Michigan HMIS ServicePoint Coordinated Entry Data Elements Update

HUD released the following reminder to CoCs on Monday August 3rd regarding Coordinated Entry Data Element implementation:

The deadline for the implementation and data collection for the Coordinated Entry data elements is October 1, 2020. The first reports with this data are due on October 1, 2021. However, HUD encourages CoCs to continue to focus on the full implementation of the Coordinated Entry data collection as issues related to the COVID-19 response lessen.

There are three new HMIS data elements:

CE Assessment Element (4.19)
> Designed to be a flexible data element that collects an assessment date, location, and assessment results. It allows CoCs to define their own assessment questions and responses, categorize different types of assessments (crisis needs versus housing needs). This element helps communities understand and monitor the assessment process in more detail and as it relates to participant outcomes.

CE Event Element (4.20)
> Designed to capture access and referral events, as well as the results of those events. It will help communities understand the events that go into achieving desired (and undesired) results through the CE system.

Current Living Situation Element (4.12)
> Designed to capture information on where a person is staying at a point in time. It can be updated at each point of contact and will help communities track where people are, including those who are not assessed or referred to CE events.

There are 4 data entry points for all clients (Cat 1 and Cat 2)
o   CE Page Enrollment (Entry)
o   CE Assessment (4.19)
o   CE Event (4.20)
o   CE Page Exit

In HMIS, the CE Data elements appear on the following assessments:
- MSHMIS CoC Intake
- MSHMIS Coordinated Entry Assessment
- MSHMIS HARA Screening Assessment
- MSHMIS RRH and Prevention Assessment
- MSHMIS Update
- MSHMIS Street and Shelter Assessment
- MSHMIS SSVF Assessment
- MSHMIS SSVF Update
- MSHMIS VASH Assessment
- MSHMIS VASH Update
- MSHMIS VA-GPD (3.917A) Assessment
- MSHMIS VA-GPD Assessment
- MSHMIS VASH Update
- MSHMIS VA-GPD Exit

MCAH created a Coordinated Entry Assessment that includes the Universal Data Elements, the 3 new HMIS CE data elements and the VI-SPDAT. Communities have access to this assessment to add to their community Coordinated Entry Project Pages **(See Appendix C)**

The Coordinated Entry APR (tentatively available by October 2021) provides us with the framework to set the HMIS up and it does allow for communities to create a system that works locally as long as they include these data elements for collection. **(See Appendix D)**

The APR universe of clients includes all CoC projects (using SP). The report is designed to look at the entire service delivery system, not just one or two projects/agencies.

Communities need to make some determinations on how their CE will be set up on the HMIS, they are listed below.

Key Determinations for Local Planning Bodies

1. Where will the CE project page be placed on the HMIS?
   All BoS communities will create a new Coordinated Entry Project Page at the level 3. Communities can contact MCAH for assistance with creating new pages. Each community will have a CE project page. This structure will allow CE processes to be evaluated by community with reporting capability for clients entering CE from that particular community.
   - This will ensure that all clients entered into the CE page at this level will be included in the APR
   - Sharing of client CE data with other projects will ensure coordination of care is a community process

2. Will there be a MSHMIS Data Entry Guide to assist end users in entering data?
   - A "template" data entry guide will be created for communities to build their process. This guide will include steps to complete all of the pertinent HMIS CE data entry elements.

3. Who is responsible for entering client CE data entry?
   This will be a community determination based on the following criteria:
   - A designated CE agency (example: HARA staff) who has access to the CE Page, or;
   - Multiple agencies designate a key person with EDA access into the Coordinated Entry Project Page.
     - Example: HARA's or shelters or housing outreach personnel that have initial contact with people and can enter the crisis needs assessment into the HMIS using EDA into the CE page
   - To make the determination of who is entered into the CE project page **see Appendix B**

4. Who updates the Assessment (4.19) and Event (4.20) as client moves through CE?
   This will be a community determination based on the following criteria:
   - A designated CE agency (example: HARA staff) who has access to the CE Page, or;
   - Multiple agencies designate a key person with EDA access into the Coordinated Entry Project Page.
     - Example: Housing Navigators/housing outreach personnel follow the client through CE services and update as needed

5. Who exits clients exited from the CE page upon housing, no housing support or no contact?
   This will be a community determination based on the following criteria:
   - A designated CE agency (example: HARA staff) who has access to the CE Page, or;
   - Multiple agencies designate a key person with EDA access into the Coordinated Entry Project Page.
     - Example: Housing Navigators/housing outreach personnel follow the client through CE services, housing resource specialist providing in-housing support services and update as needed

- To make the determination of when to exit see Appendix B

6. Who contacts clients who have no contact for a length of time determined by MIBOSCOC – The MIBOSCOC Coordinated Entry Committee will provide an updated Coordinated Entry policy to guide this process.
   o There will be a community determination based on the following criteria:
      ▪ A designated CE agency (example: HARA staff) who has access to the CE Page
      ▪ Multiple agencies designate a key person with EDA access into the Coordinated Entry Project Page.
         • Example: Housing Navigators/housing outreach as they follow the client through CE services, or housing resource specialists after receiving referral and update as needed

7. Managing the Housing Prioritization List. All BOS communities will follow the MIBOSCOC Coordinated Entry Policy when determining their local prioritization procedures. Each community or LPB is expected to maintain a Prioritization procedure consistent with the MIBOSCOC CE Policy.

8. Questions to consider when discussing sharing/visibility of CE data: **Communities can contact MCAH for assistance with visibility and sharing questions.**
   o Are sharing agreements updated to include CE process. All current visibility/sharing QSOBAAs will need to be updated to include the new CE project page as well as all new ESG CV and CRF eviction diversion projects and sharing will be determined locally. A new visibility group will be added to all sharing partners. In addition, communities will need to update their HMIS Release of Information to include any new project pages/sharing partners.
   o How will the visibility of the MDHHS project pages affect data sharing for CE. Communities will need to ensure MDHHS project pages have the new visibility group applied to all project page elements included in the sharing QSOBAA. **Communities can contact David/Jayne Youngs for assistance with visibility and sharing as they relate to MDHHS projects.**
   o How do cross jurisdictional SSVF projects' visibility affect sharing? **Communities can contact MCAH for assistance with visibility and sharing as they relate to cross jurisdictional SSVF sharing.**

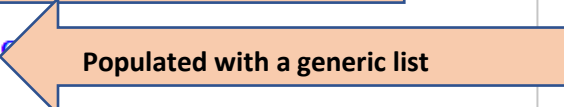Below are screenshots of the Coordinated Entry Assessment and the Coordinated Entry Event.

CE Assessment Element (4.19)

The picklist for the Assessment Location (primary and secondary) have been created (see description below).

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Assessment

Date of Assessment*	02 / 21 / 2020 G
End Date	__ / __ / ____ G
Assessment Location	Branch — *Populated with the Michigan county picklist*
Assessment Location (Secondary)	Community Location #01 ▾ — *Populated with a generic list*
Assessment Type	In Person ▾ G
Assessment Level	Crisis Needs Assessment ▾ G
Prioritization Status	Not Placed on Prioritization List ▾ G

Print Recordset	Save	Save and Add Another	Cancel

CE Event Element (4.20)

The picklist for the Coordinated Entry Event Location (of crisis housing or permanent housing referral) have been populated with a list of provider pages.

Coordinated Entry Event

Start Date *	02 / 21 / 2020 G
End Date	__ / __ / ____ G
Date of Event *	02 / 21 / 2020 G
Event *	Referral to RRH project resource opening — **Access or Referral Events** G

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative	-Select- ▾ G

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

Referral to post-placement/follow-up case management result - Enrolled in Aftercare project	-Select- ▾ G

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Location of Crisis Housing or Permanent Housing Referral	(10591) Ladybug Services Lookup — **Populated with Provider Page**

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Referral Result	Successful referral: client accepted ▾ G — **Referral Events Result**

If 'Event' answer was a Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following question:

Date of Result	03 / 05 / 2020 G

| Print Recordset | Save | Save and Add Another | Cancel |

Appendix B

Crisis Needs Assessment (All Clients – data collected in the CE Project Page)

- Create ROI
- Create Project Enrollment (entry)
- Complete MSHMIS Coordinated Entry Assessment for all HH members
- Add Coordinated Entry Assessment (4.19 sub assessment)
  - o Record Crisis Needs Assessment

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Assessment

Date of Assessment *	02 / 21 / 2020
End Date	/ /
Assessment Location	Branch
Assessment Location (Secondary)	Community Location #01
Assessment Type	In Person
Assessment Level	Crisis Needs Assessment
Prioritization Status	Not Placed on Prioritization List

| Print Recordset | Save | Save and Add Another | Cancel |

Client is Diverted

Prevention

Client is Not Diverted

Record Problem Solving Result and Close Record

- Add Coordinated Entry Event (4.20 sub assessment)
  - o Record Problem Solving/Diversion Event Record Event Outcome – Client Housed/Rehoused = YES

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Event

Start Date *	02 / 25 / 2020
End Date	/ /
Date of Event *	02 / 25 / 2020
Event *	Problem Solving/Diversion/Rapid Resolution intervention or ser

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or ser please answer the following question:

| Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative | Yes |

- Record Client Exit from CE project
  - o Exit date = Entry Date +1

Prevention Assistance

- Add a Coordinated Entry Event (4.20 sub assessment)

  Referral to Prevention Assistance Project

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Event

Start Date *	02 / 25 / 2020
End Date	/ /
Date of Event *	02 / 25 / 2020
Event *	Referral to Prevention Assistance project

- Record Client Exit from CE project
  - o Exit date = Entry Date +1

** Client will be enrolled in the appropriate Prevention project by that

9/1/20

Complete Housing Need Assessment

- Coordinated Entry Event (4.20 sub assessment)
  - Record Problem Solving/Diversion Result = NO

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Event

Start Date *	02 / 25 / 2020
End Date	/ /
Date of Event *	02 / 25 / 2020
Event *	Problem Solving/Diversion/Rapid Resolution intervention or service ▾ G

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative	No ▾ G

- Complete the VI-SPDAT

If no housing supports are indicated (by VI-SPDAT Score) follow top path.

If housing supports are indicated, follow bottom path.

VI SPDAT – 0 – 4 No Housing Supports

VI SPDAT – 5 and higher

ONGOING CE ACTIVITIES

No Housing Supports

- Community process for continued outreach or contact with those that do not qualify for housing supports
- Update Current Living Situation on every contact
- Keep open until no contact of 90 days
- Exit client if no contact for 90 days

EXIT Clients

Housing Prioritization List

- Add Coordinated Entry Assessment (4.19 sub assessment)
  - Record Housing Needs Assessment
  - Record Prioritization Level "Placed on Housing Prioritization List" (if your community process uses VI score for potential eligbility

Edit Recordset - (1161254) Test, Andrea

Coordinated Entry Assessment

Date of Assessment *	02 / 21 / 2020
End Date	/ /
Assessment Location	Alcona G
Assessment Location (Secondary)	Community Location #01 ▾ G
Assessment Type	In Person ▾ G
Assessment Level	Housing Needs Assessment ▾ G
Prioritization Status	Placed on Prioritization List ▾ G

| Print Recordset | Save | Save and Add Another | Cancel |

Ongoing CE activities

Client will have an open Coordinated Entry "entry/enrollment" until housed or client has not been contacted 90 days – exit client last contact date +1

Your community process for managing clients on a Housing Priority List will determine who completes the following activities:

Manages CE client movement

- o Placing clients on the list
- o Pulling clients from the list and referring them to the appropriate housing referral**
- o Following client progress
  - ▪ Run report every 30 days
  - ▪ Make contact (update CLS when contact is made)
  - ▪ Review progress on HCV waitlist
- o Updating the client record in the CE
- o Exit client from CE project page

Client Exit
Client is Housed/Not Housed

Record Housing Outcome and Close Record

- Standard Practice:
  - o Exit clients with no contact in 90 days
  - o Exit clients when housing is obtained
- Edit the Coordinated Entry Event (4.20 sub assessment) on Interim Review
  - o Record Outcome of Event
    - o Referral to RRH project resource opening OR
    - o Referral to PSH project resource opening OR
    - o Referral to Other PH/unit/resource opening
    - o Location of Crisis Housing/PH Referral
    - o Referral Result
    - o Date of Housing
- Record Client Exit from CE project
  - o Exit date = Entry Date +1

Referring Client to Housing Prioritization List

**When Client is pulled from list and client is being referred to the actual opening Add Coordinated Entry Event (4.20 sub assessment)

- o Record Event of
  - o Referral to RRH project resource opening OR
  - o Referral to PSH project resource opening OR
  - o Referral to Other PH/unit/resource opening

9/1/20

MSHMIS Coordinated Entry Assessment

Client Consents to Automatically Participate in the 2020 Census	-Select- ∨ G

Click on Add to enter the client's responses to the Outreach Sharing Plan section of the ROI

🔍 **ROI Outreach Sharing Plan Sub-Assessment**

Start Date *	End Date
Add	

ANSWER FOR ALL CLIENTS, INCLUDING CHILDREN

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household	-Select- ∨ G
Client Date of Birth	☐ / ☐ / ☐ 📅 🔄 📅 G
Date of Birth Type	-Select- ∨ G
Gender of Client	-Select- ∨ G
Primary Race	-Select- ∨ G
Secondary Race (if applicable)	-Select- ∨ G
Ethnicity	-Select- ∨ G
Does the client have a disabling condition?	-Select- ∨ G

(Question below: Assess all clients according to Category 1, 2, 4 or Not Homeless)

Housing Status	-Select- ∨ G
City of Residence	☐ Lookup Clear G
County of Residence	-Select- ∨ G
Zip Code of Last Permanent Address	☐ G

ANSWER FOR HEAD OF HOUSEHOLD & ADULTS

<u>HOMELESS HISTORY INTERVIEW</u>

ALL Homeless History Interview questions must be updated upon intake

Refer to Homeless History Interview Instructions: https://www.hmislearningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/homeless-history-interview-guide/download

Intake staff should not instruct the client on the length of time or episodes necessary to qualify as chronically homeless. Responses should simply be the actual client responses.

Prior Living Situation: Document the living situation that the client was in IMMEDIATELY prior to entering the project.

If the client is entering an Emergency Shelter or RRH project they are considered literally homeless and should reflect a literally homeless living situation (ex: Street/Place Not Meant for Habitation or Emergency Shelter).

Approximate Date Homelessness Started: Enter the date that the client began the current homeless episode (staying in an unsheltered situation or Emergency Shelter).

The date that the client began experiencing housing instability does not count.

Please refer to the "Determining Approximate Date Homeless" supplemental document: https://www.hmislearningcenter.org/index.php/hmisi-documents/by-category/data-quality-guides/determining-approximate-date-of-homelessness/download

Prior Living Situation	-Select- ⌄ G
Length of Stay in Previous Place	-Select- ⌄ G

🔍 **Current Living Situation**

Start Date *	Information Date	Current Living Situation
Add		

ANSWER FOR HEAD OF HOUSEHOLD ONLY

<u>CLIENT LOCATION</u>

Client Location	-Select- ⌄ G

COORDINATED ENTRY ASSESSMENT INFORMATION

🔍 **Coordinated Entry Assessment**

Date of Assessment *	Assessment Location	Assessment Type	Assessment Level	Prioritization Status

Add

COORDINATED ENTRY EVENT TRACKING

🔍 **Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative	Location of Crisis Housing or Permanent Housing Referral	Referral Result	Date of Result

Add

CONTACT INFORMATION

🔍 **Contact Information**

Client's Cell Phone Number	Contact Name	Contact Type *	Contact Phone	Contact E-Mail	Contact Address

Add

VULNERABILITY INDEX AND SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL PRE-SCREEN ASSESSMENT (VI-SPDAT)

Completion of the fields below are determined by community process.

** COMPLETE TAY-VI-SPDAT for SINGLE YOUTH AND ADULTS AGE 24 AND UNDER **

🔍 **TAY-VI-SPDAT v1.0**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

[Add]

** COMPLETE VI-SPDAT for ALL SINGLE ADULTS **

🔍 **VI-SPDAT v2.0**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

[Add]

** COMPLETE VI-F-SPDAT for FAMILY HEADS of HOUSEHOLD **

🔍 **VI-FSPDAT v2.0**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL

[Add]

CHRONIC VERIFICATION INTERVIEW

The questions below should only be answered for clients who were potentially identified as chronically homeless.

For clients who were potentially identified as chronically homeless (based on the definition) has documentation been obtained to determine the client's homeless status?	-Select- ⌄ G
If Yes, please indicate status.	-Select- ⌄ G

Q10. Total Coordinated Entry Activity During the Year

	A Assessment/Event	B Total Occurrences	C Successful Referral	D Unsuccessful Referral: client rejected	E Unsuccessful Referral: provider rejected	F Re-housed in safe alternative	G Enrolled in aftercare
1	Crisis Needs Assessment	4.19.4 = 1					
2	Housing Needs Assessment	4.19.4 = 2					
3	Referral to Prevention Assistance project	4.20.2 = 1					
4	Problem Solving/Diversion/Rapid Resolution intervention or service	4.20.2 = 2				4.20.A = 1	
5	Referral to scheduled Coordinated Entry Crisis Needs Assessment	4.20.2 = 3					
6	Referral to scheduled Coordinated Entry Housing Needs Assessment	4.20.2 = 4					
7	Referral to post-placement/follow-up case management	4.20.2 = 5					4.20.B = 1
8	Referral to Street Outreach project or services	4.20.2 = 6					
9	Referral to Housing Navigation project or services	4.20.2 = 7					
10	Referral to Non-continuum services: Ineligible for continuum services	4.20.2 = 8					
11	Referral to Non continuum services: No availability in continuum services	4.20.2 = 9					
12	Referral to Emergency Shelter bed opening	4.20.2 = 10	4.20.D = 1	4.20.D = 2	4.20.D = 3		
13	Referral to Transitional Housing bed/unit opening	4.20.2 = 11	4.20.D = 1	4.20.D = 2	4.20.D = 3		
14	Referral to Joint TH-RRH project/unit/resource opening	4.20.2 = 12	4.20.D = 1	4.20.D = 2	4.20.D = 3		
15	Referral to RRH project resource opening	4.20.2 = 13	4.20.D = 1	4.20.D = 2	4.20.D = 3		
16	Referral to PSH project resource opening	4.20.2 = 14	4.20.D = 1	4.20.D = 2	4.20.D = 3		
17	Referral to Other PH project/unit/resource opening	4.20.2 = 15	4.20.D = 1	4.20.D = 2	4.20.D = 3		

Universe: **All Coordinated Entry Assessment (4.19) and Coordinated Entry Event (4.20) data in the report date range.**

9/1/20