



**Texas Balance of State Continuum of Care
Coordinated Entry Written Standards**

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Purpose of This Document

Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the U.S. Department of Housing and Urban Development (HUD) requires that the Texas Balance of State Continuum of Care (TX BoS CoC) have Written Standards that govern how Continuum of Care Program funded projects operate.

Under Notice CPD-17-01¹ released on January 23, 2017, HUD required each CoC to incorporate additional requirements into their written standards or develop a set of written standards to ensure that its Coordinated Entry implementation includes each of the additional requirements outlined in the Notice.

This document, the Texas Balance of State Continuum of Care Coordinated Entry Written Standards, outlines the framework for Coordinated Entry in the TX BoS CoC. In order for a local Coordinated Entry process to be recognized by the TX BoS CoC, communities must implement Coordinated Entry according to these standards.

This is a living document. HUD's goal for Coordinated Entry is that it serves households at-risk of and those experiencing homelessness. Coordinated Entry will be implemented in the TX BoS CoC in phases as the framework merely outlines the process for assisting households experiencing literal homelessness or fleeing or attempting to flee domestic violence. Any future revisions will be presented at a TX BoS CoC Board meeting. According to the policies and procedures of the CoC Board, all voting policies will be followed.

In the following weeks, the TX BoS CoC will release the following materials to supplement this document:

- Assessor Manual, which will aid Assessors in the application of these requirements, and
- Coordinated Entry Data Guide, which will outline the data requirements for Coordinated Entry and review the Coordinated Entry Workflow in HMIS.

This document and additional Coordinated Entry resources will be stored on [TX BoS CoC Coordinated Entry Google Drive](https://goo.gl/4cTMNa) (<https://goo.gl/4cTMNa>).

¹ United States Department of Housing and Urban Affairs. [Notice CPD-17-01: Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Entry System.](https://goo.gl/nUOaHy) <https://goo.gl/nUOaHy>

Versions

Version	Date Approved	Updates
1.0	5/24/2017	First Release
1.1	6/28/2017	Added RRH Written Standards, approved by the TX BoS CoC Board

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The Goal: Ending Homelessness in the TX BoS CoC

Shelters, street outreach, and other crisis services are the front-lines of any community's response to homelessness. They serve a critical function in helping people experiencing homelessness meet basic survival needs like shelter, food, clothing, and personal hygiene. This approach to addressing homelessness merely manages it. Homelessness is only truly ended when people are housed and supported to maintain that housing.

The TX BoS CoC believes it is possible to end homelessness, and that is the goal for which we must strive. In many communities, ending homelessness will require making a shift from a set of homeless services that only alleviate the immediate crisis of homelessness to a housing crisis response system that prevents and ends it. An **end to homelessness** means that every community will have a systematic housing crisis response system in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have a system in place with the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness
- Intervene to prevent the loss of housing and divert people from entering the housing crisis response system
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services – tailored to their unique needs and strengths – to help them achieve and maintain stable housing.²

As communities across the Texas Balance of State Continuum of Care (TX BoS CoC) implement Coordinated Entry, they will find out that when communities come together to develop a systemic response to homelessness, they can move beyond managing homelessness to ending it.

² United States Interagency Council on Homelessness (USICH). Opening Doors. February 03, 2016. <https://www.usich.gov/opening-doors>

Overview of Coordinated Entry

As outlined in the CoC Program Interim Rule, each Continuum of Care is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services³. This system is called Coordinated Entry in the TX BoS CoC.

Coordinated Entry is a powerful piece of a Housing Crisis Response System that ensures that people experiencing or at-risk of homelessness can readily find and navigate crisis intervention assistance. It is designed to ensure that households are prioritized for and matched with the right intervention as quickly as possible. It aims to standardize the access, assessment, and referral process across all providers in communities. CE has a variety of benefits:

Households Experiencing Homelessness

- Ensures that no matter where someone seeks help, they receive access to the same services and housing that best fits their needs
- Households in crisis will not have to make as many phone calls and will undergo fewer eligibility screenings
- Households in crisis will receive a definitive “yes” or “no” to housing resource availability/eligibility for their needs

Projects

- Fosters more collaboration among providers because it requires teamwork and transparency
- Increases referral appropriateness
- Requires less time to be spent answering calls from households, screening households for eligibility, managing waitlists, and finding households to fill units
- Improves project outcomes such as an increase in the number of households exiting to permanent housing and a decrease in the length of stay in homelessness.

Housing Crisis Response System

- Assists communities in allocating finite resources as effectively as possible, based on vulnerability and severity of needs, effectively assisting systems in maximizing existing funding and resources

³ United States Department of Housing and Urban Development. Continuum of Care (CoC) Program Interim Rule. July 2012. <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

- Improves system efficiency
- On-going, real-time data collection system for homeless services across the Continuum of Care in the Homeless Management Information System (HMIS), which allows for a robust opportunity to identify needs, gaps, and strengths across the system
- Reduces overall costs through streamlined services
- Improves system-wide outcomes such as a decrease in the number of households experiencing homelessness, a decrease in the number of new entries into homelessness, and a decrease in returns to homelessness (recidivism).

TX BoS CoC Coordinated Entry Guiding Principles

Person-Centered Care

Every person should be treated with dignity and respect, which means providers should draw on people's expertise and strengths. Households should be made aware of all their options and offered a choice. Staff must help people in crisis regain a sense of control while focusing on the client's goals, choices, and preferences. This requires an unwavering respect for their strengths and reinforcement of progress, which are essential for empowerment.

Crisis Resolution

Homelessness is a housing crisis. Regaining housing resolves that particular crisis. Responses must include: rapid assessment and triaging; focus on personal safety as the first priority; de-escalation of the person's emotional reaction; definite action steps the individual can successfully achieve; and returning the person to control over their own problem-solving.

Trauma Informed Care

There is a high prevalence of trauma in the lives of people experiencing a housing crisis. Trauma can influence the mental, emotional, and physical well-being of individuals seeking services. Every provider should provide services in a manner that is welcoming and appropriate to the needs of those affected by trauma, i.e., with sensitivity to their lived experiences. This requires high levels of transparency and flexibility.

Housing First

Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.⁴ In order to be effective, the Coordinated Entry process must be Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.⁵

Low Barrier

Since everyone is considered housing ready, projects allow entry to program participants regardless of their income, current or past substance use, criminal records – with the exceptions of restrictions imposed by federal, state, or local law or ordinance, e.g., restrictions on serving people who are listed on sex offenders registries and history of domestic violence.⁶

⁴ United States Department of Housing and Urban Development. FY2016 Notification of Funding Availability. Page 9. <http://bit.ly/2o6wnhv>

⁵ United States Department of Housing and Urban Development. Coordinated Entry Policy Brief. Page 2. <http://bit.ly/1ApgCDc>

⁶ United States Department of Housing and Urban Development. FY2016 Notification of Funding Availability. Page 9. <http://bit.ly/2o6wnhv>

Planning

Timeline

Coordinated Entry Proposal

Prior to implementing Coordinated Entry, communities must submit draft Local Coordinated Entry Policies and Procedures (Template available Appendix A) as a proposal to the TX BoS CoC. Local Coordinated Entry Policies and Procedures must be submitted to the Systems Change Coordinator by **September 1, 2017**, at the latest.

It will take at most two weeks from the date the Local Coordinated Entry Policies and Procedures are turned in to the Systems Change Coordinator to receive feedback. Communities should schedule a meeting two weeks out from the date they submit the proposal in order to review the feedback from the CoC and make adjustments to their proposal. If adjustments are required, the proposal must be sent back to the Systems Change Coordinator.

Implementation Deadline

Communities that receive CoC and/or ESG Program funding must implement their local Coordinated Entry process in accordance with these standards by **January 23, 2018**⁷. Failure to implement by the deadline may affect a project's ability to apply for and receive federal funds for homeless services.

The following communities in the TX BoS CoC must implement Coordinated Entry:

- Abilene
- Beaumont
- Belton
- Brazoria County
- Brownsville
- Corpus Christi
- Denton
- Elgin
- Galveston
- Harlingen
- Hidalgo County
- Killeen
- Laredo
- Longview
- Lubbock
- Lufkin
- Mount Pleasant
- Odessa
- Orange
- San Benito
- Texarkana
- Tyler
- Victoria

Coverage Area

The local Coordinated Entry process must at minimum cover the coverage areas designated in the grant agreements for ESG, CoC, and/or SSVF Program funded

⁷ <http://bit.ly/2l8ItWA>

agencies located in the community. If the grant coverage area is just city limits, the coverage area must be extended to the county level, if the county is not already covered.

Communities that do not receive ESG and/or CoC Program funding can decide on the coverage area for the local Coordinated Entry process. The TX BoS CoC recommends that Coordinated Entry processes at least cover the immediate county boundaries. For example, Paris, TX, should implement a Coordinated Entry process for Lamar County.

The TX BoS CoC strongly recommends that local Coordinated Entry processes include additional counties in the coverage area especially if the Coordinated Entry process consists of the only service provider for 100 miles.

The coverage area will be reviewed by the TX BoS CoC through the Coordinated Entry Proposal and will be revisited often, as Coordinated Entry must cover the entire geography.

Participating Providers

Any project that receives the following funding sources must participate in Coordinated Entry:

- Continuum of Care (CoC)⁸,
- Emergency Solutions Grant (ESG)⁹, and
- Support Services for Veteran Families (SSVF)¹⁰.

For CoC and ESG funded projects, participate can mean either the project fills vacancies with referrals made by Coordinated Entry (receiving project) **or** the project/provider functions as an Entry Point **and** fills vacancies with referrals made by Coordinated Entry. CoC and ESG Program funded projects must, at a minimum, fill availabilities with referrals made by the Coordinated Entry System.

For SSVF funded projects, the VA requires grantees to participate in the, "development, implementation, and ongoing operations of their local Continuum of Care's coordinated assessment system, or equivalent, as described in the McKinney-Vento Act as amended by the HEARTH Act." SSVF should, at a minimum, fill availabilities with referrals made by the local Coordinated Entry process.

While HUD mandates that the agencies receiving the funding sources listed above participate in Coordinated Entry, homelessness cannot be ended by these providers alone. It takes all providers in the housing crisis response system, regardless of their

⁸ Continuum of Care Program Interim Rule, <http://bit.ly/2cojpd5>

⁹ Emergency Solutions Grant Interim Rule, <http://bit.ly/2diXrlp>

¹⁰ Supportive Services for Veteran Families Updated Final Rule, <http://bit.ly/2lkfEbM>

funding source, to end homelessness. Therefore, all providers are encouraged to participate in Coordinated Entry.

Roles and Responsibilities

A critical issue that can impede the success of implementing Coordinated Entry is a lack of clarity regarding the roles, responsibilities, and expectations of the various agencies and/or entities involved in this process.

Texas Balance of State Continuum of Care

The Continuum is responsible for developing, updating, and distributing the standards for Coordinated Entry, such as the training protocol, and supporting communities as they implement CE, including reviewing local materials such as Coordinated Entry process policies and procedures or advertising, providing trainings for Assessors, attending Coordinated Entry process planning meetings virtually or in person, upon request, and providing guidance or help with research, as needed. Additionally, the TX BoS CoC will provide a session on Coordinated Entry during the Texas Conference on Ending Homelessness.

Coordinated Entry Planning Entity

The local Coordinated Entry Planning Entity (CEPE) is the body responsible for implementing Coordinated Entry in a community. This requires the entity to serve as support for the entire initiative and coordinate participating organizations and agencies. The CEPE must be approved by the Local Homeless Coalition (LHC) through a vote.

Responsibilities include:

- Submitting the Coordinated Entry Proposal to the Systems Change Coordinator;
- Developing Coordinated Entry Policies and Procedures, which must be submitted to the Systems Change Coordinator when complete and upon each update;
- Marketing the local Coordinated Entry process;
- Maintaining the Eligibility Matrix;
- Addressing appeals and grievances and conducting evaluations to ensure that CE is functioning as intended;
- Executing Memorandum of Understanding between the TX BoS CoC and the CEPE and the CEPE and participating agencies – entry points and receiving agencies; and
- Conducting a monthly evaluation and an in-depth evaluation yearly of the Coordinated Entry process.

Entry Points

Agencies selected to serve as CE Entry Points are responsible for ensuring that all households meeting the eligibility criteria for CE have prompt access and are

adhering to the processes outlined in this document. Entry Points are required to participate in Coordinated Entry planning meetings led by the CEPE.

- Follow the CE HMIS Data Standards including using the standardized assessment and coordinated referrals procedure
- Enter information into HMIS in real-time or within 24 hours
- Commit to having staff trained on Coordinated Entry
- Having staff serve as assessors
- Honor CE hours of operation as advertised

Assessors

Assessors are responsible for conducting the Coordinated Entry process with those who meet the eligibility requirements and are seeking assistance in the housing crisis response system. Assessors are responsible for ensuring that all requests for assistance are treated equally and fairly, regardless of the individual circumstances of the household requesting assistance. They are responsible for being transparent about the local housing crisis response system with participants. Each Assessor will input all participant data directly into the Homeless Management Information System, or "ClientTrack".

Any community member who has completed the Coordinated Entry training curriculum will be considered an Assessor for Coordinated Entry. Trainings will be provided virtually and cannot be attended until the proposal for the local Coordinated Entry process is approved by the TX BoS CoC. No one will receive access to the Coordinated Entry Workflow in HMIS until they attend the following trainings:

- Overview of Coordinated Entry
- Homeless Management Information System New User Training, if the assessor is a new staff member and/or needs access to HMIS
- Coordinated Entry HMIS Workflow
- Prioritization and Referral Outcomes
- Housing Priority List
- Coordinated Entry Reporting
- Assessor Training
- Safety Planning

Receiving Projects

Receiving Projects are those that receive referrals through CE and utilize those referrals to fill project availability. All receiving projects are responsible for adhering to the referral protocol in this document. Receiving projects that do not currently use HMIS are encouraged to use HMIS. Receiving Projects must participate in Coordinated Entry planning meetings led by the CEPE.

Access Eligibility

The local Coordinated Entry process must serve all individuals and families who are literally homeless and households fleeing or attempting to flee domestic violence, Category 1 and 4 respectfully of the Homeless Definition.¹¹ The process for serving Survivors is very specific and described in the section titled "Serving Survivors".

Category 1 - Literally Homeless

Individual or family who lacks a fixed, regular, or adequate nighttime residence, meaning they either:
Have a primary nighttime residence that is a public or private place not meant for human habitation or
Are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs) or
Are exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

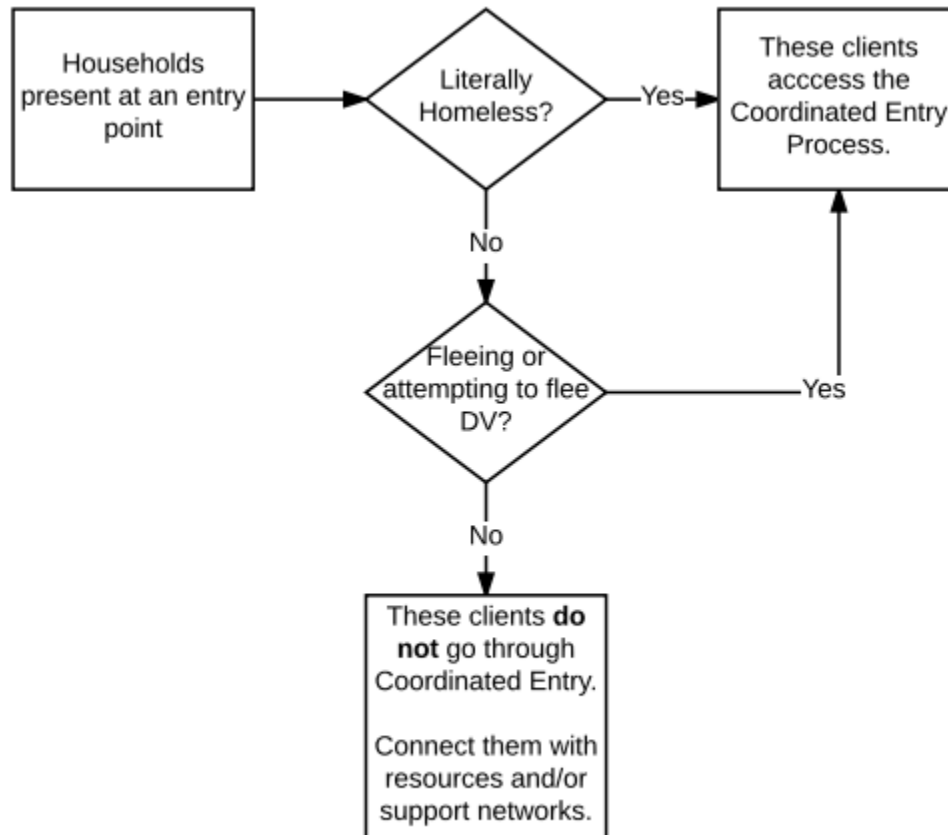
Category 4 – Fleeing or Attempting to Flee Domestic Violence

Any individual or family who:
Is fleeing or attempting to flee domestic violence and
Has no other residence and
Lacks the resources or support networks to obtain other permanent housing.

The Coordinated Entry Planning Entity must ensure that all people in different populations and subpopulations that are experiencing literal homelessness or fleeing or attempting to flee domestic violence have fair and equal access to the system, regardless of the location or method by which they access the system. The local Coordinated Entry must be accessible to all households experiencing literal homelessness or fleeing or attempting to flee domestic violence, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

¹¹ Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining "Homeless" Final Rule. <https://goo.gl/HSRs2c>.

Households that are not literally homeless or fleeing domestic violence must be connected with other community and mainstream resources and encouraged to connect with their support networks – family, friends, or co-workers.



Entry Points

The Coordinated Entry Planning Entity must designate entry points to the housing crisis response system. Entry points are the places – either virtual or physical – where an individual or family in need of assistance can easily access the CE process.

Resource:
[Coordinated Assessment – Models and Principles Under the CoC Program Interim Rule](#)

Communities can opt for a centralized or decentralized approach to their entry points. Centralized means one way to access CE. It can be either a physical or virtual point of entry. Decentralized means there is more than one way to access CE. The following are examples of decentralized systems:

- A central location or locations within a geographic area where individuals and families present to receive homeless housing and services;

- A 2-1-1 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers;
- A “no wrong door” approach in which a homeless family or individual can present at any homeless housing or service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;
- A specialized team of assessors that provides assessment services at provider locations within the CoC; or
- A regional approach in which hubs are created within smaller geographic areas.¹²

Things to consider when selecting Entry Points:

- Entry points must be accessible to individuals with disabilities including accessible physical locations for individuals who use wheelchairs or providing assistive technology or translators for individuals who are visually and hearing impaired.
- Entry points must provide reasonable accommodations for a person with disabilities including allow for an alternate Entry Point should established Entry Points not ADA accessible.
- Street outreach is critical for connecting unsheltered households to services and housing. ESG Program-funded Street Outreach projects must be entry points¹³, and non-ESG Program-funded Street Outreach projects should be entry points for households experiencing unsheltered homelessness. This will ensure that people sleeping on the streets access the housing crisis response system and are included in the prioritization for assistance. Street Outreach must offer the same standardized process as persons who access Coordinated Entry through site-based entry points. Due to the nature of street outreach, it is okay if it takes several engagements to complete an assessment.
- Entry Points must be accessible to individuals with limited English proficiency (LEP). The local Coordinated Entry Planning Entity must take reasonable steps to ensure that CE can be accessed by persons with LEP such as developing marketing materials in other languages or developing a plan for when translation services are needed.

¹² United States Department of Housing and Urban Development. Notice CPD-17-01: Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Assessment System. <http://bit.ly/2oaq8bE>

¹³ United States Department of Housing and Urban Development. Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. <https://goo.gl/3N2bPf#page=12>

- Physical entry points should be accessible by public transportation and located close to other services.
- If agencies focus on any of the following sub-populations - households made up of adults without children, households made up of adults with children, or households fleeing or attempting to flee domestic violence, they may be designated as entry points for those specific sub-populations. For example, the local victim service provider is the the entry point for households fleeing or attempting to flee domestic violence.¹⁴

Regardless of which approach the community decides to use, it must be standardized and coordinated. Every entry point must assess and refer literally homeless households and households fleeing domestic violence according to the standards outlined in this document.

Emergency Services

Emergency services, including domestic violence shelters, emergency shelters, and other short-term crisis residential projects, should operate with as few barriers to entry as possible and be available to anyone who needs and wants it. People must be able to access emergency services independent of the operating hours of the Coordinated Entry process therefore, participants must be ensured access to emergency services during hours when the CE process is not operating. Ultimately, a household's participation in CE cannot be a requirement for accessing emergency services.

The local CE Process Policies and Procedures must include the processes by which households are ensured access to emergency services during hours when the CE process is not operating and how households are connected to the Coordinated Entry process from emergency services, as necessary, as soon as the process is operating must be included in the.

¹⁴ United States Department of Housing and Urban Development. [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.](https://goo.gl/3N2bPf#page=7)

Assessment

TX BoS CoC Coordinated Entry Assessment

All CE processes in the TX BoS CoC must use the Coordinated Entry Assessment developed by the TX BoS CoC. The assessment consists of the most current HMIS Universal Data Elements¹⁵ and the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) version 2.0 or the Family – Vulnerability Index – Service Prioritization Decision Assistance Tool (F-VI-SPDAT) version 2.0. The VI-SPDAT must be completed with single individual households or each member of households without children. The F-VI-SPDAT must be completed with households with children.

HMIS Universal Data Elements

The HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.¹⁶

The VI-SPDAT and F-VI-SPDAT

The VI-SPDAT and F-VI-SPDAT are publically available assessment tools that provide a standardized analysis of risk and other objective assessment factors and results in a score. The score is utilized to assist assessors in matching participants to the most appropriate housing intervention and assists in prioritization, which refers to the process by which all persons in need of assistance who use CE are ranked in order of priority ([See section titled "Prioritization"](#)). The scoring breakdown is as follows:

VI-SPDAT Score	F-VI-SPDAT Score	Housing Intervention
0-3	0-3	Minimal Intervention/ Diversion, if any
4-7	4-8	Rapid Re-Housing (RRH) or Transitional Housing (TH)
8+	9+	Permanent Supportive Housing (PSH)

¹⁵ United States Department of Housing and Urban Development. [2014 HMIS Data Standards: Data Manual](#). Released August 2016. Version 5.1. <https://goo.gl/DKeEyD#page=18>

¹⁶ Ibid.

OrgCode, the developer of the VI-SPDAT and F-VI-SPDAT, does not include Transitional Housing in the score breakdown.¹⁷ The CoC has included Transitional Housing in the Rapid Re-Housing score range due to the prevalence of Transitional Housing in the TX BoS CoC. Ultimately, it is the household's decision whether to be referred to RRH and/or TH for which they are eligible. The Assessor Manual will describe the process for assisting households in making this decision.

Exceptions to Matching

A household may be referred to a less intensive intervention than they are eligible for, if the recommended intervention does not exist in the community, the household is not eligible for the matched intervention, or the household does not want that level of assistance. For example, if the household scores for PSH but there is no PSH available, RRH or TH can be offered. The Assessor Manual will describe the process for assisting households in making this decision.

VI-SPDAT

Score	Housing Intervention
0-3	Diversion
4-7	Rapid Rehousing (RRH) or Transitional Housing (TH)
8+	Permanent Supportive Housing (PSH)

F-VI-SPDAT

Score	Housing Intervention
0-3	Diversion
4-8	Rapid Rehousing (RRH) or Transitional Housing (TH)
9+	Permanent Supportive Housing (PSH)

Re-Assessments

Participant households will be notified of these re-assessment requirements during their initial CE Assessment.

Households must be reassessed whenever one of the following circumstances is met:

- A household's composition has changed, e.g., the number of household members has increased or decreased;
- The housing status has changed, e.g., the household is experiencing homelessness again after being housed;

¹⁷ OrgCode Consulting Inc. [FAQs on the VI-SPDAT \(Preview\)](https://goo.gl/SBoU44). <https://goo.gl/SBoU44>

- More than six months have passed since the initial assessment,
- The household now has a diagnosed disabling condition, which they did not have previously; or
- An Assessment Review Request has been approved by the CEPE.

Assessment Review Request

Assessors who have concerns about the accuracy of the assessment may request a formal assessment review by submitting the Assessment Review Request to the local Coordinated Entry Planning Entity.

Staff members at a Coordinated Entry participating agency who have similar concerns may also request a formal assessment review by the same process, with the permission of their direct supervisor.

Households that have concerns about the accuracy of their assessment may also request an assessment review by the same process. At minimum, households must ask the Assessor to submit an Assessment Review Request on their behalf addressing their specific concerns.

The local Coordinated Entry Process Policies and Procedures must include the procedure for reviewing Assessment Review Requests. Review requests must be triaged based on the urgency of the discrepancy. Staff regularly requesting additional reviews for an unusually high percentage of their clients may be asked to complete additional training.

Assessment Review Follow-Up

The household requesting the review must be notified of the planned action and the appeal procedure outcome within 10 business days of submitting the Assessment Review Request.

Grievances

Participants must be notified of their right to submit grievances including nondiscrimination and equal access complaints. The CEPE must at minimum have a method to gather grievances in writing. The local Coordinated Entry Process Policies and Procedures must include the procedure for submitting and reviewing grievances.

Appeals

If the assessor, staff member, or household has a concern with the outcome of the Assessment Review Request or a grievance, an appeal may be submitted to the [TX BoS CoC Systems Change Coordinator](#).

Referrals

Referrals have two parts – making a referral and the outcome of the referral. Entry Points make referrals; receiving project or entry points, in the instance of workarounds, update the referral with the outcome. Capturing the referrals made in HMIS shows the flow of people through the housing crisis response system. Capturing the outcome to the referral allows the system to see the rate at which people are getting assistance.

Eligibility Matrix

All assessors at entry points must be equipped with an up-to-date Eligibility Matrix. The Eligibility Matrix will assist assessors providing the most accurate description of a project and determining whether the household meets eligibility criteria, or project-specific requirements, which will aid in making appropriate referrals. The Eligibility Matrix is a living document; it should be updated as information changes.

Documentation

Referrals are not contingent on the possession of key documents required by projects. Assessors must attempt to see any documentation a household has, such as a diagnosis of a disabling condition or an SSI pay stub, and make a record of it in HMIS. Should the household not have documentation, the assessor must provide referrals to local resources that assist in obtaining documents.

Making a Referral

All referrals generated by the CE process must be recorded in HMIS, whether or not a receiving project uses HMIS for data management.

Acknowledging a Referral

Contributing HMIS receiving projects must acknowledge referrals received in HMIS within three (3) business days. Acknowledging referrals means the receiving project is aware the referral has been made to them by an entry point.

Outcomes of a Referral

Contributing HMIS receiving projects and non-Contributing HMIS receiving projects participating in CE must update the outcome, or result, of a referral in HMIS. Outcomes may happen at different times in the CE process. The local Coordinated Entry Policies and Procedures must outline the process for updating the referral outcome in HMIS.

Rejecting a Referral

The following are the only reasons a receiving project may reject a referral:

- Household declined further participation
- Household has permanently left the area
- Household does not meet required criteria for program eligibility

- Household unresponsive to one instance of 5 attempts to contact in 5 days (See Contacting Households)
- Household resolved crisis without assistance
- Household has safety concerns.

Prioritization

Prioritization refers to the process by which all persons in need of assistance who use Coordinated Entry are ranked in order of priority. Prioritization ensures that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

It is inappropriate to prioritize households based on severity of service need or vulnerability for emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short term crisis residential programs. Emergency services should operate with as few barriers to entry as possible and be available to anyone who needs and wants them.

Prioritization standards can be applied in a variety of ways:

- 1) Receiving projects can apply the prioritization standards for their housing intervention type to the referrals received in HMIS; or
- 2) Receiving projects can contact a CEPE member or assessor at an entry point to determine whom they need to contact to fill their availability; or
- 3) A combination of the two approaches.

The Prioritization process must be included in the local Coordinated Entry Policies and Procedures. Receiving projects must follow the procedure for prioritization outlined in the local Coordinated Entry Policies and Procedures once the project has availability.

Prioritization Standards

CoC Program-funded RRH and PSH projects must adhere to the prioritization standards adopted by the TX BoS CoC Board. The prioritization standards for each project type are described below:

CoC Program-Funded Rapid Re-Housing

The TX BoS CoC agrees with HUD that people with the greatest needs must receive priority for any type of housing and homeless assistance available in the CoC. Therefore, the CoC Program-funded RRH projects in the TX BoS CoC must prioritize households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered sleeping location

- Households with the longest history of homelessness
- Households with the earliest enrollment date, either for a housing intervention (TH, RRH, PSH), emergency shelter, or coordinated entry, in HMIS or an HMIS-comparable database

Rapid Re-Housing is matched to households that receive a total score between 4 and 7 on the VI-SPDAT version 2 or 4 and 8 on the F-VI-SPDAT version 2. The following outlines the procedure for determining which household a CoC Program-funded RRH project must contact to fill an availability:

1. Using either the Housing Priority List or the project referral functionality in HMIS, identify the households with the highest total score. The higher the total VI-SPDAT or F-VI-SPDAT score, the higher the service need. The total score is obtained upon completion of administering the VI-SPDAT or F-VI-SPDAT.
2. Of the households with the highest total score, identify those households sleeping in an unsheltered location. The unsheltered sleeping location is determined by the response to question 1 of the VI-SPDAT version 2 or question 5 of the F-VI-SPDAT version 2.
3. Of the households with the highest total score and those sleeping in an unsheltered location, identify the households that have experienced homelessness the longest. Length of time homeless is based on question 2 of the VI-SPDAT version 2 or question 6 of the F-VI-SPDAT. Additional homelessness history documented within HMIS through enrollments may also be utilized to document this length of time.
4. Of the households with the highest total score, sleeping in an unsheltered location, and having experienced homelessness the longest, identify the household(s) with the date of first enrollment, or when the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the oldest enrollment.

The project would contact that household with the highest total score, sleeping in an unsheltered location, having experienced homelessness the longest, and with the oldest enrollment to offer their housing and services.

There may be instances in which a household with a score within the PSH range is referred to a Rapid Re-Housing project; the household may be experiencing chronic homelessness. Per the Coordinated Entry Written Standards, a household that scores for PSH may be referred to a RRH project. The project will follow the RRH prioritization standards, which means, the household that scored for PSH will be prioritized above households that scored for RRH.

CoC Program Funded Permanent Supportive Housing, dedicated to the Chronically Homeless¹⁸

Priority	Description
First Priority	Chronically Homeless ¹⁹ Individuals and Families ²⁰ with the longest history of homelessness ²¹ and with the most severe service needs ²²
Second Priority	Chronically Homeless Individuals and Families with the longest history of homelessness
Third Priority	Chronically Homeless Individuals and families with the most severe service needs
Fourth Priority	All other Chronically Homeless Individuals and Families

CoC Program Funded Permanent Supportive Housing, not dedicated to the Chronically Homeless²³

Priority	Description
First Priority	Literally homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs
Second Priority	Literally homeless individuals and families with a disability with severe service needs
Third Priority	Literally homeless individuals and families with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs
Fourth Priority	Individuals and families with a disability coming from Transitional Housing

PSH Prioritization Tie-Breaker

For PSH Prioritization, if multiple households in the same geographic area are identically prioritized for the next availability and each household is also eligible for the same unit, the housing provider must place the household with the date of first enrollment, or when the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the oldest enrollment

Prioritization and Projects not funded by the CoC Program

The TX BoS CoC highly recommends CEPES adopt the prioritization standards listed

¹⁸ Notice CPD-14-12, <http://bit.ly/2d8dPZ6>

¹⁹ Flowchart of HUD's Definition of Chronic Homelessness, <http://bit.ly/2moY2CS>

²⁰ 2012 Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, Definition of "Family", Page 2 under *Terminology Changes*, <http://bit.ly/2lnwqVD>

²¹ Determined by Question 2 on the VI-SPDAT "How long has it been since you lived in permanent stable housing?" or Question 6 on the F-VI-SPDAT "How long has it been since you and your family lived in permanent stable housing?"

²² Determined by the total VI-SPDAT or F-VI-SPDAT score; the higher the score, the more vulnerable, hence, more in need of services

²³ Notice CPD-16-11, <http://bit.ly/2d8ewl2>

above for any PSH or RRH projects that are not CoC Program-funded, such as ESG Program-funded RRH projects, too. The standards have been proven to effectively end homelessness for the most vulnerable households in communities across the United States. Adopting the same prioritization standards also assists in streamlining and standardizing the system ultimately, creating less work for staff and the CE process since stakeholders are aware of the system-wide prioritization standards. The adoption of the prioritization standards must be outlined in the local Coordinated Entry Policies and Procedures.

Contacting Households

The project must attempt to contact the household at least five (5) times over the course of five (5) business days to offer housing and services. Projects must utilize all of the contact information provided by the household including primary and secondary contacts, mailing addresses, and email addresses. If the community has Street Outreach, receiving projects should notify the Street Outreach project(s) that they are looking for a household and where they can most commonly be found, which is also captured as part of the contact information. Entry Points should be notified, in case the household presents. HMIS Contributing Receiving Projects should also set up a notification in HMIS; this process will be described in the Coordinated Entry Data Guide, which is in development. Due diligence must be documented whether in HMIS or a comparable database.

If the household is contacted, the Receiving Project should determine if the household is still eligible for the project. If they are still eligible and interested in participating, the project must set up an intake appointment.

If the household is contacted and still eligible but declines the offer of assistance, the housing provider will move to the next household that meets the prioritization standards for the specific housing intervention. The household will remain in the receiving project's HMIS Referral Queue.

If the household is contacted but no longer eligible, the receiving project must determine if the household is eligible for other housing interventions in the community, make appropriate referrals, and update HMIS. If the household is not eligible for other housing interventions, the receiving project will refer the household to an Entry Point.

If a household is not contacted, the receiving project must make a record of due diligence in attempting to contact the household and update HMIS. The receiving project will then contact the next household that meets the prioritization standards for the specific housing intervention.

Case Conferencing

If the household declines four (4) offers of assistance, the receiving project must contact the referring Entry Point to set up case conferencing with the receiving

project, participant household, and appropriate Assessor to discuss the options for the household, considering that they've declined four offers of assistance. The local Coordinated Entry Policies and Procedures must outline the local case conferencing process.

Project Intake Appointment

Some households will require more engagement, i.e., repeated attempts at offering assistance or "meeting them where they are", than others. Receiving projects should be as flexible as possible with people experiencing a housing crisis.

Data Management

Homeless Management Information System

The TX BoS CoC uses HMIS, or ClientTrack, for collecting, using, storing, sharing, and reporting participant data associated with the CE process.

Data Standards

Participants must adhere to the CE data standards outlined in the TX BoS CoC Coordinated Entry Data Guide.

Timeliness Requirements

Entry Points must make every effort to do the CE process in real time, i.e., directly into HMIS. If information cannot be entered in real time, it must be entered within 24 business hours.

Privacy Protections

The TX BoS CoC HMIS Privacy Policy describes the privacy practices related to the HMIS maintained by Texas Homeless Network, as the HMIS Lead Agency designated by the TX BoS CoC. This Policy adheres to the [2004 HMIS Data and Technical Standards Final Notice](#). It covers activities conducted through CE such as the Housing Priority List, Case Conferencing, referrals, and evaluation.

The TX BoS CoC Release of Information (ROI) governs the participant consent for the release of their information. Privacy protections and rights associated with collection, management, and reporting of participant data must be discussed with the household prior to asking them to indicate whether or not they want to share their information and sign the document. The ROI must be completed with every participant going through CE.

Evaluation

Ongoing Feedback

Entry Points, Receiving Projects, and current or former participants must be notified about their ability to provide feedback. Entry Points and Receiving Projects are encouraged to provide feedback at planning meetings. The CEPE must at minimum have a method to gather feedback, in writing, from current or former participants. The local Coordinated Entry Policies and Procedures must describe the methodologies for gathering feedback.

Monthly Evaluation

The Coordinated Entry Planning Entity must meet at least monthly to evaluate the CE process. The purpose of the evaluation is to determine if the CE process is working as intended and to track the community's progress toward ending homelessness.

The meeting should involve:

- Reviewing data generated from HMIS Reports such as the data generated from the System Performance Measures, Coordinated Entry Housing Report, Post-VI Enrollment Report, VI-SPDAT Summary, F-VI-SPDAT Summary, and the VI-SPDAT List
- Reviewing feedback
- Making adjustments to the process based on data and feedback
- Addressing grievances and Assessment Review Requests
- Reviewing the Housing Priority List, which is an automatically generated list of everyone who has been through the CE process

Suggestions for adjustments to the overarching policy can be sent to the [System Changes Coordinator](#).

Yearly Evaluation

The Coordinated Entry Planning Entity will need to conduct a yearly in-depth evaluation of the CE process. The Systems Change Coordinator will notify Coordinated Entry Planning Entities of the time frame the evaluation must cover and the evaluation due date.

The evaluation must address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and households. Participating projects and households that participated in CE during the previous year must be included. Final evaluations must be sent to the [Systems Change Coordinator](#) to help inform any overarching policy changes.

Serving Survivors

The Texas Balance of State Continuum of Care recognizes the unique needs of households fleeing or attempting to flee domestic violence. A Victim Service Provider plays an integral role in their community's housing crisis response system by providing specialized housing and supportive services for survivors of domestic violence. Therefore, it is critical that these providers be included as full partners in the CE process. HUD allows and actively promotes the full participation and integration of Victim Service Providers into the CE System.²⁴

The TX BoS CoC and the Texas Council on Family Violence (TCFV) worked closely together on the development of these requirements. There are plans for further guidance from the TX BoS CoC and TCFV. The TX BoS CoC anticipates the information regarding service survivors to evolve as more communities implement Coordinated Entry. Ultimately, the TX BoS CoC wants to make sure that communities are doing right by survivors in the development of Coordinated Entry.

The CE process may serve survivors in either of the following ways:

- The local Victim Service Provider(s) serves as an Entry Point. The workaround described in the section titled "Victim Service Providers, Survivors, and HMIS" must be followed.
- The local Victim Service Provider(s) does not serve as an Entry Point. Participants may not be denied access to the CE process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. Entry Points that are non-Victim Service Providers may have to serve people who are fleeing or actively attempting to flee domestic violence. If the household's primary concern is safety, the Entry Point must provide a private location for the household while they attempt to connect them with the local hotline or Victim Service Provider. The household can be connected with the CE process at a later date when safety is not the primary concern.

The local Coordinated Entry Policies and Procedures must describe the process for serving households fleeing or attempting to flee domestic violence.

Victim Service Providers, Survivors, and HMIS

Victim Service Providers are statutorily prohibited from entering information into HMIS. Therefore, each CE process must follow this workaround for survivors that are served by Victim Service Providers:

²⁴ United States Department of Housing and Urban Development. "Coordinated Entry and Victim Service Provides FAQs." November 2015. <http://bit.ly/2ebrOAs>

- 1) Providers must review the TX BoS CoC ROI with the household, highlighting the household's rights, which include not having to share their information in HMIS, and that services cannot be withheld if they opt to not share their information;
- 2) Household is assessed by the local Victim Service Provider using a paper form;
- 3) Victim Service Provider contacts agency designated for entering information into HMIS;
there is an equal expectation of real-time data entry for these households. The Victim Service Provider should call their partner agency who enters information into HMIS upon completing the assessment. However, should there be time or capacity issues and the information is not entered immediately, the information must be entered within 24 business hours.
- 4) Victim Service Provider provides specific data elements for the Head of Household:

Data Element	Universal Data Element	Response
Name	3.1	<p>First Name: Last Two Digits of the Year + hyphen + a unique four-digit number without space</p> <p>For example, 16-0000</p> <p>Last Name: Number assigned by the TX BoS CoC</p> <p>NOTE: This data element must be entered in the same way, with the same spelling by every user.</p> <p>Full name: 16-0000 607001</p>
Social Security Number	3.2	Data Not Collected
Date of Birth	3.3	Data Not Collected
Race	3.4	Data Not Collected
Ethnicity	3.5	Data Not Collected
Gender	3.6	Data Not Collected
Veteran Status	3.7	Data Not Collected
Disabling Condition	3.8	Data Not Collected

Project Entry Date	3.10	Data Not Collected
Project Exit Date	3.11	Data Not Collected
Destination (upon getting housed, i.e., exiting from Coordinated Entry)	3.12	Data Not Collected
Relationship to Head of Household	3.15	Data Not Collected
Living Situation	3.917B, Field 1	Data Not Collected
Length of Stay in Prior Living Situation	3.917, Field 2	Data Not Collected
Did you stay less than 90?	3.917, Field 2A – for Institutional Situations	Data Not Collected
Did you stay less than 7 nights?	3.917, Field 2B – for Housing Situations	Data Not Collected
On the night before, did you stay on the streets, Emergency Shelter (ES), or Safe Haven (SH)?	3.917, Field 2C – for yes to Field 2A or 2B	Data Not Collected
Approximate date homelessness started:	3.917, Field 3	Data Not Collected
Total <u>number of times homeless</u> on the streets, in ES, or SH in the past three years including today	3.917, Field 4	Data Not Collected

Total <u>number of months homeless</u> on the street, in ES, or SH in the past three years	3.917, Field 5	Data Not Collected
VI-SPDAT or F-VI-SPDAT		Total Score ONLY
What is the minimum number of bedrooms you need?		#
Phone Number		Phone number of the appropriate contact, e.g., Case Manager at the Victim Service Provider and/or the survivor, if they elect to share that information
Referrals	This information is critical linking the household to housing resources in the community.	Service: Transitional Housing, Rapid Re-Housing, or Permanent Supportive House Provider Name: The name of the provider who operates Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing
Unmet needs	This data elements assists with real-time gaps analysis and should be completed in the instance that the household cannot receive a referral to the housing intervention suggested on the VI-SPDAT or F-VI-SPDAT. Reasons for unmet needs include not meeting eligibility requirements or the resource does not exist in the community.	Unmet Permanent Supportive Housing Unmet Rapid Re-Housing Unmet Transitional Housing

5) The agency entering information into HMIS must provide the Victim Service Provider with the ClientTrack ID number for the participant. The Victim Service

Provider will record the ClientTrack ID Number to the Coordinated Entry HMIS Tracking Sheet.

This will ensure that no personal information about a household fleeing or attempting to flee domestic violence is entered into HMIS, and households are being prioritized for housing.

Non-Victim Service Providers, Survivors, and HMIS

- 1) Providers must review the TX BoS CoC HMIS Release of Information (ROI) with the household highlighting the household's rights, which include not having to share their information in HMIS, and that services cannot be withheld should they opt to protect their information by not sharing;
- 2) If the household opts to share their information, the Coordinated Entry Assessment process can be completed as they are for clients not fleeing or attempting to flee domestic violence;
- 3) If the household opts not to share their information or wishes to remain anonymous, follow the procedure outlined in "Victim Service Providers, Survivors, and HMIS".