

Written Standards for CoC NY-508 YHDP Family Engagement Team (FET-RRH) for Youth and Young Adults in Erie and Niagara County

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Goals of Written Standards for Family Engagement Teams

The purpose of these written standards are to document our Continuum of Care (CoC) and community standards and expectations of the YHDP funded Family Engagement Team. While each program is unique, this document aims to describe agreed upon benchmarks of a successful YHDP Family Engagement Team (FET-RRH) program and showcase our community’s best practices.

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 Family Engagement Team programs
- Creating consistency and a clearer pathway to collaboration
- Ensuring transparency of our priorities and performance metrics to recipients and subrecipients of funds

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).

<i>Trauma Informed Care (TIC)</i>	Projects will integrate knowledge about trauma and its effects into policies, procedures, practices, and physical spaces.
<i>Positive Youth Development (PYD)</i>	Positive Youth Development is a strengths based framework in which staff collaborate with YYA to develop protective factors that encourage social and emotional development.
<i>Family Engagement</i>	Focusing on incorporating and engaging the family unit as a whole will help prevent and shorten episodes of homelessness for YYA.
<i>Immediate Access to Housing with no Preconditions</i>	Projects will not create barriers or conditions to receiving assistance or program admission.
<i>YYA Choice</i>	YYA expressed they wish to have autonomy over their lives and the ability to make their own decisions, with the guidance of trustworthy mentors.
<i>Individualized and Client Driven Supports</i>	Projects will individualize case management plans to each YYA’s unique needs and goals.
<i>Social and Community Integration</i>	YYA need to feel they belong in their community and have opportunity for social engagement.

<i>Progressive Engagement</i>	Projects will focus on immediate resolution of a YYA's housing crisis and then tailor subsequent assistance to their unique needs and strengths.
<i>Coordinated Entry (CE)</i>	We support a no wrong door and YYA-centric approach to CE. All projects will participate in CE.

Equity

YYA 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.

Non-Discrimination and LGBTQ+

Projects should ensure that individuals are admitted based on that YYA's self-reported gender identity. Special considerations apply. Refer to [HUD's Equal Access Final Rule](#).

Description of Projects

The Family Engagement Team project targets unaccompanied YYAs who meet HUD Category 1, 2, or 4 of homelessness in order to quickly divert them from crisis housing and into stable housing, in order to reduce the length of a homeless episode, prevent homelessness from recurring, or prevent homelessness. Case managers use a multi-disciplinary approach to connect “couch-surfing” YYAs and YYAs experiencing homelessness to a wide array of services with a primary focus of strengthening permanent connections. The FET will increase diversion from homelessness and reduce returns to homelessness by assisting the YYA to mitigate household conflict, identify a strong support network within the community, and increase independent living skills.

As the FET is funded as an RRH program, the YYA may also receive a limited amount of short term-financial assistance to increase the likelihood that they may remain or become quickly stably housed. The goal for length of services is 3-6 months, with length of assistance based on needs and strengths. If an alternative requirement can be justified, the YYA may receive support services for up to 12 months after becoming stably housed or after rental assistance ends. The FET will also act as a Coordinated Entry access point and FET staff will enter all YYAs into an HMIS screening project in order for the YYA to be placed on the by-name list and may conduct the TAY-VI-SPDAT if necessary.

Erie County Family Engagement Team	Niagara County Family Engagement Team
<u>BestSelf Behavioral Health</u> YYA and Young Adults aged 12-24 at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking	<u>Pinnacle Community Services - 3D</u> YYA and Young Adults aged 12-24 at-risk of homelessness or experiencing homelessness / fleeing domestic violence or human trafficking

Project Eligibility and Prioritization

All YHDP Projects must follow the [CoC Written Standards](#) and the [CoC's Coordinated Entry Policies and Procedures](#). The FET-RRH serves as a “front door” and access point to Coordinated Entry.

Determining Eligibility

YYAs are eligible for the FET-RRH if:

- They are unaccompanied YYAs experiencing HUD Category 1, 2, or 4 of homelessness and aged 12-24
- AND**
- Upon completion of the Diversion Tool, the worker should determine if the YYA is eligible for or wishes to be enrolled in the FET-RRH.
 - Eligible referrals will come from DSS, OCFS, schools, self-referrals, and the YYA by-name list (CE). YYAs who are currently receiving other rental assistance are not eligible for rental assistance.
 - ***Note: The FET's focus is diverting youth at-risk or who've experienced first time homelessness by utilizing supportive services and short-term rental assistance.***

Prioritization and Ranking

First Priority

- Are at immediate risk of homelessness (within 72 hours) or who are experiencing their first episode of literal homelessness **AND**
 - Choose to work toward family reunification via case management and/or limited financial assistance **OR**
 - Identify a shared housing opportunity or independent living opportunity in which they may remain stably housed that they can acquire with minimal financial assistance **OR**
 - Identify a relative / guardian / friend, etc. with which they may remain stably housed

Second Priority

- Unaccompanied YYAs at-risk of experiencing homelessness within 14 days without intervention

Coordinated Entry

Coordinated Entry

Each County's FET and the Coordinated Entry Leads will maintain a by-name list of clients referred to the program and clients currently enrolled in the program, kept as a separate FET specific tab or sheet. Staff will discuss these clients in FET specific case conferencing as well as the YYA-by name case conference, as YYA often experience periods of being unstably housed and being literally homeless. FET eligible YYA will be listed on the general YYA by-name list and noted as eligible or enrolled in the FET, and then prioritized for intensity of services.

Enrollment

Enrollment Guidelines

- Youth who are referred or self-referred and are determined to be at imminent risk of homelessness within 14 days will be admitted into the FET-RRH only and will not be placed onto the CE priority list for RRH or PSH services immediately. If the participant cannot be diverted from literal homelessness, these participants will be placed on the CE list to be prioritized for housing while the FET continues to work toward diverting the participant.
- Youth who are referred or self-refer and meet the criteria of being literally homeless (sleeping on the street or in a shelter), and diversion attempts are unsuccessful, may be placed onto the by-name list, maintain their homeless status, and be enrolled in the FET and receive FET supportive services if necessary. This is to ensure continuity of care if diversion attempts are unsuccessful and the participant is in need of or desires longer term rental assistance. (As soon as a move-in-date is entered into HMIS, the FET should ensure the participant is only enrolled in one RRH program).
- Resource dependent, participants experiencing longer episodes of homelessness and for whom diversion attempts are unsuccessful, may be referred to outreach, crisis shelter, or the drop-in centers.

HMIS Enrollment Workflow

Detailed workflow in Appendix B

1. FET staff may receive an outside referral or a self-referral, or encounter YYAs at crisis shelter or Drop-In Center.
2. FET staff will conduct HMIS protocol:
 - Enter the YYA into the HMIS screening project in HMIS and complete any agency specific paperwork.
 - Conduct the diversion screening tool and attempt to divert the individual from homelessness (and TAY-VI-SPDAT if the individual is literally homeless). Use the diversion tool to assist with determining eligibility for the FET-RRH.
 - Upon enrolling the client in FET, exit from the screening project and enroll in the FET project.
 - If you are not enrolling the client in FET, leave them open in the screening project in HMIS.

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 FET 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 [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.

Financial Assistance and Determining Eligible Costs

The FET-RRH is a case management based program with limited, short term financial assistance available. Eligibility for financial / rental assistance will be reviewed at least every 3 months to determine if adjustments are necessary. **Refer to CoC Interim Rule at [24 CFR 578 Subpart D "Program Components and Eligible Costs"](#) for a detailed description of eligible costs.** In order to receive rental assistance, the program participant must enter into a lease agreement that is for no less than one year (alternative requirements may apply if approved for the program). The unit must meet HUD's rent reasonableness standards and must pass the HQS inspection. (Waivers may be used for some participants - see section on Alternative Requirements).

Examples of eligible costs for the FET-RRH program (see [24 CFR 578 Subpart D "Program Components and Eligible Costs"](#) for a detailed description of all eligible / non eligible costs) : i

- Short term tenant based rental assistance (up to 3 months)
- Medium term tenant based rental assistance (3 to 24 months)
- Security Deposits (not to exceed 2 months rent)
- First and last month's rent

- Property damage costs (not to exceed the cost of one month's rent)
- Rental application fees
- Moving costs (truck rental or hiring a moving company)
- Utility deposits (one time fee paid to utility company)
- The costs of assessing, arranging, coordinating, and monitoring the delivery of case management services, outreach services, health and mental health services, legal services, etc. (see [24 CFR 578 Subpart D "Program Components and Eligible Costs" section 578.53](#))
- Child care (establishing, operating, or child care vouchers for children under the age of 13, if children are disabled, they must not be over 18 years old)
- Transportation for service provider to deliver services or purchase of vehicle to transport participants
- Transportation for participant to use public transportation to receive any services
- Cell phone for service provider to contact clients
- Food (meals or groceries if necessary and client has no other way to obtain food)

***Check the [fair market rent](#) annually and refer to your agency's specific rent reasonableness policy.**

***Refer to [HUD's Housing Quality Standards](#) for a unit inspection checklist to be completed prior to move in and annually thereafter.**

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 Financial Assistance:

- 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.
- Eligibility for financial assistance is determined on a case by case basis and approved by the FET supervisor

Case Management

FET case management is intended to help the YYA to quickly resolve their homelessness or to prevent homelessness, and support the YYA to obtain permanent connections, education/employment, stable housing and social-emotional wellbeing. A main component of FET case management is engaging with the YYA's chosen family and/or guardians to ensure the YYA may resolve their housing crisis and maintain housing stability.

Length of services: Clients will be regularly assessed to determine the progress on their goals and housing stability. Length of services may vary on a case by case basis and driven by the YYA's goals and housing situation. **As a goal, the FET staff should meet with the client no less than 2 days per month.**

Goal Setting: Clients entering the FET program are assigned standard goals for housing, education, employment, and income. YYAs may also choose goals of their own to work toward. Goals will be reviewed at month 3, 6, 9, and 12. Case managers will use a goal setting curriculum to guide service delivery and use the [LifeWorks Self-Sufficiency Matrix](#) (Appendix X) to document client progress in HMIS.

Discharge Planning: FET staff and YYA should start planning for discharge as soon as possible upon enrollment in the program, with the goal of having a discharge plan developed within 90 days of enrollment.

Benchmark Goals:

- FET staff will meet with the YYA for case management no less than 2 days per month.
- Progress on goals will be reviewed with the YYA at entry, 3 months, 6 months, 9 months, 12 months, and exit and updated in an HMIS interim review.
- FET staff and the YYA should develop a discharge plan within 90 days of enrollment and this discharge plan should include goals / strategies for stable housing, employment/education, permanent connections, and social-emotional well being.

Client Temporary Stay in Institution or Jail: Clients may remain active and keep their spot for up to 90 days while they reside in an institution or are incarcerated.

Program Exit. Non-Engagement, and Transfer

Positive Exits: Positive exit destinations include being diverted from shelter to safe housing, housed with family/friends, stably housed independently, stably housed in shared housing, or returning to foster care and stably housed.

MIA Status: If a case manager makes **three documented attempts within 90 days** to reach a client and are unsuccessful, the client may be disenrolled from the program and will be notified by official communication / letter.

Length of assistance:

Supportive services may be provided for up to 6 months after the YYA is stably housed or after rental assistance ends. An alternative requirement may be utilized, if justified, so that the FET can follow up with the YYA for up to 12 months after exiting homelessness or after rental assistance has ended.

Transfer

If it is determined in the by-name committee case conference that the client is in need of a higher level of care (PSH) and wishes to be transferred, a transfer request may be made and submitted to the

Transfer committee (See [CoC CE Policy and Procedure](#), pg. 46). The Transfer committee needs at least 30 days to review the transfer request. **Not all transfer requests will be approved.**

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've 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.

Alternative Requirements for YHDP Family Engagement Team Projects

The YHDP Family Engagement Teams have been approved for several alternative requirements (waivers) by HUD. Documentation including a justification for utilizing an alternative requirement must be retained for auditing purposes. The justification form is in [Appendix D "Justification for Use of Alternative Requirement"](#).

Providing support services for up to 12 months after rental assistance ends

Policy: Participants can be provided up to 12 months of supportive services after rental assistance ends or exiting homelessness.

Justification and CoC Guidance: A 12 month follow up with YYAs would provide a more comprehensive and trauma-informed transition to independent living. In addition, more data would be collected on the long term outcomes of our YHDP programs, telling us how we can make the programs work better for YYA. Based on our data, 160 of the 602 YYAs who exit to permanent housing from a shelter program return to homelessness within a year. Of the 160 who return, 23% take 6-12 months. We believe that being able to assist the RRH clients for a longer period of time would help decrease the number of returns to homelessness.

Priority YYA for this alternative requirement:

- Highest vulnerability / at imminent risk of physical harm and/or death
- Severe documented mental health / substance use
- Pregnant / parenting

Utilizing a Lease in RRH for less than 12 months

Policy: Family Engagement Team programs may utilize rental assistance funds to allow a participant to sublease with families or friends of their choosing. The remaining time of the original lease with the lease holders may be less than 12 months. Participants may enter into a lease agreement in RRH for more than one month but less than 12 months.

Justification and CoC Guidance: Cases will be reviewed individually and reviewed by the YYA by-name committee and program supervisor. Utilizing this, we can offer flexibility of not committing to a year-long

lease, which could be detrimental to future rental success if the client leaves prior to the 12-month requirement. Providing a waiver to forgo a 12 month lease would give the participant an opportunity to have a broader array of housing choices they might not otherwise have. In addition, if a YYA wishes to live with a family member or friend in a safe environment, if the leaseholder is on a less than 12 month lease, the YYA could be placed there. This waiver may also help YYA to be able to more easily leave a housing situation in the event of crisis or income loss, without having an eviction on their record or being taken to small claims court.

Priority YYA for this alternative requirement:

- Poor or limited credit/employment history / criminal justice history
- at imminent risk of physical harm and/or death
- The YYA is attending school or has employment and is only able to travel to housing stock with leases less than 12 months
- Highest vulnerability / severe mental health or substance use
- Pregnant / parenting
- Those currently in a month to month lease

Conduct habitability inspection instead of HQS

Policy: Recipients of this alternative requirement may use [habitability standards](#) in 24 CFR 576.403(c) rather than Housing Quality Standards in 24 CFR 578.75 for short or medium term (up to 24 months) housing assistance. Recipients implementing this special YHDP activity must keep documentation of which standards are applied to the units and proof that the units complied with the standards before assistance is provided for every unit funded by the approved YHDP funded project.

Justification and CoC Guidance: Utilizing habitability inspections rather than an HQS inspection allows our projects flexibility to utilize more housing options and move YYA swiftly into RRH. Cases will be reviewed individually and reviewed by the YYA by-name committee and program supervisor. This waiver will assist YYA to more quickly access housing that may not be available if it's required to pass the HQS inspection. This will also provide flexibility for YYAs to stay with their chosen family where the house is more likely to pass the habitability inspection instead of HQS.

Priority YYA for this alternative requirement:

- The YYA is attending school or has employment and is only able to travel to housing stock with leases less than 12 months
- at imminent risk of physical harm and/or death
- YYA is in need of an emergency transfer
- Highest vulnerability
- Severe documented mental health / substance use
- Pregnant / parenting (only if other options are exhausted and justification is documented)

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 Continuous Quality Improvement effort. Continuous Quality Improvement will include both quantitative and qualitative feedback. Exit interviews and post-exit surveys will also be utilized to collect client feedback on implementation of the guiding principles.

The FET specific outcomes are as follows (see CCP p. 77-79, 84)		
Outcome	How it's collected / determined	What you need to do
Prevent YYA from becoming homeless or returning to homelessness	HMIS	Prevent: Enter at-risk YYA into HMIS and note that diversion was successful Returns to homelessness: Ensure entry/exit HMIS info is accurate and up to date
Build multiple permanent social connections for YYA experiencing homelessness	HMIS	Answer entry, update, and exit questions in HMIS
Linkage to other supportive services in order to facilitate education, employment, income, health, and well-being goals	HMIS	Answer entry, update, and exit questions in HMIS

YHDP System Level Outcomes for all projects (see CCP p. 82-83)			
Outcome	What it means	How it's collected and/or determined	What you need to do
# of YYA who access safe crisis housing	We want to make sure more literally homeless YYA access safe / crisis housing if necessary	HMIS We will look at how many YYA have accessed shelter, drop-in, and TH annually	Ensure HMIS entry and CE event is accurate and timely
# of YYA on by-name list	We want to identify the most YYA we can and quickly get them into stable housing	By-Name List / HMIS CE Report We will look at how many YYA are on the by-name list at any given time - more YYA should be	Ensure HMIS entry and CE events are accurate so YYA are identified. Work together to ensure YYA are quickly moved into permanent housing

		identified and YYA should be swiftly moving in to permanent housing	
Increase # of YYA served by FET	We want to divert more YYA from literal homelessness	HMIS	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.
Increase # of YYA assessed thru CE	We want to identify and screen more YYA for assistance	HMIS	Ensure all CE screening and assessment is recorded in HMIS and/or internally (Update CE event for VI, referral, or diversion tool)
Length of services provided	We want to make sure that YYA are moving swiftly thru crisis housing and are receiving support long enough for them to reach their goals	HMIS	Ensure progressive engagement is implemented, YYA are moving swiftly thru crisis /TH housing, and follow up is provided as eligible
% of YYA who exit to permanent housing	We want more YYA exiting to permanent housing	HMIS	Fill out HMIS exit questions and change housing status to reflect the YYA's current housing situation (<i>positive permanent destinations include housed in own housing or permanently residing with friends and/or family</i>)
% recidivism	We want to reduce the number of times YYA experience homelessness	HMIS	Ensure entry / exit data in HMIS is current and accurate
% of first time homeless YYA	We want to prevent literal homelessness	HMIS	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

Increase % of YYA reporting services were delivered in a culturally responsive and developmentally appropriate manner (guiding principles in action)	We want to ensure that programs are adhering to the guiding principles	Post-exit surveys and/or focus groups	Adhere to guiding principles and promote completion of surveys post-exit.
Increase % of case managers trained in all guiding principles according to the CCP	We want to ensure that programs are adhering to the guiding principles	Documentation of training completion / certification	Provide training and/or access to training on guiding principles and model supervision accordingly
Staff retention	We want to decrease staff turnover	Staff changes / # HMIS licenses	Report HMIS licenses changes on FET staff positions quarterly. Offer competitive compensation and benefits to staff.
Decrease # with Juvenile Justice Involvement	We want to ensure YYA are staying out of the criminal justice system / not returning to it	HMIS / case conferencing with the county	Ensure HMIS entry, update, and exit questions are accurate - work with juvenile justice case worker if necessary
% of YYA with improved social-emotional outcome	We want YYA to achieve their social-emotional goals	HMIS & Lifeworks Self-Sufficiency Matrix	Ensure HMIS entry, update, and exit questions are accurate. Ensure the matrix is updated at entry, update, and exit
% of YYA who achieved their education and/or employment goals	We want YYA to achieve their education / employment goals	HMIS	Ensure HMIS entry, update, and exit questions are accurate. Ensure YYA are working toward their chosen goals

Appendix A - NY-508 Coordinated Entry Prevention / Diversion Screening Tool

Date of Screening Interview: ____/____/____ Name: _____
Birthdate: _____ Location: _____
Staff completing interview: _____

Ask the client:

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 or client went to stay with friends/family?

Yes No

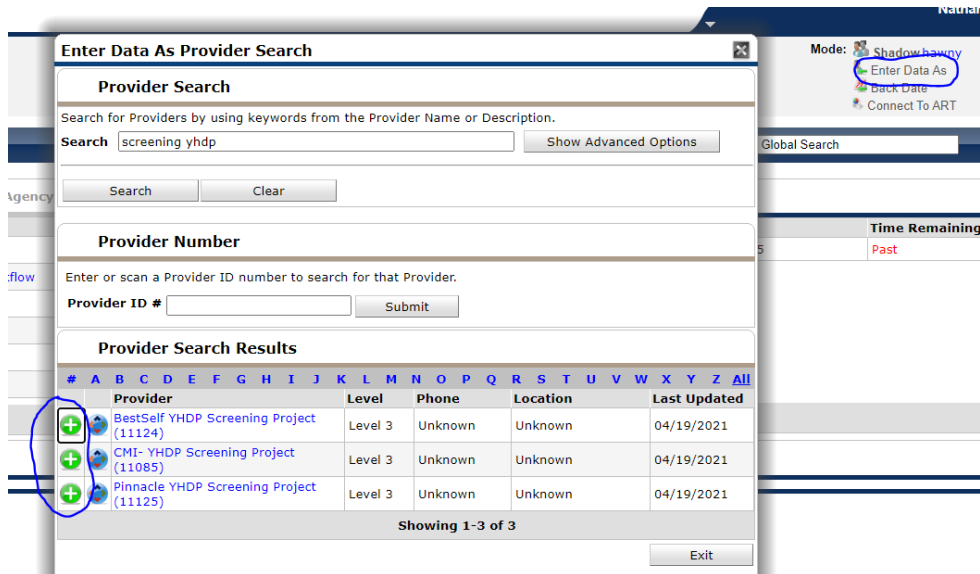
Outcome of Screening and Next Steps / Additional Information:

Appendix B - HMIS Detailed Workflow

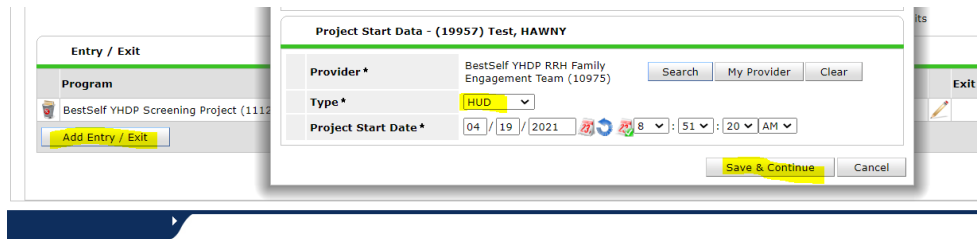
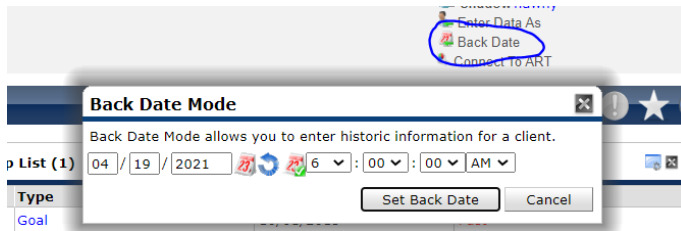
FIRST CONTACT WITH CLIENT:

1. Enter the client into your YHDP screening project - Before Enrolling the Client in your Main Project

- Use the Enter Data As (EDA) mode to *enter data as* your agency’s screening project.
- ***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 the screening project.
 - NOTE: Use the Backdate mode if you are not entering data in real time.
 - Use the project type “HUD”



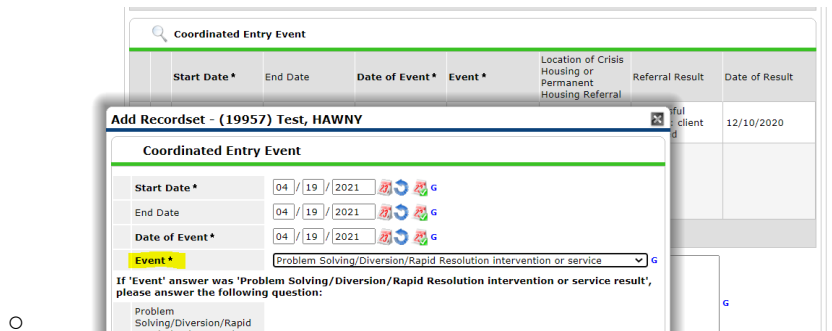
2. Complete the Diversion Assessment.

- This tool is found in Appendix A. 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. Diversion is a priority.

3. Determine next step for client enrollment

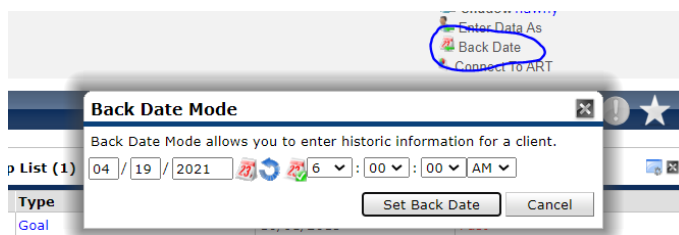
- If you were able to successfully divert the client from shelter or literal homelessness, then record that result in the Coordinated Entry Event question as shown at exit.
- **IF CLIENT CAN NOT BE DIVERTED FROM LITERAL HOMELESSNESS: Refer to crisis housing, 211, DSS, or other appropriate emergency services.**
- Record the outcome in the CE event:



IF YOU ARE ENROLLING IN FET:

1. Open the client in your YHDP main project.

- Don't forget to use the backdate and EDA mode as needed

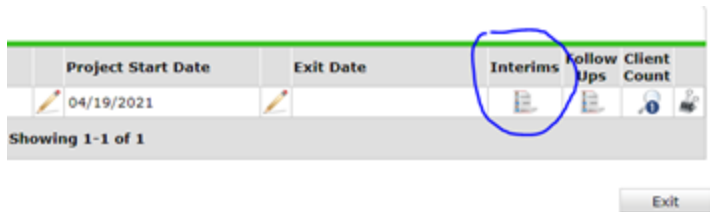


2. Complete intake assessment.

- 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.

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

- Here in the Interim Review, complete the Austin Assessment within 45 days of enrollment:



- Complete the Austin Assessment within 45 days of the start date if you were not able to complete at start date.** 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.**

- **Here in the Measurements tab, Complete the Lifeworks Self Sufficiency Matrix:**



- Complete the Lifeworks 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.

3. Make updates as needed:

- 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.

4. When client completes project and/or at exit:

Because they’ve completed the program and/or maxed out their time

OR

Because they’ve been MIA for 90 days

- When the client is no longer receiving services from your project:
 - Update the Lifeworks a final time in the measurements tab
 - 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 INTO FET - Post Screening Project:

- 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.
- Use the entry type "HUD" to create an entry for the client in HMIS.
- Complete YHDP/RHY entry intake questions with the client (found in entry).
- Complete CE event and note that the referral was successful and the client accepted.
- If the client cannot be diverted from shelter, ensure the client can access crisis shelter or other emergency housing.

UPDATE:

- Use the interim review to update the Austin Assessment within 30-45 days of client intake. This can be done without the client present.
- Use the measurements tab to complete the "Initial" Lifeworks tool and update every 90 days. When the client is exiting, complete the "final" Lifeworks tool. This can be done without the client present if the goals are included in their service plan.
- Add casenotes in the casenotes tab / service transactions to track client progress and current living situation.

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

Appendix D - Justification for Use of Alternative Requirement

Client Name: _____ HMIS ID: _____

Case Manager: _____ YHDP Project Type: _____

Date: _____

Alternative Requirement Used:

- Conduct habitability inspection instead of HQS
- Extending length of time in RRH to 36 months
- Utilizing a Lease in RRH for less than 12 months

Justification for utilizing this alternative requirement:

Notes:

Case Manager Signature:

Supervisor Signature:
