



HMIS Document

HMIS 102: Street Outreach Workflow

Homeless Services Network of Central Florida
142 East Jackson Street
Orlando, FL 32801
Phone: (407) 893-0133
Fax: (407) 893-5299
www.hsncfl.org

Purpose:

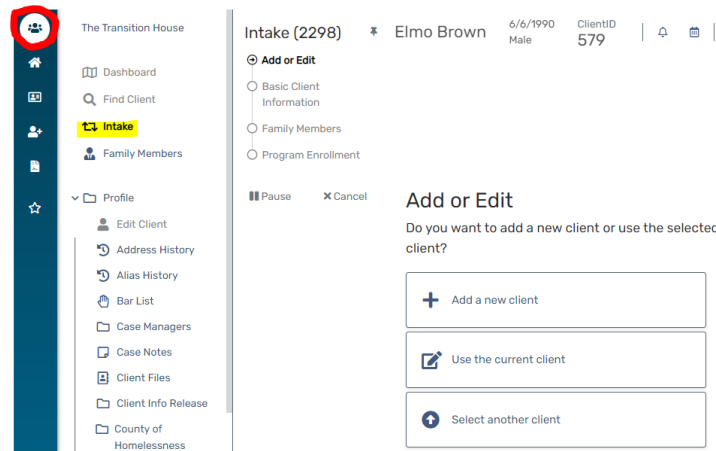
To provide a detailed manual that reviews the various workflows and tasks that are specific to the Street Outreach project in ClientTrack.

Note:

Sometimes the interactions that occur between a street outreach worker and member of the community result in an incomplete data set. This is acceptable, as the primary goal of a street outreach worker is to engage, build rapport, and connect members of our community with housing resources as needed. Over time, the street outreach worker should continue to engage, collect any missing data points, and enter them into HMIS. **(Enter the date of engagement when the full data set has been collected).**

COMPLETING THE CLIENT INTAKE

1. Once logged in to ClientTrack, go to the Client workspace by clicking on the second item in the vertical menu bar to the far left.
2. Click on “Intake” in the menu to the right of the vertical menu. You will be prompted to select one of the three options:
 - a. Add a New Client – click this to add a new person to the system and complete an intake/enrollment. **Note: this example will use a new client.**
 - b. Use the Current Client – click this to complete an intake for a client you are currently viewing in the system
 - c. Select Another Client – click this to search for and start an intake for an existing client in the system.



3. Select the desired option. For adding a new client, enter client’s first/last name, social security number and date of birth.
 - a. Click “Next” at the bottom right corner. The system will search for possible matches to reduce the possibility of creating a duplicate. If there are possible matches, review them at the bottom of the screen. If there are no possible matches, the workflow will move into the next step, starting the intake workflow.

The screenshot shows the 'Client Intake' form for 'Jim Carey', born 4/11/1970, ClientID 579. The form is titled 'Basic Client Information' and includes a 'Search Existing Clients' section. The form fields are: First Name (Jim), Last Name (Carey), Suffix (empty), Social Security Number (759 13 6555), and Birth Date (04/11/1970). The 'Next' button is circled in red at the bottom right.

4. Enter the client’s identifying information and click “Next” at the bottom right corner.

- a. Required fields include first and last name, date of birth, birth date quality, and gender.
 - i. Gender is a multi-select field if the client identifies as more than one gender.
- b. Social security number and marital status is optional, but encouraged.
5. Enter details regarding family and contact information
 - a. Search the system to associate this client with an existing family/household.
 - b. Select the “relationship to head of household”
 - i. If this is a new person, select “self”
 - c. Enter contact information if available.
 - i. You can enter a mailing address and separately, a residential address if needed.
 - d. Identify the county they became homeless.
 - i. If they are not homeless at the time of intake, select “not applicable”
 - ii. If they are coming from outside the three counties as homeless, select “Other” and enter county, city, state and zip code details to the right.
 - e. If available, enter emergency contact details.
 - f. Click “Next” at the bottom right corner of the screen

Family and Contact Information

Family Information

If the client is a member of a family household, link the client to a Family user search for a family member and associate the member's family to this client. relationship to the family's head of household. The family's contact informat

Family:

Relationship to Head of Household:

Family Address:

Family Zip Code:

Family Home Phone:

B

Client Contact Information

Identify the client's current mailing address and telephone contact information update the client's Address History. Check "Different Residential Address" if the residential address differs from their mailing address

Default Address From Family

Mailing Address:

Address 2:

City/State/Zip Code:

Different Residential Address:

Home Phone:

Mobile Phone:

Work Phone:

Email:

C

County of Homelessness

No records found (+2).

What county were you in when this episode of homelessness began?

<input type="checkbox"/> Recorded Date	City/State/Zip Code
<input checked="" type="checkbox"/> 07/20/2022	<input type="text" value="-- SELECT --"/> <input type="text" value="City"/> <input type="text" value="State"/> <input type="text" value="Zip Code"/>

D

Emergency Contact

Enter an emergency contact for the client, which will update the client's Interested Others.

Type:

Name:

Office Phone:

Home Phone:

E

6. Enter client demographics (ethnicity and race). Optionally, respond to the additional fields (religious preference, veteran status, primary language, and citizenship). Click “Next”.
7. Review the client consent to share information and release form. With client’s consent, sign in the signature box with your mouse, or on a touch-screen device. Click “Finish” at the bottom right corner.
 - a. The begin date should be when the client intake was completed/consent provided and the end date should be 3 years from the begin date.
 - b. Click on the links to view and download hard copies of the Privacy Police and Release of Information (ROI) Agreement.

Select **Ethnicity** based on whether or not the client identifies as Hispanic. Select the most appropriate category for **Race** based on how the client self-identifies. Complete language information.

Click **Next** to continue.

Ethnicity: Non-Hispanic/Non-Latin(a)(o)(x)

Race: American Indian, Alaska Native, or Indigenous
Asian or Asian American
Black, African American, or African
Native Hawaiian or Pacific Islander
White

Religious Preference: None

Veteran Status: Yes

Primary Language: English

Citizenship

Select Citizenship Status. If the client is not a US Citizen, Alien Number and Entry Date (into the United States) are required.

Citizenship Status: U.S. Citizen

Country of Origin:

<< Previous **>> Next**

Information Release and Security

By signing below the client's record will be shared with other organizations in our CoC FL-507. Enter the **Begin Date** and optional **End Date** for sharing this client's record. By default the End Date is 3 years from the date of signing. Select **Page Help (?)** for more information.

To view a current version of our Privacy Policy please [click here](#)
To view a current version of our ROI agreement please [click here](#)

Click **Finish** to save the Client Intake.

Begin Date: 07/22/2022

End Date: 07/22/2025

Signature: Jim Carey

[Clear Signature](#)

<< Previous **Finish**

8. If providing services to a household of two or more people, add additional household members by entering their information in the row(s) below the initial person (head of household) created.
 - a. Use the scroll bar at the bottom to move across the row and complete all the required data fields (first/last name, DOB, SSN, relationship to head of household, veteran status, race, ethnicity, and if applicable, pregnancy status/due date).
 - b. After entering the last name, the system will automatically search for a possible match before allowing you to continue filling out the row.
 - c. Click "Save" to save/create the new member(s), ensure all names are checked, then click "Save & Close".

Family Members



The selected client's family members are displayed below. You may search for existing clients to add to this family or add new clients to the database and associate them with this family.

It's important to note that family members are the people who the client is related to. Family isn't always the same as a client's household. According to HUD "[a] household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed." (Data Manual)

This workflow will allow you to enroll all family members or select which family members you want to enroll.

1 result found (+2).

<input type="checkbox"/>	ClientID	First Name*	Middle Name	Last Name*	Suffix
<input checked="" type="checkbox"/>	703	Jim		Carey	
<input checked="" type="checkbox"/>		Ashton		Carey	<input type="text"/>
<input type="checkbox"/>					<input type="text"/>

Save **Save & Close**

CREATING A PROGRAM ENROLLMENT DURING THE INTAKE WORKFLOW

9. After creating household members in the previous step, select the enrollment project.
 - a. Check all the associated household members below the selected project.
 - b. Adjust the project start date and listed case manager as needed.
 - c. Verify that relationships to head of household has one person set as “Self”.
 - d. Scroll to the right to add a **date of engagement**.
 - i. *The date of engagement represents the date that the client agrees to participate in a full assessment and engage with the CoC in an effort to gain housing.*
 - e. Click “Save” at the bottom right corner to begin the enrollment assessment.

HUD Program Enrollment

Indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered
 2. The client has indicated they want to be housed in this project
 3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
 • For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: * Coalition for the Homeless-DCF ESG-CV Housing & Support Services:RRH

Household

Excerpt from the HMIS Data Standards Manual: "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*	Housing Move-in Date
<input checked="" type="checkbox"/>	Carey, Jim	Male	50	07/22/2022	MM/DD/YYYY	Racquel McGlashen	Self	MM/DD/YYYY
<input type="checkbox"/>	Carey, Ashton	Male	12	07/22/2022	MM/DD/YYYY	Racquel McGlashen	Son	

Save

10. At the top of the assessment, select “yes or no” for the “Disabling Condition”. All other fields should populate with appropriate data.
 - a. Respond to all questions under the “Living Situation” section. All questions on this section are required.

Default Client's Last Assessment

Assessment Date: * 07/22/2022

Age at Assessment: 50

Assessment Type: * Entry

Assessor: * Racquel McGlashen

Program: * Coalition for the Homeless-DCF ESG-CV Housing & Support Services:RRH

Disabling Condition: * -- SELECT --

Client Location

Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. Client location will be defaulted to the program's CoC within a workflow.

Client Location: * FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Prior Living Situation: * Place not meant for habitation

Length of stay in the prior living situation: * One year or longer

Approximate date homelessness started: * 10/01/2020

Regardless of where they stayed last night—Number of times the client has been on the streets, in ES, or SH in the past three years including today: * Four or more times

Total number of months homeless on the street, in ES, or SH in the past three years: * More than 12 months

- b. Respond to “Health Insurance” status (yes or no), and select all applicable health insurance types in the sub-assessment. Click “Save” at the bottom right corner.
 - i. Tip: Respond “No” to the Yes/No question, then adjust the applicable insurance type(s) to “Yes” as needed.

Covered by Health Insurance: Yes

Type	Status	Reason No	Other Coverage
Private	No	-- SELECT --	
Private - Employer	No	-- SELECT --	
Private - Individual	No	-- SELECT --	
Medicare	No	-- SELECT --	
Medicaid	Yes		
State Children's Health Insurance Program S-CHIP	No	-- SELECT --	
Military Insurance	No	-- SELECT --	
State Funded	No	-- SELECT --	
Combined Children's Health Insurance	No	-- SELECT --	

Save

11. Complete the barriers sub-assessment (disabling conditions). Check all disabilities to auto-respond as "no", then go back and adjust the applicable disability(s) to "Yes".
 - a. For any disabling conditions marked as "Yes", respond to the next column question, "Condition is Indefinite".
 - b. Once all disabilities have a response, click "Save & Close".

Barriers

Disabling Condition: Yes

Barrier ID	Barrier Present*	Condition is Indefinite	Explanation	Previous Barrier Details
<input checked="" type="checkbox"/>	Alcohol Use Disorder	No		
<input checked="" type="checkbox"/>	Chronic Health Condition	Yes	Yes	
<input checked="" type="checkbox"/>	Developmental Disability	No		
<input checked="" type="checkbox"/>	Drug Use Disorder	No		
<input checked="" type="checkbox"/>	HIV/AIDS	No		
<input checked="" type="checkbox"/>	Mental Health	No		

Save Save & Close

12. Respond to whether client is a survivor of domestic violence.
 - a. If "Yes", complete the two additional questions.

Domestic Violence Assessment

If the client has been a victim of domestic violence, select Yes for Domestic Violence Experience, and select when the experience occurred.

Default Client's Last Assessment

Assessment Active

Assessment Date: 07/22/2022

Domestic Violence Experience: Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

When Experience Occurred: Three to six months ago (excluding six months exactly)

Currently Fleeing: Yes

Save

13. Select whether client has income from any source, non-cash benefits from any source, and optionally, any expenses. If you select yes for any of the above, sub-assessments appear below.
- Income – check all applicable sources and enter the monthly amount in the last column.

Income

<input type="checkbox"/> Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	Earned Income (i.e., employment income) PT job at Starbucks	\$900.00
<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input checked="" type="checkbox"/>	Veteran's Disability Payment	\$600.00
<input type="checkbox"/>	Private Disability Insurance	

- Non-cash Benefits – select all applicable non-cash benefits. If selecting SNAP (food stamps), enter an amount in the last column.

Non-Cash Benefits

<input type="checkbox"/> Type	Description	Monthly Amount
<input checked="" type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	\$120.00
<input type="checkbox"/>	MEDICAID	
<input type="checkbox"/>	MEDICARE	
<input type="checkbox"/>	State Children's Health Insurance Program	
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/>	Veteran's Administration Medical Services	

- Optionally, complete the “Expenses” sub-assessment by checking all applicable expense and adding in the amount in the last column.

Expenses

Expense Group: Automotive

3 results found.

<input type="checkbox"/> Type	Description	Amount	Details
<input checked="" type="checkbox"/>	Car Payment	\$350.00	Details
<input checked="" type="checkbox"/>	Car Insurance	\$85.00	Details
<input checked="" type="checkbox"/>	Gasoline	\$120.00	Details
Count/Total:		3	\$555.00

[Save and Close](#)

14. In the intake, record the initial contact made with the client in the Current Living Situation section.

- Enter the information date, ensure the project enrollment is correct, and then identify the client’s current living situation at the time of the contact.

Intake (2298) Jane Doe 1/1/1970 ClientID 348 Female

- Basic Client Information
- Family Members
- Program Enrollment
- Jane Doe
 - New Assessment
 - Barriers / Special Needs
 - Domestic Violence
 - Income
 - Current Living Situation**

Current Living Situation

Record the Clients Current Living Situation information below. If desired record a contact by checking the Record Contact and the information for the contact. Also other services can be recorded.

Information Date: 03/21/2023

Enrollment: 03/21/2023 - Coalition for the Homeless-Community Outreach:SO

Current Living Situation Information

Current Living Situation: Place not meant for habitation

Location Detail: Gas station at the corner of Hiawassee and Clarcona Ocoee

Record Contact:

Pause Cancel

- b. Be sure to check “Record contact” and then complete the last section of the current living situation sub-assessment. Select “contact service”; optionally, you can also check “use geolocation” to add exact coordinate points for where the contact was made. This is ideal if the street outreach worker is capturing data on the spot versus entering data back at the office.

Contact Service Information

Contact Service: Outreach

Location: Central Florida

Use Geolocation:

Geolocation: POINT(-81.4809088 28.4)

Comments:

Save

15. If there are other household members in this enrollment, continue to respond to questions on each screen until the end. Click “Finish” to close the workflow.

Creating a Program Enrollment on an Existing Client Record

- Go to the client’s record by either searching their HMIS ID number, or searching by first/last name, and DOB/SSN.
- On the client’s dashboard, click on the Enrollments section header. You can also get to enrollments by clicking on the menu folder item to the left, “Enrollment and Services”, then selecting “Enrollments”.
 - Click “New Enrollment” at the top right corner of the screen.

Coalition for the Homeless | Jim Carey | 4/11/1972 | Male | ClientID 703

Dashboard
Find Client
Intake
Family Members
CE Status
Profile
Enrollment and Services
Enrollments
Housing Program Eligibility and Availability
Quick Services
Services
CE Services
Common Assessments
Other Assessments
SPDAT Assessments

Name: Carey, Jim
Age: 50
Gender: Male
Race: White
Email:
Home Phone:
ROI Signed: Yes

Jim's Enrollments

Enrollment Description	Active Household Membe
▼ Active	

Jim Carey | 4/11/1972 | Male | ClientID 703

Enrollments

All of client's enrollments display below. An enrollment represents a defined period of participation in a grant and/or program. From here, you can enroll a client in a program, exit them from an existing program or perform annual assessment updates.

[New Enrollment](#)

1 result found.

Enrollment Description	Active Household Members	Household Type	Project Start Date	Project Exit Date	Days Enrolled	Exit Destination
▼ Active						

3. Select the enrollment project, complete each screen and move to the next until all household members have completed assessments and the workflow is complete. (See steps above to review contents of each assessment screen for an enrollment).
4. Click "Finish" to close the workflow.

Current Living Situation

The street outreach worker must document every contact made with members of the community. In HMIS, use the "Current Living Situation" assessment form outside of intake to capture each of these contacts made over time.

1. On the client's record, click on the "Profile" folder on the left side of their dashboard, and then select "Current Living Situation".

Find Client
Intake
Family Members
Admin Update Enrollment
Profile
Edit Client
Address History
Alias History
Case Managers
Case Notes
Client Files
Client Info Release
County of Homelessness
Current Living Situation
Document Check
Family Members
Goal Planning

Doe, Jane | 1/1/1970 | ClientID 348

Jane's Enrollments

Enrollment Description	Program ID	Active Household Members	Household Type	Project Start Date
▼ Active				
▼ Services Only				
*** Homeless Services Network-SSVF Ineligible P2	700	1	Household without Children	03/16/2023
▼ Street Outreach				
*** Coalition for the Homeless-Community Outreach:SO	1105	1	Household without Children	03/21/2023
▼ Exited				

2. Click "Add New Current Living Situation"

Doe, Jane 1/1/1970 ClientID 348 | 🔔 🗑️ ⌵ ⌲ ⌲

Current Living Situation < 🗑️

All of the client's current living situation history is displayed in the list below. To view or edit one, click **Edit Current Living Situation** to the left of the record you would like to change. If you want to add an item, click the **Add New Current Living Situation** button at the top of the screen.

+ Add New Current Living Situation

1 result found.

	Information Date	Enrollment	Current Living Situation
🗑️	03/21/2023	03/21/2023 - Coalition for the Homeless-Community Outreach:SO	Place not meant for habitation

- Complete the assessment with details of the recent contact made. This will be done for every contact made in the community.

Doe, Jane 1/1/1970 ClientID 348 | 🔔 🗑️ ⌵ ⌲ ⌲

Current Living Situation

Record the Clients Current Living Situation information below. If desired record a contact by checking the Record Contact and filling out the information for the cc Also other services can be recorded.

Information Date: 03/21/2023 🗑️

Enrollment: -- SELECT --

Current Living Situation Information

Current Living Situation: -- SELECT --

Location Detail:

Record Contact:

Save

WHEN TO EXT A CLIENT FROM A PORGRAM

To prevent lengthy enrollment stays with no activity, enrollments should be reviewed monthly so that clients with 90+ days of inactivity may be exited from the street outreach program. The following are additional reasons for an exit to occur:

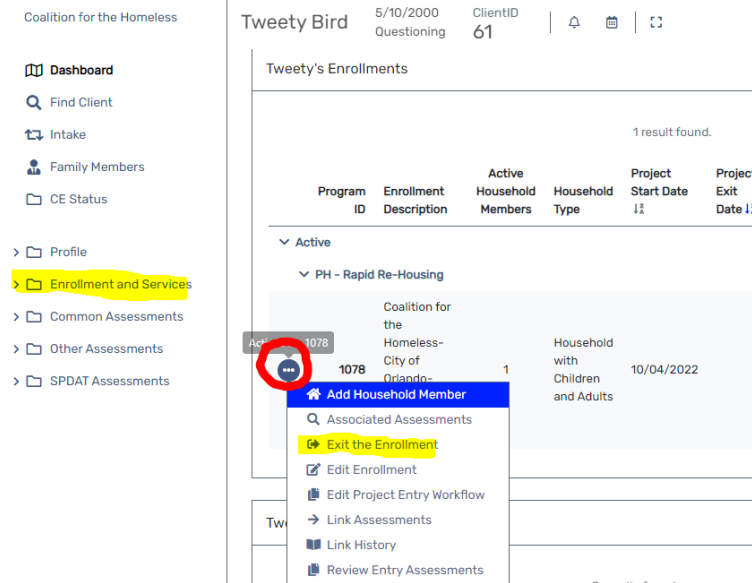
- Client is deceased.
- Client moved to an area outside of the CoC's service region.
- Client has continuously declined housing resources within 90 days.
- Client has connected with an agency for direct housing services.
- Client found some other housing opportunity and are no longer in need of services.

(If client reappears after an exit occurs, you may reenroll/reengage in the street outreach project).

Exiting a Household from a Project Enrollment

- Go to the client's record.

2. Under the enrollments section on the client’s dashboard, click on the three small dots (ellipse) in front of the project enrollment where the household is exiting.
 - a. Access “Enrollments and Services” via the client’s menu options on the left side of the screen as well.
3. On the action items list, select “Exit the enrollment”.



4. Check that the exit date is accurate. Select the Exit Destination and Exit Reason.
 - a. If it is a case where the client “disappeared” or stopped being responsive, if an exit destination cannot be determined from case notes, then select “No Exit Interview Completed” and the appropriate Exit Reason.
5. Optionally, additional services may be added on this screen. If no additional services are being captured, click “Save”.

HUD Program Exit Tweety Bird 5/10/2000 Questioning ClientID 61

Exit Enrollment Exit Assessments

Pause Cancel

Enrollment Exit

To exit the client from the Enrollment, enter the **Exit Date** and **Destination**.

Exit Date: 10/05/2022

Destination: -- SELECT --

Exit Reason: Completed Program

Case Manager Assignment: Racquel McGlashen

End Case Assignment:

Services

Family Income:

Income	Family Income	Family Members	Poverty Level	% of Poverty
\$1,900.00	\$1,900.00	2	\$1,525.83	124.52 %

Save

6. Complete the exit assessment by providing any last updates to sections on each screen. Move through all the sections of the exit assessment by clicking "Save" at the bottom right corner.
 - a. If at exit point, there are no updates to provide, click on "Default Client's Last Assessment" to populate sections with previous responses in the system.
 - b. If the exit destination is "No Exit Interview Completed", then simply proceed to exit that client and any household members a part of the enrollment. The system will not prompt you to provide updates.