Documentation	Why to use it	Where/How to Do It	How Frequently
Outreach Contacts (before an outreach enrollment)	To document outreach encounters with individuals and start their homeless history documentation	No way to document in CT HMIS without a program enrollment to connect to. Maintain paper/offline file.	At every interaction, within 24 hours.
PATH Partial Enrollment (PATH Programs ONLY)	To document PATH outreach encounters with individuals who have consented to have some information entered, but who have not been enrolled in PATH	Start an enrollment in CT HMIS, but leave the enrollment as pending.	PATH providers can start an enrollment but leave it as pending if they are not certain whether a participant will meet PATH eligibility. As a reminder, to be eligible for PATH someone needs SMI or suspected SMI.
Outreach Contacts (AKA Current Living Situation Assessment)	To maintain current information on homeless status and specific living situation	Use the Current Living Assessment in CT HMIS	At every interaction, within 24 hours update in HMIS
Program Enrollment	Once you have decided to enroll a client in your outreach program, create a program enrollment to track your caseload. This program enrollment allows you to attach other assessments, services, and pull together a client record online Enrollments in HMIS also help ensure people are correctly identified on the By-Name list for housing resources	"Create New Enrollment" in CT HMIS. Make sure you are in your Street Outreach role	As soon as a decision is made to enroll a client in your outreach program, enter the enrollment in HMIS within 24 hours. An HMIS Release of Information **must** be on file in order to complete an enrollment. Note – if you are working with someone who was reluctant to complete an ROI or formally join your program for days or weeks, you can BACK DATE the enrollment to the date you began working with them, as soon as they consent to the ROI.
Service Plan	A service plan helps guide a conversation with clients about their housing goals, and other goals they may have. It allows you to make a plan together, and track progress towards that plan.	DMHAS has a paper version that can be used. Some agencies may also have service plan templates in their electronic health record. The service plan does not need to be created in CT HMIS.	The service plan should be created within 30 days of program enrollment, and should be updated at least every 90 days. All service plans should be signed by both the program participant and outreach worker, to ensure that staff and clients are all working towards shared goals and agree about action steps.
Services in HMIS	Services help record the individual actions you took to support your participant	You can record services in CT HMIS, under Case Management, click "services"	After each meeting with a participant, you can record the service you provided by choosing from the dropdown list.

Referrals in HMIS	Records referrals to other services you made on behalf of the program participant – there is also an ability to track the outcome of these referrals	In HMIS, under Case Management, click "referrals"	Each time you make a referral on behalf of a participant, you can track that here.
Case Notes	Case notes are a way to record interactions with your client that may not otherwise fit in other places, like a contact/CLA, or a service. You can also use case notes to document things like attempts to contact a client, or days where you had planned to meet but were unable to connect.	Case notes can be recorded in CT HMIS.	You do not need to record a case note at every encounter – use case notes to document situations that are not adequately documented by the services options. Please note, case notes default to NOT being shared (only visible to your agency). You do have the option to change privacy to "shared" if needed. Please discuss with your supervisor when to set case notes to shared vs. not shared.
Discharge – Exit Assessment	Conduct an exit assessment whenever you discharge a client from your outreach program. Please note, outreach programs are encouraged to continue contact with participants even if they are residing in an emergency shelter, and until they are permanently housed.	In HMIS, complete an exit assessment for all discharges	Whenever you discharge a client from the program for any reason, you must close the enrollment. As a reminder, all DMHAS funded outreach programs are aiming for 85% of discharges to a positive housing destination, so discharging to homelessness should be avoided to the greatest extent possible.

OTHER OUTREACH DOCUMENTATION

Documentation	Why to use it	Where/How to Do It	How Frequently
Generic Outreach Enrollment	To get individuals who are not enrolled in an outreach program, but who are known to be unsheltered, onto the BNL	By Name List Managers are responsible for inputting Generic Outreach enrollments into HMIS to ensure they are displayed on the BNL	Whenever new households are identified as being unsheltered AND these households are not, for whatever reason, able to be enrolled in any other street outreach program.