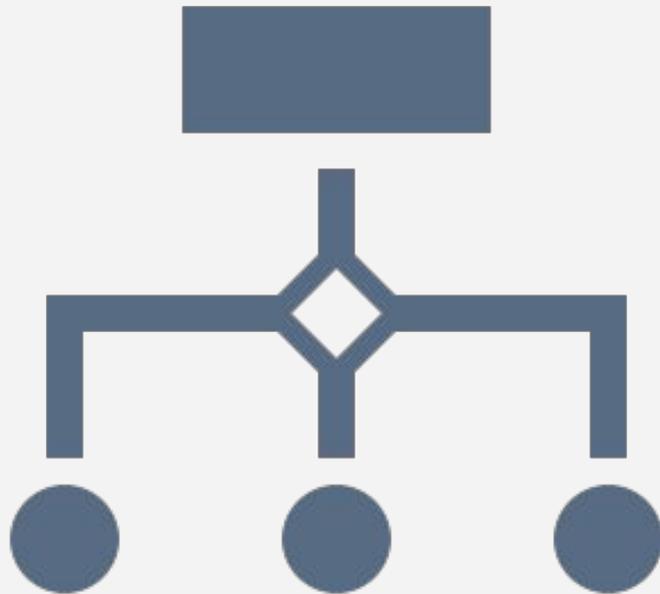




BALDWIN NAVIGATION CENTER TRAINING

OBJECTIVES



- Understand the workflows either involving direct referrals in ONE or enrollments without referrals
- Feel comfortable completing the necessary process to accept referrals, complete enrollments, and exit clients at your navigation center

AGENDA

Navigation Center Workflow

Creating New Profiles in the One System

Managing Households

Contact Information

Direct Referrals

Enrollments, Exits

Housing Referral Status

Case Management Assessment

Viewing and Changing Assigned Staff

Services

Files and Documents

Notes

Reports

Timeline

Resources



NAVIGATION CENTER WORKFLOW

Inform Guest Placement of any offline beds and ensure that ONE enrollments are up-to-date for accurate vacancies by 7:00 am

Receive the name of an incoming client for an opening via email from Guest Placement or referral source.

Receive the referral in ONE for the incoming client through the "Referrals" tab

This step will not always occur, but staff should check for incoming referrals

When client arrives, enroll them in ONE. Confirm all profile fields are accurate and the ROI is up to date

When any clients leave the Nav Center, complete the exit process in ONE. For clients who have been no-shows for 48 hours, complete the exit process.

Ensure all enrollments and exits are up to date by 7:00 am the following day, and email Guest Placement of any beds that are offline for the day or any mismatch with the listed availability in ONE

Daily email to verify availability

From: Microsoft Power BI <no-reply-powerbi@microsoft.com>
Sent: Friday, February 25, 2022 12:46 PM
To: Bolingbroke, Ariel (HOM) <ariel.bolingbroke@sfgov.org>
Subject: Verify Available Bed Count

This message is from outside the City email system. Do not open links or attachments from untrusted sources.



Power BI

Verify Available Bed Count

The image below shows the number of available beds indicated by the ONE System for your site. If you do not have this number of beds, please email HSHplacement@sfgov.org immediately with the correct number of available beds.

Central Waterfront

4

Bayview SAFE

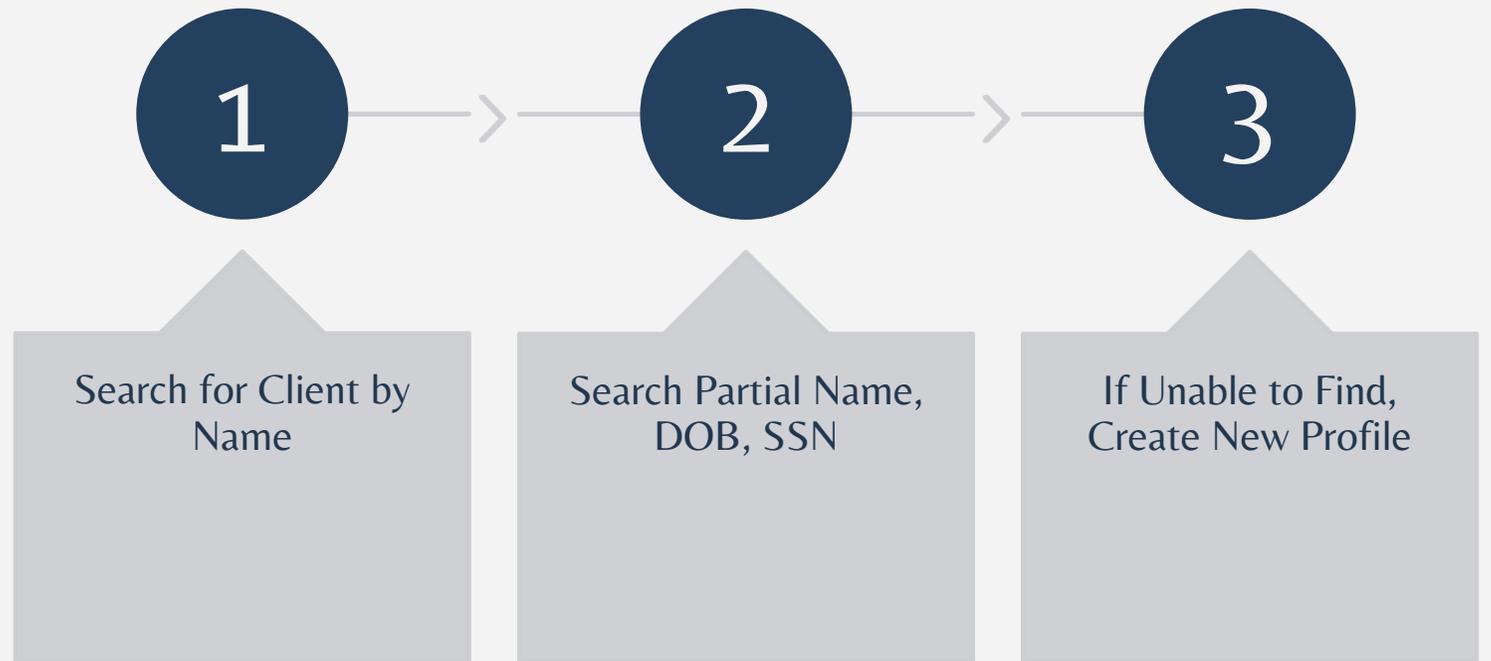
0

Data as of: 2/25/2022



CREATING NEW CLIENT PROFILES

CREATING NEW CLIENT PROFILES



SEARCH FOR A CLIENT ADD CLIENT +

Search by name, partial name, DOB or SSN SEARCH

Enter your search terms above to search for a client. Use full name, partial name, date of birth or any combination.

Managed with Clarity Human Services Recover deleted data

CREATING NEW CLIENT PROFILES

Please make sure to collect as much information as possible, and avoid using “Client refused” or Data Not Collected” whenever possible

For existing profiles, confirm that all information is correct

If in a family, profiles must be created for all members of a household

CREATE A NEW CLIENT

Social Security Number

____ - ____ - ____

Quality of SSN

Select



Last Name

_____ 

First Name

Quality of Name

Select



Quality of DOB

Select



Date of Birth

__/__/____

Middle Name

_____ None 

Gender

Select



Race

Select



Ethnicity

Select



Please fill in Release of Information form

CANCEL



RELEASE OF INFORMATION

RELEASE OF INFORMATION

When creating a new client profile, ONE will prompt you to have the client sign a Release of Information or give verbal consent.

- The Release of information enter date, should correspond with both the date that the client signed the release and the date you created the client profile.
- In the next slide we will demonstrate where you can upload the corresponding release of information

The image shows two screenshots from the ONE system interface. The top screenshot displays the 'Household Members' management screen, featuring icons for a printer, calendar, and a shield with a person icon (highlighted with a red box), and a 'Manage' button. The bottom screenshot shows the 'RELEASE OF INFORMATION' form, which includes fields for 'Permission' (set to 'Yes'), 'Start Date' (01/07/2021), and 'End Date' (01/07/2024). A dropdown menu for 'Documentation' is open, showing options for 'Electronic Signature' and 'Verbal Consent'. Below the form is an 'ELECTRONIC SIGNATURE FORM' section with a disclaimer and 'SAVE' and 'CANCEL' buttons.

RELEASE OF INFORMATION	
Permission	Yes
Start Date	01/07/2021
End Date	01/07/2024
Documentation	<input checked="" type="checkbox"/> Select Electronic Signature Verbal Consent

ELECTRONIC SIGNATURE FORM

By completing this form, you are certifying the client:

- 1) was notified of the Department of Homelessness and Supportive Housing Notice of Privacy Policy
- 2) completed the Release of Information: Homeless Response System as required for the ONE System

Any signed Release of Information forms must be uploaded in client files.

SAVE CANCEL

RELEASE OF INFORMATION

Uploading ROI's

- To upload an ROI, select the files tab
- Select the category for Release of Information

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES **FILES** CONTACT LOCATION REFERRALS

CLIENT FILES ADD FILE +

1 2

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES **FILES** CONTACT LOCATION REFERRALS

UPLOAD A FILE

Category Release of Information ▾

Predefined Name Release of Information: Homeless R ▾

File Select File

Trouble attaching files? Switch to the Basic Uploader

Private

SAVE CHANGES CANCEL



MANAGING HOUSEHOLDS

- If the family composition changes, you may need to add or remove family members.
- Each Family member needs to have a record created before you can add the family members together.

SEARCH CASELOAD

Household Members

Springtime Flowerchild Daughter

Active Programs

Household Members

Spring Flowers M

Springtime Flowerchild Da

Your recent client searches accessed

Detailed description: This screenshot shows a mobile application interface for managing households. At the top, there is a search bar with a magnifying glass icon and the text 'SEARCH CASELOAD'. Below this is a navigation bar with three icons: a printer, a calendar, and a person with a shield. The main content area is divided into sections. The first section is titled 'Household Members' and contains a list with one entry: 'Springtime Flowerchild' with the role 'Daughter'. To the right of this list is a 'Manage' button, which is highlighted by a red arrow. Below this is the 'Active Programs' section, which is currently empty. The second section is also titled 'Household Members' and contains a list with two entries: 'Spring Flowers' with the role 'M' and 'Springtime Flowerchild' with the role 'Da'. At the bottom of the screen, there is a section titled 'Your recent client searches accessed'.

EDIT GLOBAL HOUSEHOLD

Member Type Daughter

Head of Household Spring Flowers

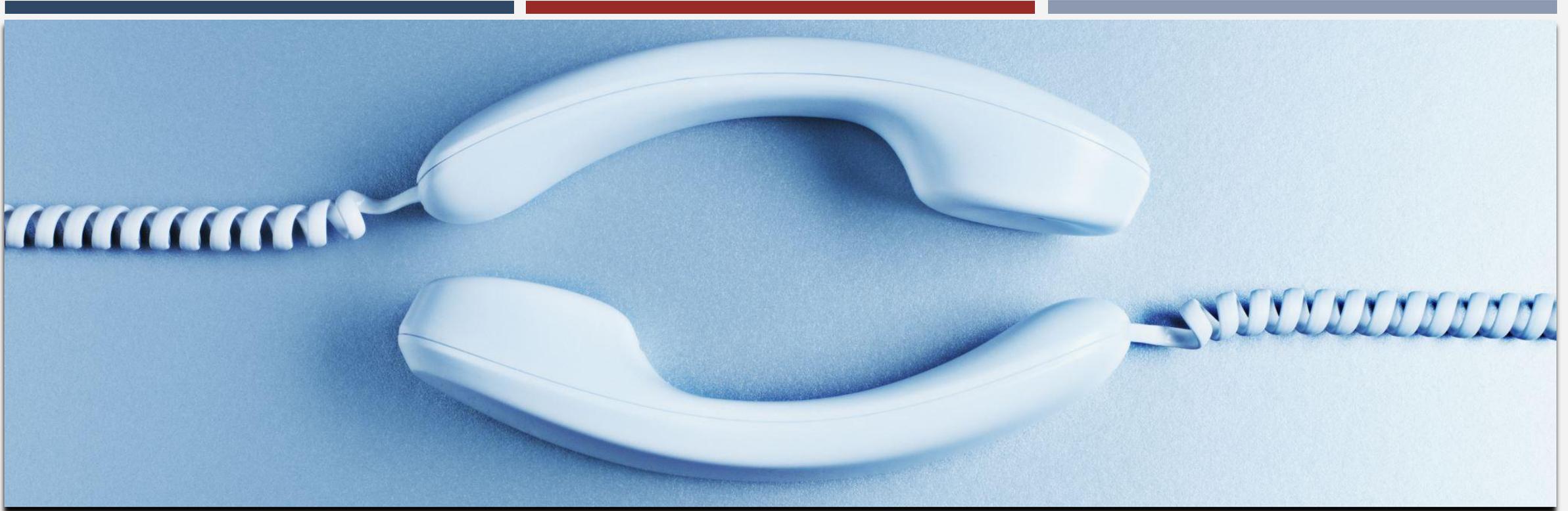
Joined Household 06/17/2019

Exited Household

Enter Date _/ _/ _

SAVE

Detailed description: This screenshot shows the 'EDIT GLOBAL HOUSEHOLD' form. The form has a dark blue header with the title 'EDIT GLOBAL HOUSEHOLD'. Below the header, there are several rows of form fields. The first row is 'Member Type' with the value 'Daughter'. The second row is 'Head of Household' with the value 'Spring Flowers'. The third row is 'Joined Household' with the value '06/17/2019'. The fourth row is 'Exited Household' with a blue toggle switch that is currently turned on, highlighted by a red box. Below this is a red text label 'Enter Date' followed by a date input field with three underscores. At the bottom of the form is a dark blue button with the text 'SAVE'.



CONTACT INFORMATION

CONTACT INFORMATION

- Contact information should be updated or entered for every client and can be entered at any time, even prior to program enrollment.
- It can be viewed by anyone accessing the client's profile.
- Contact information that is no longer valid should be marked inactive.

Ginny West Coast

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES FILES **CONTACT** LOCATION REFERRALS

CLIENT CONTACTS

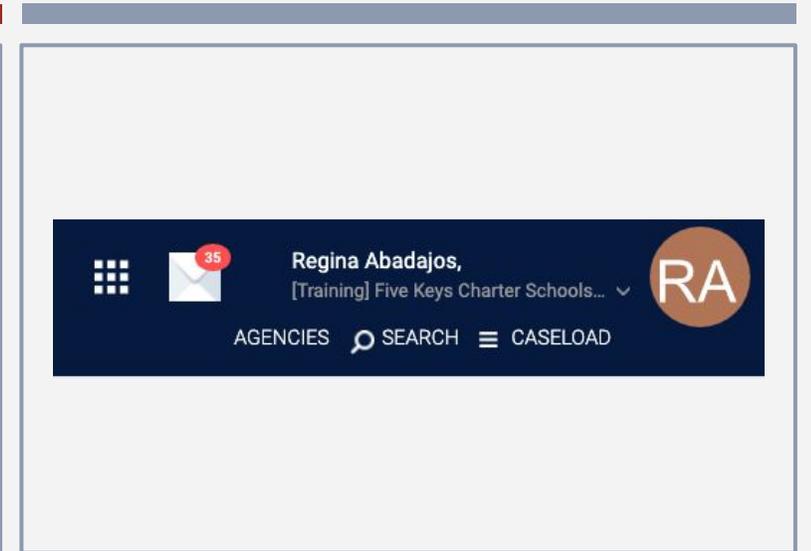
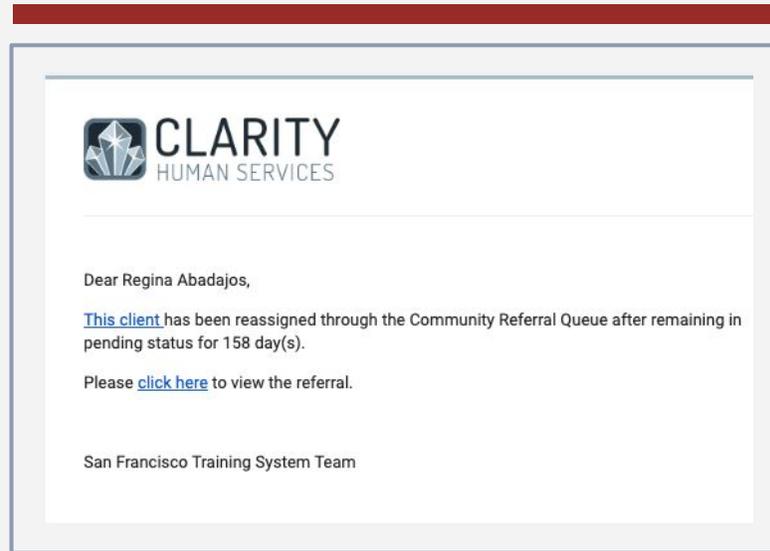
ADD CONTACT 

Contact Type	Name	Phone	Email	Date
 Client	Ginny West Coast	111-111-1111	ginny.test@test.com	01/14/2021



DIRECT REFERRALS

PROCESSING REFERRALS: REFERRAL NOTIFICATIONS



Providers will receive a notification via email and Clarity Inbox when a referral has been sent to their program.

- **Providers need to make sure the appropriate staff are set-up to receive notifications.**
- Agency Leads should contact the Bitfocus Helpdesk at onesf@bitfocus.com or 415.429.4211 to make any changes.

SEARCH FOR A CLIENT

ADD CLIENT +

Enter search terms for a client

SEARCH

Use full name, partial name, date of birth or any combination.

Your recent client searches:

Ginny West Coast

Christopher Shark

- Direct referrals are processed from **Referrals** dashboard on the homepage
- Referrals will be editable through **Pending** tab

REFERRALS

Pending Completed Denied Sent

Pending Referrals

Search Mode Standard
Sort By Default Characteristic -- Select --
 Eligible Clients Only

Client	Referral Date	Qualified	Days Pending
Ginny West Coast Program: Central Waterfront Navigation Center Referred by: [TRAINING] HSH: SFHOT ⓘ	12/07/2021	No	0 total 0 pending

Edit

Processing Referrals: Denying a Referral

- Change the status of the referral to denied
 - Four additional fields will populate that need to be answered
1. **Send to Community Queue:** Always answer *NO*
 2. **Denied by type:** Provider/client
 3. **Denied Reason:** Reason for the denial
 4. **Denial Information:** Provide additional details explaining the reason for the denial

Status Denied ▼

Send to Community Queue -- Select -- ▼

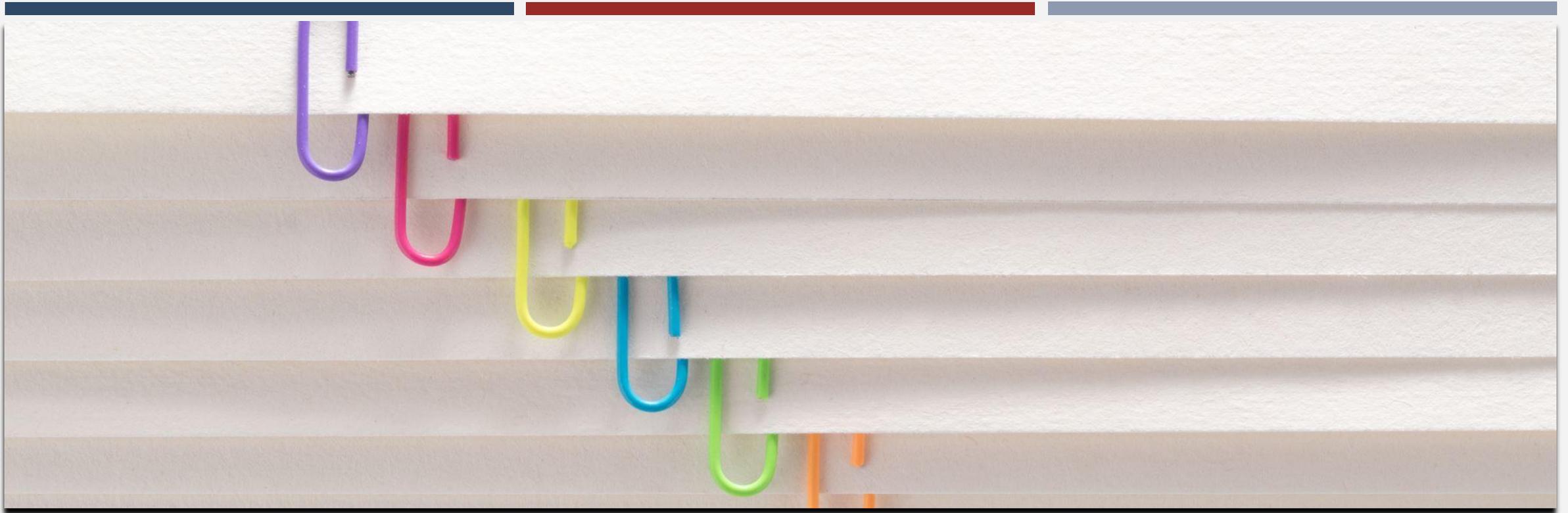
Denied By Type -- Select -- ▼

Denied Reason Select ▼

Denial Information

Private

SAVE CHANGES **CANCEL**



ENROLLMENTS

ENROLLMENTS – DIRECT REFERRAL

Ginny West Coast

PROFILE HISTORY SERVICES **PROGRAMS** NOTES FILES CONTACT LOCATION REFER

PROGRAM HISTORY

Clients should be enrolled into a ONE program when their referral is sent to your Navigation Center program

Enrolling a client into your program accepts the direct referral.

- Be sure to keep toggle on to link referral to program enrollment

PROGRAMS: AVAILABLE

Armstrong Place Senior Housing - LOSP

Central Waterfront Navigation Center

Active Clients

2 CLIENTS

- 0 % Families
- 100 % Individuals

Occupancy (Today)

2 UNITS

- 50 % Checked In
- 0 % Reserved
- 50 % Available

Referrals (90 Days)

2 REFERRALS

- 50 % Referrals Pending
- 50 % Referrals Connected
- 0 % Referrals Denied

Funding Source
Local or Other Funding Source

Availability
Full Availability

Service Categories:
✓ Other

HOUSING AVAILABILITY:

Households without children 64 Beds in 4 Units

Program Placement a result of Referral provided by [TRAINING] HSH: SFHOT

Include group members:
 Lucia Sunnies

1 pending referral(s). Oldest 0 days.

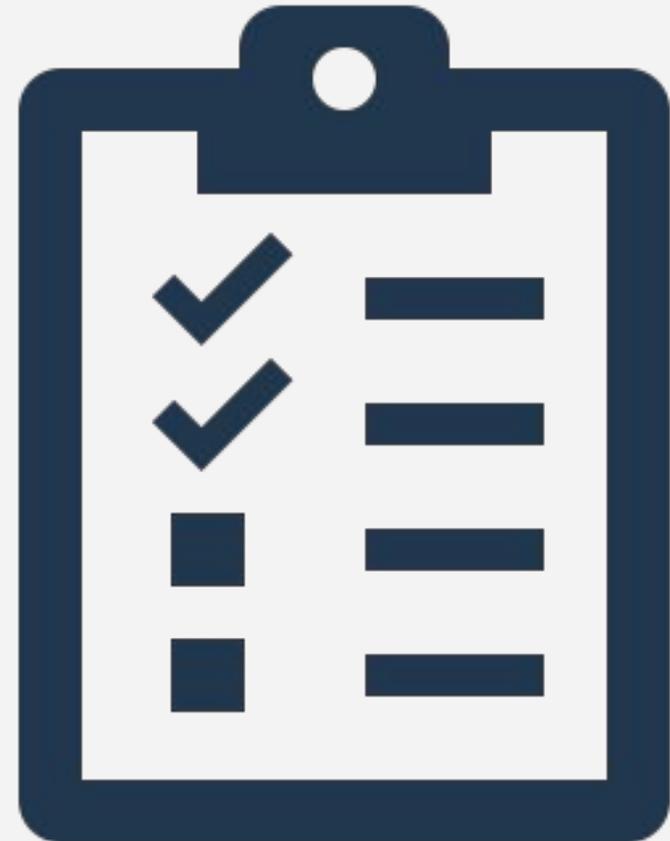
PRINT DIRECTIONS

ENROLL

ENROLLMENTS

When enrolling a direct referral from Guest Placement...

- Confirm that all profile details are accurate and update if necessary
- Confirm that the client has a signed ROI and update if necessary
- Guest Placement may only have limited information when creating a client profile, so it is important that you update any missing fields or “Data not collected” fields when you are working with the client



ENROLLMENTS – WITHOUT A REFERRAL

Ginny West Coast

PROFILE HISTORY SERVICES **PROGRAMS** NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Active Clients

4 CLIENTS

- 75 % Families
- 25 % Individuals

Occupancy (Today)

2 UNITS

- 200 % Checked In
- 0 % Reserved
- 100 % Available

Referrals (90 Days)

6 REFERRALS

- 50 % Referrals Pending
- 50 % Referrals Connected
- 0 % Referrals Denied

Funding Source

Local or Other Funding Source

Availability

Full Availability

Service Categories:

- ✓ Other

HOUSING AVAILABILITY:

Households without children 61 Beds in 1 Unit

PRINT DIRECTIONS ENROLL

Clients should be enrolled into a ONE program when they are sent to your Navigation Center program. Some enrollments will not be the result of a direct referral

- The referral toggle will not be present if the program enrollment is not a result of a direct referral

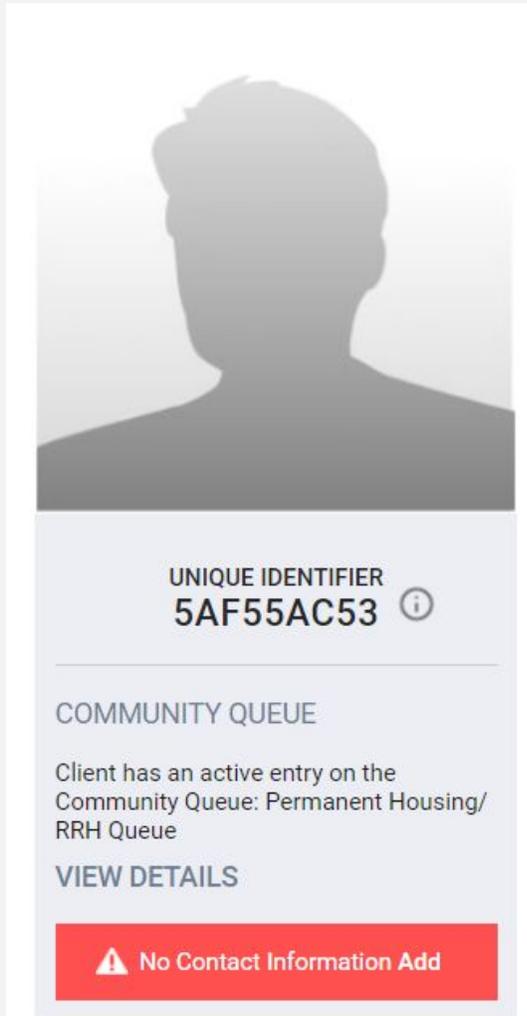
NAVIGATION CENTER QUESTIONS	
Staff Completing Enrollment	Andrea B.
Agency That Made First Contact	Coordinated Entry
If a youth referral, please select Access Point referred from	The SF LGBT Center Access Point
Stay Type	Housing Referral Status Stay
Dorm #	2
Bed #/ Room #	8
Nav Center Locker	1234
Are you arriving from an encampment?	No
Arriving with any pets?	Yes
Pet Type	Dog Pet Name
Do you have a partner or spouse?	No
Are you arriving with your partner or spouse?	No
More than 2 bags?	No
Do you need any special accommodations at this program?	No

ENROLLMENTS

Enrolling Clients into a Program

- Please make sure to collect as much information as possible.
- Avoid using “Client refused” or Data Not Collected” whenever possible.
- Data entry should happen on the date of enrollment to ensure availability is up-to-date.

ENROLLING CLIENTS INTO A PROGRAM: STAY TYPE



A screenshot of a client profile card. At the top is a grey silhouette of a person's head and shoulders. Below the silhouette, the text reads "UNIQUE IDENTIFIER" followed by "5AF55AC53" and a small information icon. A horizontal line separates this from the "COMMUNITY QUEUE" section, which states "Client has an active entry on the Community Queue: Permanent Housing/ RRH Queue". Below that is a "VIEW DETAILS" link. At the bottom is a red button with a warning icon and the text "No Contact Information Add".

UNIQUE IDENTIFIER
5AF55AC53 ⓘ

COMMUNITY QUEUE

Client has an active entry on the
Community Queue: Permanent Housing/
RRH Queue

VIEW DETAILS

⚠ No Contact Information Add

- Look on the client's profile page to see if a client is on any community queue. If they are, stay type is "Housing Referral Status Stay"
- If the client is not on any queue, the stay type is "Problem-Solving/Time Limited Stay"

ENROLLING CLIENTS IN TO A PROGRAM - LOCATION

LOCATION CLIENT SLEEPS AT WHEN NOT NAVIGATION CENTER

Where do you usually sleep? (Address when not at Navigation Center)

Turk and Hyde

Do you have other places you sleep? (Addresses or locations)

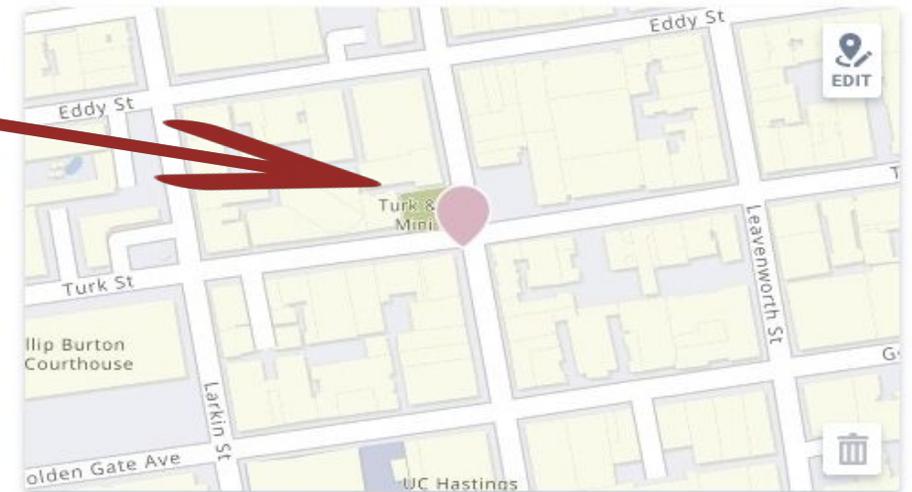
ADD LOCATION

LOCATION CLIENT SLEEPS AT WHEN NOT NAVIGATION CENTER

Where do you usually sleep? (Address when not at Navigation Center)

Turk and Hyde

Do you have other places you sleep? (Addresses or locations)



Exact addresses are best, but if there is no street address or it is unknown intersections or landmarks will suffice.

ENROLLMENTS

Help ensure this process goes smoothly...

- For Guest Placement to be able to accurately allocate beds to your Nav:
 - Ensure that you have completed any enrollments or exits by 7 am each morning
 - Update Guest Placement about any other offline beds.
 - Review your “availability” in ONE and if that number does not match the openings, you physically have, notify Guest Placement by 7 am

CONFIRMING
ACCURATE
VACANCIES

Bitfocus Test

PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION

Central Waterfront Navigation Center

Active Clients



0 % Families
100 % Individuals

Occupancy (Today)



850 % Checked In
0 % Reserved
-750 % Available



Funding Source

Local or Other Funding Source

Availability

Full Availability

Service Categories:

✓ Other

HOUSING AVAILABILITY:

▶ Households without children

64 Beds in 4 Units



EXITS

DIPOCUS TEST

PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION

PROGRAM HISTORY

Program Name	Start Date
 Providence Family Services Center Emergency Shelter: Entry/Exit Date Providence Foundation ⓘ	09/15/2020

FEPCO-HPA GF

PROGRAM: ECS: BAYVIEW ACCESS POINT

Enrollment **History** Provide Services Assessments Notes Files Forms [X Exit](#)

Program Service History LINK FROM HISTORY

Service Name	Start Date	End Date
Problem Solving :Initiated Problem Solving Conversation [TRAINING] San Francisco Adult Coordinated Entry Agency	10/15/2019	10/15/2019

Reservation
 Service
 Referral

- Exits should be entered when a client is no longer receiving services or staying at the Navigation Center.
 - Be sure to include an exit destination for the client.
 - You will complete an exit for all household members, if needed.
- Data entry should happen on the **same day** to ensure that availability is up-to-date for Guest Placement



HOUSING REFERRAL STATUS

HOUSING REFERRAL STATUS

Once in client profile, look
under Unique Identifier to
view Housing Referral Status

Ginny West Coast

[PROFILE](#) [HISTORY](#) [SERVICES](#) [PROGRAMS](#) [ASSESSMENTS](#) [NOTES](#) [FILES](#) [CONTACT](#) [LOCATION](#) [REFERRALS](#)

CLIENT PROFILE

Social Security Number	XXX - XX - 6164 
Quality of SSN	Full SSN Reported 
Last Name	West Coast
First Name	Ginny
Quality of Name	Full name reported 
Quality of DOB	Full DOB Reported 
Date of Birth	04/09/2002
	Adult. Age: 18
Middle Name	Suffix None 



UNIQUE IDENTIFIER
0276CF56B

COMMUNITY QUEUE

Client has an active entry on the
Community Queue: Permanent Housing/
RRH Queue

[VIEW DETAILS](#)



CASE MANAGEMENT ASSESSMENT

CASE MANAGEMENT ASSESSMENT

Please note, only those granted access to the assessment will be able to view information within the system, and only certain users will utilize the assessment.

To access the assessment:

- Go to client's History or Programs
 - Open the program enrollment
 - Select Assessments
 - Select Navigation Center Case Management Assessment
 - Select 'Start'

Lucia Sunnies

PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
<input checked="" type="checkbox"/> Bayview SAFE Navigation Center-GF+HHAP+ERAF Emergency Shelter: Entry/Exit Date [Training] Bayview Hunters Point Foundation for Community Improvement	04/20/2021	Active	Individual
Embarcadero SAFE Navigation Emergency Shelter: Entry/Exit Date [Training] Five Keys Charter Schools			

Lucia Sunnies

PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM: BAYVIEW SAFE NAVIGATION CENTER-GF+HHAP+ERAF

Enrollment History Provide Services **Assessments** Notes Files Forms × Exit

Assessments LINK FROM ASSESSMENTS

Status Update Assessment	START
Annual Assessment	START
Navigation Center Case Management Assessment [Training]	START

CASE MANAGEMENT ASSESSMENT

Case Management Assessment –Tips

- How to ask questions:
 - Private or confidential space; assessing one person at a time even if they came in with a partner
 - Schedule sufficient time and try to limit interruptions
 - Take breaks as needed
 - Do not force responses
 - Come back to questions as needed.
 - Request an interpreter for clients that are Limited English Proficient

CASE MANAGEMENT ASSESSMENT - GENERAL

The goal is to understand whether prior to coming to the Navigation Center the client was couch surfing with friends or relatives, had been in an encampment, other shelters; etc.

It is important in this conversation to ascertain whether the client is receiving case management support elsewhere, and what supports they are seeking from Nav Center staff.

GENERAL	
Describe your experience of homelessness prior to coming to the Navigation Center	<input type="text"/>
What case management support or assistance are you hoping to get at our program?	<input type="text"/>

CASE MANAGEMENT ASSESSMENT - GENERAL

Transportation: There are transportation assistance programs specifically for people experiencing homelessness.

<https://www.sfmta.com/access-pass-application>

How do you normally get to appointments in the community?

What are your transportation needs?

Select



CASE MANAGEMENT ASSESSMENT – WORKFORCE AND EDUCATION

People experiencing homelessness are eligible for training, job placement, and other workforce development resources such as:

- Arriba Juntos: Computer Skills, Nursing Assistant, Homecare
- Community Housing Partnership: Front Desk Clerk
- ECS: Hospitality and Culinary Arts programs.
- Goodwill: Retail Skills and Services
- Homebridge: Caregiver career program

WORKFORCE AND EDUCATION	
Income Unknown	<input type="checkbox"/>
Are you interested in work or a job change?	Select 
Are you currently employed?	Select 
Are you seeking employment?	Select 
Would you like to be connected to work and work supports?	Select 
Are you currently receiving any work supports?	<input type="checkbox"/>
Are you interested in continuing your education?	Select 

CASE MANAGEMENT ASSESSMENT – SUPPORT NETWORK

How to ask questions:

- Universal Screening-
 - “these are questions we ask everyone who comes to the Navigation Center”
 - “We have started asking about it routinely”
 - “Anyone can find themselves in unhealthy relationship”
- Prioritize safety
- Non-judgmental stance
- Avoid giving advice or tell clients what they should do, i.e. couples counseling
- Take cues from the client: respond and validate feelings, respect their choices
- Ask about past, present, and future risks
- Simple supportive messages

CASE MANAGEMENT ASSESSMENT – SUPPORT NETWORK

- Domestic Violence Resources: La Casa del las Madres
 - Visit our Drop-In Center at 1269 Howard Street
 - 415-503-0500
 - Open from 8:30am-5pm
 - Offer case management, therapy, groups, and other services *(Available by appointment only)
 - Call our 24/7/365 crisis hotlines
 - Adult Line: 1-877-503-1850
 - Teen Line: 1-877-923-0700
 - Send a Text- 415-200-3575
 - Offer to call with the client
- Offer a life safety transfer if the client does not feel safe staying at the Nav with their partner.

CASE MANAGEMENT ASSESSMENT – SUPPORT NETWORK

Discussing support network such as family or friends is an opportunity to revisit Problem Solving and reunifying with them if it's safe to do so.

Youth who are in foster care or formerly foster youth may be eligible for benefits under AB12 <https://www.cdss.ca.gov/inforesources/foster-care/extended-foster-care-ab-12>

SUPPORT NETWORK

Do you have other case management support?

Do you have a partner or spouse? (If Yes, add contact information to Contacts tab, complete ROI)

Describe your current support network (e.g. peers, family, etc.):

Are you currently in foster care in San Francisco or were you ever in foster care in San Francisco?

In the last 12 months have you traded sex for a place to stay?

In the place you are staying, are you experiencing physical or sexual violence?

Are you currently experiencing any stress, fighting, or harm in a relationship? [If yes, further explore current safety, fear, threats and past harm.]

Are you a survivor of domestic violence?

CASE MANAGEMENT ASSESSMENT – SUPPORT NETWORK

- Youth and adults who trade sex for a place to stay may be vulnerable to exploitation including human trafficking.
- Other signs of exploitation may include:
 - Trading sex for money or drugs
 - An abusive or controlling person in their lives
 - Unexplained access to credit cards, hotel keys, gifts, alcohol, drugs or transportation
 - Frequent nights out
 - History of past involvement with child welfare or juvenile justice
- Additional resources here: <https://bit.ly/3hmJNnE>

CASE MANAGEMENT - HOUSING

The Navigation Center is a stop, not a destination - remember Housing is the goal!

Navigation Center case managers are critical to ensuring that clients continue the path to housing by:

- Ensuring that all vital documents are uploaded in the ONE system

- Ensuring that all clients have been assessed by the Access Point and continuing to engage with their Housing Navigator

HOUSING

What are your housing goals?

Are you working with a housing navigator?

Select



Do you have your vital documents? (please scan copies of vital documents and upload to client profile in ONE under Files)

Select



CASE MANAGEMENT - LEGAL

Examples of Legal Issues:

- Outstanding Warrants
- Immigration Needs
- Domestic Violence Legal Needs
- Custody of Children
- Employment Law

Legal Resources:

- Bay Area Legal Aid
- Central American Resource Center
- Eviction Defense Collaborative
- Asian Pacific Islander Legal Outreach

LEGAL

Do you have a representative payee? ▼

Describe any current legal issues and legal support needs (e.g. outstanding warrants, immigration needs, etc):

CASE MANAGEMENT - MEDICAL

- Helping clients enroll in benefits like Medi-Cal if they do not have insurance.
- Resources:
 - Shelter Health
 - Street Medicine

MEDICAL

AFTER COMPLETING THIS ASSESSMENT, PLEASE RETURN TO ENROLLMENT SCREEN TO ENTER ADDITIONAL HEALTH INFORMATION FOR THIS GUEST.

(If guest does not have health insurance) Are you enrolled in Healthy San Francisco

Where do you seek medical care?

Primary care provider name

When did you have your last visit? 

Please describe any current medical health issues and symptoms:

Are you pregnant?

What services are you receiving for your health issues?

DO YOU USE ANY ASSISTIVE DEVICES?

Do you use any assistive devices?

Describe any need for support with self-care or activities of daily living (e.g. bathing/hygiene, dressing, managing incontinence, taking medications, etc)

Do you have an IHSS worker?

CASE MANAGEMENT – MENTAL HEALTH

- Clients may have a broad range of mental health needs from addressing previous trauma to managing mental illness.
- Resources:
 - Shelter Health
 - Trauma Recovery Center
<http://traumarecoverycenter.org/>
 - Psychiatric Emergency Services: (415) 206-8125
 - Mobile Crisis Team: (415) 970-4000
 - Comprehensive Child Crisis: (415) 970-3800
 - Westside Community Crisis: (415) 355-0311
 - S.F. Suicide Prevention: (415) 781-0500
 - TAY System of Care (415) 642-4525
 - Peer Run Warmline for emotional support
855-845-7415

MENTAL HEALTH

Have you had any mental health symptoms or treatment in the past?

Describe past mental health treatments or services

Are you currently experiencing mental health issues or symptoms?

Are you interested in receiving mental health treatment or services?

Psychiatric care

Group therapy

Counseling

Residential treatment

Other

CASE MANAGEMENT – REASONABLE ACCOMMODATION

- Reasonable Accommodations for clients with disabilities or have an assistive device

REASONABLE ACCOMMODATION

Do you need a reasonable accommodation?

Reasonable accommodation details

CASE MANAGEMENT – REASONABLE ACCOMODATION

- Reasonable Accommodations for clients with disabilities or have an assistive device

REASONABLE ACCOMMODATION

Do you need a reasonable accommodation?



Reasonable accommodation details

CASE MANAGEMENT – SUBSTANCE USE

All programs operate under a harm reduction approach, these questions are to be asked in a non-judgmental manner prioritizing reducing harm.

Listen to how the client defines “safer use”

Resources:

- Harm Reduction Therapy Center info@harmreductiontherapy.org
- DOPE Project
<https://harmreduction.org/our-work/action/dope-project-san-francisco/>
- San Francisco AIDS Foundation
<https://www.sfaf.org/services/syringe-access-disposal/>

SUBSTANCE USE

How do drugs/alcohol/other substances impact your life?

SKIP TO CARE PLANNING IF GUEST HAS INDICATED NO SUBSTANCE USE

When you use drugs/alcohol/other substances, do you practice harm reduction? (Examples of harm reduction practices include using new/clean syringes, bubbles, straight shooters, etc.) Select

Have you thought about using in safer ways? Select

Do you need support in using in safer ways? Select

Have you ever overdosed while using? Select

ARE YOU CURRENTLY RECEIVING SUBSTANCE USE SERVICES?

Are you currently receiving substance use services?

Other

ARE YOU INTERESTED IN RECEIVING ADDITIONAL SUBSTANCE USE SERVICES?

Are you interested in receiving additional substance use services?

Counseling or therapy

Methadone maintenance

Detox

Residential treatment

Suboxone treatment

CASE MANAGEMENT – CARE PLANNING

Strengths Based - Acknowledging the client's survival skills, strengths, abilities, and resilience

Triggers/Challenges - What will help them be successful in a shared space with others?

Safety Planning:

- How does the client define safety?
- What will the client do if they feel they are unsafe?
- What does the client need from the program to keep them safe?

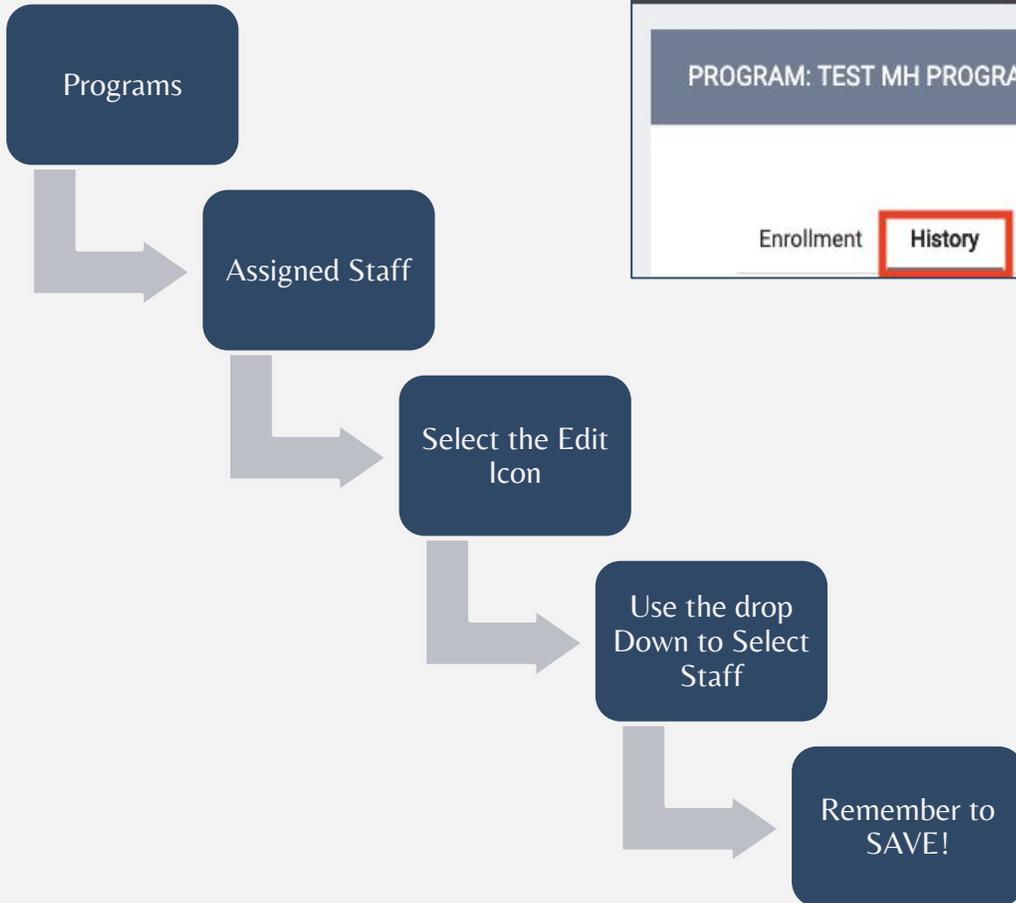
CARE PLANNING	
Support system (please enter supports that supplement support network of family, friends, etc.)	<input type="text"/>
Strengths	<input type="text"/>
Triggers/Challenges	<input type="text"/>
Coping skills	<input type="text"/>
Do you need a safety plan?	<input checked="" type="checkbox"/>
What are your safety needs?	<input type="text"/>



VIEWING AND CHANGING ASSIGNED STAFF

CHANGING ASSIGNED STAFF

In the client Profile:



PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM: TEST MH PROGRAM AB

Enrollment **History** Provide Services

5 DAYS ACTIVE PROGRAM

Program Type: Individual

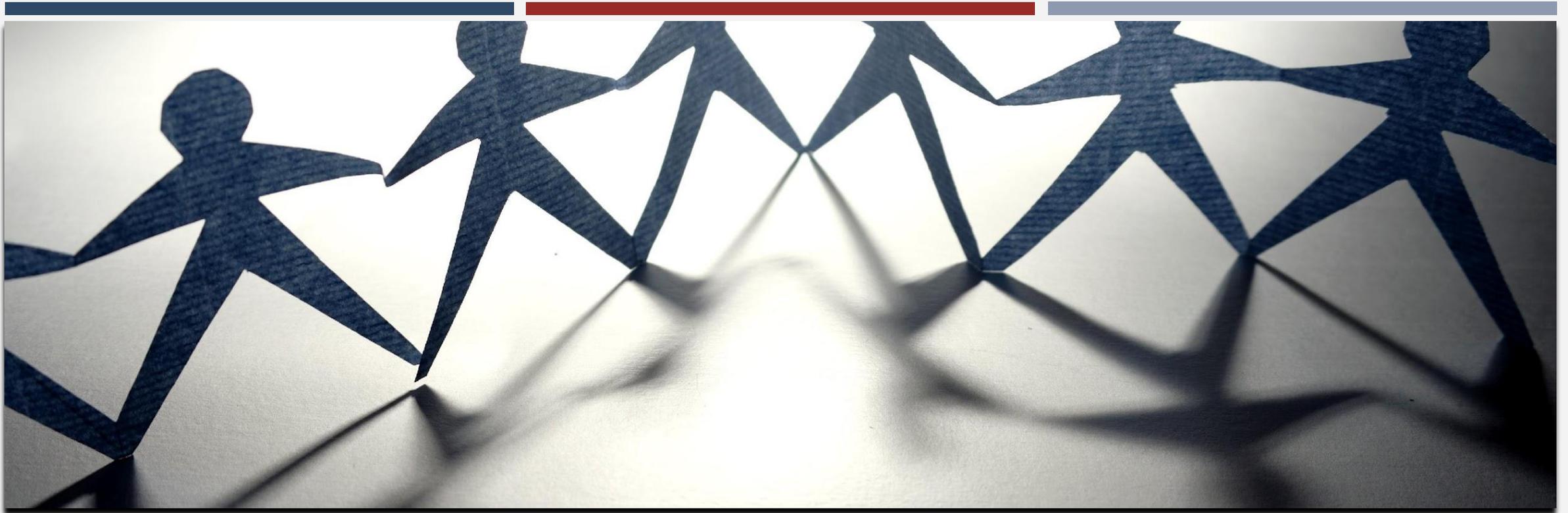
Program Start Date: 09/30/2020

Assigned Staff: Andrea Bañas

Head of Household: Christopher Shark

Andrea Bañas

SAVE CHANGES



SERVICES

SERVICES - EXTENSIONS

- Extensions are recorded using program-level services.
 - Clients must be enrolled in a Nav Center program.

Ginny West Coast

PROFILE HISTORY SERVICES **PROGRAMS** ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM: LOWER POLK TAY NAVIGATION CENTER- GF+HHAP+ERAF

Enrollment History **Provide Services** Assessments Notes Files Forms ✕ Exit

Services

HSH Approved Extension (Only Completed by HSH Staff)	Other ▾
Navigation Center Approved Extension	Other ▾

SERVICES - EXTENSIONS

- Extension services have service items you can choose from.
- Select the most appropriate service items by clicking on the drop down to the right.

Ginny West Coast

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES FILES CONTACT LOCATION REFERRALS

PROGRAM: LOWER POLK TAY NAVIGATION CENTER- GF+HHAP+ERAF

Enrollment History **Provide Services** Assessments Notes Files Forms × Exit

Services

HSH Approved Extension (Only Completed by HSH Staff) Other ^

HSH Extension Date of Approval - 311 Reservation	▼
HSH Extension Date of Approval - CAAP Priority	▼
HSH Extension Date of Approval - Medical	▼
HSH Extension Date of Approval - Non-HSH Housing Offer	▼
HSH Extension Date of Approval - Other [Please specify]	▼
HSH Extension Date of Approval - Problem Solving Plan	▼
HSH Extension Date of Approval - Residential Treatment Placement	▼
HSH Extension Date of Approval - RRH	▼
HSH Extension Date of Approval - Work Program	▼

HSH Approved Extension (Only Completed by HSH Staff) Other ^

HSH Extension Date of Approval - 311 Reservation ^

Start Date: 01/14/2021 

End Date: 02/14/2021 

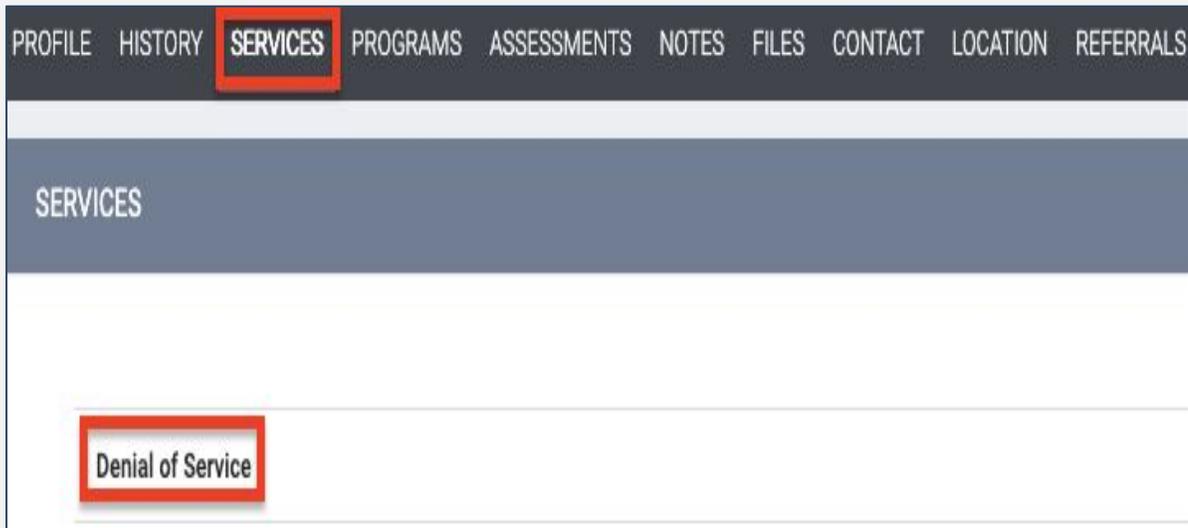
Service Note

B *I*  

SUBMIT

SERVICES – DENIAL OF SERVICE

- Use when a guest has been issued a denial of service from the program for breaking a program rule
- Note: A Denial of Service may only be issued by a staff person who has completed the HSH Shelter Grievance Training and passed the post-test and has access rights to the service in ONE.



- This is found in the client level ‘Services’ tab
- Enter within 3 business days of issuance

SERVICES – DENIAL OF SERVICE

1. Start Date – The date the denial of service was issued.
2. End Date – The date the denial of service suspension period ends.
3. Service Note – Enter a note to explain further details about the denial of service incident and follow-up. When relevant, include information about the following:
 - Specific Non-Immediate DOS rule violated (for Non-Immediate DOS only)
 - DOS paperwork
 - Hearing request

Immediate Denial Reason #01: Outright refusal to comply with mask program rules

Immediate Denial Reason #02: Act of violence

Immediate Denial Reason #03: Threat of violence

Immediate Denial Reason #04: Possession or display of weapon

Immediate Denial Reason #05: Arson

Immediate Denial Reason #06: Manufacture or preparation of drugs

Immediate Denial Reason #07: Property destruction or interference affecting safety

Immediate Denial Reason #08: Absence over 48 hours

Start Date: 05/25/2021

End Date: 06/25/2021

Service Note :

B I

-

- 1.

SUBMIT

Non-Immediate Denial (list specific rule in note)



UPLOADING FILES AND DOCUMENTS

UPLOADING CLIENT FILES AND DOCUMENTS

From the client profile:

- Files
- Select 'Add File' OR
- Select 'Add Form'



No results found

UPLOADING FILES AND DOCUMENTS

FILE TYPE CATEGORIES

- ✓ Background Check
- CalWORKs HSP Documents
- CES
- Family, Social and Legal
- Finances and Income
- Health and Medical
- Homelessness Prevention Assistance Providers
- Housing Ladder Application
- HPRP Documentation
- Permanent Housing Application Forms and Documentation
- Personal Identification
- Release of Information



NOTES

NOTES

- Notes are used to capture activity or communications with clients, not services, document readiness, outreach attempts, vital documents.
- Should be captured at the program- level.
- Data entry should happen within three working days.
 - Date defaults to the day you are entering the note but can be changed.

The screenshot displays the 'Ginny West Coast' software interface. At the top, a dark navigation bar contains the title 'Ginny West Coast' and a menu with options: PROFILE, HISTORY, SERVICES, PROGRAMS (highlighted with a red box), ASSESSMENTS, NOTES, FILES, CONTACT, LOCATION, and REFERRALS. Below this, a light blue header bar shows the selected program: 'PROGRAM: EMBARCADERO SAFE NAVIGATION CENTER-GF+HEAP' (highlighted with a red box). A secondary navigation bar includes 'Enrollment', 'History', 'Provide Services', 'Assessments', 'Notes' (highlighted with a red box), 'Files', and 'Forms', along with an '× Exit' button. The main content area is titled 'Client Program Notes' and features an 'ADD NOTE' button (highlighted with a red box). A table below lists existing notes with columns for 'Title', 'Staff', and 'Date'. One note is visible: 'Test Note 1' by 'Andrea Bañas' on '01/14/2021'. The title includes a sub-note: '[Training] Five Keys Charter Schools & Programs' with an information icon. A red box highlights an icon in the bottom left corner of the table area.

Title	Staff	Date
Test Note 1 [Training] Five Keys Charter Schools & Programs ⓘ	Andrea Bañas	01/14/2021



REPORTS

REPORTS

Program Roster

[GNRL-106] Program Roster (Program Based Report)

- Who's stayed in the program
- Lists program stay information for clients with the selected status in the selected program

Program Roster Report										Demo Agency		
										Active within [12/01/2019 - 11/30/2020]		
Housing Move-in: Undefined = Unknown HoH or Move-in is Null, <input type="checkbox"/> = Non PH Project, A: Assessments, S: Services, CN: Case Notes												
Client	Unique Identifier	Birth Date	Age At Entry	Current Age	Enroll Date	Exit Date	LOS	Housing Move-in	A	S	CN	Assigned Staff
Program: Arches Navigation Center												
Fever, Cedar	F32DE8A0A	11/30/1999	20	21	01/21/2020	-	0		0	0	0	S. Hoffman
												Number of Clients: 1
												Number of Households: 1
Program: Coordinated Entry Access Point												
Canyon, Bryce	AAFEF1344	09/12/1979	40	41	01/02/2020	-	334		0	0	0	S. Hoffman
												Number of Clients: 1
												Number of Households: 1
Program: Street Outreach Program												
Bend, Big	FBD52A648	10/07/1976	42	44	12/29/2018	-	703		0	0	0	S. Hoffman
Jonez, Maroon	F3670B32B	01/12/1965	55	55	02/06/2020	-	299		0	0	0	S. Jones*
												Number of Clients: 2
												Number of Households: 2
Program: Zion Housing												
Mouse, Malia	33347CB86	01/02/2018	1	2	02/01/2019	-	669	undefined	0	0	0	S. Jones*
Mouse, Minnie	471CA3370	01/25/1985	33	35	11/11/2018	-	751	11/11/2018	0	1	0	S. Jones*
Tree, Pine	61F0D4B00	06/04/2011	9	9	06/25/2020	-	159	undefined	0	0	0	S. Hoffman
Canyon, Bryce	AAFEF1344	09/12/1979	41	41	10/08/2020	10/08/2020	0	10/08/2020	1	1	0	G. Demo
Tree - do Not Use, Evergreen	76764A8E7	07/01/1988	32	32	10/26/2020	-	36	10/26/2020	0	0	0	S. Hoffman
												Number of Clients: 5
												Number of Households: 5
												Total Number of Clients: 9
												Total Number of Households: 9
* denotes Inactive Assigned Staff												
Program Name	Project Type											
Arches Navigation Center	Emergency Shelter											
Coordinated Entry Access Point	Coordinated Entry											
Street Outreach Program	Street Outreach											
Zion Housing	PH - Permanent Supportive Housing (disability required)											

REPORTS

HMIS Data Quality Report

[HUDX-225] HMIS Data Quality Report (HUD Reports)

- Who needs support around data entry?
- Comprehensive data review

HMIS Data Quality Report [FY 2020]		CA-501 - San Francisco CoC: Demo Agency	
		CoC Category Filter: Agency CoC	
		Report period 12/01/2019 - 11/30/2020	
Q1. Report Validation Table			
Program Applicability: All Projects			
Total number of persons served			
Number of adults (age 18 or over)			
Number of children (under age 18)			
Number of persons with unknown age			
Number of leavers			
Number of adult leavers			
Number of adult and head of household leavers			
Number of stayers			
Number of adult stayers			
Number of veterans			
Number of chronically homeless persons			
Number of youth under age 25			
Number of parenting youth under age 25 with children			
Number of adult heads of household			
Number of child and unknown-age heads of household			
Heads of households and adult stayers in the project 365 days			
Q2. Personally Identifiable Information (PII)			
Program Applicability: All Projects			
Data Element	Client Doesn't Know/Refused	Information Missing	
Name (3.1)	0	0	
Social Security Number (3.2)	0	0	
Date of Birth (3.3)	0	0	
Race (3.4)	0	0	
Ethnicity (3.5)	1	0	
Gender (3.6)	0	0	
Overall Score			
Q3. Universal Data Elements			
Program Applicability: All Projects			
Data Element	Error Count	% of Error Rate	
Veteran Status (3.7)	0	0%	
Project Start Date (3.10)	0	0%	
Relationship to Head of Household (3.15)	1	10%	
Client Location (3.16)			
Disabling Condition (3.8)			
Q4. Income and Housing Data Quality			
Program Applicability: All Projects			
Data Element			
Destination (3.12)			
Income and Sources (4.2) at Start			
Income and Sources (4.2) at Annual Assessment			
Income and Sources (4.2) at Exit			
Non-Cash Benefits (4.3) at Start			
Non-Cash Benefits (4.3) at Annual Assessment			
Non-Cash Benefits (4.3) at Exit			
Q5. Chronic Homeless			
Program Applicability: ES, SH, Street Outreach			
Starting into project type	Count of total records	Missing time in institution (3.917.2)	Missing in (3.917.3)
ES, SH, Street Outreach	1		
TH	2	0	
PH (all)	4	0	
Total	7		
Q6. Timeliness			
Program Applicability: All Projects			
Time for Record Entry	Number of Project Start Records	Number of Project Exit Records	
0 days	6	2	
1-3 days	1	0	
4-6 days	0	0	
7-10 days	0	0	
11+ days	0	0	
Q7. Inactive Records: Street Outreach and Emergency Shelter			
Program Applicability: Street Outreach & ES-Night By Night			
Data Element	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES-NbN)	0	0	0%
Bed Night (All clients in ES-NbN)	0	0	0%
Programs Included in Dataset			
Agency	Program Name		
Demo Agency	Arches Navigation Center		
Demo Agency	Coordinated Entry Access Point		
Demo Agency	Denali Transitional Housing		
Demo Agency	Evergreen Family Individual Room Shelter		
Demo Agency	Housing Ladder		
Demo Agency	Problem Solving		
Demo Agency	Street Outreach Program		
Demo Agency	Yellowstone Congregate Shelter		
Demo Agency	Zion Housing		



QUESTIONS?

RESOURCES

Bitfocus Help Desk

- Email: onesf@bitfocus.com
- Phone: (415) 429-4211
- Website: onesf.bitfocus.com
- Chat via website or One System

