



# Agency Technical Administrator (ATA) Team Meeting

May 10, 2017



Thank you!



**CORNERSTONE  
COMMUNITY OUTREACH**



**all Chicag<sup>o</sup>**  
making homelessness history

# Ending Veteran Homelessness Initiative

Veterans Experiencing Homelessness as of 5/9/2017

## 582

Select Range of Months

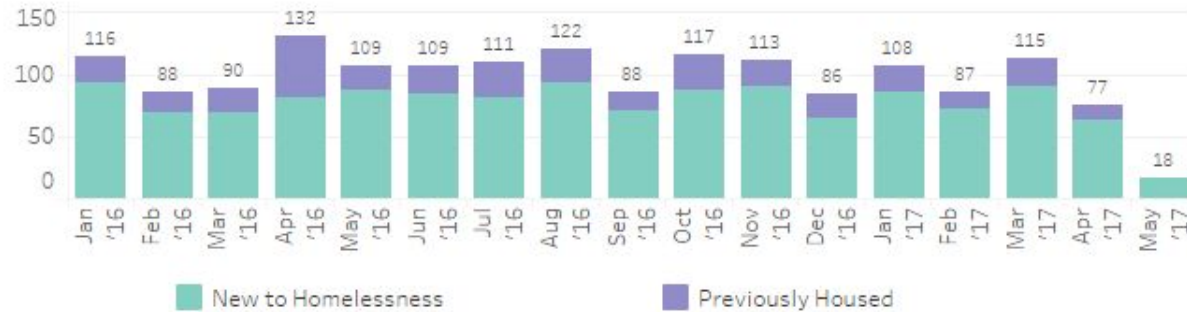
December 2015



May 2017

January 2016 to May 2017

Veterans Becoming Homeless Each Month



Veterans Housed Each Month



Veteran Inflow/Outflow Comparison - Totals & Averages

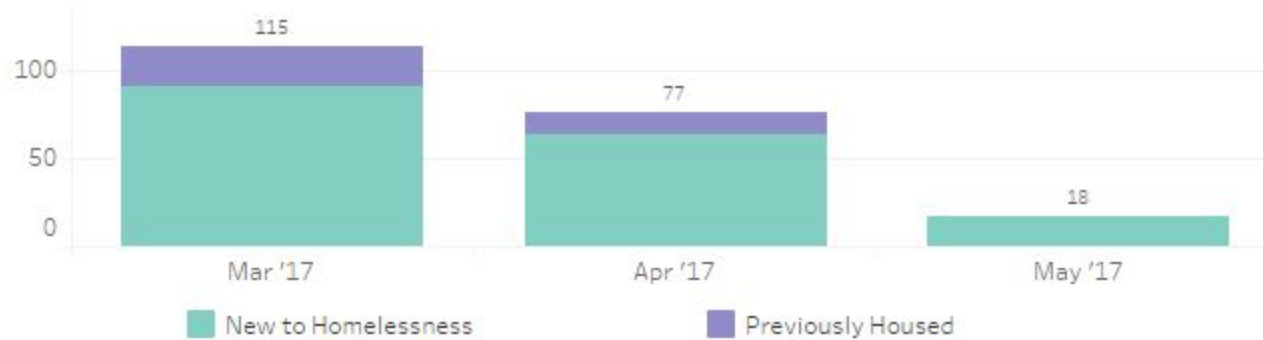
Total Becoming Homeless Over This Time Period: 1,686  
 Total Housed Over This Time Period: 1,562

Avg Becoming Homeless per Month Over This Time Period: 99  
 Avg Housed per Month Over This Time Period: 92

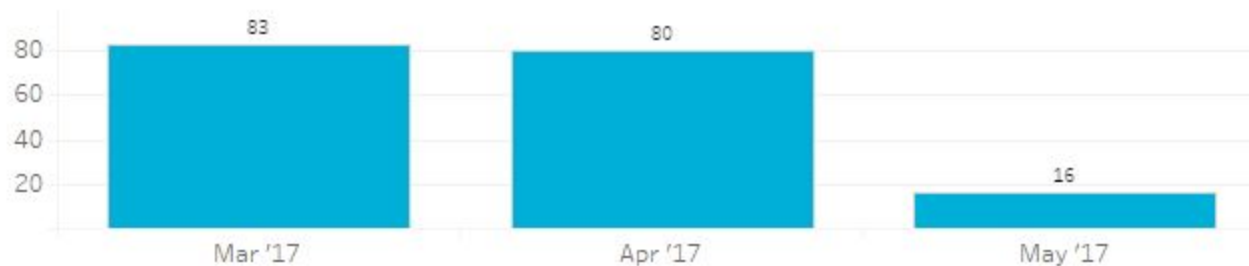
# Ending Veteran Homelessness Initiative

March to May 2017

### Veterans Becoming Homeless Each Month



### Veterans Housed Each Month



### Veteran Inflow/Outflow Comparison - Totals & Averages

Total Becoming Homeless Over This Time Period: 210  
Total Housed Over This Time Period: 179

Avg Becoming Homeless per Month Over This Time Period: 70  
Avg Housed per Month Over This Time Period: 60

# Ending Veteran Homelessness Initiative:

## Veterans Experiencing Homelessness by Project Type

Select a project type or colored number to see the projects where the veterans can be found

	Total in Project Type	Not Yet Assessed	Assessed - Need Match	Matched	Unable to Match
Total	582	123	122	323	14
Street Outreach	8	1	3	4	
Emergency Shelter	52	20	13	18	1
Safe Haven	1				1
Transitional Housing	68	27	13	28	
Grant and Per Diem (GPD)	100	9	40	42	9
Rapid Re-Housing - Not Housed	29			29	
Supp. Svcs for Veteran Families - Not Hou..	136			136	
Services Only	13	7		5	1
Coord. Entry	79	3	26	50	
Other	4	3	1		
No Current Entry	92	53	26	11	2

Filter by Family Status

Filter by Gender

Filter by Age Range

0 110

Filter by CH Status

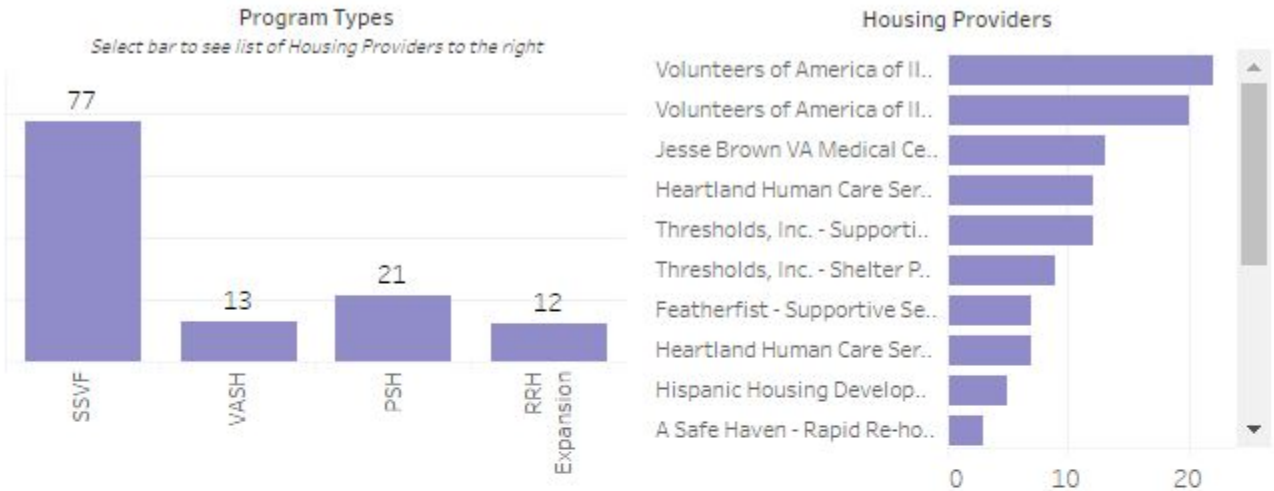
Filter by CH Exemption Status

Filter by PH Offer Status

# Ending Veteran Homelessness Initiative:

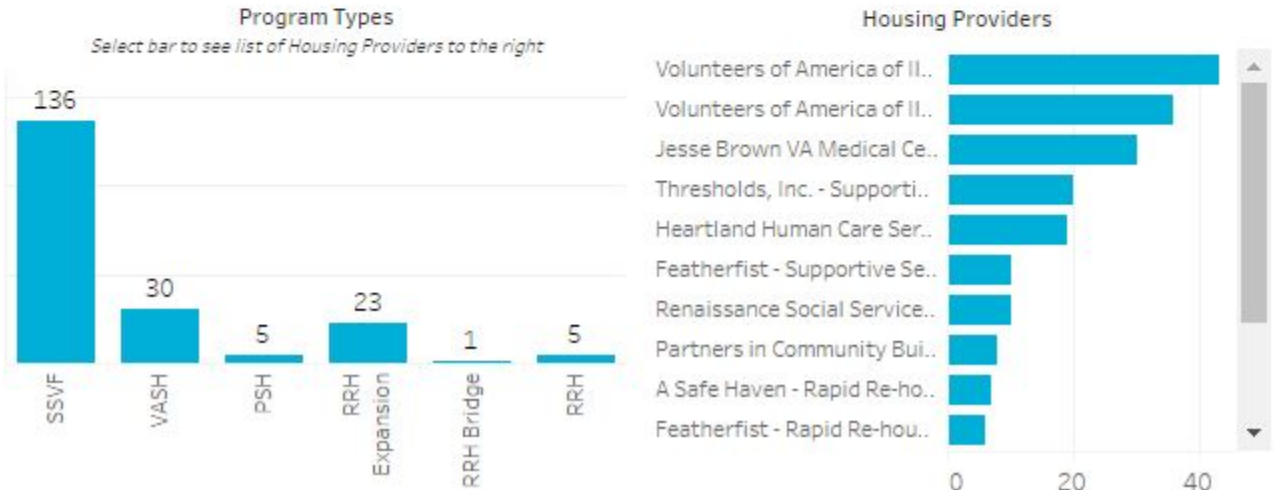
## Veterans Matched to Projects & Awaiting Enrollment

123



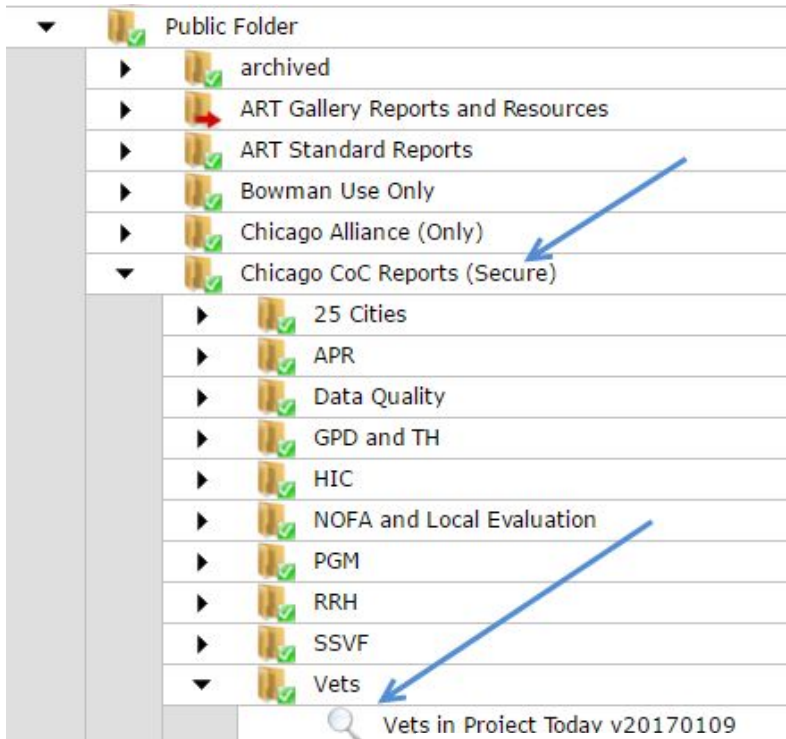
## Veterans Enrolled in Projects & Awaiting Permanent Housing

200





# Veteran Enrollment Data Quality Project and Outreach and Assessment Initiative

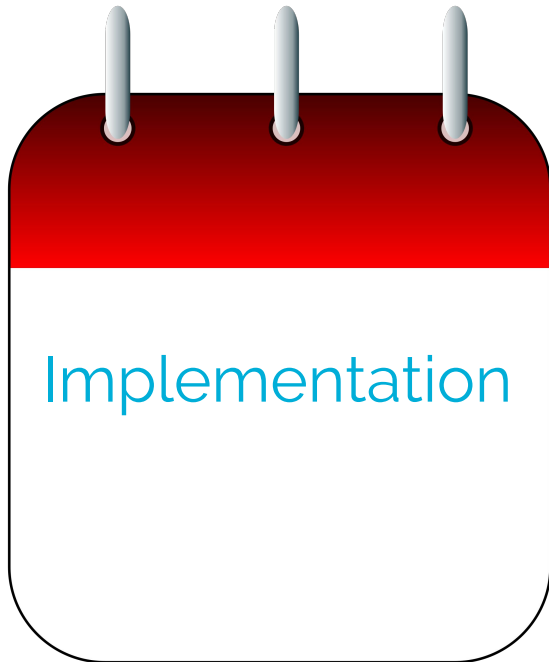


## Veteran Location and Assessment

May 17 - All Projects with Veterans review current Veterans Enrolled and Exit as appropriate

Veterans Currently Enrolled in Pacific Garden Mission - Men's Transitional Resident Program(1300)						
ClientID	Name	ProviderID	Project Entry Date	# Days Enrolled	Most Recent Service	# Days Since Service
		Pacific Garden Mission - Men's Transitional Resident Program(1300)		36	12/11/16	29
		Pacific Garden Mission - Men's Transitional Resident Program(1300)		47	12/19/16	21
		Pacific Garden Mission - Men's Transitional Resident Program(1300)		31	1/8/17	1
		Pacific Garden Mission - Men's Transitional Resident Program(1300)		39	12/1/16	39
		Pacific Garden Mission - Men's Transitional Resident Program(1300)		6	1/7/17	2

# Coordinated Entry System (CES)



<b>January</b>		Youth Provider involvement in planning process
<b>February</b>	✓	Finalized assessment added to HMIS. Eligibility criteria finalized and submitted.
<b>March</b>	✓	Finalized assessment added to HMIS Training begins!
<b>April</b>	✓	Youth Coordinated Entry Process begins! Matches start on April 15th!
	✓	Start to focus on Individual Coordinated Entry Process
<b>May</b>		Individuals are assessed with matching beginning May 15th
	✓	CRS stops accepting individual applications
<b>June</b>		Individual Coordinated Entry Process continues!
<b>July</b>		Family Coordinated Entry Process begins
<b>August</b>		Coordinated Entry is fully implemented in HMIS! CRS no longer accepts any applications



# Coordinated Entry System (CES)



<b>Engagement</b>	Outreach Coordinated Entry System Training - May 15 - 9:30am - 11:30am  Shelter Coordinated Entry System Training - May 15 - 1:00pm - 3:00pm  Coordinated Entry System 101 May 18 - 9:30am - 11:00am
<b>Assessment</b>	Skilled Assessor Trainings Details on website: <a href="http://www.csh.org/chicagoces">http://www.csh.org/chicagoces</a>
<b>Matching</b>	Housing Provider Webinars Details on website: <a href="http://www.csh.org/chicagoces">http://www.csh.org/chicagoces</a>  Property Managers TBD
<b>Navigation</b>	Coordinated Entry System 101 May 18 - 9:30am - 11:00am
<b>Housing</b>	Overview and Verifying Chronic Homeless Status May 18 - 2:30pm - 4:30pm

# Coordinated Entry System (CES) Assessments

## Who are Skilled Assessors?

Person who can complete coordinated entry assessments with Applicants. Skilled Assessors are trained to complete the coordinated entry assessments, enter data into HMIS, and obtain signed required confidentiality agreements.

## Qualities of a Skilled Assessor:

- Client-facing
- Relational
- Ability to observe
- Technical

# Coordinated Entry System (CES)

## Skilled Assessor Data Entry Process

**Enter Data As Provider Search**

**Provider Search**

Search for Providers by using keywords from the Provider Name or Description.

Search

**Provider Number**

Enter or scan a Provider ID number to search for that Provider.

Provider ID #

**Provider Search Results**

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
	Provider			Level	Phone	Location			Last Updated																		
	Chicago Coordinated Entry System (CES) - Skilled Assessors Project (1474)			Level 3	Unknown	Chicago, IL 60661			05/04/2017																		

**Mode:** Shadow klewin2  
 Enter Data As  
 Back Date  
 Connect To ART

Type here for Global Search

List (0)

Type	Date	Time Remaining

Skilled Assessors will use Enter Data As mode

They will select the provider Chicago Coordinated Entry System (CES) - Skilled Assessors Project

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Client Information** | Service Transactions

Summary | **Client Profile** | Households | ROI | Entry / Exit | Case Managers | Case Plans | Measurements | Assessments

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**Client Record** Issue ID Card

Name: Rizzo, Anthony

Name Data Quality: [ ]

Alias: [ ]

Social Security: [ ]

SSN Data Quality: [ ]

U.S. Military Veteran?: [ ]

Age: 24

To upload documentation, including the Client Consent for Data Sharing, click the **Client Profile Tab**

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**Client Demographics** Exit

**Date of Birth**: 01/01/1993  
Date of Birth Type: Full DOB Reported (HUD)

**Gender**: [ ]

**Primary Race**: [ ]  
Secondary Race (answer only if applicable): [ ]

**Ethnicity**: [ ]

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**Client Profile Assessment**

No Client Profile Assessment is specified for this Provider

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**Client Notes**

Provider	Note Date	Note Preview	Full Note
No matches.			

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**File Attachments**

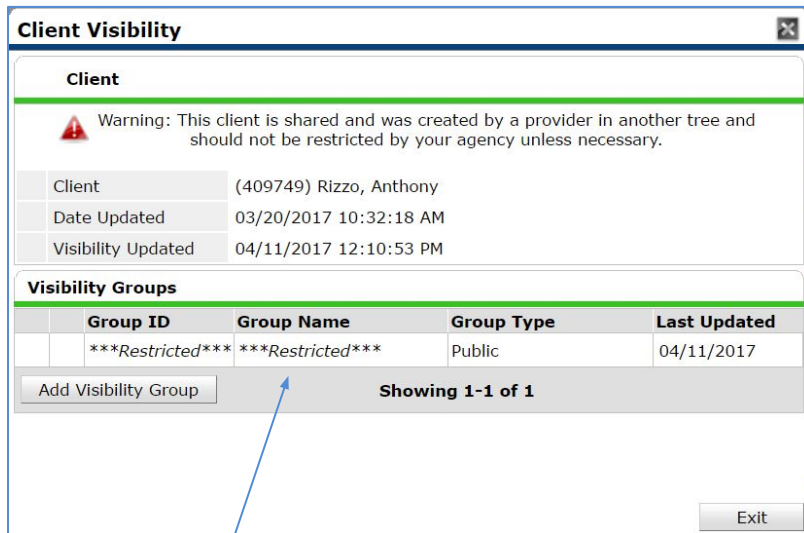
Date Added	Name	Description	Type	Provider	Added From
03/20/2017	C - Client Consent Form.doc		doc	Chicago Coordinated Entry System (CES) - Skilled Assessors Project	Client Profile
03/20/2017	A - Standard Agency Privacy Posting.doc		doc	Chicago Coordinated Entry System (CES) - Skilled Assessors Project	Entry/Exit

Add New File Attachment

Showing 1-2 of 2


Scroll down and click **Add New File Attachment.**

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process



**Client Visibility**

**Client**

 Warning: This client is shared and was created by a provider in another tree and should not be restricted by your agency unless necessary.

Client	(409749) Rizzo, Anthony
Date Updated	03/20/2017 10:32:18 AM
Visibility Updated	04/11/2017 12:10:53 PM

**Visibility Groups**

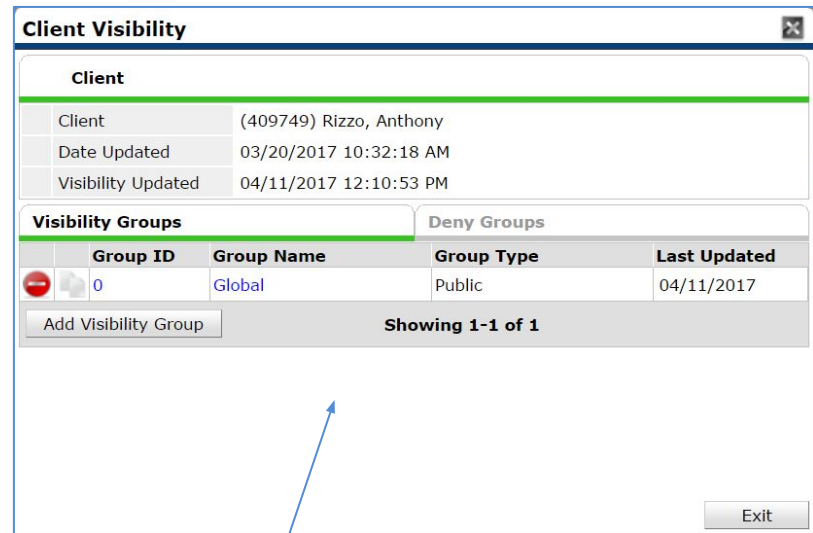
Group ID	Group Name	Group Type	Last Updated
***Restricted***	***Restricted***	Public	04/11/2017

Add Visibility Group

Showing 1-1 of 1

Exit

Visit [hmis.allchicago.org](http://hmis.allchicago.org) to submit a helpdesk ticket




**Client Visibility**

**Client**

Client	(409749) Rizzo, Anthony
Date Updated	03/20/2017 10:32:18 AM
Visibility Updated	04/11/2017 12:10:53 PM

**Visibility Groups**

Group ID	Group Name	Group Type	Last Updated
 0	Global	Public	04/11/2017

Add Visibility Group

Showing 1-1 of 1

Exit

Remove **Global** Visibility Group

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Entry/Exit Data**

Note: If you change the provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

**Provider \*** Chicago Coordinated Entry System (CES) - Skilled Assessors Project (1474)

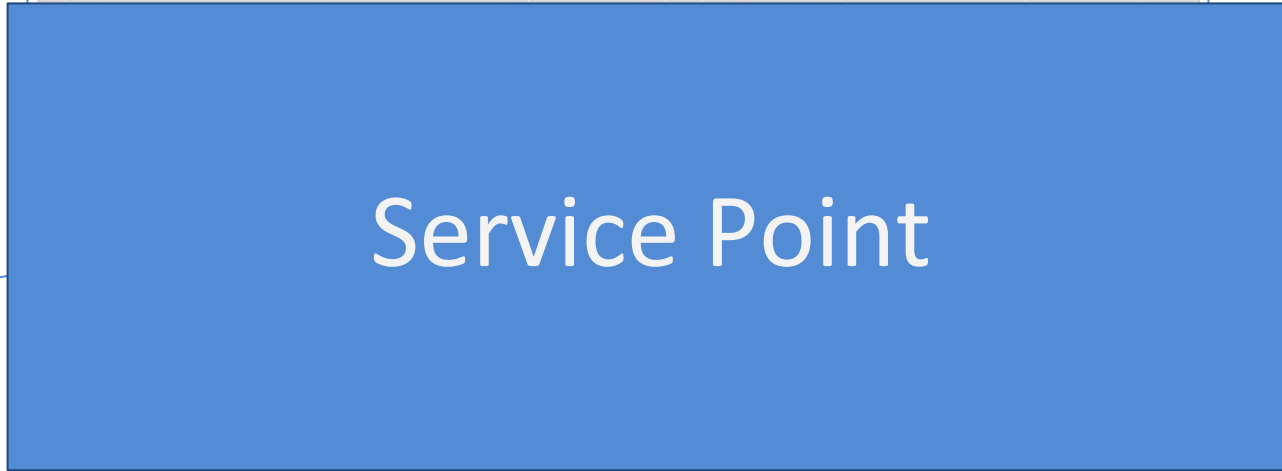
**Type \*** HUD

**Household Members Associated with this Entry / Exit**

Name	Head of Household	Entry Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination	Notes
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Ensure that Skilled Assessors Project and HUD type are selected

Assessors must complete both assessments



Assessors will not use ROI tab to document consent

**Client Consent for Data Sharing**

Did the individual (Head of Household) complete the HMIS Client Consent for Data Sharing?  Yes  No

Consent Options:

A - Share my Basic Information (1) with the Collaborative and both my basic (1) and Coordination of Care and Housing Information (2) with agencies selected to serve me and my dependents and agencies overseeing housing and service matching.

B - Share my basic information (1) and Coordination of Care and Housing Information (2) as a locked file.

C - Share only my Basic Information (1)

D - Do not agree to share any information

Please indicate the option the Individual or Head of Household selected on the Client Consent for Data Sharing that outlines their agreement to share information with the Collaborative:  B - Share 1 and 2 as a locked file (Data only shared with agencies overseeing matching and housing)  A  C  D

If Option B is selected, data will not be shared with any other project (outside of the CES - Skilled Assessor Project and the Housing Provider receiving the Match. Please ensure that the client (and Household members' if applicable) record is locked.

If Options C or D were selected, please DO NOT complete the assessment with the Individual and/or Head of Household.



# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

Various contact methods in order to build a team around the applicant

<b>Contact Information: Client</b>	
Phone Number:	<input type="text"/> G
Email address:	<input type="text"/> G
Mailing address:	<input type="text"/> G
Are you currently enrolled in any social service programs?	-Select- G
If yes, which projects are you currently enrolled in?	<input type="text"/> G
If yes, what is the name of one of your current case managers?	<input type="text"/> G
If yes, what is the case manager's email address?	<input type="text"/> G
<b>Emergency Contact Information:</b>	
Name:	<input type="text"/> G
Contact number:	<input type="text"/> G
Relationship:	<input type="text"/> G
<i>Please share any way to contact you if a housing offer is available and the phone number we have for you is not working. This can include if you eat dinner at a specific place any night of the week, spend time at a library or attend any ongoing program.</i>	
Notes on contacting client:	<input type="text"/> G

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Household Composition**

Household Size:  G

*The is the number of people you plan to live with. Note: If the applicant is expecting a child, please add the the household size.*

This is the number of people you plan to live with.

**Note: If the applicant is expecting a child, please add to the household size.**

Number of Adults in Household:  G

Number of Children in Household:  G

*If children will be part of the Household, please indicate the age of each child*

Child 1 - Age:  G

Gender:  G

Child 2 - Age:  G

Gender:  G

Child 3 - Age:  G

Gender:  G

Households include the number of people who **will be** living in the family - not how many are presenting.

Please add a member if someone in the household is pregnant.

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Preliminary Eligibility - Everyone**

Are you currently residing with, or trying to leave, someone who threatens you or makes you fearful?	<input type="text" value="- Select-"/>	G
Has your current partner, or anyone in your home, ever hit, choked or physically hurt you?	<input type="text" value="- Select-"/>	G
Has your current partner, or anyone in your home, ever forced or coerced you to do something sexually that you did not want to do?	<input type="text" value="- Select-"/>	G
We know some people are being forced to trade sex in exchange for money, shelter or other items. Is this something you are impacted by?	<input type="text" value="- Select-"/>	G
We know some people are being forced to trade work in exchange for money, shelter or other items. Is this something you are impacted by?	<input type="text" value="- Select-"/>	G
Where did you sleep last night? (Current Residence/Living Situation)	<input type="text" value="- Select-"/>	G

Is applicant experiencing homelessness?

What category of HUD's definition?

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

Ask the following three questions to ALL Youth Age 18-24:

How many different places have you slept in the past week?

-Select- G

When was the last time you had a safe place to stay?

-Select- G

If applicant stayed in their own home or a home of a friend or family member: Can you stay at this place every night for as long as you want?

-Select- G

**SCORING KEY: Based on answer to above three questions**

**Total Score of 0 = Stably housed (skip to diversion); Total Score Greater Than or Equal to 1 = Housing Status below should be marked as "Age 24 or under and unstably housed" (Use after ruling out homelessness, imminent risk of homelessness, and DV)**

Only answer if AGE 18 - 24 - What is the client's current housing status?

-Select- G  
-Select-  
Homeless  
At imminent risk of losing housing  
Fleeing domestic violence  
At-risk of homelessness  
Age 24 or under and unstably housed  
Client doesn't know  
Client refused  
Data not collected

Matching for youth who are unstably housed.

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Diversion Determination**

Are you currently in your housing and need short-term financial supports to maintain your housing?  G

Is there a family member or a friend you can stay with temporarily?  G

If you have a positive relationship with that individual, would you allow a case manager to contact him or her?  G

If yes to any of the above questions, would you like support problem solving your situation and/or applying for short-term financial assistance?  G

*Age 18-24: Contact the diversion point of contact at Catholic Charities at 312-655-7165 or [diversion@catholiccharities.net](mailto:diversion@catholiccharities.net). Age 25 or above: Call 311 and ask for short-term help.*

Continue or Stop Assessment

Was the applicant diverted from entry into the homeless system?  G

*If the applicant can be diverted from entry into the homeless system, please stop here. Offer the applicant your contact information to follow up with you if their housing status changes. Otherwise, please continue with the remainder of the assessment.*

**Offer of immediate housing/shelter**

Are you currently in need of a place to stay tonight?  G


**Veteran: 9am – 4pm, visit VA Community Resource and Referral Center located at 1141 S. California. Their phone number is 312-569-5750. 4pm and midnight, visit the VA Jesse Brown Emergency Department at 820 S. Damen**

**Non-Veteran: Visit 10 S. Kedzie or call 311 and ask for short-term help.**

**CONTINUE OR STOP ASSESSMENT**

*If the applicant can be diverted from entry into the homeless system, please stop here. Offer the applicant your contact information to follow up with you if their housing status changes. Otherwise, please continue with the remainder of the assessment.*

Diverting from the homeless system including specific resources for youth



# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

Recipient Identification Number (RIN#):	<input type="text"/>	G
<b>Health</b>		
<i>Please complete Disabling Condition questions related to the individual's health under a separate assessment.</i>		
Is the participant currently covered by Health Insurance?	<input type="text" value="-Select-"/>	G
If yes, please indicate type of insurance?	<input type="text" value="-Select-"/>	G
If yes, what health plan are you enrolled in?	<input type="text" value="-Select-"/>	G
Where have you gone most often to seek medical care in the past 12 months?	<input type="text" value="-Select-"/>	G
Have you visited your Primary Care Physician within the past 6 months?	<input type="text" value="-Select-"/>	G

Collecting data to build partnerships with Managed Care Organizations to fund housing

Would you like to explore a way to increase your income through work?	<input type="text" value="-Select-"/>	G
If yes, would you like to be connected to employment services?	<input type="text" value="-Select-"/>	G
If no, are you worried increasing your income will affect your benefits and/or housing?	<input type="text" value="-Select-"/>	G

Connections to workforce development programs



# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

**Select an Assessment**

Chicago Continuum of Care (CoC) - Standardized Housing Assessment

**Chicago CoC - Standardized Housing Assessment - VI Tools, Safe Haven Ques and Disability Information**

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**Household Members**

(409749) Rizzo, Anthony  
Age: 24  
Veteran: Unknown

**Household Data Sharing**

**Client:** (409749) Rizzo, Anthony Add Household Data

**Chicago CoC - Standardized Housing Assessment - VI Tools, Safe Haven Ques and Disability Information** Entry Date: 03/22/2017 11:55:58 AM

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**Chicago Continuum of Care Standardized Housing Assessment**  
**Vulnerability Index (VI) Tools, Health: Disability Details, and Safe Haven Determination**

**Supplemental Client Consent for Data Sharing of Certain Disability Data and Health Information**

Did the individual (Head of Household) complete the HMIS Supplemental Client Consent for Sharing of Certain Disability Data and Health Information?  Yes  No G

Did the Individual decline to share any information regarding their Disability Data and Health Information?  -Select-  No G

**Health: Disability Determination Questions**

Have you ever been diagnosed by a doctor or other healthcare provider with a disabling condition?

**Does the client have a disabling condition?**  -Select-  No G

If yes: Even if you did not agree with the diagnosis at the time, what type of disability diagnosis did you receive?  Chronic Health Condition  Other G

If yes: Even if you did not agree with the diagnosis at the time, what type of disability diagnosis did you receive?  -Select-  No G

If yes: Even if you did not agree with the diagnosis at the time, what type of disability diagnosis did you receive?  -Select-  No G

Assessors then complete VI and Disability Assessment

Assessors document the Supplement Consent within the assessment, not in the ROI tab

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

## Vulnerability Index (VI) Determination

**Individual VI:** Completed for individual (or head of household) for participants 25 years of age or older and without any current children (under age 18) entering their household.

**Family VI:** Completed for participants over 25 years of age with children under age 18 in their care or those who are expecting a baby and/or minor to join the household (except if Youth age 24 and under).

**Youth VI:** Completed for participants under 25 years of age.

Complete one VI based on criteria provided

## Safe Haven Determination: Observation Questions

**ASSESSORS:** Please complete this section based upon your observations. DO NOT ASK APPLICANTS. FOR SINGLE INDIVIDUALS ONLY

Some people under report challenges because they do not have insight into their current struggles. Do you believe this applicant is under-reporting disabling conditions and/or length of homelessness for this reason?

-Select- ▼ G

If the client is impacted by a severe mental health condition, does the individual have insight into this challenge?

-Select- ▼ G

is the client inappropriately dressed for the weather (i.e. multiple layers of clothing on a warm day?)

-Select- ▼ G

Has the client refused to be entered into HMIS due to paranoia?

-Select- ▼ G

Do you believe that the household is a candidate for the Safe Haven housing model?

-Select- ▼ G

Completed based on observation to determine fit for Safe Haven housing model

Safe Haven in a transitional housing model that is used to address the needs of persons experiencing homelessness with a severe and persistent mental illness. This is a housing model and not a current project in Chicago known as A Safe Haven.

# Coordinated Entry System (CES) Skilled Assessor Data Entry Process

Client - (409749) Rizzo, Anthony



(409749) Rizzo, Anthony  
Release of Information: None

Client Information

Service Transactions

Summary

Client Profile

Households

ROI

Entry / Exit

Case Managers

Case Plans

Assessments

Reminder: Household members must be established on Households tab before creating Entry / Exits

Entry / Exit

Program	Type	Entry Date	Exit Date	Interims	Follow Ups	Client Count
Chicago Coordinated Entry System (CES) - Skilled Assessors Project (1474)	HUD	03/22/2017				

Add Interim Review - (409749) Rizzo, Anthony

Interim Review Data

Entry / Exit Provider: Chicago Coordinated Entry System (CES) - Skilled Assessors Project (1474)  
Entry / Exit Type: HUD  
Interim Review Type\*: Update  
Review Date\*: 05 / 10 / 2017 9 : 05 : 55 AM

Save & Continue

Cancel

Exit

To update a client's assessment, Assessors will create an **Interim Review Update** by:

- Navigating to the **Entry/Exit** tab
- Clicking the notebook under **Interims** associated with the entry
- Creating a new **Interim Review Update**.



# Coordinated Entry System (CES)

## The Housing Process: Assessment to Match

### The Referral: Importance of Updating the Referral Need Status

Client - (409264) Bryant, Kris

Client Information

Service Transactions

Edit Need

Household Members

This Client is not a member of any Households.

Need Information

Provider \* Chicago Coordinated Entry System (CES) - Skilled Assessment Project (1474)

Need \* At Risk/Homeless Housing Related Assistance Programs (BH-0500)

Date of Need \* 03 / 27 / 2017

Need Status \* 23 Clients: Matched, awaiting response/decision from Housing Provider

Update of Movement from Match to Housed

Name	ClientID	Referral Date	Referral Need Status	Referred to Project
		4/21/2017	CES: Matched: Awaiting response by Housing Provider	
		5/4/2017	CES: Matched: Awaiting response by Housing Provider	

Additional Referral for Current Opening

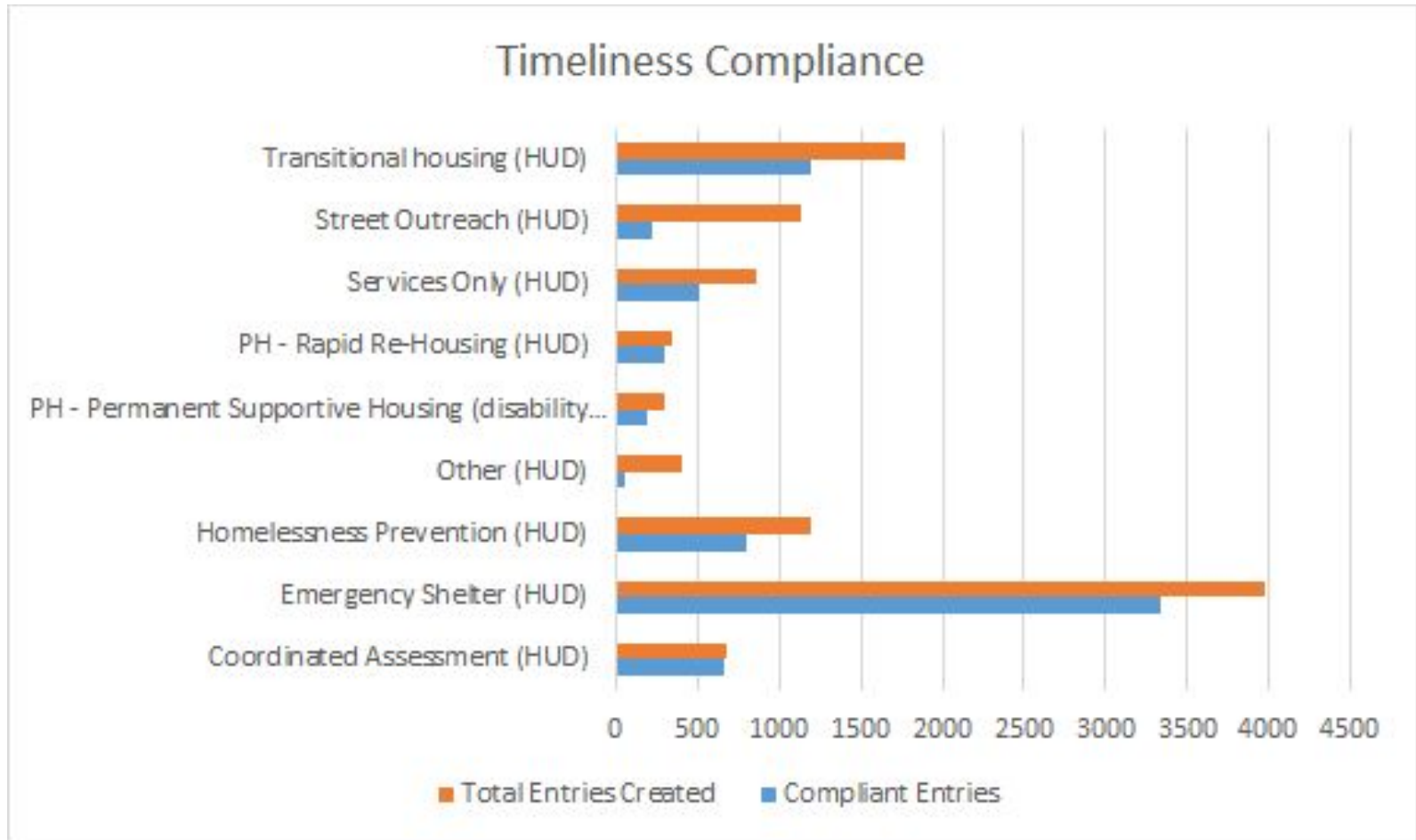
ClientID	Referral Date	Refer-To Provider	Need Status	Need Reason Unmet	Need Notes	User Creating	User Updating
	4/20/2017		CES: Rematch Needed: Not	Client Not Eligible	chronically homeless report saying with		
# Rematches Needed	1						

# Quarterly Data Quality Assessment Process: Timeliness

- Data entry timeframe for children born during enrollment - 1 month. Entry date 1 day after DOB
- Reminder - Data Entry Timeframe
  - 3 days - Emergency Shelters, Interim Housing
  - 7 days - Rapid Re-Housing, Transitional Housing, PSH, Safe Havens, Services Only, Street Outreach



# Quarterly Data Quality Assessment Process: Timeliness



# Quarterly Data Quality Assessment Process: Bed Utilization Forms



1. What is your name? (name of ATA completing the form) \*

Your answer

2. What is the HMIS Provider ID Number for this Provider? \*

Be sure to use the ID for the program that the list will be entered under!

Your answer

3. Based on the Unit List Update Report in ART, are your ShelterPoint Unit Lists for this provider correct? \*

- No, one or more Unit Lists for this provider are incorrect
- Yes, all of the Unit Lists for this provider are correct, and I am done with this form!

4. If you answered "No" to the previous question, do you want to update, delete or add a new unit list?

We have given you the option to select more than one option if you would like to delete your old unit list and add a new one entirely. Please only select multiple options if this is your situation. If you would like to update one list and also add a new list, then please submit this form twice.

- Update
- Delete
- Add new

5. If you are updating an existing list (or deleting a current one and adding a new one) please give us an idea of why the unit list has changed

Your answer

## Chicago HMIS Bed Utilization Non-Compliance Explanation

Please fill out this form if your project's utilization is out of compliance and it is unrelated to a data quality issue. If your project was truly over or under capacity on the day in question, please provide a detailed explanation.

If you have multiple projects with out-of-compliance utilization rates for the same reason (e.g. all of the programs are Shelter Plus Care and have been authorized to over-utilize at variable rates) you can list multiple HMIS Project IDs in the HMIS Project ID field. Please only use this option if the reason for non-compliance is the same among all of the projects.

\* Required

Name (the name of the person filling out this form): \*

Your answer

Email address: \*

Your answer

HMIS Project Name(s) and ID(s): \*

If you have multiple projects with out-of-compliance utilization rates for the same reason (e.g. all of the programs are Shelter Plus Care and have been authorized to over-utilize at variable rates) you can list multiple HMIS Project IDs here. Please only use this option if the reason for non-compliance is the same for all of the projects.

Your answer

Please provide specific details explaining your utilization rate: \*

Your answer

# New Privacy and Consent

- Effective May 1st
- **Required** webinar training for all users of HMIS

*Read the new forms and ask questions!*

# Overview of New Forms

## **PRIVACY POLICY NOTICE**

Standard Agency Privacy Policy Notice

## **CONSENT**

Client Consent for Data Sharing & Supplemental Disability Consent

## **AGENCY POSTING**

Standard HMIS Privacy Posting

# One Consent Form for All Clients

One Form for All -- with 3 Parts + a Supplemental

Effective Date: May 1, 2017

**Chicago Homeless Management Information System**  
**Client Consent for Data Sharing**

Agency Name: \_\_\_\_\_

This Agency is part of a group of stakeholders that coordinate their efforts to end homelessness in Chicago. This group is referred to in this document as the Chicago Homeless Management Information System (HMIS) Collaborative ("Collaborative", "we", or "us"). The Collaborative collects your information and enters it into the Chicago Continuum of Care ("Chicago CoC") HMIS.

A representative of this Agency is going to ask you for information about you and your dependents. (The word "dependent" is used in this document to refer to any person under the age of 18 for whom you consent or in certain circumstances that are described in this document.) Your information in the Chicago HMIS will be shared with your information that you provide to this Agency can be shared with the Collaborative. You may decline to consent or in certain circumstances that are described in this document.

This form has three parts. The purpose of this form is to allow you to decide how much of the information that you provide to this Agency can be shared with the Collaborative. You may decline to allow this Agency to share any of your information. If you decline, the ability of this Agency and the Chicago CoC to provide housing to you may be reduced, but this Agency will still provide emergency services to you.

**PART I - BRIEF ANSWERS TO QUESTIONS YOU MAY HAVE**  
**What Are the Reasons for Sharing Information about Me?**

- Help service providers offer suitable housing and care options to you.
- Assist Chicago CoC in documenting the need and obtaining funding for its housing and services.
- Allow for data analysis and academic research.

**How Is My Data Protected?**

- Every Agency is required to comply with Standard Agency Privacy Practices Notice.
- Chicago HMIS users must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The Chicago HMIS incorporates industry standard security requirements and is updated to stay current with these security requirements.

**What Are My Rights?**

- You can obtain an electronic version or paper copy of your information that has been entered into the Chicago HMIS.
- You can ask to correct or amend your information entered in the Chicago HMIS.
- You can sign a new copy of this Client Consent for Data Sharing in which you limit the extent to which information about you is shared by changing your answers in Part II of this form.

**Are There Circumstances in Which My Information Might Be Disclosed Without My Consent?**

- Yes. The law says we must report suspected abuse or neglect of children and vulnerable adults. We may also release your information to protect the health or safety of you and your dependents as required by law or an official with a valid subpoena, warrant, or court order.

For more detailed information, ask to see a copy of our Standard Agency Privacy Practice Notice.

**PART II - YOUR CONSENT WITHIN THE COLLABORATIVE**  
We would like to ask you to share two categories of information, which we refer to as "Basic Information" and "Coordination of Care and Housing Information."

will not prevent you from accessing emergency services.  
 For individuals with dependents, this option will not prevent you from sharing your information with other service providers with whom you are currently receiving services.  
 Do not agree to share any information: For individuals with dependents, this option will not prevent you from sharing your information with other service providers with whom you are currently receiving services.  
 Note: You may revoke your consent by contacting the Agency that shared your information with other service providers with whom you are currently receiving services.  
 For individuals with dependents, this option will not prevent you from sharing your information with other service providers with whom you are currently receiving services.

**ILLINOIS CONTINUUM OF CARE GROUPS (To be completed only if you have experienced homelessness and moved between Chicago and other places in Illinois)**

If you have experienced homelessness and resided in Chicago and elsewhere in Illinois, we may need to share some personal information about you to help us understand the need for housing resources. This information would include the following:

- Name, Date of Birth, gender, Social Security Number, contact information, case manager information.

Check if you agree to share the above information.

Client or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Organization Use only: (Initial all that apply)  
The Client above received a telephonic explanation of this form, as needed. On behalf of the Client, staff at this agency served as the representative. The Consent was read in its entirety. \_\_\_\_\_  
An authorized representative completed this consent for the Client. A description of the representative's right to do so is attached. \_\_\_\_\_

Number, date of birth, gender, (where applicable) (Note: Anyone 18 or older we will look it up)

Following information: (where applicable)

applies to all.

this form, it shows that you: (where applicable)

is Client Consent or heard an explanation of its contents. (where applicable)

and the list of participating agencies and understand that it will periodically be updated. (where applicable)

pledged that other agencies in the Collaborative that provide services to you may (where applicable)

your information (where applicable)

and this consent does not expire unless you withdraw your consent to share at any (where applicable)

signing a new copy of this Consent; however, any information already shared with (where applicable)

agency cannot be taken back or revoked. (where applicable)

and that housing providers may record significant incidents in which you are (where applicable)

in their programs, and that these incidents will be shared with the entities that (where applicable)

emergency services, housing coordination and outreach services for matching (where applicable)

als to appropriate programs. (where applicable)

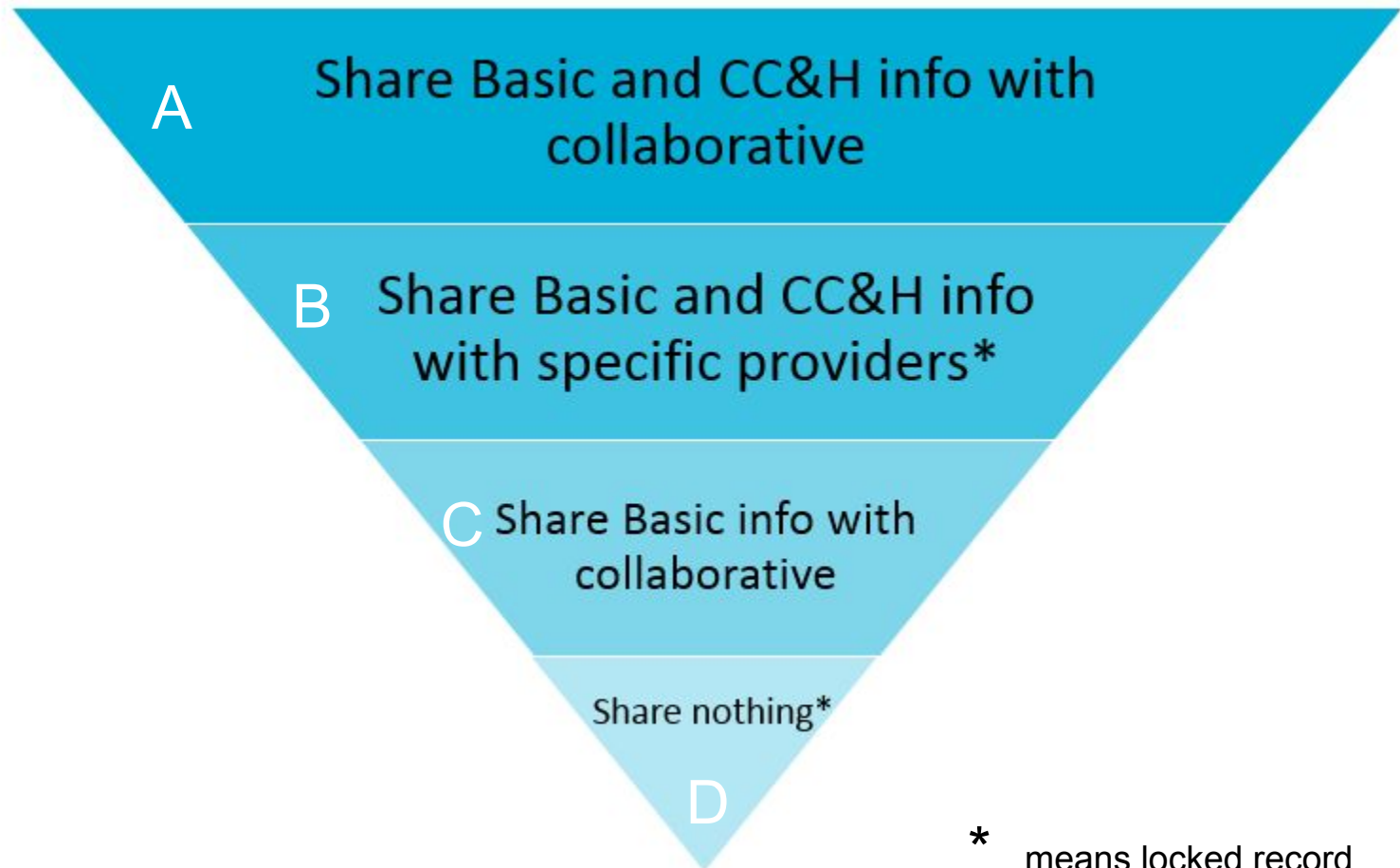
dependents: (Please list all dependents)

Name 1: \_\_\_\_\_  
Name 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_  
Name 4: \_\_\_\_\_  
Name 5: \_\_\_\_\_  
Name 6: \_\_\_\_\_  
Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 4 Data Sharing Options:
















## Coordination of Care and Housing Information



\* means locked record



# Basic Information

Client Information				Service Transactions																																									
Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Measurements	Activities	Assessments																																				
Added to the system 07/03/2012 03:44 PM																																													
Name	test, bowman			Gender	Male																																								
Date of Birth	12/01/1981 (Age 35)			Primary Race	American Indian or Alaska Native (HUD)																																								
Social Security				Secondary Race	American Indian or Alaska Native (HUD)																																								
				U.S. Military Veteran?																																									
																																													
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Name

Social Security Number

Date of Birth

Gender

Veteran Status

Photo

Entry Details: Project Name and Entry and Exit Dates

Recipient Identification Number

Contact Information

# Coordination of Care and Housing Information

## Military Service Details:

### If YES to U.S. Military Veteran:

What was the character of your discharge?

Honorable

## Experience with homelessness and living situation

### Length of Homelessness

Current Residence/Living Situation

Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)

Length of Stay in Previous Place

One week or more, but less than one month

Approximate date homelessness started:

01 / 01 / 2016

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

One time (HUD)

Total number of months homeless on the street, in ES or SH in the past three years

More than 12 months (HUD)

## Income and Sources

### Income & Education

Does anyone in your household currently receive income from any source?

-Select-

If yes, what is/are the household's current income source(s)?

-Select-

If yes, what is/are the household's current income source(s)?

-Select-

If yes, what is/are the household's current income source(s)?

-Select-

What is your household's gross monthly income from all income sources?

# Coordination of Care and Housing Information (continued):

## Medical insurance and/or primary care provider information

### Health

Is the participant currently covered by Health Insurance?	<input type="text" value="-Select-"/> ▼ G
If yes, please indicate type of insurance?	<input type="text" value="-Select-"/> ▼ G
If yes, what health plan are you enrolled in?	<input type="text" value="-Select-"/> ▼ G
Where have you gone most often to seek medical care in the past 12 months?	<input type="text" value="-Select-"/> ▼
Have you visited your Primary Care Physician within the past 6 months?	<input type="text" value="-Select-"/> ▼ G

# Documenting Consent in HMIS

- Guide now available on the Helpdesk for **projects** on completing the ROI
- **Two ROIs** will be necessary to document the new Consent and Supplemental
- Short training video coming soon!




*Note: Skilled Assessors will follow a different procedure for documenting client consent for the CES.*

# Privacy Posting Expectations

Must be visible:

★ where client intake occurs

## Chicago Homeless Management Information System (HMIS) Standard Privacy Posting

<p><i>This notice describes how this agency in the HMIS Collaborative will use and protect the information about you and your dependents that is entered in HMIS and your rights to decide how your information is shared. The policies stated in the Standard Agency Privacy Policy Notice can be amended at any time and a draft will be posted at least 30 days prior to taking effect. Please read the full Standard Agency Privacy Practices Notice for more details.</i></p>				
<p><b>Why we collect and enter your information</b></p>	<ul style="list-style-type: none"> <li>To provide or coordinate services for you;</li> <li>To locate other programs that may be able to assist you;</li> <li>For functions related to payment or reimbursement for services provided by or on behalf of the Chicago HMIS Collaborative;</li> <li>To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>To comply with government and funder reporting obligations;</li> <li>For data analysis, and community reporting purposes, including reporting to the Chicago CoC, to inform policy decisions;</li> <li>For academic research and when required by law</li> </ul>			
<p><b>Agency use and disclosure of your information</b></p>	<p>Your personal information may be used or disclosed with your consent for the following reasons:</p> <ul style="list-style-type: none"> <li>To provide or coordinate services for you and your family to help you end your homelessness.</li> <li>For purposes of data integration with other systems or data warehousing.</li> </ul> <p>Your personal information may be used or disclosed without your consent for the following reasons:</p> <ul style="list-style-type: none"> <li>For functions related to payment or reimbursement for services provided by or on behalf of the Collaborative;</li> <li>To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>To carry out maintenance and operation of the Chicago HMIS;</li> <li>To create reports for the CoC that include your data but only in a way your identity is not disclosed (this type of data is sometimes referred to as "anonymized" or "de-identified" data);</li> <li>When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law;</li> <li>To avert a serious threat to health or safety;</li> <li>To report about an individual who is believed to be a victim of abuse, neglect, or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence;</li> <li>To a law enforcement official for a law enforcement purpose;</li> <li>For academic research purposes</li> </ul>			
<p><b>Your rights and choices</b></p>	<ul style="list-style-type: none"> <li>Obtain an electronic version or paper copy of your information/Ask to correct or amend your information.</li> <li>Request a preference for communication.</li> <li>Obtain a list of participating agencies in the Chicago HMIS Collaborative. The list will be posted on <a href="http://www.allchicago.org">www.allchicago.org</a></li> <li>Obtain a copy of this Privacy Notice.</li> <li>Request to revoke your information from being shared.</li> </ul>			
<p><b>Contact Information</b></p>	<table border="0"> <tr> <td> <p><b>Agency Information:</b> Name: Address: Phone:</p> </td> <td>  </td> <td> <p><b>HMIS Lead Agency: All Chicago Making Homelessness History</b> 651 W. Washington, Suite 504 Chicago, Illinois 60661 Phone: 312--379--0301</p> </td> </tr> </table>	<p><b>Agency Information:</b> Name: Address: Phone:</p>		<p><b>HMIS Lead Agency: All Chicago Making Homelessness History</b> 651 W. Washington, Suite 504 Chicago, Illinois 60661 Phone: 312--379--0301</p>
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New Version goes into effect May 1st, 2017

# Privacy Policy

- Read the new policy!
- Update your agency website
- Ensure your HMIS users have attended a webinar training and are confident in answering client questions

*What's the ATAs role in helping users of HMIS understand the new policy?*

# Helpdesk Resources

## HMIS Training

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### CONSENT FORM & PRIVACY POLICY

★ Documenting Client Consent in HMIS - ROI

★ How to Lock a Client Record

Recorded Webinar: New Consent Form and Privacy Policy Training

<http://hmis.thechicagoalliance.org/hc/en-us>



# Helpdesk Resources

## Client Consent Forms

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### NEW PRIVACY AND CONSENT FORMS

- ★ [Chicago CoC Privacy Policy Notice](#)
- ★ [Chicago CoC Privacy Posting](#)
- ★ [Client Consent for Data Sharing and Supplemental](#)

### HMIS PARTNER AGENCIES

[HMIS Partner Agencies](#)

<http://hmis.thechicagoalliance.org/hc/en-us>

# HUD CoC APR

The new APR is now a “canned” report, accessible to ALL users.

*Recorded Webinar available on the Helpdesk*

<http://hmis.thechicagoalliance.org/hc/en-us>

# Running the Report

► Last Viewed   Favorites

Home

ClientPoint

ResourcePoint

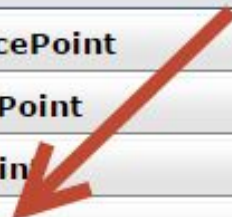
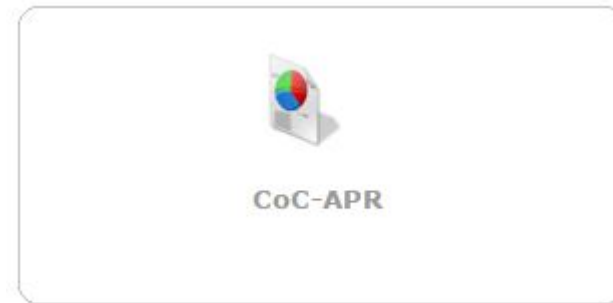
ShelterPoint

SkanPoint

► Reports

► Admin

Logout



**Report Options**

Provider Type    Provider    Reporting Group

Provider \*   -Select-    This provider AND its subordinates    This provider ONLY

Program Date Range \*   [ ]/[ ]/[ ] [ ] [ ] [ ] to [ ]/[ ]/[ ] [ ] [ ] [ ]

Entry/Exit Types \*    Basic    Basic Center Program Entry/Exit    HUD    PATH    Quick Call    RHY    Standard    Transitional Living Program Entry/Exit    VA    HPRP (Retired)

Build Report   Download   Clear

## Report Prompts

# SAGE Reporting Repository

- Beginning 4/1/17, APRs must be submitted using SAGE - a new reporting repository.
- All Chicago must approve all users requesting access to Sage

*How does the switch to Sage and a canned APR change the role of the ATA?*

# Sage Resources

\*Subscribe to the HUD Exchange Listserv to receive important information. To subscribe now, click [here](#).

Creating an account in Sage:

<https://www.hudexchange.info/trainings/courses/sage-training-video-how-to-create-an-account/>

Sage Webinar Training:

<https://www.hudexchange.info/trainings/courses/apr-training-overview-of-the-sage-hmis-repository-webinar/1887/>

Sage Guidebook

<https://www.hudexchange.info/resource/5315/sage-coc-apr-guidebook-for-coc-grant-funded-programs/>

# Point-In-Time Count (PIT) Review

## Successes

Data from approximately **70%** of projects came from HMIS

**First time** HMIS data was used for official submission

Data was submitted on time: May 1st



# Point-In-Time Count (PIT) Review




## Challenges

Duplicates: Clients in beds at multiple projects at one time

Data entry for projects serving households with multiple clients (families): **HMIS Data was not used** if household members were added to beds separately

### Shelter Inventory Information





#### Unit List - Emergency Shelter

	Date In	Floor	Room	Bed
		Fifth Floor	Suite 504	Bed 001
		Fifth Floor	Suite 504	Bed 002
		Fifth Floor	Suite 504	Bed 003



# Adding Household Members to Beds in ShelterPoint

## Unit Entry Data - (30) Fox, Amanda

Date In *	05 / 09 / 2017    3 : 31 : 17 PM	Midnight Check In
On Premises	Yes	
Exempt from Curfew	No	
Unit Name / Number	Fifth Floor / Suite 504 / Bed 001	Assign Unit
Supplies Given	<input type="text"/>	 Change Clear
Locker number	<input type="text"/>	
Codes/Notes	<input type="text"/>	

## Incidents For (30) Fox, Amanda

Start Date	End Date	Incident	Incident Code	Provider	Ban Site	Staff
<input type="button" value="Add New Incident"/>		No matches.				

### Households Overview

### Household Members

To include Household members in this Check In, click the box beside each name. Then assign each member a unit. If no unit is available, an Overflow unit will be used. Note: Only members from the same Household may be selected.

(7) Female w/ child

(30) Fox, Amanda

(43) Fox, Jerry

Assign Unit

Assign Unit

## Default Shelter Assessment

No Shelter Check In Assessment is specified for this Provider

Save

Save & Exit





Exit

# ServicePoint Updates:

Joined Household Date - can now be left as "today"

Household Type*	Male w/ child
Income	US\$350.00 monthly (US\$4,200.00 annual)
Client Count	2

Household Members					
Name	Age	Head of Household	Relationship to Head of Household	Joined Household*	
(285825) test, bowman	35	Yes	Self	07 / 29 / 2015	 
(383140) test, Jen	32	No	Head of household's child	01 / 25 / 2016	 

**It is no longer required to 'back date' the Joined Household Date to the day prior to Entry**

# ServicePoint Updates: Sub-Assessment Start Dates

Add Recordset - (285825) test, bowman

### Monthly Income

Monthly Amount	<input type="text"/>	G
Source of Income	<input type="text" value="-Select-"/>	G
If Other, Please Specify	<input type="text"/>	
Receiving Income Source?	<input type="text" value="-Select-"/>	G
<b>Start Date*</b>	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>	G
End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	G

Save Save and Add Another Cancel

**Start Dates:**  
If you do not have the actual start date, it is okay to leave as the default date (Entry Date)

This change applies to ALL sub-assessments!

# Shadow Mode

## DEMO!

How do I know what projects one of my user's can access in HMIS?

# Announcements

State Homeless Prevention Funds are available through 311 - Clients should ask for '**Short Term Help**'.

# Thank you!

Next Meeting  
Wednesday, July 12<sup>th</sup>  
10am - Noon  
Location: TBD