CoC GENERAL MEETING MINUTES

Meeting held via webinar.

Attendance:
<u>THN Staff and VISTA Members:</u>
Caitlin Bayer -- Balance of State Programs Coordinator
Kameron Fowler -- CoC Director
Kraig Blaize-Fiero -- CoC Program Assistant
Jason Phillips – VISTA Project Manager
Jesús DeLeón-Serratos – HMIS Project Manager
Laura Herridge – VISTA Member
Lindsay Marsh -- Data Coordinator
Mary Rychlik -- CoC Manager
Kristen Walieczka – VISTA Member
Alexis Williams – VISTA Member
Sophia Checa – Systems Change Coordinator

<u>CoC General Membership Attendees:</u>
Hanna Adams, Daphne Adams, Jaime Arizpe, Holly Bates, Jennifer Belyeu, Mark Bethune, Tierra Bishop, Latorie Blaylock, Alice Bracken, Rebecca Bromley, Kimberly Bushlow, Jenny Cantu, Linda Choi, Damian Clark, John Cooper, Vinson Crawford, Ruby DeJesús, Jean East, Noritza Figueroa, Denise Freema, Mary Gaona, Hermelinda Garcia, Carol Gresham, Lisa Griffin, Melissa Gutierrez, Linda Hamblin, Andrea Harrod, Joanna Henry, Debra Huffman, Justin Irving, DeJernel Jordan, Chesley Knowles, Melissa Juarez, Jennifer Laurent, Deanna Lowrey-Green, Melinda Malone, Cheteva Marshall, Leslie Moseley, Jason Murphy, Cheryl Myers, Delilah Oates, Jo Ann Patillo, Lana Peacock, Monica Peña Rasmussen, Tasha Prentice, Carol Racz, Kim Redmon, Ginny Reinhardt, Tomás Rodriguze, Beth Rolingson, Tiffany Ross, Dani Shaw, Anne Spanyers, Ginny Stafford, Erika Thomas, Veronica Thomas, Melanie Thornton-Lewis, Amanda Tindell, Kisha Vallejo, Chad Wheeler, Andrea Wilson, Michelle Yates.

Minutes:

Meeting began at 2:06 PM.

I.   **Welcome and Introductions and Map-** Kameron welcomed everyone, and THN staff introduced themselves. Kraig showed a map of meeting registrants.

II.   **Spotlight –** Randall Webster was scheduled to discuss ending Veteran homelessness in northeast Texas, but he was unable to attend, due to unforeseen circumstances. Caitlin Bayer, Balance of State Programs Coordinator, gave a summary of the Launch event for the new contract year for Supportive Services for Veteran Families (SSVF) grantees in Denver. A

number of grantees in the TX BoS CoC attended. Caitlin announced that the USICH Criteria and Benchmarks for Ending Veteran Homelessness were updated on Feb. 2nd. There is a new USICH master list template, which incorporates all the new data points which were revised with the most recent revision to the Criteria and Benchmarks. Caitlin offered to talk with any community that wants to pursue federal recognition as having ended Veteran homelessness.

III.   CoC Current Priority Projects

a. TX BoS CoC Point-In-Time (PIT) Count – Kameron announced that after more than six years at THN, Lindsay Marsh, Data Coordinator, is leaving. She has taken a position at the Texas Department of Housing and Community Affairs (TDHCA), so she will continue working in homeless services. We wish her the best.
Lindsay needs all PIT Count data as soon as possible. The due date is Feb. 17, but submitting it early would help with the transition period.

b. Housing Inventory Count (HIC) – Every housing project, regardless of funding source, needs to submit information about their project, including the number of beds in the project and how many beds were filled on the night of the PIT Count (Jan. 26). The due date was last week, so submit as soon as possible. Any project using HMIS should have all their HIC data submitted through HMIS already. For questions, contact lindsay@thn.org.

c. Travel –
   i. Sophia and Caitlin to San Antonio for CSH charrette/CoC planning on 1/10.
   ii. Kameron, Sophia, and Caitlin to Denton for planning and Supportive Services for Veteran Families (SSVF): 1/11-13.
   iii. Kameron to Abilene for planning and PIT Count: 1/25-27.
        1. Kameron announced that Hope Haven shelter opened this week
   iv. Mary and Caitlin to New Braunfels for PIT Count: 1/26.
   v. Kameron, Caitlin, Jesus, and Victoria to Laredo for "ending Veteran homelessness" planning and HMIS: 2/6-7.
   vi. Caitlin to Denver for SSVF Launch event: 2/6-8.
   vii. UPCOMING – Kameron, Mary, and Caitlin to NAEH Family and Youth Conference in Houston: 2/22-24.

d. HUD CoC Application Scores –The CoC Application makes up a portion of the CoC Program Consolidated application. It describes strategic planning and the implementation of required activities across the CoC. From the FY 2015 competition to the FY 2016 competition, the TX BoS CoC's score increased 26 points. Reasons contributing to the improved score include projects using a Housing First model; projects reducing barriers to accessing housing and services; improved data quality; and an enhanced CoC governance structure. Kameron thanked THN staff, CoC Program-funded

projects, and local homeless coalitions (LHCs) who contributed to the Application and who are doing the work in the field. HUD has not announced when the CoC Program NOFA for FY 2017 will be released.

IV.   **Announcements**
   a. HMIS monthly webinars – To provide timely information, updates, and tips, the HMIS team has begun hosting monthly webinars. Eighty-seven people participated in January. Webinars will be held on the last Thursday of every month from 1:00-2:30. Some program-specific webinars (for example, the SSVF program) will be held. Contact Jesús at jesus@thn.org with questions or suggestions for topics. If you are an HMIS user, but you did not receive an invitation to the January HMIS webinar, email the Help Desk at hmis@thn.org.

   b. CoC Program grantee announcements –
      i.   Effective April 1, Annual Performance Reports (APRs) will not be submitted in e-snaps but in a new system called Sage. As with all new systems, there will likely be kinks, so consider submitting APRs due in April into e-snaps in March.
      ii. LOCCS passwords cannot be shared among different people, due to requirement for financial separation of duties, confidentiality, and data security. HUD has new tracking software that allows them to see if people are sharing LOCCS accounts, and some people (not in the TX BoS CoC) have already been found in violation of this requirement. Follow the guidance: "1 license, 1 log-in, 1 user."
      iii. New and renewal projects awarded FY 2016 funding have begun receiving award letters from HUD, which is the first step in the contracting process.

   c. State Emergency Solutions Grant (ESG) Program Notice of Funding Availability (NOFA), Attachment A forms –
      i.   Mary walked through the process for ESG applicants to request an Attachment A form and hold a consultation with THN staff. The process will be emailed to the CoC's email list and posted on THN's website.
         1. By 3/1: Submit certain sections of the ESG Application to mary@thn.org
         2. From 3/7-17: Consult with Mary via phone about the proposed project
         3. By 3/24: THN will sign and return Att. A forms to applicants
         4. By 3/31: Submit applications to TDHCA
      ii. THN is asking for documents that applicants must complete for TDHCA, to reduce the amount of additional work for applicants.
      iii. TDHCA has decreased the minimum amount of funding for which applicants in the TX BoS CoC may apply ($100,000). This lower amount may give more opportunities for smaller projects or projects in areas where partners are not easily available to receive funding.

      iv.   ESG has a matching funds requirement of 100%. TDHCA allows applicants to request waivers of the match requirements. See the NOFA for details (p. 17). http://www.tdhca.state.tx.us/home-division/esgp/docs/17-18-ESG-NOFA.pdf

d.   Homelessness Awareness Day at the Capitol, Feb. 28, 11:00-4:00 –Hosted by THN, the day begins with a check-in and group photo, then lunch on your own, then meetings with legislators. THN will schedule appointments with legislators and key committee members, so participants can simply attend the appointments. A preparation webinar will be held on Feb. 22 at 11:30. For more information, contact Jennifer Paulsen, Director of Development and Communications, at Jennifer@thn.org or check the Facebook page.

e.   United States Interagency Council on Homelessness (USICH)
      i.   Status Report on *Opening Doors* – This report documents progress made on ending homelessness since 2010, when *Opening Doors,* the federal strategic plan to end homelessness, was released. It also discusses effective strategies and work to be done. https://www.usich.gov/tools-for-action/driving-progress-toward-ending-homelessness-in-america
      ii.   Criteria and Benchmarks for Ending Family/Youth Homelessness – These documents detail the essential elements of a community's housing crisis response system and measurements to evaluate it and the effectiveness in ending homelessness for families and for youth. https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-youth-homelessness https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-family-homelessness
      iii.   On Feb. 2nd the USICH updated the Criteria and Benchmarks for Ending Veteran Homelessness. https://www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness/

f.   New Coordinated Entry (CE) guidance from HUD –
      i.   CE is part of a housing crisis response system. On Jan. 23, HUD released Notice CPD-17-01, Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf
      ii.   The Notice set the deadline for implementing CE as 1/23/2018. THN has set the deadline for TX BoS CoC communities to implement CE as 1/23/2018.
      iii.   Sophia has incorporated the new guidance into the TX BoS CoC's CE written standards and toolkit. They will be released within the next month. The toolkit

will guide agencies and communities through the difficult conversations and decision-making needed to implement CE.

    iv.   New requirement: CoCs must create a prioritization process for Homelessness Prevention services. THN staff will work with ESG recipients and subrecipients on developing that prioritization process.

    v.   Projects receiving CoC Program or ESG Program funding will be helped with CE implementation first, because they are required to use the CE System (CES). Those projects will then lead the way for others to use the CES.

    vi.   Projects receiving funding that require using CE should know the requirements in order to be good stewards of their federal funding.

    vii.   Get local officials involved in implementing CE because they are influential in getting things done in their communities, and sometimes cities and counties have funds to support the implementation.

    viii.   Future funding applications will likely contain more questions regarding CES implementation

    ix.   Many CE resources exist online, and the TX BoS CoC's CE webinars are on THN's YouTube Channel. https://www.youtube.com/user/TxHomeNet

V.   Q&A

    a.   Q: Does HUD mandate that emergency shelters must lower barriers by not requiring identification cards and Social Security Numbers?
A: No, HUD does not have a mandate. However, requiring those items definitely creates barriers to people receiving shelter and services. All communities need to talk about reducing barriers. Issues related to identification can be handled via case management; they should not keep people out of shelter. Please contact Kameron to talk more about reducing barriers. Kameron@thn.org.

    b.   CSH will hold an intensive training on rapid re-housing (RRH). The location will be in Austin, but the date needs to be finalized.

    c.   OrgCode will hold four two-day trainings on operating amazing emergency shelters and on housing stability with program participants.

        i.   In late March in Denton

        ii.   In late March in either Abilene or Lubbock

        iii.   In May in Galveston

        iv.   In May in Corpus Christi

VI.   Next Meeting – Wednesday, March 8th, 2:00 p.m., via webinar

Meeting adjourned at 3:20 PM

Meeting recording link:
https://www.youtube.com/watch?v=4kqIhyJ0osQ&index=1&list=PL5c_GwJUb697k44AzlEBE7xxF1Wej4PXz

Texas Balance of State Continuum of Care

TX BoS CoC's Scores on the CoC Application for HUD's Continuum of Care (CoC) Program
FY 2015 and FY 2016

	FY 2015		FY 2016	
	Score	%	Score	%
Highest Possible Score	203	100%	200	100%
Highest Score for any CoC	186	92%	187.75	94%
Lowest Score for any CoC	50.5	25%	79	40%
Median Score for all CoCs	148.5	73%	154.5	77%
Weighted Mean Score* for all CoCs	157.25	77%	160.7	80%
TX BoS CoC's Score	125	62%	175.75	88%

* The weighted mean score is the mean CoC Score weighted by Annual Renewal Demand (ARD).

Requesting Attachment A for TDHCA's PY 2017/2018 ESG Program Application

On January 9, 2017, the Texas Department of Housing and Community Affairs (TDHCA) released the Notice of Funding Availability (NOFA) for the FY 2017/2018 Emergency Solutions Grant (ESG) Program. Application materials may be found on TDHCA's website.

A required piece of the application is **_Attachment A: Certificate of Continuum of Care Participation & Coordination_**. All Applicants must have the Attachment A form completed and signed by the CoC Lead Agency, indicating the involvement of the Applicants in CoC planning and operations and that the Applicants have consulted with the CoC about the project for which they are seeking ESG funding.

See the CoC Map on page 2. The orange counties are in the Texas Balance of State Continuum of Care (TX BoS CoC). Applicants in those counties should request an Attachment A form from THN using the process described below. Applicants will submit applications to TDHCA.

Process:

1. By 3/1/2017, applicants should submit the following pieces of the ESG Application to THN. Applicants may submit the entire workbook (for example, Part 1, Tabs A, B, C, D, and Auto Score) or only the worksheets that THN will review (for example, Part 1, Tabs A and B). Submit documents by emailing mary@thn.org and attaching either the Excel worksheets or scanned copies of the worksheets.

   a. Document Checklist (see page 4)

   b. ESG Application Part 1, Tabs A and B

   c. ESG Application Part 2, Tab B

   d. ESG Application Part 3, Tabs A, B, C, D, E, and F

   e. ESG Application, Attachment A –one form for the lead agency and one for each partner

2. From 3/7/2017 through 3/17/2017, Applicants and the TX BoS CoC Manager, Mary Rychlik, will hold consultations via phone, where the application pieces will be discussed, in relation to CoC priorities and goals.

3. THN staff will answer the five questions on the Attachment A form in the ways listed on page 3.

4. By 3/24/2017, Kameron Fowler, CoC Director, will sign the form, and it will be returned to you.

5. By 3/31/2017, applicants will include the Attachment A form with their applications to TDHCA.

More Information:

Budgets and performance measure targets should be proposed for 2017 and 2018.

The TX BoS CoC's anticipated funding allocation for 2017 is $3,119,578.
- Single Applicants may request no less than $100,000 per year or $200,000 for two years, and they may request a maximum of $150,000 per year or $300,000 for two years.
- Collaborative Applicants may request no less than $100,000 per year or $200,000 for two years, and they may request a maximum of $150,000 per year times the number of partners in the Application, with a maximum request of $600,000 per year or $1,200,000 for two years.

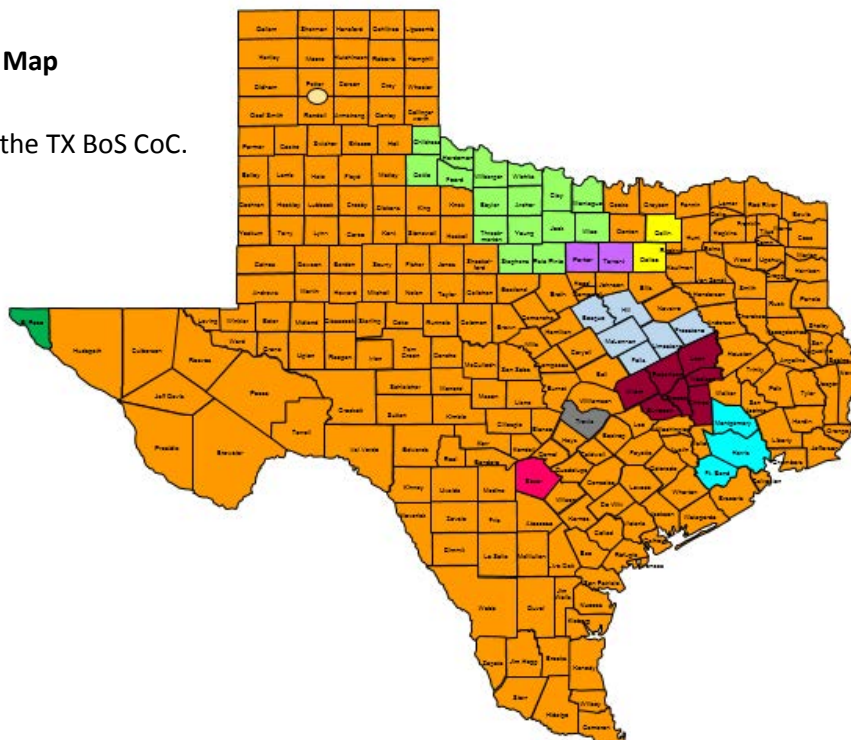CoCs and ESG recipients and subrecipients are required to work together in many ways.

- ESG subrecipients must enter data on all persons served and all activities provided under ESG in the TX BoS CoC's HMIS or a comparable database.

- ESG subrecipients must participate in the TX BoS CoC's Coordinated Entry System.

- ESG subrecipients must ensure that their ESG Program-funded project's written standards comply with and include the TX BoS CoC's Written Standards for Coordinated Entry and for Rapid Re-Housing Projects.

See these resources for more information:

- ESG Interim Rule, 24 CFR Part 576
- CoC Interim Rule, 24 CFR Part 578
- Coordination and Collaboration for CoCs and Con Plan Jurisdictions

Continuum of Care (CoC) Map

Counties in orange are in the TX BoS CoC.

TX BoS CoC's Answers for State ESG Attachment A			
	#	Question	How THN will determine the answer
Participation	1	Indicate the frequency of the organization's participation in CoC general meetings from January 1 - December 31, 2016. Note: the number of "total scheduled CoC meetings" should be the number of publicly posted CoC general meetings and, therefore, will be the same # for all forms completed by the CoC regardless of the applicant named.	The TX BoS CoC held 8 "CoC general meetings" in 2016. [From Jan. through Sept., those meetings were called the "Representative Planning Group (RPG) Meetings." From Oct. through Dec., those meetings were called the "CoC General Meetings."] THN staff will use attendance records from the meetings to determine whether anyone from the Applicant agency had participated in the meetings.
Participation	2	Was the organization involved in the January 2017 Point-In-Time (PIT) Count? (i.e., agency staff or volunteers assisted in planning or conducting the count, assisted in volunteer training, or submitted data on PIT shelter population)	THN staff will use the record of which agencies and which communities participated in the 1/26/2017 PIT Count.
Coordination	3	Did the organization listed above consult with the CoC while preparing their 2017 TDHCA ESG Application and its proposed activities?	When applicants submit required materials to THN and hold a consultation session with THN staff, they will be considered to have consulted with the CoC.
Coordination	4	Do the organization's proposed ESG activities align with the CoC's priorities for serving persons experiencing homelessness and person at-risk of homelessness? If the proposed ESG activities **do not** align with the CoC's priorities for serving person experiencing homelessness and persons at-risk of homelessness, underline explain why.	If the proposed activities are allowable under ESG, and the Applicant agrees to meet all ESG Program requirements, THN will consider the activities to align with the CoC's priorities. The TX BoS CoC's priorities follow *Opening Doors* and HUD's Continuum of Care Program.
Coordination	5	Does the organization listed above use the Coordinated Entry (a.k.a. Coordinated Assessment or Coordinated Access) established by the CoC? This only applies if the CoC has established a Coordinated Entry process. Otherwise, N/A should be checked. If yes, please explain organization's participation in Coordinated Access.	Coordinated Entry (CE) is being piloted in the CoC in Brownsville, Corpus Christi, Denton, Harlingen, Lubbock, Texarkana, and Tyler. Applicants that are 1.) in the CE pilot communities AND 2.) are conducting CE assessments in HMIS or are taking CE referrals will receive an answer of "yes." All other Applicants will receive an answer of "N/A." THN staff will use HMIS records to determine which agencies will receive which answer and how each agency receiving a "yes" is participating.

For questions or assistance with this process, contact Mary Rychlik, CoC Manager, at mary@thn.org or 512-861-2180.

TX BoS CoC Guidance for Requesting Attachment A for FY 2017/2018 ESG Funding from TDHCA

Document Checklist

Fill in this form and submit it and all the other materials listed below to THN. Submit documents by emailing mary@thn.org and attaching either the Excel worksheets or scanned copies of the worksheets.

Applicants may submit the entire ESG Application workbook (for example, Part 1, Tabs A, B, C, D, and Auto Score) or only the ESG Application worksheets that THN will review (for example, Part 1, Tab A and Tab B).

☐ Document Checklist (this form)

☐ ESG Application Part 1, Tab A

☐ ESG Application Part 1, Tab B

☐ ESG Application Part 2, Tab B

☐ ESG Application Part 3, Tab A

☐ ESG Application Part 3, Tab B,

☐ ESG Application Part 3, Tab C

☐ ESG Application Part 3, Tab D

☐ ESG Application Part 3, Tab E

☐ ESG Application Part 3, Tab F

ESG Application, Attachment A forms:

      ☐ Form for the lead agency (required for Single Applicants and for Collaborative Applicants)

      ☐ Form for partner agency 1, if Applicant has a partner agency 1

      ☐ Form for partner agency 2, if Applicant has a partner agency 2

      ☐ Form for partner agency 3, if Applicant has a partner agency 3

      ☐ Form for partner agency 4, if Applicant has a partner agency 4

      ☐ Form for partner agency 5, if Applicant has a partner agency 5

Homelessness Awareness Day at the Capitol

Feb. 28th

11:00 a.m. to 4:00 p.m.

From Jan. 20th THeNews:

Homelessness Awareness Day

Join us on **Tuesday, February 28th**, between 11:00 a.m. and 4:00 p.m. at the State Capitol for an afternoon of meetings with our legislators and their staff about homelessness in Texas. We'll provide the tools, you provide the power! R.S.V.P. here.

If you are new to this or need a refresher, we will host a prep-session webinar on **Wednesday, February 22nd**. We will go over the day's events, what to bring, what to talk about, and answer your questions.

Register for the webinar here.

Not able to make it to Austin? You can still participate by calling your offices.

Sign up to be on our Advocacy List here to receive more information.

◇THN impact 25

Save the date:
Homelessness Awareness Day
2-28-2017
Texas State Capitol

See also our Facebook page

Register to attend the event

Register to attend the preparation webinar

Special Attention of:

All Secretary's Representatives
All Regional Directors for CPD
All CPD Division Directors
Continuums of Care (CoC)
Recipients and Subrecipients of the
Continuum of Care (CoC) Program
Recipients and Subrecipients of the
Emergency Solutions Grants (ESG) Program

Notice: CPD-17-01
Issued: January 23, 2017
Expires: This Notice is effective until it is
amended, superseded, or rescinded

Cross Reference: 24 CFR Part 578,
42 U.S.C. 11381, *et seq.*, 24 CFR Part 576,
and 42 U.S.C. 11371, *et seq.*, Notice CPD-
014-12, 42 U.S.C. 13925, *et seq.*

Subject: Notice Establishing Additional Requirements for a Continuum of Care

Centralized or Coordinated Assessment System

Table of Contents

I. Purpose

Under the authority of 24 CFR 578.7(a)(8), this Notice establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system. It also provides guidance on additional policies that CoCs and ESG recipients should consider incorporating into written policies and procedures to achieve improved outcomes for people experiencing homelessness.

The CoC and ESG Program interim rules use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "coordinated entry" and "coordinated entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, the Notice uses the term "coordinated entry" or "coordinated entry process."

A. Background

In June 2010, the United States Interagency Council on Homelessness published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,*[1] in which HUD and its Federal partners set goals to end veteran and chronic homelessness by 2015,[2] and end family and youth homelessness and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the plan's key objectives and strategies. Although a relatively new concept at the time, communities had already begun to develop and operate coordinated entry processes independently in response to the same conditions identified by the plan, many through the implementation of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) under Title XII of the American Recovery and Reinvestment Act of 2009.

HUD requires each CoC to establish and operate a "centralized or coordinated assessment system" (referred to as "coordinated entry" or "coordinated entry process") with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the CoC and ESG Program interim rules require use of the CoC's coordinated entry process, provided that it meets HUD requirements. Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Since the CoC Program interim rule was published in 2012, HUD has learned a great deal about what makes a coordinated entry process most effective and has determined that additional requirements are necessary. This Notice establishes those additional requirements.[3]

---

[1] Amended in 2012 and 2015. https://www.usich.gov/opening-doors
[2] The goal of ending chronic homelessness has been extended to 2017.
[3] Authority established in 24 CFR 578.7(a)(8), "This system must comply with any requirements established by HUD by Notice."

B. Applicability and Deadlines for Compliance

This Notice establishes additional requirements for coordinated entry, as authorized under 24 CFR 578.7(a)(8). Each CoC must establish or update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8) and this Notice by January 23, 2018. As required under 24 CFR 576.400(d) and 578.7(a)(8), each CoC and each ESG recipient operating within the CoC's geographic area must also work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e).

Once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11). However, as provided in section 578.23(c)(9), a victim service provider may choose not to use the CoC's coordinated entry process, if victim service providers in the area use a coordinated entry process that meets HUD's requirements and the victim service provider uses that system instead.

Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in this Notice and 24 CFR 578.7(a)(8), HUD will expect that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d). To be clear, however, section 576.400(d) allows but does not require victim services providers under ESG to use the CoC's coordinated entry process.

C. Key Terms

1. **Affirmative Marketing and Outreach.** The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

   Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

2. **"Coordinated Entry Process" and "Centralized or Coordinated Assessment System."** The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:

   > "…a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool…"

For the purpose of this Notice, HUD considers the terms "Centralized or Coordinated Assessment System" and "Coordinated Entry Process" to be interchangeable.

3. **Access Points**. Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples:

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

   b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;

   c. a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;

   d. a specialized team of case workers that provides assessment services at provider locations within the CoC; or

   e. a regional approach in which "hubs" are created within smaller geographic areas.

4. **Distinct elements of the assessment and referral processes.** The processes of *assessment*, *scoring, prioritization* and *determining eligibility* comprise four distinct elements of the coordinated entry process that connect coordinated entry participants to potential housing and services.

   a. *Assessment.* In the context of the coordinated entry process, HUD uses the term "Assessment" to refer to the use of one or more standardized *assessment tool(s)* to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Assessment tools often contain a range of questions and can be used in phases to progressively engage a participant over time. See the Additional Policy Considerations Section III.C. for more information on assessment processes and tools.

   b. *Scoring.* In the context of the coordinated entry process, HUD uses the term "Scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "Assessment Score" for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process (see Section I.C.4.c), the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional

consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors. See the Additional Requirements Section II.B.3. for more information on the weighting of assessment scores.

c. *Prioritization.* In the context of the coordinated entry process, HUD uses the term "Prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more 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. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.

d. *Determining eligibility.* In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the *assessment*, *scoring,* and *prioritization* processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g.., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

D. Non-Discrimination Requirements

The CoC must develop and operate a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;

- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and

- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

II. Requirements for a Coordinated Entry Process

A. The CoC Program interim rule establishes minimum requirements that all coordinated entry processes must meet.

Per the requirements at 24 CFR 578.7(a)(8) and the definition of a "centralized or coordinated assessment system" at 24 CFR 578.3, a CoC's coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;

2. Be easily accessed by individuals and families seeking housing or services;

3. Be well-advertised;

4. Include a comprehensive and standardized assessment tool;

5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,

6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or

attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

This section also requires the coordinated entry process to comply with any additional requirements established by HUD through Notice. Section II.B. of this Notice establishes these additional requirements.

B. CoCs Must Incorporate Additional Requirements into Their Coordinated Entry Process

Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in this section:

1. **Full coverage**. Provisions at 24 CFR 578.3 require that a CoC's coordinated entry process cover the CoC's entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following:

   a. the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and

   b. how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different.

2. **Use of Standardized Access Points and Assessment Approaches**.

   a. Unless otherwise provided in this Notice, the coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. The coordinated entry process may, but is not required to include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:

      (1) adults without children;

      (2) adults accompanied by children;

      (3) unaccompanied youth;

(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and

(5) persons at risk of homelessness. See II.B.8 for more information.

Variations for these five populations are permissible but not required.

b. The CoC may not establish a separate access point and assessment process for veterans; however, a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC and that the method is included in the CoC's Coordinated Entry policies and procedures and the written standards for the affected programs.

c. A CoC or recipient of federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.

d. If determined necessary, variations in access and assessment approaches for the five populations listed in paragraph (a) may be used to remove population-specific barriers to accessing the coordinated entry process and to account for the different needs, vulnerabilities, and risk factors of the five populations in assessment processes and prioritization. Examples of variations could include the following:

(1) A dedicated access point for unaccompanied youth that provides a safe and supportive youth environment and that is located in a space easily accessible to and commonly frequented by youth to increase the likelihood that unaccompanied youth will access the coordinated entry process;

(2) An assessment tool used with unaccompanied youth that includes youth-friendly language to elicit a comparable answer to a similar but different question asked of adults over the age of 24;

(3) Assessment scoring criteria that weight the risk of immediate harm higher for households with young children when prioritizing persons for housing and services than for households without minor children;

(4) Assessment locations and information systems for people fleeing domestic violence that may include separate but comparable processes and databases in order to provide safety, security, and confidentiality; or

(5) Assessment scoring criteria that weight a single event of homelessness higher for pregnant women or families with children from the ages of 0 to

5 when prioritizing persons for housing and services than for individuals or families with older children.

e. Variations in assessment locations and processes shall only be considered necessary for the five populations listed in paragraph a, if the CoC reasonably determines that the variations would facilitate access to the coordinated entry process and improve the quality of information gathered through the assessment.

f. CoCs must ensure that households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Similarly, CoCs must ensure that households who are included in more than one of the five populations listed in paragraph a, e.g., a parenting unaccompanied youth who is fleeing domestic violence, can be served at all of the access points for which they qualify as a target population.

g. CoCs' written policies and procedures for coordinated entry must:

(1) Describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2. of this Notice. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.

(2) The CoC must have written policies concerning data collected through the assessment as described in Section II.B.12 "Privacy Protections." Additionally, data from the assessment may not be used to prioritize households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability. Note that determining eligibility is a different process than prioritization (see I.C.4.d for clarification).

3. **Use of Standardized Prioritization in the Referral Process**. The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for referral to housing and services. The prioritization policies must be documented in Coordinated Entry policies and procedures and must be consistent with CoC and ESG written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9). These policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations.

The assessment process described in Section II.B.3., including information gathered from assessment tools, case workers, and others working with households, must provide sufficient information to make prioritization decisions. CoCs' written policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance, with caveats made in II.B.7. The CoC

should refer to [Notice CPD-016-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing,](#) or any subsequent notices that update or replace CPD-016-11 for detailed guidance on prioritizing Permanent Supportive Housing (PSH) beds. The prioritization process may use any combination of the following factors:

   a. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);

   b. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;

   c. the extent to which people, especially youth and children, are unsheltered;

   d. vulnerability to illness or death;

   e. risk of continued homelessness;

   f. vulnerability to victimization, including physical assault, trafficking or sex work; or

   g. other factors determined by the community that are based on severity of needs.

These factors are intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs. CoCs are prohibited from using any assessment tool or the prioritization process, including the factors listed in items a. through g. or any other factors adopted by the community, if it would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required. In addition, CoCs are prohibited from discriminating based on actual or perceived sexual orientation, gender identity, or marital status.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions that address one or more of the factors discussed above. For these reasons, it is important that case workers and others working with households have the opportunity to provide additional information through case conferencing or another method of case worker input. It is important to note, however, that only information relevant to factors listed in the coordinated entry written policies and procedures may be used to make prioritization decisions, and must be consistent with written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9).

A community-wide list generated during the prioritization process, referred to variously as a "By Name List," "Active List," or "Master List," is not required, but can help communities effectively manage an accountable and transparent referral process. If a

community-wide list is used, CoCs must extend the same Homeless Management Information System (HMIS) data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to "By Name List," "Active List," and "Master List" data. See III.E. for further recommendations on the maintenance of these lists.

In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit. The CoC's written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.

4. **Lowering Barriers.** CoCs must maintain Coordinated Entry written standards that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record–with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

5. **Marketing**. CoCs' written policies and procedures for the coordinated entry process must:

    a. Include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

    b. Ensure that all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

    c. Document steps taken to ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

    d. Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against

National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations.

6. **Street Outreach**. Street outreach efforts funded under ESG or the CoC program must be linked to the coordinated entry process. Written policies and procedures must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site-based access points. CoCs may decide whether to incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.

7. **Emergency services**. The coordinated entry process must allow emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. Additionally, persons must be able to access emergency services independent of the operating hours of the coordinated entry's intake and assessment processes. Written policies and procedures must:

   a. clearly distinguish between the interventions that *will not* be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that *will* be prioritized, such as PSH. If emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv); and

   b. document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating and how they will be connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

8. **Homelessness prevention services**. Persons must be able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice. Written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services. To the extent that other homelessness prevention programs participate in the coordinated entry process, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.

9. **Referrals to participating projects**. The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects. Written policies and procedures must document:

a. the uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and

b. in the rare instances of rejection, the protocol that participating projects must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.

10. **Safety planning**. The ESG and CoC program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault and stalking. The ESG rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC program rule does not require CoC-funded victim service providers to use the CoC's coordinated entry process, if they use an alternative coordinated entry for victim service providers in the area that meets HUD's minimum coordinated entry requirements. Finally, section 578.7(a)(8) of the CoC program rule requires the CoC to develop a specific coordinated entry policy to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

This Notice further establishes that the coordinated entry process must not jeopardize the safety of the individuals and families seeking assistance. The written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.

11. **Participant autonomy**. The coordinated entry process must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance. Written policies and procedures must specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects options. See Section III.A. for further guidance on ensuring participant choice in the assessment and referral process.

12. **Privacy protections**. The coordinated entry process must ensure adequate privacy protections of all participant information.

a. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.

b. Participants must also be free to decide what information they provide during the assessment process.

c. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information

is necessary to establish or document program eligibility per the applicable program regulation.

 d. CoCs are also prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

 e. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, section 578.103(b) of the CoC program rule requires that records containing PII are kept secure and confidential and the address of any family violence project not be made public.

 f. The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. Further requirements on the collection of disability information for the purposes of prioritization is described in II.B.3(a) of this Notice.

 g. Participants must be informed of the ability to file a nondiscrimination complaint.

13. **Data security protections**. When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein. Communities that do use HMIS as part of their coordinated entry process should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information in HMIS.

14. **Assessor training**. The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.

 a. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2.

 b. The protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of this Notice. CoCs must distribute training protocols and offer at least one training to all participating staff within 12 months of the publication of this Notice.

 c. The CoC must update and distribute training protocols at least annually.

15. **Ongoing planning and stakeholder consultation**. The CoC must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry.

   a. CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:

      i. Surveys designed to reach either the entire population or a representative sample of participating providers and households;

      ii. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and

      iii. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

   CoCs may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.

   b. The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

   c. Written policies and procedures must describe the frequency and method by which the evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

III. Additional Policy Considerations

In addition to the requirements established in Section II. of this Notice, HUD strongly encourages CoCs to include the following elements as part of their coordinated entry process. This section contains recommendations and not requirements.

A. Incorporating a Person-Centered Approach

Written policies and procedures should include the following 6 principles that reinforce a person-centered approach throughout the coordinated entry process and have been observed in successful implementations of coordinated entry.

   1. *Person-centered assessments*. CoCs should include assessments into coordinated entry that are based in part on participants' strengths, goals, risks, and protective factors.

2. *Accessible tools and processes.* CoCs should include tools and processes into coordinated entry that are easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities and the requirement in II.B.5(c) of this Notice.

3. *Sensitivity to lived experiences.* CoCs should include sensitivity to participants' lived experiences in every aspect of coordinated entry, including the development of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.

4. *Participant choice.* CoCs should include participants' choices in coordinated entry process decisions such as location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need.

5. *Clear referral expectations.* CoCs should include referral protocols into coordinated entry that ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.

6. *Commitment to referral success.* CoCs should include a commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

B. Incorporating Cultural and Linguistic Competencies

All staff administering assessments should use culturally and linguistically competent practices, and CoCs are strongly encouraged to incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.[4]

Assessments should include culturally and linguistically competent questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons.[5] HUD is encouraging CoCs to train participating projects that receive referrals in culturally and

---

[4]See the following materials to learn more about using culturally and linguistically competent practices:
http://youth.gov/announcements/build-linguistic-and-cultural-competence-your-program
http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition
http://www.tapartnership.org/COP/CLC/
[5] Cultural competency and recovery within diverse populations; Ida, D. J, Psychiatric Rehabilitation Journal, Vol 31(1), 2007, 49-53.

linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

C. Assessment Tools and Processes

1. CoCs should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.

2. The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following:

   a. screening for diversion or prevention;

   b. assessing shelter and other emergency needs;

   c. identifying housing resources and barriers; and

   d. evaluating vulnerability to prioritize for assistance.

   Assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral. Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources. The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

D. Incorporating Mainstream Services

The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received. Examples of mainstream housing and service providers include Public Housing Agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

E. Using HMIS and Other Data Collection Systems

HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS. See requirements for data security for any system in II.B.12 of this Notice.

Further, communities maintaining a "By-Name-List," "Active List," or "Master List" outside the HMIS infrastructure will necessarily be managing client-level data. These data contain personally identifiable information and have the potential to cause harm to clients if data were inappropriately disclosed or unintentionally breached. CoCs should identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

F. Addressing Waiting Lists

Prolonged stays on waiting lists for housing resources can have a negative impact on the well-being of participants and reduce the overall performance of a community's homeless assistance system. CoCs should keep the time spent on their single, prioritized list for housing resources at 60 days or less. If a community cannot offer a housing resource to every prioritized household experiencing homelessness in 60 days or less, then the CoC should tighten its prioritization standards in order to more precisely differentiate and identify for resources those households with the most needs and highest vulnerabilities. This will mean that CoCs will need to update their written standards appropriately and that some households that are eligible for homeless assistance will no longer be placed on a prioritized list for housing. In these instances, the CoC will need to develop strong relationships with providers of mainstream resources in order to offer these households as much assistance as possible to help resolve their homelessness outside of the dedicated homeless assistance system.

IV. Questions Regarding this Notice

Please submit questions regarding this Notice to HUD's Ask A Question at
www.hudexchange.info/get-assistance/my-question.

Texas Balance of State Continuum of Care

United States Interagency Council on Homelessness (USICH) Resources

1. Driving Progress Toward Ending Homelessness in America – and the Work Ahead
https://www.usich.gov/tools-for-action/driving-progress-toward-ending-homelessness-in-america

Collaboratively with communities across America, USICH and our federal partners developed a national vision for what it means to end homelessness, ensuring it is rare, brief, and non-recurring. The Criteria and Benchmarks for Achieving the Goal of Ending Family homelessness ensure all communities are working towards that goal.

Criteria and benchmarks work together to provide a complete picture of a community's response to homelessness. Criteria represent the essential elements of a community's response, while benchmarks serve as measurements that a community can use to evaluate its overall effectiveness.

In developing the criteria and benchmarks, USICH and federal partners sought input and guidance from key stakeholders, including local service providers, Continuums of Care, national partner organizations, advocates, and people with lived experiences of homelessness. These criteria and benchmarks represent our best thinking at this time and will be further refined over time.

Supporting tools will be published on this page soon.

2. Criteria and Benchmarks for Achieving the Goal of Ending Family Homelessness (Jan. 2017)
https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-family-homelessness

3. Criteria and Benchmarks for Achieving the Goal of Ending Youth Homelessness (Jan. 2017)
https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-youth-homelessness

4. Criteria and Benchmarks for Ending Chronic Homelessness (June 2016)
https://www.usich.gov/news/usich-hud-release-criteria-and-benchmark-for-ending-chronic-homelessness

5. Criteria and Benchmarks for Ending Veteran Homelessness (updated Feb. 2017)
https://www.usich.gov/tools-for-action/criteria-for-ending-veteran-homelessness