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Goals of Written Standards for YYA Drop In Centers

The purpose of these written standards are to document our Continuum of Care (CoC), Youth Homelessness Demonstration Program (YHDP), and community expectations of the Drop In Center programs. While each program is unique, this document aims to describe agreed upon benchmarks of a successful Drop In Center program and showcase our community’s best practices. Please note that our Drop In Centers may also have regulatory requirements from other funding sources (RHY, ESG, Private, etc.) - please see your agency’s specific policies and procedures for programming funded under sources other than the Youth Homelessness Demonstration Program and the Continuum of Care.

Our goals for the written standards include:
- Establishing community-wide expectations pertaining to the operating and continuous quality improvement of our Continuum of Care and YHDP funded Drop In Center programming.
- Creating consistency and a clearer pathway to collaboration.
- Ensuring transparency of our priorities and performance metrics for recipients and subrecipients of YHDP/CoC funds and for the YYAs being served.

Guiding Principles

All YHDP projects will ensure our Community’s Guiding Principles are implemented at all levels of the program including service delivery. See our Coordinated Community Plan (pg. 47).

<table>
<thead>
<tr>
<th>Guiding Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Informed Care (TIC)</strong></td>
<td>Projects will integrate knowledge about trauma and its effects into policies, procedures, practices, and physical spaces.</td>
</tr>
<tr>
<td><strong>Positive Youth Development (PYD)</strong></td>
<td>Positive Youth Development is a strengths based framework in which staff collaborate with YYA to develop protective factors that encourage social and emotional development.</td>
</tr>
<tr>
<td><strong>Family Engagement</strong></td>
<td>Focusing on incorporating and engaging the family unit as a whole will help prevent and shorten episodes of homelessness for YYA.</td>
</tr>
<tr>
<td><strong>Immediate Access to Housing with no Preconditions</strong></td>
<td>Projects will not create barriers or conditions to receiving assistance or program admission.</td>
</tr>
<tr>
<td><strong>YYA Choice</strong></td>
<td>YYA expressed that they wish to have autonomy over their lives and the ability to make their own decisions, with the guidance of trustworthy mentors.</td>
</tr>
<tr>
<td><strong>Individualized and Client Driven Supports</strong></td>
<td>Projects will individualize case management plans to each YYA’s unique needs and goals.</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Social and Community Integration</strong></td>
<td>YYA need to feel they belong in their community and have opportunity for social engagement.</td>
</tr>
<tr>
<td><strong>Progressive Engagement</strong></td>
<td>Projects will focus on immediate resolution of a YYA’s housing crisis and then tailor subsequent assistance to their unique needs and strengths.</td>
</tr>
<tr>
<td><strong>Coordinated Entry (CE)</strong></td>
<td>We support a no wrong door and YYA-centric approach to CE. All projects will participate in CE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Values</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td>Youth and young adults (YYA) of color as well as YYA identifying as LGBTQ+ make up a disproportionate number of people experiencing homelessness in our community as well as nationally. Equity is promoted at all levels of projects including in staffing, case management, and continuous quality improvement.</td>
</tr>
<tr>
<td><strong>Non-Discrimination and Inclusiveness</strong></td>
<td>Projects should ensure that individuals are admitted based on that YYA’s self-reported gender identity. Special considerations apply. Refer to <a href="https://www.hud.gov/violence">HUD’s Equal Access Final Rule</a>.</td>
</tr>
</tbody>
</table>
Description of Projects

The Drop In Center provides a safe place for unaccompanied YYAs who currently do not have stable housing or who are receiving case management services. While a client of the Drop In Center, YYAs are able to access Coordinated Entry and receive linkages to outside services and case management. Beds are not available. While youth may drop in for a variety of reasons, when there is a capacity concern then youth who are literally homeless are prioritized, followed by youth at-risk of experiencing homelessness. Below are our current operating youth-specific drop in centers.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Eligibility and Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>BestSelf Behavioral Health “Safe Space”</td>
<td>YYA aged 16-24 at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking.</td>
</tr>
<tr>
<td></td>
<td><strong>Hours:</strong> 11pm-7am  <strong>Weekdays</strong></td>
</tr>
<tr>
<td>Compass House Resource Center</td>
<td>YYA aged 14-24 runaway / at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking / runaway youth</td>
</tr>
<tr>
<td></td>
<td><strong>Hours:</strong> 9am-5pm  <strong>Weekdays</strong></td>
</tr>
<tr>
<td></td>
<td>*Office of Child and Family Services RHY regulations also apply, refer to agency’s specific internal policies and procedures.</td>
</tr>
<tr>
<td>Compass House After Hours “Safe Space”</td>
<td>YYA aged 14-24 runaway / at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking.</td>
</tr>
<tr>
<td></td>
<td><strong>Hours:</strong> 5pm-10pm  <strong>Weekdays</strong></td>
</tr>
<tr>
<td>*Community Missions “Falls Street Station”</td>
<td>YYA aged 16-24 runaway / at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking. Currently open for daytime hours by appointment. (Note this is an extended service of the TH-RRH program and not an SSO project).</td>
</tr>
</tbody>
</table>
Project Eligibility and Enrollment

All YHDP Projects must follow the CoC Written Standards and the CoC’s Coordinated Entry Policies and Procedures.

Determining Eligibility

YYAs experiencing HUD Category 1, 2, 4 are prioritized for services. Documentation of homelessness and at-risk status should be collected. Homelessness status can be verified via HMIS, staff observation, and self-report (3 months of homeless time is accepted for a self-report).

**YYAs are eligible if:**

- They are unaccompanied YYAs experiencing HUD Category 1, 2, or 4 of homelessness or a runaway youth and are aged 16-24 and 12-24, depending on agency specific guidelines listed in the chart in the previous section.
  
  **OR**
  
- The YYAs are enrolled in another housing program and/or receive case management at the Drop-In Center location.

Coordinated Entry

YYAs may access Coordinated Entry (CE) at any Drop In Center location. Drop In Center staff may conduct at TAY-VI-SPDAT, the Diversion Tool, and enter new clients into HMIS. Clients accessing CE at the Drop In Center will be placed on the by name priority list if eligible.

The diversion tool should be conducted with all clients upon first contact to attempt to divert the YYA from needing to utilize crisis housing. If the youth cannot be diverted and is therefore experiencing literal homelessness, a TAY-VI-SPDAT should be conducted and the youth will be placed on the by-name list. If the YYA states they need assistance or resources in order to return home or be diverted, a referral to the Family Engagement Team may be appropriate.

Enrollment and HMIS procedure

*See Appendix B for a detailed HMIS workflow.*

**INTAKE:**

- Complete agency paperwork and consent forms for the internal system and HMIS as per your agency’s specific guidelines.
- Search for a client or create a new client.

**YHDP Funded Projects:**

- Use the entry type “HUD” to create an entry for the client in HMIS.
- Complete diversion tool with all clients upon first encounter (found in the assessment tab) and record the outcome in the CE event (found in entry).
- Complete YHDP intake (found in entry).
If the client cannot be diverted, ensure the client can access crisis shelter or other emergency housing. If the client is successfully diverted, exit the client with the appropriate destination.

**RHY Funded Projects:**
- Use the entry type “RHY” to create an entry for the client in HMIS.
- Complete HMIS intake.

**UPDATE:**

**YHDP Funded Projects:**
- Use the interim review to update the Austin Assessment if within 30 days of client intake.
- OPTIONAL FOR DROP IN: Use the measurements tab to complete the Lifeworks SSM if applicable.
- Add casenotes in the casenotes tab to track client progress and current living situation.

**RHY Funded Projects:**
- Use interim review to update client information
- Use the Casenotes tab to track progress

**EXIT:**
- Add an exit date in the entry/exit tab by clicking the pencil before the blank exit date space for your project and select the appropriate destination.

**YHDP Funded Projects:**
- Update YHDP/RHY questions and Austin Assessment at this time in the exit tab and update the CE event and current living situation.
- If applicable: Update the Lifeworks SSM a final time in the measurements tab.

**RHY Funded Projects:**
- Update applicable client information
- Exit the client to the appropriate destination and update the current living situation.

**Program Exit or Non-Engagement**

**MIA Status:** If a case manager makes three documented attempts within 30 days to reach a client and are unsuccessful, the client may be exited from the program in HMIS. Upon return, clients can again be enrolled in the Drop In Center program in HMIS.

**Guidelines for Termination and Grievance Procedure**

At a minimum:
- Projects should have a written termination and grievance procedure, including a process by which participants can provide feedback.
- Clients should acknowledge they have received a copy of the program’s rules and termination/grievance procedures before receiving assistance.
- Clients should only be considered for termination for severe and/or repeated violations and if a danger to oneself or others. Appropriate referrals will be made.

Considerations for Minors

YYA age 18 and older may sign their own consent to be entered into HMIS and to share that data with appropriate agencies in your program’s HMIS sharing agreement. YYAs age 17 and under may sign a consent to enter their data into HMIS, but this data may ONLY be shared within the agency that is enrolling the YYA. Ensure HMIS ROI status is correct so that minor YYA data is not shared. YYAs of any age may be enrolled in the DI program if they choose, although obtaining parental/guardian consent is strongly encouraged.

Mandated Reporting

Refer to the NYS Child Protective Services (CPS) webpage and Summary Guide for Mandated Reporters for resources on making CPS reports. In cases of suspected abuse or maltreatment/neglect of a YYA age 17 and under, you may be required to make a report to CPS. Also refer to your individual agency’s policy on mandated reporting. In addition, refer to the Mandated Reporter Resources Center for more information.

YYA Consent

OCFS outlines NYS regulations for YYA consent to services, length of voluntary consent to services, and other regulations pertaining to YYAs involved in foster care and the juvenile justice system. Refer to OCFS Policy and Forms and RHY regulations.

Guidelines for Service Provision

These guidelines and benchmarks reflect agreed upon best practices in the community. Rather than being strict rules for program participants, the benchmarks outlined here represent goals for each client. Each case management plan will be individualized and client driven.

Case Management

Drop In Center case management is intended to help the YYA to resolve their homelessness via access to a diversion conversation, coordinated entry, or to prevent homelessness, and support the YYA to obtain permanent connections, education/employment, stable housing and social-emotional wellbeing. Intensity of case management services differs by agency. YYAs may choose goals of their own to work toward.

OPTIONAL: Case managers may use a goal setting curriculum to guide service delivery and use the LifeWorks Self-Sufficiency Matrix to document client progress in HMIS.
Determining Eligible Costs for YHDP funded Projects

The following is specific to YHDP (Continuum of Care) funded Drop In Center programs. **Funding from other sources (ESG or RHY) also has specific eligible costs. Refer to your specific agency’s funding requirements and eligible costs.**

Refer to CoC Interim Rule at [24 CFR 578 Subpart D “Program Components and Eligible Costs”](#) for a detailed description of eligible costs for the CoC/YHDP funding sources. The Supportive Service Only (SSO) component projects provide supportive services to unsheltered and sheltered homeless persons for whom the recipient or subrecipient is not providing housing or housing assistance.

**Examples of Eligible Costs under YHDP/CoC funding include:**
- The costs of assessing, arranging, coordinating, and monitoring the delivery of case management and outreach services.
- Leasing of a facility from which supportive services will be provided
- Assistance with moving costs
- Case management
- Child care (The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.)
- Education services
- Employment assistance and job training
- Food
- Housing search and counseling services
- Legal services
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services
- Substance abuse treatment
- Transportation (for workers and for clients)
- Utility deposits
- Day to day operation of the site
- HMIS / Project Administration

**Progressive Engagement**

Using the Progressive Engagement approach, the client initially receives only the amount of assistance that is needed to quickly resolve their homelessness. Next, the case manager will review whether the client is in need of increased support. The case manager can increase / decrease the intensity of the assistance until the client has obtained permanent and stable housing.
Benchmark Goals for Progressive Engagement:
- Staff will be trained on the Progressive Engagement framework.
- Eligibility for financial / rental assistance and the amount necessary to resolve the housing instability will be reviewed with the client at least once every 3 months.

Performance Standards and Continuous Quality Improvement

Our Coordinated Community Plan details desired outcomes and performance measures for YHDP funded projects. The YHDP Lead Team, YYA Action Board, and Homeless Alliance of WNY will oversee the Continuous Quality Improvement effort. YHDP projects are required to upload an APR and YHDP supplemental report to SAGE annually for HUD reporting. In addition, our community is looking at several project specific goals as well as broader goals for our system as a whole, including all homeless youth serving projects in WNY.

### Drop In Center Program Specific Outcomes / Measurements (see CCP p. 84)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>How it’s collected</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a safe place to stay</td>
<td>HMIS / YYA feedback / survey feedback</td>
<td>Ensure YYAs know how to access the program, are entered into HMIS and access CE, and the program is providing a Trauma Informed environment</td>
</tr>
<tr>
<td>Linkage to other supportive services in order to facilitate youth and young adults’ education, employment, income, health, and well-being goals</td>
<td>HMIS / Lifeworks SSM / survey feedback</td>
<td>Ensure YYAs are being linked to appropriate services and it is documented in HMIS, and the Lifeworks SSM is completed and updated every 90 days.</td>
</tr>
</tbody>
</table>

### YHDP System Level Outcomes for all projects (see CCP p. 82-83)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>What it means</th>
<th>How it’s collected and/or determined</th>
<th>What you need to do</th>
</tr>
</thead>
<tbody>
<tr>
<td># of YYA who access safe crisis housing</td>
<td>We want to make sure more literally homeless YYA access safe / crisis housing if necessary</td>
<td>HMIS We will look at how many YYA have accessed shelter, drop-in, and TH annually</td>
<td>Ensure HMIS entry and CE event is accurate so YYA get on the by-name list and can access shelter, drop in, and TH quickly and programs are serving the most YYA possible</td>
</tr>
<tr>
<td># of YYA on by-name list</td>
<td>We want to identify the most YYA we can and quickly get them into</td>
<td>By-Name List / HMIS CE Report We will look at how many</td>
<td>Ensure HMIS entry and CE events are accurate so YYA are identified. Work</td>
</tr>
<tr>
<td>Outcome</td>
<td>Description</td>
<td>System</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>% of first time homeless YYA</td>
<td>We want to prevent literal homelessness</td>
<td>HMIS</td>
<td>Ensure entry / exit data in HMIS is current and accurate / ensure all programs use the diversion tool to reduce the # of YYA becoming literally homeless</td>
</tr>
<tr>
<td>Increase % of YYA reporting services were</td>
<td>We want to ensure that programs are adhering to the guiding principles</td>
<td>Post-exit surveys and/or focus groups</td>
<td>Adhere to guiding principles and promote completion of surveys post-exit.</td>
</tr>
<tr>
<td>delivered in a culturally responsive and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>developmentally appropriate manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of YYA who exit to permanent housing</td>
<td>We want more YYA exiting to permanent housing</td>
<td>HMIS</td>
<td>Fill out HMIS exit questions accurately.</td>
</tr>
<tr>
<td>% recidivism</td>
<td>We want to reduce the number of times YYA experience homelessness</td>
<td>HMIS</td>
<td>Ensure entry / exit data in HMIS is current and accurate / ensure all programs use the diversion tool to reduce the # of YYA becoming literally homeless</td>
</tr>
<tr>
<td>Stability of YYA</td>
<td>YYA are on the by-name list at any given time - more YYA should be</td>
<td></td>
<td>together to ensure YYA are quickly moved into permanent housing</td>
</tr>
<tr>
<td></td>
<td>identified and YYA should be swiftly moving in to permanent housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase # of YYA served by FET</td>
<td>We want to divert more YYA from literal homelessness</td>
<td>HMIS</td>
<td>Ensure entry / exit data in HMIS is current and accurate. Divert YYA from crisis housing if possible using diversion tool and/or enroll in FET to prevent homelessness.</td>
</tr>
<tr>
<td>Increase # of YYA assessed thru CE</td>
<td>We want to identify and screen more YYA for assistance</td>
<td>HMIS</td>
<td>Ensure all CE screening and assessment is recorded in HMIS and/or internally (Update CE event for VI, referral, or diversion tool)</td>
</tr>
<tr>
<td>Length of services provided</td>
<td>We want to make sure that YYA are moving swiftly thru crisis housing and</td>
<td>HMIS</td>
<td>Ensure progressive engagement is implemented, YYA are moving swiftly thru crisis /TH housing, and follow up is provided as eligible</td>
</tr>
<tr>
<td></td>
<td>are receiving support long enough for them to reach their goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YHDP System Level Outcomes for all projects</td>
<td></td>
<td></td>
<td>(see CCP p. 82-83)</td>
</tr>
<tr>
<td>Guiding Principles in Action</td>
<td>We want</td>
<td>Documentation of</td>
<td>Provide training and/or</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Increase % of case managers trained in all guiding principles according to the CCP</td>
<td>to ensure that programs are adhering to the guiding principles</td>
<td>training completion / certification</td>
<td>access to training on guiding principles and model supervision accordingly</td>
</tr>
<tr>
<td>Staff retention</td>
<td>We want to decrease staff turnover</td>
<td>Staff changes / # HMIS licenses</td>
<td>Report HMIS licenses changes on FET staff positions quarterly. Offer competitive compensation and benefits to staff.</td>
</tr>
<tr>
<td>Decrease # with Juvenile Justice Involvement</td>
<td>We want to ensure YYA are staying out of the criminal justice system / not returning to it</td>
<td>HMIS / case conferencing with the county</td>
<td>Ensure HMIS entry, update, and exit questions are accurate - work with juvenile justice case worker if necessary</td>
</tr>
<tr>
<td>% of YYA with improved social-emotional outcome</td>
<td>We want YYA to achieve their social-emotional goals</td>
<td>HMIS &amp; Lifeworks Self-Sufficiency Matrix</td>
<td>Ensure HMIS entry, update, and exit questions are accurate. Ensure the matrix is updated at entry, update, and exit</td>
</tr>
<tr>
<td>% of YYA who achieved their education and/or employment goals</td>
<td>We want YYA to achieve their education / employment goals</td>
<td>HMIS</td>
<td>Ensure YYA are working toward their chosen goals</td>
</tr>
</tbody>
</table>
Appendix A - NY-508 Coordinated Entry Prevention / Diversion Screening Tool

Date of Screening Interview: ____/_____/_____
Birthdate: ______________________________
Location: _________________________________________
Staff completing interview: ________________________________

1. Do you believe you will become homeless in the next 2 weeks?
   __ Yes __ No
1a. Are you homeless or do you believe you will become homeless in the next 3 days?
   __ Yes __ No


HUD Category 1: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

HUD Category 2: At imminent risk of homelessness within 14 days.

Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?
   __ Yes __ No

*If yes to Question 2, find the individual safe shelter. Refer to DV resources and/or crisis housing.
Call 211 for DV resources. Erie County-24 hour hotline at 716.862.4357. Niagara County - 24 hour hotline at 716-433-6716.

3. Where did you sleep last night? __________________________________________________________

4. Was it a safe location? __ Yes __ No

If no, ask “What made the location unsafe?” “Is there another place you can think of where you feel safe and could stay for a couple of nights?” If unsafe due to domestic violence, refer to DV services / crisis housing.

5. Why did you have to leave the place you stayed last night?

6. Could you stay tonight at the same location? __ Yes __ No
   If no, skip to Question 9
7. What would you need to help you stay where you stayed last night again?

Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

8. Would it help if I contacted the person you stayed with? What is the best way to contact that person?
   Name ___________________________ Phone _________________________

9. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?
   __ Yes __ No
   If no, skip to Question 12

10. What would you need to help you stay there?

Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

11. Would it help if I contacted that person you can stay with? What is the best way to contact that person?
    Name ___________________________ Phone _________________________

12. Were you able to successfully divert this person from utilizing shelter or other crisis housing and the client went to stay with friends/family or another safe location?
    __ Yes __ No

    If yes, and the client is willing, enroll to the Family Engagement Team.
    If no, complete TAY-VI-SPDAT and refer to shelter or other crisis housing.

Outcome of Screening and Next Steps / Additional Information:

________________________________________________________________________
Appendix B - HMIS Workflow and Data Entry - Client Intake/Update/Exit

FIRST CONTACT WITH CLIENT:

1. **Day 1 - Enter the client into your Drop In Center project so that the client may access Coordinated Entry.**
   - Use the Enter Data As (EDA) mode to enter data. *Don’t forget to use the correct EDA!* *
   - Search for a client file in HMIS. If one does not exist, create a new file. If the client has an existing file use that file.
   - Go to the client’s entry/exit tab and add an entry/exit for your project.
     - **NOTE:** Use the Backdate mode if you are not entering data in real time.
     - **FOR YHDP/CoC FUNDED PROJECTS:** Use the project type “HUD”
     - **FOR RHY FUNDED PROJECTS:** Use the project type “RHY”

2. **Complete intake assessment.**
   - **YHDP/CoC FUNDED PROJECTS:** YHDP/RHY Intake (Complete at Start Date with client, update as needed in interim update, and complete at exit). Austin questions may be completed at Start Date in the Entry tab as well. If not, complete the Interim Review as explained below.
   - **RHY FUNDED PROJECTS:** Complete the HMIS intake and follow your agency’s HMIS policies and procedures.

3. **Complete the Diversion Assessment.**
   - This tool is found in Appendix A and in the **Assessments tab in your client’s profile.** You may also complete a paper copy. The most important part is that the conversation takes place. This tool is meant to help the case manager engage in a conversation with the client, in a Motivational Interviewing style, about the client’s permanent connections and assist the client to reach out to trusted individuals with which the client can reside. The goal of this conversation is to divert clients from needing to utilize emergency shelter or experience literal homelessness.
4. Determine next step for Coordinated Entry access:
   
   - If you were able to successfully divert the client from shelter or literal homelessness, then record that result in the Coordinated Entry Event question. The client may be a good candidate for the FET if they are still believed to be at-risk.
   
   - **IF CLIENT IS LITERALLY HOMELESS AND CAN NOT BE DIVERTED:** Complete the TAY-VI-SPDAT. Refer to crisis housing, 211, DSS, or other appropriate emergency services.
   
   - Record the outcome in the CE event as shown here:

   ![Coordinated Entry Event]

   - The client may now remain open in your project for as long as you are working with them. You may leave the client open for 30 days without contact. If you have not had contact with the client in 31+ days, then exit the client and complete required exit questions.

5. **Within 45 days (after building rapport)** - Complete supplementary data and make updates as needed in the Interim Review:

   - **YHDP/CoC Funded Projects:** Here in the Interim Review, complete the Austin Assessment within 45 days of enrollment. This can be completed without the client present and will be completed a total of 2 times, when the client starts the program and at exit:

   - **RHY Funded Projects:** Use the interim review to update information / case notes as determined by your agencies policies and procedures.
**YHDP / CoC Funded Projects: OPTIONAL FOR DROP IN CENTER CLIENTS - LIFEWORKS:**

Here in the Measurements tab, Complete the Lifeworks Self Sufficiency Matrix at start and every 90 days during the course of the service plan. Complete a final time at Exit. Choose Initial, Update, or Final. This can be completed without the client present:

6. **Make updates as needed:**
   - Follow your agency’s specific policies and procedures. For example:
     - Update Lifeworks at least every 90 days
     - When housing is located and the client moves in, enter their “move in date”.
     - Use casenotes and service transactions to add information as you gather it.

7. **When the client completes project and/or at exit:**
   - Exit a client if they have completed the program and/or maxed out their time OR because they’ve been MIA for 30 days
   - When you exit the client:
     - Make any applicable updates to case notes, service transactions, or the Lifeworks if it was used.
     - Add an exit date in the entry/exit tab by clicking the pencil before the blank exit date space for your project and select the appropriate destination.
     - Update any YHDP/RHY questions and the Austin Assessment at this time in the exit tab.
Appendix C - HMIS Quick Quality Assurance Checklist

HMIS ID: ___________________ Case Manager: _________________________________

Intake:
Intake Date:____________________

☐ Complete your agency’s specific consent forms (if applicable).
☐ Search for a client file in HMIS. If one does not exist, create a new file.
☐ Complete required HMIS ROI in the ROI tab. (Choose “no” for minors).
  ☐ For YHDP - Create an entry for the client in your project under the “HUD” type.
☐ Complete YHDP intake questions.
☐ Complete the Diversion Tool in the assessment tab.
☐ Record the outcome in the Coordinated Entry event (found in entry).
  ☐ Complete the TAY-VI-SPDAT if the client is literally homeless.

Update:
Update Dates:_____________   _____________   _____________   _____________

☐ Complete Austin Assessment in the interim review (within 45 days of entry).
☐ OPTIONAL FOR DROP IN : Complete Lifeworks SSM in the measurements tab if able or at the next meeting.
☐ Add casenotes in the casenotes tab to track client progress and current living situation.

Exit:
Exit Date:____________________

☐ Add an exit date in the entry/exit tab by clicking the pencil before the blank exit date space for your project and select the appropriate destination.
☐ Update YHDP/RHY/other exit questions and Austin Assessment at this time in the exit tab and update the CE event and current living situation.
☐ If applicable: Update the Lifeworks SSM a final time in the measurements tab.