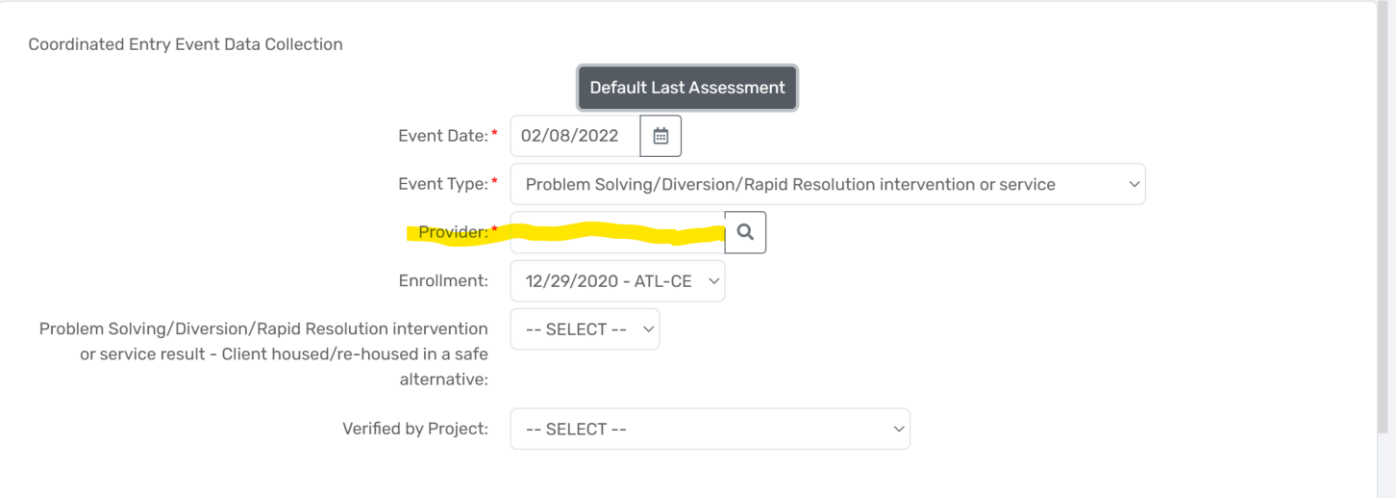
Please note: In the Provider space, you will need to conduct a search to find which agency you want to refer the client to for said services



Once you select 'Save', you will be brought to the "Enrollment Exit" screen. Since the client is being referred for prevention services, you will not need to complete the CE enrollment.

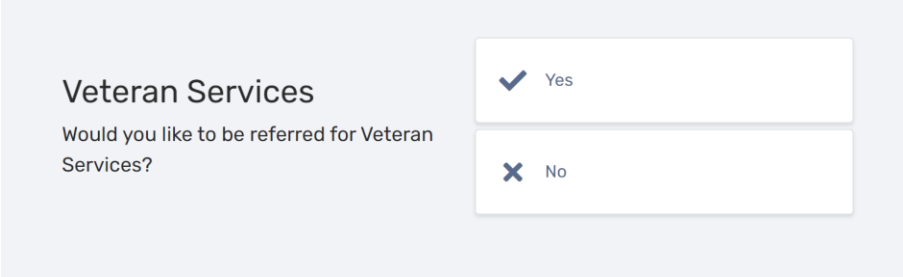


FOR A ***DIVERSION*** REFERRAL:



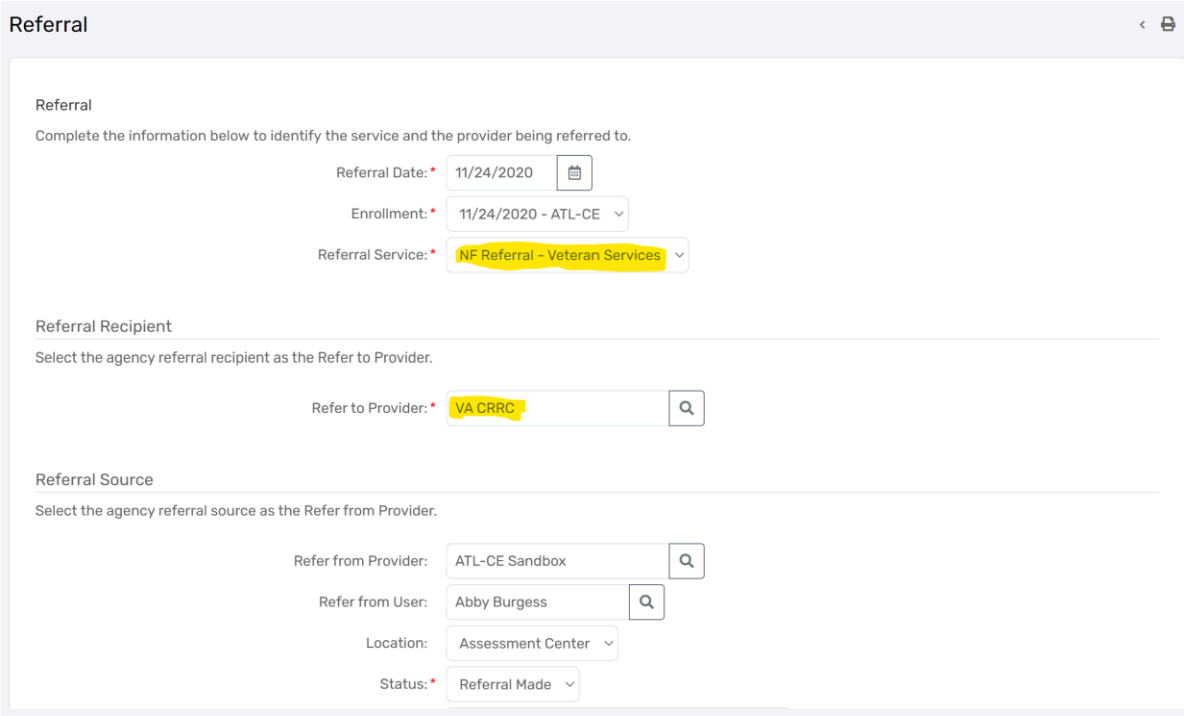
Continue through the workflow. Since the client is being referred for diversion services, you will need to complete the CE enrollment.

For a ***Veteran Service*** referral:



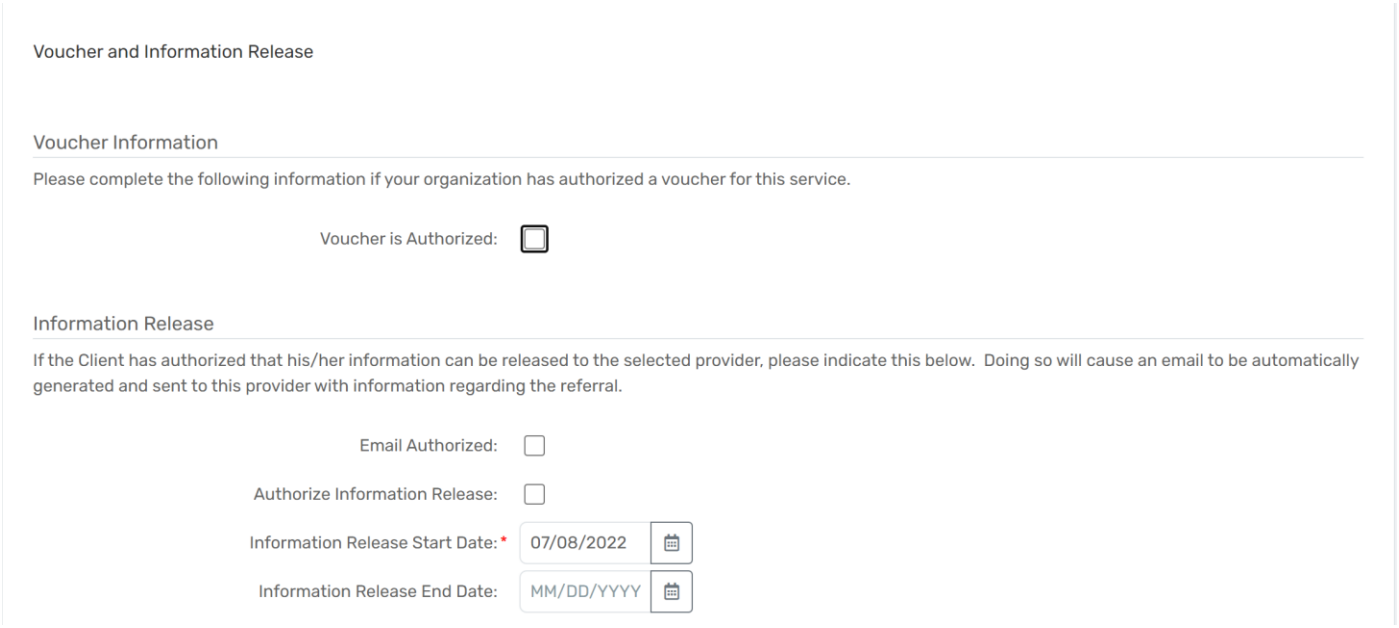
Select "Yes" if you do want to refer your client for veteran services, if not select no to continue through the enrollment.

If you choose to make a referral, the screen below will populate:

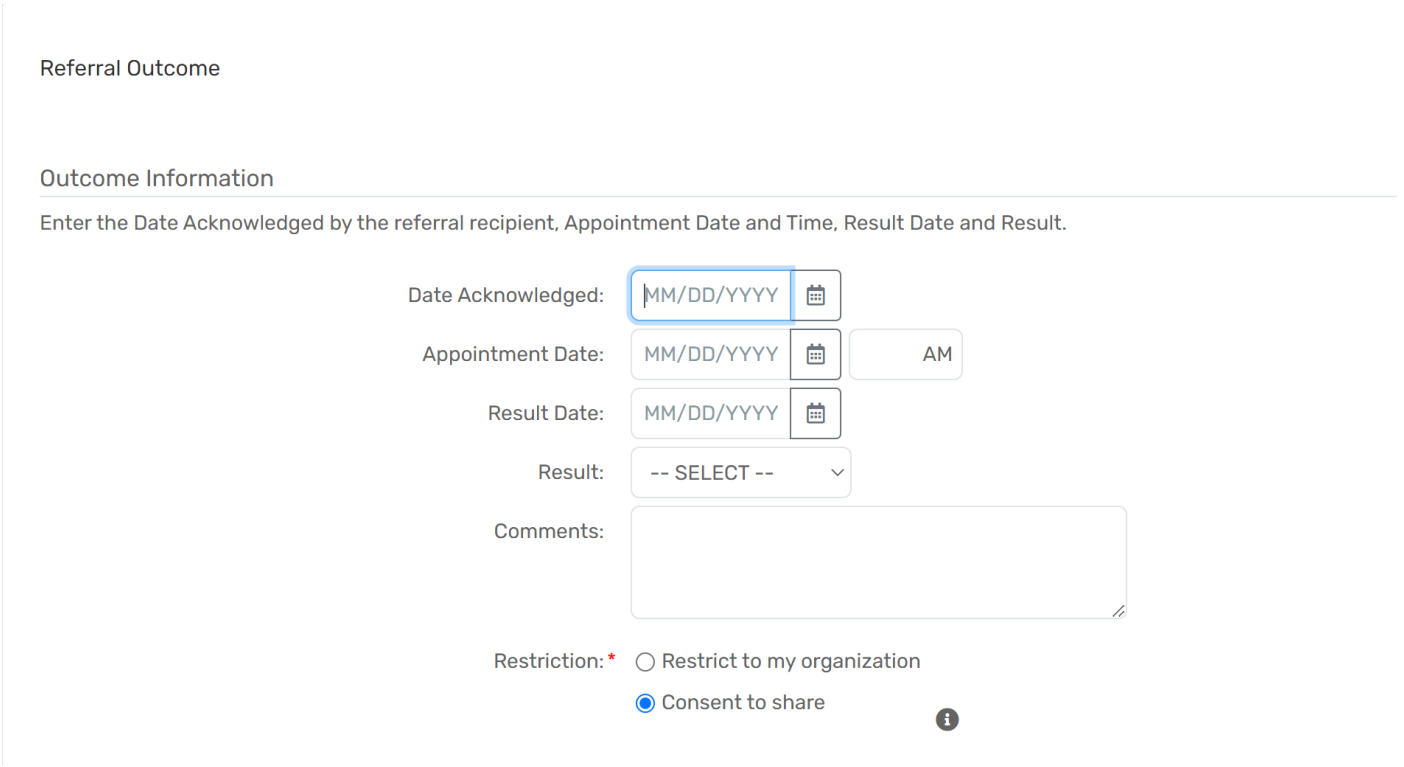


Select the referral service as highlighted 'NF-Veteran Service Referral'.
Select the provider who the referral should go to. ***Note: The VA CRRC may be the only option at this time***
Select 'Next' once you verify all of your other required information.

The next screen will bring you to the "Voucher Information", you can skip this option.



The next screen will display the referral outcome. You can update this information after your client has connected with the referred agency. Select 'Finish'. You will then continue to the CE workflow.



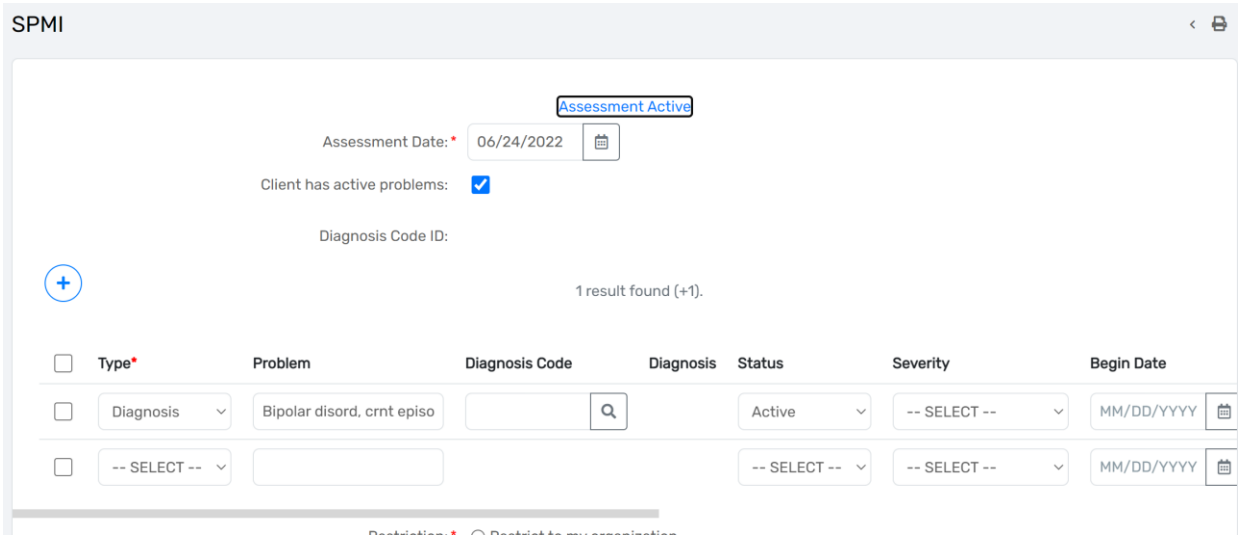
TO COMPLETE THE SPMI SCREEN:

Select the type: Complaint, Diagnosis, or Symptoms from the Type drop list.

a. If Diagnosis is selected, click on the Diagnosis magnifying glass icon to search for the diagnosis (if known).
b. Enter the name of the diagnosis and click on the Search button.

The diagnosis name and code will appear in the search result section. Select the appropriate answer (3).

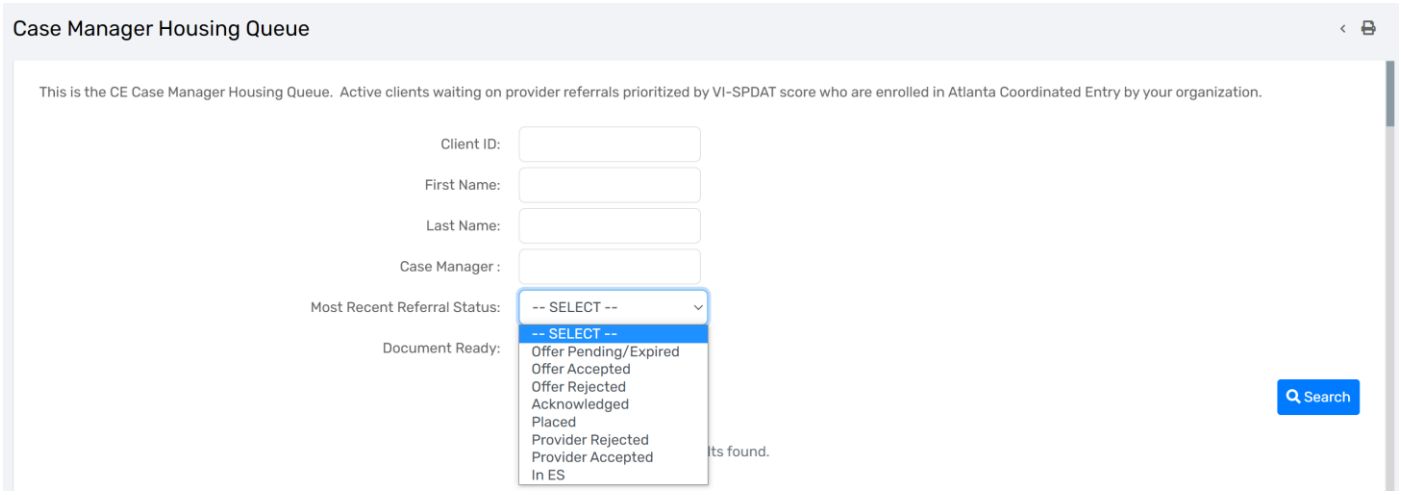
If you are unable to determine the diagnoses, choose Symptoms for the Type and enter a symptom in the Problem field.



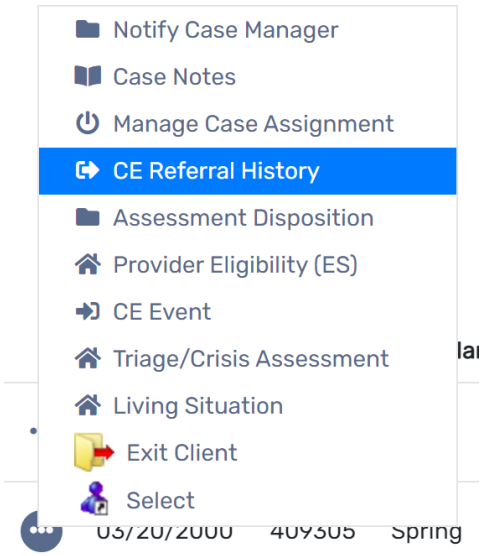
Once completed, you will continue with the CE Enrollment.

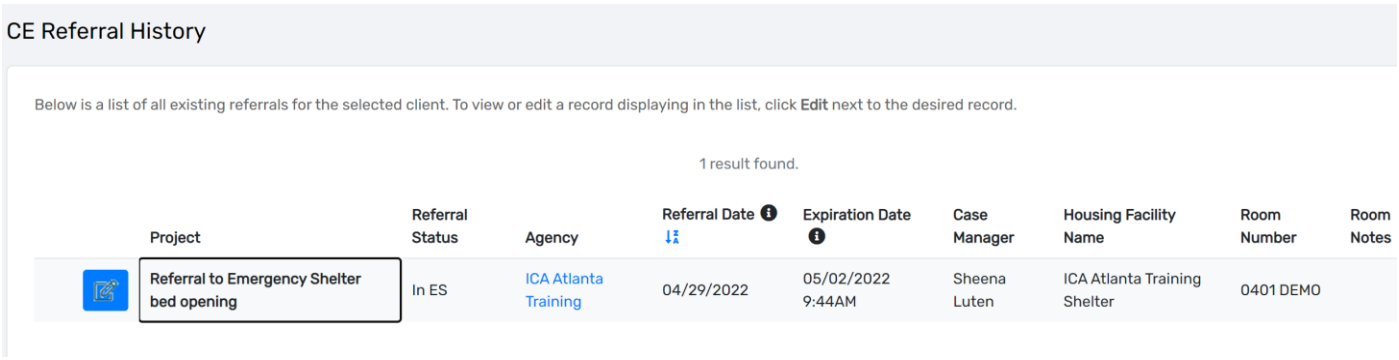
CE REFERRAL HISTORY

When checking the referral status, EXPIRED referrals will be found under OFFER PENDING of the Referral Status.



Referrals can be displayed from the EDIT/ACTION tab of the referral by selecting “CE REFERRAL HISTORY”.

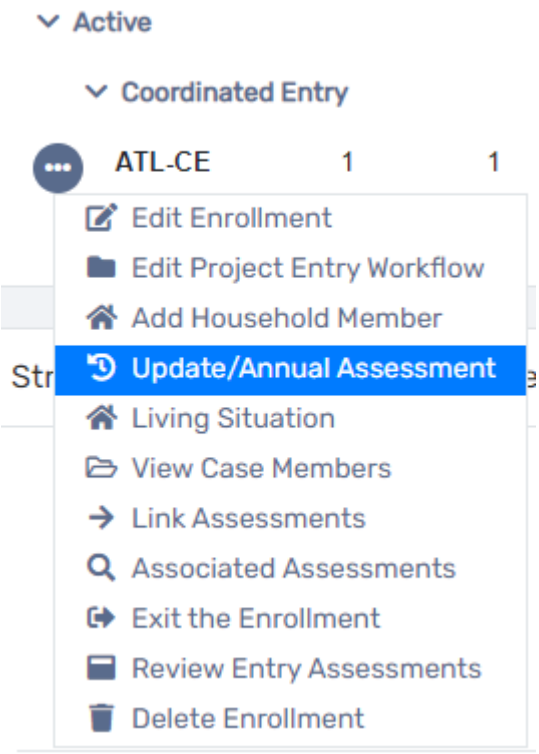




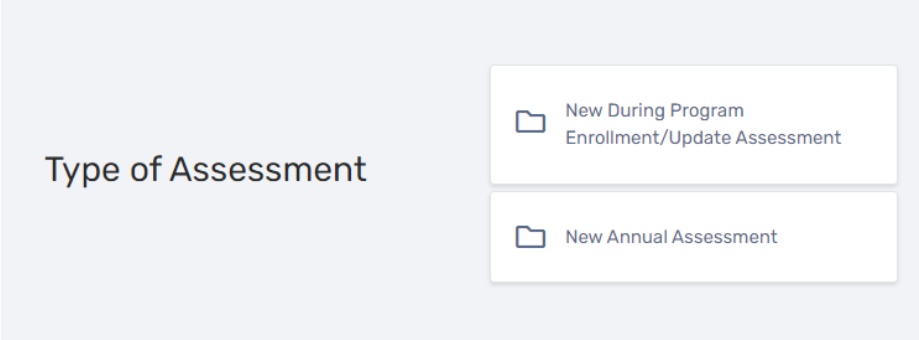
UPDATING FINANCIAL, BARRIERS AND INSURANCE

To update any financial, barriers and insurance for a client that is actively enrolled in Coordinated Entry, the Assessor will have to switch to the **GA HMIS: HMIS PROGRAMS**.

You would update the assessments through the action dots of the Atlanta CE Enrollment by selecting Update/Annual Assessment.



Bypass the Program Enrollment page by selecting "No Changes". You would then select that this is a New During Program Enrollment/Update Assessment.



This will then prompt you to all the listed assessments to update.