

Coordinated Entry Process for DV Providers using DV ClientTrack Effective 3/31/2020

1. The DV provider will provide the client a brief overview of Coordinated Entry. ***“Coordinated Entry is a system which is used to identify individuals and families experiencing a housing crisis that are currently homeless or at risk of homelessness. A standardized intake is completed at a Coordinated Entry Access/Intake Site using a standardized assessment tool that measures a client’s vulnerability. The Coordinated Entry process will assist us in identifying which housing assistance type(s) you may qualify and be eligible for. As a DV/SA survivor you have the choice of participating in the process by signing a Client Consent agreeing to have your Personal Identifiable Information (PII) entered into the HMIS database that will be shared with other housing providers in the area, or you may choose to participate in the process by keeping your Personal Identifiable Information (PII) confidential. If you choose to remain anonymous by keeping your PII confidential, we (DV provider) will assign you an Alternate Reference ID (ARI) number that will be forwarded to the Coordinated Entry Lead Agency/Intake Site in our area along with the results of the standardized assessment which we will complete with you here at the shelter. No information that might identify you and/or your children will be shared with the Lead Agency/Intake Site. When a permanent housing opportunity becomes available, the Lead Agency will notify us, and we will assist you with moving through the housing process.”***
2. If the client agrees to sign the Client Consent and agrees to share their Personal Identifiable Information (PII) and have the information entered into the HMIS database (Option #1 on the Client Consent Form), please refer the client to the nearest Coordinated Entry Intake Site within your region.
3. If the client chooses to remain anonymous and not share their PII, the DV provider will complete their normal Client Intake in DV ClientTrack. **The DV provider will then assign the client an Alternate Reference ID number which appears on the “Client Information” screen.** This ARI will consist of a two-character DV provider identifier, the client’s DV ClientTrack Client ID# and a one-digit number as a Lethality Score. The DV provider identifier has been provided to the main contact for your agency as provided to us by ICADV. Please see the main contact person at your agency for the provider identifier. ***(Screenshot attached) The client will sign the Client Consent and choose Option #2.***
4. Next, it is important to gather information on the level of client danger by asking these three **Lethality Questions:**
 - a. **Has your partner ever used a weapon against you or your children or threatened you or your children with a weapon?**
 - b. **Do you believe your partner is capable of killing you or your children?**
 - c. **Has your partner threatened to kill you or your children?**
5. If the client answers “Yes” to one question, their **Lethality Score** will be “1”, two “Yes” answers will be “2”, and three “Yes” answers will be “3”. **The Lethality Score is the final character in the client’s ARI.** The Lethality Score enables the Lead Agency/CE staff to identify the level of client danger once the client is placed on the Prioritization List (PL) for

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permanent housing.

6. The ARI will look something like this:

XX-XXXXXX-X (XX is the DV provider identifier, XXXXXX is the DV ClientTrack Client ID #, and the final X is the Lethality Score).

7. The DV provider will complete a paper “Single” VI-SPDAT for single clients, a “Family” VI-SPDAT for “Families”, or a TAY-VISPDAT for Transition Age Youth ages 16 – 24 who are the **Head of Household**. The completed VI-SPDAT displays the client’s vulnerability score. ***The DV provider will not write any Personal Identifiable Information on the VI-SPDAT form. The client’s ARI will be used as the Client’s Name and written on the form in the Client Name fields.***
8. The DV Provider will then complete the **Referral Form** with the **Client’s ARI** and other non-identifying information. ***Next, forward the Referral Form and a copy of the VI-SPDAT to the Lead Agency/Intake Site via secure fax or secure email.*** The list of Lead Agencies (Regional Contact List) is attached to this document.
9. Please indicate the number of bedrooms the Client will need in a housing unit.
- 10. The Lead Agency/Intake Site staff will then enter the client as a CE Intake in HMIS using the ARI. The Lead Agency/Intake Site staff will also enter the VI-SPDAT using the ARI as the Client’s Name in the Client Name Field. All data fields that are PII and missing will be marked as “data not collected”. The Lead Agency/Intake Site staff will then use the electronic signature pad or mouse to indicate on the Client Consent Form “Paper copy uploaded to client’s file”.**
- 11. Lead Agency/Intake staff will scan the paper Client Consent and upload it to the client’s CE HMIS file.**
12. The client will now appear on the Prioritization List.
13. When the client’s name is next on the PL and a housing unit becomes available, the Lead Agency will contact the DV provider by telephone, secured email, or secured fax to inform the DV provider’s Case Manager of the opening.
14. The Lead Agency will then complete the bottom section of the client’s original Referral form with the housing referral information and send the form to the DV provider via secured fax or secured email.
15. The DV provider will share the referral information with the client and if client agrees to accept the referral, the DV provider Case Manager will assist the Client with contacting the Housing Provider to set an appointment for possible Intake.
- 16. Once the client accepts the housing offer, the client will begin working with the Case Manager from the housing agency. *Please follow your agency’s normal “Release of Information” policy when connecting your client with the housing Case Manager.***
- 17. If the client accepts the referral and is also accepted by the Housing Provider, the DV Case Manager will notify the Lead Agency when the client has moved into the housing unit. **The DV Case Manager will also provide the “Housing Move In Date” to the Lead Agency.****

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18. The Lead Agency will then exit the client from Coordinated Entry as “Housing Attained” using the “Housing Move In Date” as the Coordinated Entry EXIT Date in HMIS. The Lead Agency will complete the CE EXIT workflow in HMIS.

Attachments: Screenshot of Alternate Reference ID field located on Client Information screen in DV ClientTrack, Single VI-SPDAT, Family VI-SPDAT, TAY-VISPDAT, CE HMIS Client Consent Form and Referral Form

Please email questions to the HMISHelpDesk@ihcda.IN.gov

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ClientTrack™ All Search

Lori Wood (Training) Help Sign Out

Find Client

Lila Lilac BIRTH DATE 2/2/1989

Intake (1259)

Client Information

BASIC CLIENT INFORMATION

Complete the client's identifying information. Name and social security number have associated data quality fields. Data quality fields are used to indicate the reason full information wasn't collected. Name and social security number data quality fields allow users to indicate when a client doesn't know or refuses to provide information. If the required data is collected then ClientTrack automatically records that full data quality was met.

First Name: * Lila

Last Name: * Lilac

Middle Name:

Suffix:

Name Quality: * Full name reported

Social Security Number: 455 - 55 - 4455

Alternate Reference ID: E0-758-1

Basic Client Demographics

Birth Date: * 02/02/1989

Client Age: 29

Date of Birth Quality: * Full DOB Reported
 Approximate or Partial DOB Reported
 Client doesn't know
 Client refused
 Data not collected

Ethnicity: * Hispanic/Latino

Race: * American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Client doesn't know

Gender: * Female

Pregnancy Status: No

Veteran Status: * No

Marital Status: - SELECT -

Finish No Changes

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OrgCode links for downloading the VI-SPDAT forms

Single VI-SPDAT available for Download at:

<https://d3n8a8pro7vhmx.cloudfront.net/orgcode/pages/313/attachments/original/1479851108/VI-SPDAT-v2.01-Single-US-Fillable.pdf?1479851108>

Family VI-SPDAT available for Download at:

<https://d3n8a8pro7vhmx.cloudfront.net/orgcode/pages/313/attachments/original/1479851219/VI-SPDAT-v2.01-Family-US-Fillable.pdf?1479851219>

Transition Aged Youth Ages 16 – 24 (Head of Household) TAY-VISPDAT available for Download at:

<https://d3n8a8pro7vhmx.cloudfront.net/orgcode/pages/313/attachments/original/1479851282/TAY-VI-SPDAT-v1.0-US-Fillable-Amended-July-13-2015.pdf?1479851282>

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Client Consent

HMIS Client Consent

Purpose of this form: This Agency uses the Homeless Information Management System ("HMIS"). HMIS is a database and case management system that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client-level data that can be utilized to generate unduplicated and aggregate reports for the U.S Department of Housing and Urban Development ("HUD") that can be analyzed to determine the use and effectiveness of the services being provided by Agency. When you request or receive services, we may collect and share your Protected Personal Information ("PPI") including data on your household such as:

- *First name and last names, dates of birth, Social Security Numbers, gender, ethnicity, race, veteran status, prior residence, contact information and program status.
- *Your service needs, income, government benefits, education, employment, destination, disability, general health, as well as pregnancy, HIV/AIDS, behavioral health, mental health, legal and history of domestic violence, dating violence, sexual assault, and stalking.

How will my PPI be used?

Your data will be entered into the HMIS to generate reports that can be analyzed to determine the use and effectiveness of the services being provided by the Agency. The ways in which this Agency may use or disclose your information are discussed in our Notice of Privacy Practices, which is posted in this Agency near the intake stations (or comparable location) for review by clients.

How will my PPI be protected?

- *We are required to protect the privacy of your PPI by complying with the privacy practices described in our Privacy Policy.
- *Your information is protected by passwords and encryption technology. Each Agency and user must sign an agreement to maintain the security and confidentiality of your information. Any person or Agency that uses the HMIS and violates the terms of the agreement may lose its access rights and may be subject to other negative consequences.

How will my PPI be shared and disclosed?

The PPI we collect can be shared and disclosed under the following circumstances:

- * Shared with other HMIS service providers.
- * To provide or coordinate services to you and your household.
- * For HMIS administrative purposes.
- * When required by law or for law enforcement purposes or to prevent a serious threat to health or safety.
- * Reports to HUD, audits and management functions.

I UNDERSTAND THAT:

- * The Agency may not refuse or decline certain services to me if I refuse or am unable to provide information; however, some information may be required by the applicable program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements. Therefore, I am not required to sign this consent. I may request a copy of this consent.
- * This consent permits any HMIS service provider to add or update my information in the HMIS database, without asking me to sign another consent form.
- * This consent expires in three (3) years. I have the right to revoke this consent at any time in writing. PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct service.
- * This Agency has posted a Notice of Privacy Practices, and I may request a paper copy of the Notice from this Agency. I acknowledge that I have been given an opportunity to read and/or request a copy of the Notice and that I have read the Notice. The Notice describes ways in which my personal information may be used and disclosed. Every effort will be made to ensure the proper use and security of my information.

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Client Informed Consent

By Signing this form:

- * I agree that this Agency and its employees and agents can enter all of my information into the HMIS and share my PPI with other HMIS Service Providers
- I will provide my information to the Agency but I do not agree to allow the agency to enter any of my information into the HMIS or share my PPI with other HMIS service providers
- I do not agree to provide any information to this Agency and I understand that I may not be able to receive certain services from this Agency if my eligibility to receive these services cannot be verified

Client Signature:

Client Name:

* _____

Date:

* _____

Case Manager Signature:

Case Manager Name:

* _____

Date:

* _____

Restriction Options

- Restriction: * Restrict to Organization
 Restrict to MOU/InfoRelease

(Client Consent Page 2)

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Referral Form

Referral from Domestic Violence Provider to Lead Agency or Nearest Intake Site

1. Referral Date:
2. Alternate Reference ID:
3. VI-SPDAT Score:
4. Number of Bedrooms Needed:
Per NNEDV, the number of bedrooms is not considered Personal Identifiable Information.
5. Chronically Homeless: Yes No
6. Lethality Score/Mark for "Yes" answers: Q1 Q2 Q3
7. Shelter Contact:
Email:
Phone:
8. Lead Agency/Intake Site Contact
Email:
Phone:

DV provider to send completed form via secure fax or email to their Region's Lead Agency or nearest Intake site for entry into HMIS.

DO NOT PROVIDE ANY PERSONAL PROTECTED CLIENT INFORMATION ON THIS FORM.

If you have questions or need assistance, please email the help desk at: HMISHelpDesk@ihcda.in.gov

This section to be completed by Lead Agency/CE Intake staff

Housing Referral Form

Lead Agency/CE Intake staff: Complete this section when housing opportunity becomes available for the client. Next, please send this completed form via secure fax or email with Housing Referral Information to the DV provider

Available housing type: RRH or PSH Housing Provider Name: _____

Housing Provider Contact Information: _____

Eligibility Criteria: _____

Note to DV provider: Please notify the Lead Agency/CE contact person when client accepts or declines referral. If accepted by the client, please provide the Lead Agency/CE contact the client's "Housing Move In Date". Lead Agency/CE contact will then exit the client from CE effective the "Housing Move in Date".