

## Texas Balance of State Continuum of Care

# COORDINATED ENTRY MANUAL

For all who are participating in a local Coordinated  
Entry process or interested in learning more

Systems Change Team at Texas Homeless Network

# Introduction

## Chapter 1: CE Planning

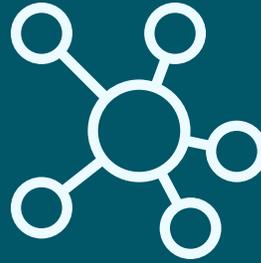
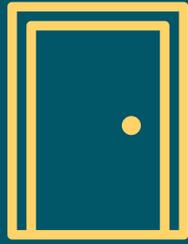
- Definitions
- Organizational Chart
- Roles and Responsibilities
- Coordinated Entry Planning Entity Meetings
- Regional Governance Documents
- Training Requirements
- Steps for New Agencies in CE Regions
- Steps for New CE Regions

## Chapter 2: CE Process

- CE Process Flowchart
- Eligibility Matrix
- Ghost Profiles in HMIS
- Referral Process for Entry Points
- Referral Process for Receiving Agencies
- Prioritization
- Case Conferencing Meetings
- Serving Survivors - Victim Service Provider Entry Points
- Serving Survivors - Entry Points (Non-Victim Service Providers)

## Chapter 3: Data and Reporting

- Entry Point Guidance HMIS
- Receiving Agency Guidance HMIS
- How to Find Referrals
- How to Navigate the Housing Priority List (HPL)
  - The Housing Priority List and Excel Data Export (CE Data Guide Appendix F)
- How to Run the Clients In Program Report



# INTRODUCTION

## Coordinated Entry (CE) Manual

The Coordinated Entry (CE) Manual is a set of CE-related infographics. Infographics are graphic visual representations of information, data, or knowledge. The purpose is to communicate information in a clear, concise manner. The information aligns with the Texas Balance of State Continuum of Care Coordinated Entry Written Standards and Coordinated Entry Data Guide.

The CE Manual is available as one multi-page PDF document or as separate PDF documents for people to download, print, and use as a reference in their workspace. Note: Infographics vary in page size (letter or legal) and orientation (portrait or landscape).

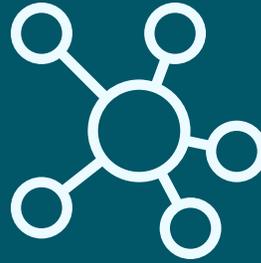
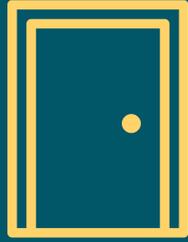
### Audience:

- **People who are planning and/or participating in a local Coordinated Entry process.**
- **People who are interested in learning more about Coordinated Entry in the Texas Balance of State Continuum of Care.**

*If you have any questions or suggestions, please contact the Systems Change Team at [CE@THN.org](mailto:CE@THN.org).*

*For more information about Coordinated Entry in the Texas Balance of State Continuum of Care, please select from below:*

- [Texas Balance of State Continuum of Care Coordinated Entry Website](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Written Standards](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Data Guide](#)



# CHAPTER 1

## Coordinated Entry (CE) Planning

1. Definitions
2. Organizational Chart
3. Roles and Responsibilities
4. Coordinated Entry Planning Entity (CEPE) Meetings
5. Regional Governance Documents
6. Training Requirements
7. Steps for New Agencies in CE Regions
8. Steps for New CE Regions

*If you have any questions or suggestions, please contact the Systems Change Team at [CE@THN.org](mailto:CE@THN.org).*

*For more information about Coordinated Entry in the Texas Balance of State Continuum of Care, please select from below:*

- [Texas Balance of State Continuum of Care Coordinated Entry Website](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Written Standards](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Data Guide](#)

# Coordinated Entry Definitions

**By Name List** - A real-time, up-to-date list of all people experiencing homelessness in an area. May include categories such as veteran status, chronic status, active/inactive status, homeless/housed status, and more.

**Case Conferencing** - A routine centralized and inclusive process which includes case coordination and problem solving, that occurs regularly with case management staff and other key stakeholders serving households experiencing homelessness in their region.

**Coordinated Entry (CE)** - A process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred and connected to housing and assistance based on their strengths and needs.

**Coordinated Entry Planning Entity (CEPE)** - The day-to-day operation of coordinated entry involves staff, recordkeeping documentation, technology, and other infrastructure that supports the implementation at the regional level. The CEPE is the management body responsible for carrying out these duties at the regional level and is comprised of representatives from each agency participating in the Coordinated Entry process.

**Coordinated Entry Steering Committee (CESC)** - The governing body for Coordinated Entry in the TX BoS CoC. The steering committee is charged with approving documents, processes and procedures vital to the Coordinated Entry process. With a representative from each region holding a chair on the committee, they inform the direction of Coordinated Entry for the TX BoS CoC.

**Diversion** - A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

**Eligibility Matrix** - A shared list of the resources available in a region. It includes resources, such as shelter, housing, supportive services targeted to people experiencing literal homelessness or fleeing or attempting to flee domestic violence, and other supportive services, regardless of an agency's participation in the local CE process.

**Emergency Shelter** - Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

**Entry Point** - An agency that acts as a front door to the homeless crisis response system and Coordinated Entry. Entry points are triage points where an enrollment into Coordinated Entry takes place and where referrals can be sent or received.

**Family-Vulnerability Index-Service Prioritization Decision Assistance Tool (F-VI-SPDAT)**

- An assessment tool created by OrgCode Consulting Inc. that the TX BoS CoC uses to assess households that have one or more adults accompanied by children.

**Ghost Profile** - A provider profile in HMIS for Non-Participating Agencies and Receiving Agencies that do not have access to HMIS.

**Homeless (HUD Category 1)** - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised 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, or local government programs for low-income individuals); or
3. An individual who is exiting an institution where he or she 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.

**Homeless (HUD Category 2)** - An individual or family who will imminently lose their primary nighttime residence provided that:

1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; and
3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing

**Homeless (HUD Category 3)** - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:



1. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
3. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
4. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

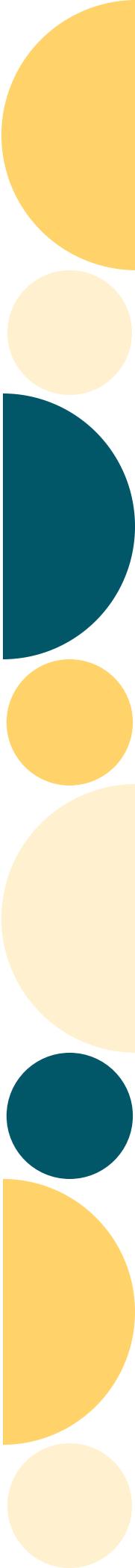
**Homeless (HUD Category 4)** - Any individual or family who:

1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
2. Has no other residence; and
3. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**Homeless Management Information System (HMIS)** - A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness.

**Housing Priority List (HPL)** - A subset of the By Name List. A list of all households in a community who have completed CE enrollment and are actively seeking services or in need of housing.

**Local Homeless Coalition (LHC)** - Lead local workgroups responsible for managing community planning, coordination, and evaluation to ensure that the system of homeless services and housing ends people's homelessness rapidly and permanently.



**Memorandum of Understanding (MOU)** - An agreement between agencies participating in a Coordinated Entry region, or between THN and the CEPE that outlines each party's responsibilities in the Coordinated Entry process.

**Non-Participating Agency** - An agency involved in a region's homeless crisis response system that is not currently participating in Coordinated Entry within the region.

**Participating Agency** - An agency or entity that has agreed to participate in Coordinated Entry in the TX BoS CoC, thereby agreeing to only receive and accept referrals for their services via Coordinated Entry.

**Permanent Supportive Housing (PSH)** - A housing intervention type which provides permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

**Provider Profile** - Profiles in HMIS are used for tracking and recording referrals. These are living records in HMIS of agencies that provide services across the TX BoS CoC. These also include ghost profiles.

**Rapid Re-Housing (RRH)** - An intervention type that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

**Receiving Agency** - Agencies with Receiving Projects and are responsible for adhering to the "Referrals" process as outlined in the TX BoS CoC Written Standards. Receiving Projects are housing intervention projects funded to assist individuals in resolving their homelessness. When Receiving Projects receive referrals from the local CE process, they must fill project vacancies with the referred household after eligibility has been verified.

**Transitional Housing (TH)** - A project whose purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

**Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)** - An assessment tool created by OrgCode Consulting Inc. that the TX BoS CoC uses to assess single individuals or each adult member of a household without children.



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*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)



# Coordinated Entry Organizational Chart

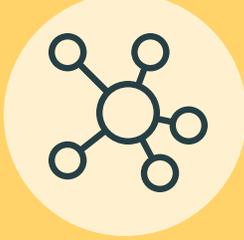


## CoC Board



**THN  
TX BoS CoC**

- THN serves as the Lead Agency and HMIS Lead for the TX BoS CoC.



**Coordinated Entry  
Steering Committee**

- Composed of elected representatives from each CEPE
- Provide direct support and guidance to the CoC Board

**Coordinated Entry Planning Entities**

- The management bodies at the regional levels responsible for the day-to-day process of CE in their region
- [TX BoS CoC CEPE and CESC Members](#)

**Participating Agencies:**



 Other Agencies

 Receiving Agencies

 Entry Points

 Assessors

Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)



# Coordinated Entry Roles & Responsibilities



## CoC Board

The CoC Board is a 15 member board elected by the general members of the CoC. They are designated to provide oversight and governance on behalf of the TX BoS CoC.



## THN, TX BoS CoC

The Texas Balance of State CoC (TX Bos CoC) is made up of all service providers, advocates, local government officials, and citizens who work to eliminate homelessness in 215 of Texas' 254 counties. Texas Homeless Network (THN) serves as the Lead Agency and HMIS Lead for the TX BoS CoC.



## Coordinated Entry Steering Committee (CESC)

The CESC is composed of elected representatives from each Coordinated Entry Planning Entity (CEPE) within the TX BoS CoC. This committee provides direct support and guidance to the CoC Board on systems change efforts and influences the direction of the CE process in the TX BoS CoC. The CESC participates in a minimum of 2 meetings a year where they discuss current updates and changes to the Coordinated Entry process. They are also responsible for communicating any guidance or requests from the TX BoS to their region and changes in their region to the Balance of State. This may call for a review or revision of regional governance documents.



## Coordinated Entry Planning Entity (CEPE)

The CEPE's are the management bodies at the regional levels responsible for implementing the day-to-day process of CE in the region. This includes establishing the day-to-day management structures, establishing a clear and accessible communication plan in their region, promoting standardized screening, assessment and referral processes, ensuring staff enrollment into training, and conducting evaluations and monitoring of their local CE Process. The CEPE participates in a minimum of 2 meetings per year within their region where they discuss their Housing Priority List (HPL), engage in case conferencing, and create dialogues of how to serve/house the most at risk individuals in their communities.



## Participating Agencies

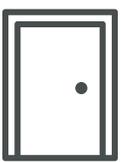
Participating Agencies is a general term to encompass all agencies, organizations, and faith groups that participate in Coordinated Entry, either as an entry point, receiving agency, or offer other services.



## Receiving Agencies

Receiving agencies are the agencies that have housing intervention projects to assist individuals in resolving their homelessness. When Receiving Projects receive referrals from the local CE process, they must fill project vacancies with the referred household after eligibility has been verified. Receiving Agencies that do not currently use HMIS are strongly encouraged to use HMIS. Visit here for more information:

<https://www.thn.org/texas-balance-state-continuum-care/hmis/basics/>



## Entry Points

Entry points are the points of access, or front doors, into the homeless crisis response system and are often the organizations that households approach to access resources in their community.



## Assessors

Assessors are staff members who work with households seeking assistance at the Entry Point. Staff members are considered 'Assessors' once they have completed the necessary training with the TX BoS CoC.

Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Texas Balance of State Continuum of Care Coordinated Entry Planning Entity (CEPE) Meetings

## Purpose

CEPE meetings allow participants to be on the same page regarding how the CE system and day-to-day process are functioning, who and what projects are involved, and any recent changes made or needing to be made to a region's CE governance documents.

## Activities



- Review and/or update regional governance documents
- Ensure enrollment of staff into training
- Discuss community updates, e.g. new agencies, new projects, etc.
- Review updates from CESC, THN and TX BoS CoC Board, e.g. changes to the CE Written Standards, new available guidance, required trainings, etc.
- Evaluate regional CE system (includes reviewing system-wide data, grievances, assessment review requests, and feedback on policies and processes)

## Attendees

All Participating Agencies (such as Entry Points, Receiving Agencies, Supporting Agencies, and/or Victim Service Providers) must have at least one representative at each meeting.

## Frequency

Monthly or quarterly, depending on a region's capacity.



## Meeting Options Depending on Community's Capacity



- If a region has a Local Homeless Coalition (LHC), Coordinated Entry may be an agenda section of LHC meetings OR a subcommittee of the LHC that meets separately.
- A region without an LHC must collaborate to create and operate a CEPE.

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Regional Governance Documents

PAGE 1 of 2

Every CE Region develops governance documents to support the local CE process. THN's Systems Change Team can assist regions in updating and maintaining these documents. Click on the "Document" icon on the right to find a template of the document.

[Click here to access Google Drive - CE Regional Folders](#)

## REGIONAL CE POLICIES AND PROCEDURES

CE policies and procedures specific to a CE Region while adhering to the TX BoS CoC CE Written Standards.

**Information Needed From:** All Participating Agencies

**How often/When is the document updated?** When implementing a new CE Region; When the CEPE votes to add a local policy and procedure; When the TX BoS CoC CE Written Standards are updated



## MOU BETWEEN CEPE AND THN

An agreement between the local Coordinated Entry Planning Entity and Texas Homeless Network to ensure consistent implementation of CE across the Texas Balance of State Continuum of Care and establish standard local agreements for the implementation of Coordinated Entry.

**Information Needed From:** Coordinated Entry Planning Entity

**How often/When is the document updated?** When implementing a new CE Region; As necessary as change occurs at the local and/or TX BoS CoC-level



## MOU BETWEEN CEPE AND PARTICIPATING AGENCIES

An agreement at the regional level to implement the local Coordinated Entry process as guided by the Texas Balance of State Continuum of care and the local Coordinated Entry Planning Entity. It outlines how participating agencies provide services and resources through the local Coordinated Entry process.

**Information Needed From:** All Participating Agencies

**How often/When is the document updated?** When implementing a new CE Region; When adding or removing a participating or non-participating agency to the CE Region



## CESC CHAIR/ CEPE REPRESENTATIVE AGREEMENT

This document describes the roles and responsibilities of the CESC Chair/CEPE Representative to the TX BoS CoC, their CEPE, and their local CE process. CEPEs must vote to approve a CESC Chair, and a CESC Chair may serve unlimited terms if the CEPE votes to approve their position.

**Signed By:** CESC Chair/CEPE Representative

**How often/When is the document updated?** When the CEPE has voted for a staff person to serve as the CESC Chair/CEPE Representative



## ELIGIBILITY MATRIX

This Excel document is a shared list of resources available in a CE region. It includes resources regardless of an agency's participation in the local CE process. Specifically, it must include all agencies, their eligibility requirements, location (if available), and contact information. Assessors use this document to discuss referrals with households.

**Information Needed From:** All Participating and Non-Participating Agencies

**How often/When is the document updated?** When implementing a new CE Region; When adding or removing a participating or non-participating agency to the CE Region



## MARKETING MATERIALS

This flyer is created for the public to quickly understand Coordinated Entry and Entry Points that can support them through the CE process. This document is editable in Google Slides and Microsoft PowerPoint.

**Information Needed From:** All Entry Points

**How often/When is the document updated?** When implementing a new CE Region; When adding or removing an Entry Point to the CE Region





# Regional Governance Documents

## PAGE 2 of 2

Every CE Region develops governance documents to support the local CE process. THN's Systems Change Team can assist regions in updating and maintaining these documents. Click on the "Document" icon on the right to find a template of the document.

### REGIONAL SYSTEM MAPS

This is not required of CE regions but highly recommended. It is a flowchart that describes the local CE process, including specific agencies and their housing and supportive services. On Google Slides/Microsoft PowerPoint **Information Needed From:** All Participating and Non-Participating Agencies **How often/When is the document updated?** If this document is being used in a CE Region, it should be updated when adding or removing a participating or non-participating agency to the CE Region.



### ASSESSMENT REVIEW REQUEST FORM

An assessment review request is a request to review a completed assessment and/or complete a new assessment for a household. This request can be submitted by households, Assessors, and staff members at a Participating Agency who have concerns about the accuracy of an assessment. CE Regions may use the template created by THN's Systems Change Team for the assessment review process and include this in their regional CE policies and procedures.



### GRIEVANCE FORM

A grievance form is used by households as an official statement of complaint regarding their experience in the CE Process. CE Regions may use the template created by THN's Systems Change Team for the grievance process and include this in their regional CE policies and procedures.



### APPEALS FORM

If households, Assessors, or staff members have a concern with the result of an assessment review request or grievance that was originally submitted to their CEPE, they can submit an appeal to the Systems Change Team at THN. CE Regions may use the template created by the THN's Systems Change Team for the appeals process and include this in their regional CE policies and procedures.



### HMIS TRACKING SHEET

This document is recommended to be used by CE Regions to track households who are fleeing or attempting to flee domestic violence and did not agree to the HMIS ROI. It includes their ClientTrack Client ID and alpha-numeric first and last names. If a region has a VSP serving as an Entry Point, the VSP and the agency designated for entering information into HMIS must maintain this document and update it as necessary for the referral process and case conferencing meetings.



### PROVIDER PROFILES IN HMIS

Provider Profiles in HMIS are used for tracking and recording referrals. These are living records of agencies across the TX BoS CoC that provide housing and supportive services. Provider Profiles are created in HMIS for agencies regardless of whether the agency has access to HMIS. Ghost profiles are provider profiles in HMIS for receiving agencies and non-participating agencies that do not have access to HMIS. **Please contact [HMIS@THN.org](mailto:HMIS@THN.org) to update or add a Provider Profile in HMIS.**



# Coordinated Entry Training Requirements

Coordinated Entry training empowers staff at entry points and receiving agencies to serve presenting households effectively. Kick off the training process with one of these two training checklists:

Entry Point Assessors

Receiving Agency Staff

At any point during or after the onboarding period, an agency can request additional one-on-one technical assistance through the Technical Assistance Request Form. The assistance provided can range from:

- In-depth program assistance
- Capacity building
- Online resources and webinars
- Brainstorming solutions to end homelessness in your community
- And more!

In addition to the HMIS training and Litmos courses provided by THN, the Coordinated Entry Assessor Manual provides additional resources for new assessors regarding topics such as trauma informed care, case conferencing, and referrals. This manual provides assessors with the reasoning and purpose behind Coordinated Entry, as well as supplemental knowledge that will assist them in serving households that are seeking care.

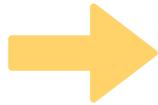
*Do you have questions or need more guidance? Select from below.*

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# CE Training Checklist: Assessors

Are you a new assessor at an entry point with only CE services?



1. Complete training request form for CE.

2. Gain access to and watch Litmos videos: HMIS Data Security, Diversion Theory, Diversion HMIS, CE Theory, CE HMIS.

3. Complete task list in ClientTrack training site (CE Diversion Task List).

4. Sign HMIS User Agreement. THN staff to grant HMIS access afterwards.

Are you a new assessor at an entry point and using HMIS for additional services or projects?



1. Complete training request form for HMIS.

2. Gain access to and watch Litmos videos relevant to your agency's services.

3. Complete task list in ClientTrack training site (programs / services).

4. Complete training request form for CE.

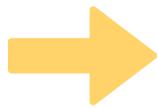
5. Watch Litmos videos: HMIS Data Security, Diversion Theory, Diversion HMIS, CE Theory, CE HMIS.

6. Complete task list in ClientTrack training site (CE Diversion Task list).

7. Sign HMIS user agreement. THN staff to grant HMS access afterwards.

# CE Training Checklist: Receiving Agency Staff

Are you a new  
staff member at  
a CE receiving  
agency?



1. Complete training request form for HMIS.
2. Gain access to and watch Litmos videos that match the programs and services your agency provides.
3. Complete task list in ClientTrack training site (programs / services).
4. Complete training request form for CE.
5. Watch Litmos videos - HMIS Data Security, CE Theory, CE HMIS.
6. Sign HMIS User Agreement. THN staff to grant HMIS access afterwards.

# Steps for New Agencies in CE Regions

## 01. Connect with the Coordinated Entry Planning Entity (CEPE)



The agency connects with the CEPE to understand:

- What does the local CE process currently look like?
- Which agencies are participating and how are they participating?
- What and where are the regional governance documents?
- Who serves as the region's Coordinated Entry Steering Committee (CESC) Chair?
- Is there a process of "approving" a new Entry Point and what is that process?

The agency reads and signs the Memorandum of Understanding between Participating Agencies in the region.

## 02. Inform THN's Systems Change Team

Email CE@THN.org. The agency or a representative from the CEPE emails a signed copy of the Memorandum of Understanding. The agency or a representative from the CEPE emails THN with the following information:

### New Entry Point:

- Agency Name and Address
- Hours of Operation
- CE Hours of Operation
- Contact Name, Phone Number, and Email
- Accessibility information - Visual and/or Hearing Impairments and Limited English Proficiency

### New Receiving Agency:

- Agency Name and Address
- Hours of Operation
- Referral Contact Name, Phone Number, and Email
- Services Provided (i.e. Rapid Re-Housing, Permanent Supportive Housing, Transitional Housing)



## 03. Sign Up for CE Training

The agency completes CE Training Request Form for staff members. Staff members have 30 days to complete CE training online.

If the agency is new to participating in HMIS, the agency must read and complete THN's New HMIS Agency Application.



## 04. Update Governance Documents

The agency or a representative from the CEPE edits the region's Eligibility Matrix. THN's Systems Change Team will review and approve the document.

THN's Systems Change Team edits regional policies and procedures and marketing materials. A representative from the CEPE will review and approve these documents.



## 05. Complete Training and Begin the CE Process

Staff members at Entry Points who complete training are known as ASsessors and can complete the CE process in HMIS with households eligible for CE. THN will add new Entry Points to HMIS and to the Entry Point map on THN's website.

Staff members at Receiving Agencies can begin viewing and acknowledging referrals and updating the result of referrals in HMIS.



Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)



# Steps For New CE Regions



## 01. Contact the Systems Change Team

Communities ready to implement CE should contact the Systems Change Team at THN to propose the formation of a new CE region in the TX BoS CoC. In some instances, communities may connect to an established CE region instead of creating a new region. If an agency is new to receiving funding from the ESG, CoC, or SSVF programs, the Systems Change Team will contact the agency.

## 02. Set up a community meeting

The community will set up an initial kick-off meeting with the Systems Change Team, either in person or virtually. Representatives from the Local Homeless Coalition or any agencies in the Housing Crisis Response System are encouraged to attend. This meeting will help the Systems Change team understand the local efforts to end homelessness that are already in place, and will help set expectations for CE implementation in the community. Prior to the meeting, participants should read through the [Coordinated Entry Written Standards](#) and the [Systems Change Toolkit](#) provided by the TX BoS CoC.



## 03. Form a Coordinated Entry Planning Entity

The CEPE should consist of at least one representative of each agency that will be participating in the Coordinated Entry process. The CEPE will establish key planning aspects for the region, consulting with the Systems Change Team for guidance. Together, the CEPE and Systems Change Team review the [Regional Coordinated Entry Implementation Checklist](#).



## 04. Write Governance Documents and determine participating agencies

The CEPE creates and completes regional governance documents, consulting with the Systems Change Team for guidance. Once drafts are complete, the CEPE submits them to the Systems Change Team to review. The CEPE will also determine which agencies will be Entry Points, and which will be receiving agencies. The CEPE will request training on behalf of Entry Points and Receiving Agencies through THN's [Google form](#).



## 05. Complete training and Governance Document revisions

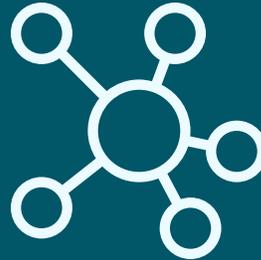
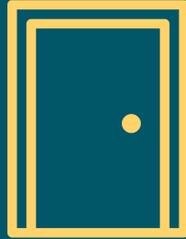
The Systems Change Team will review drafts within two weeks from the date the governance documents are submitted. The Systems Change Team will schedule a meeting with the CEPE to present feedback and make any final revisions together. Once all documents are complete and finalized between the local agencies and the TX BoS CoC, agencies begin training to operate CE in their region. All Entry Points and Receiving Agencies should complete training within 30 days of assignment.



## 06. Implement Coordinated Entry

Once the governance documents and training have been completed, the community will choose a start date for when to begin assessing households through Coordinated Entry. On this date, Entry Point staff will begin engaging with households seeking services to determine if they meet the HUD definition of category 1 or 4 homelessness, discuss the CE process with them, and complete an assessment. After Entry Points have begun completing assessments, receiving agencies will begin to regularly check their provider profile in HMIS for referrals made to their agency.





# CHAPTER 2

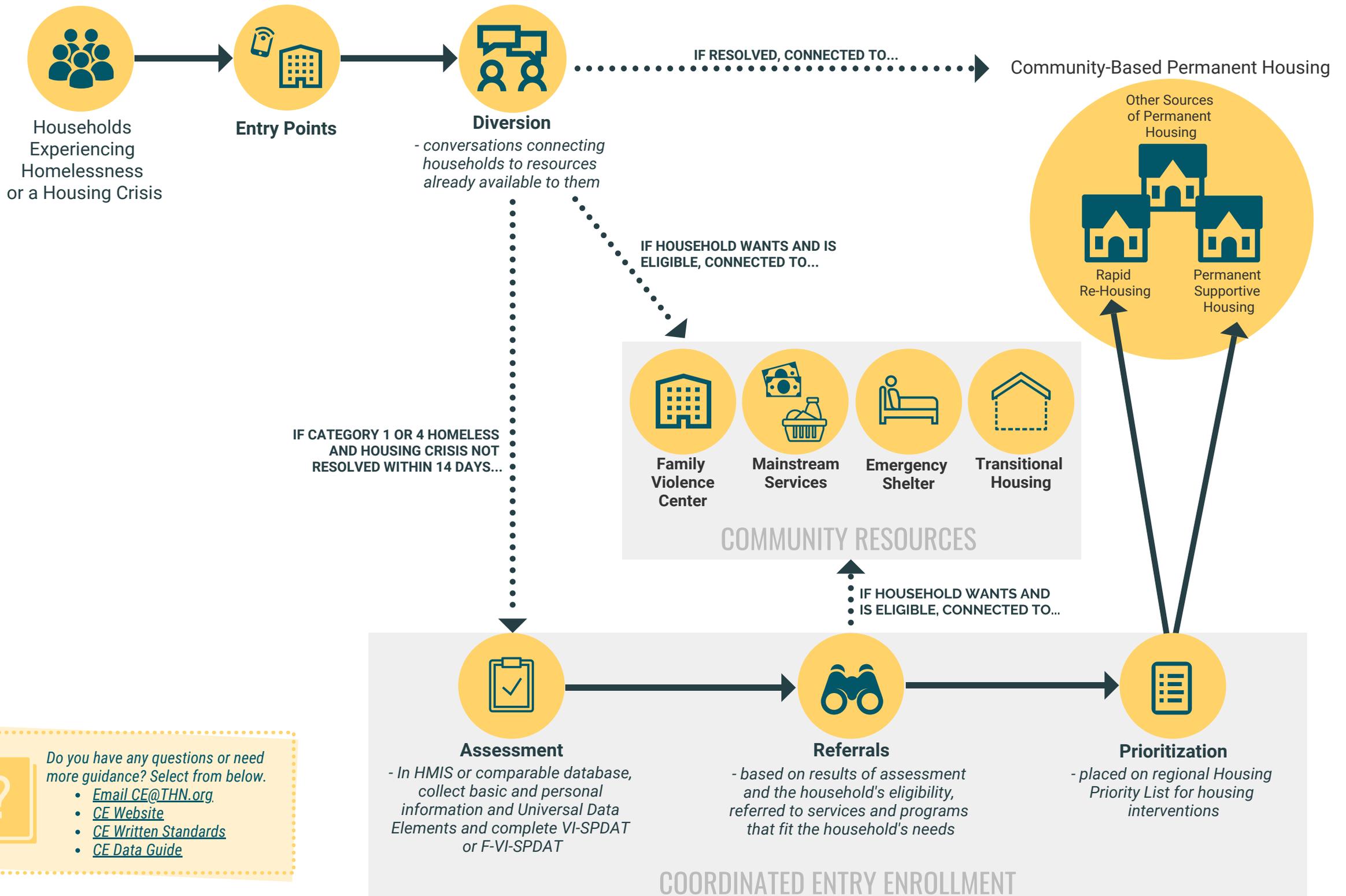
## Coordinated Entry (CE) Process

1. Process Flowchart
2. Eligibility Matrix
3. Ghost Profiles in HMIS
4. Referral Process for Entry Points
5. Referral Process for Receiving Agencies
6. Prioritization
7. Case Conferencing Meetings
8. Serving Survivors - Victim Service Provider Entry Points
9. Serving Survivors - Entry Points (Non-Victim Service Providers)

*If you have any questions, comments, or suggestions, please contact the Systems Change Team at [CE@THN.org](mailto:CE@THN.org). For more information about Coordinated Entry in the Texas Balance of State Continuum of Care, please select from below:*

- [Texas Balance of State Continuum of Care Coordinated Entry Website](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Written Standards](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Data Guide](#)

# TX BoS CoC Coordinated Entry Overview



Do you have any questions or need more guidance? Select from below.

- [Email CE@THN.org](mailto:CE@THN.org)
- [CE Website](#)
- [CE Written Standards](#)
- [CE Data Guide](#)

# ELIGIBILITY MATRIX

## What is an Eligibility Matrix?

A shared list of resources available in a region, including shelter, housing, and supportive services. This list helps Assessors with discussing resources with households.

After completing a VI-SPDAT/F-VI-SPDAT, Assessors record referrals for a household based on their conversation with the household and the information gathered during the HMIS Coordinated Entry workflow.

## What resources should be in your regional Eligibility Matrix?

### Entry Points

Entry Points are agencies that are approved by local Coordinated Entry Planning Entities to be able to complete Coordinated Entry enrollments for your area.

Emergency Shelter  
RRH Program  
PSH Program  
DV Shelter  
Rental Assistance  
Outreach Services  
Day Shelter  
Food Pantry  
Health and Human Services  
Health Clinics  
& more

### Receiving Agencies

Receiving Agencies are agencies that agree to participate in Coordinated Entry by receiving and accepting referrals via Coordinated Entry.

### Non-Participating Agencies

Agencies that are not officially participating in Coordinated Entry with their local Coordinated Entry Planning Entity. But, whose services are still vital for your community and anyone seeking services.

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)



# GHOST PROFILES IN HMIS

Provider Profiles in HMIS are used for tracking and recording referrals. These are living records in HMIS of agencies that provide services across the Texas Balance of State Continuum of Care. Provider Profiles are created in HMIS for agencies **regardless** of their participation in HMIS. Provider Profiles in HMIS for agencies without access to HMIS are known as "Ghost Profiles".

When recording a referral, HMIS users search and select Provider Profiles under "Refer to Provider".

400+ Ghost Profiles have already been **created** in HMIS by THN staff.

Agencies with Ghost Profiles do not have access to view the referrals in HMIS. **Warm hand off** referrals are still required.

THN staff can create **new** Ghost Profiles by creating a new provider profile in HMIS. Please email [HMIS@THN.org](mailto:HMIS@THN.org) with the agency's name, address, phone number, and services.

If an email address is inserted for a Ghost Profile, an email referral can be sent from HMIS. HMIS users can email [HMIS@THN.org](mailto:HMIS@THN.org) to update any email address.

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# The Referral Process

## ENTRY POINTS

### Entry Points record referrals for households for the following:

#### Housing Programs

Note: Do not tell the household their score.



VI-SPDAT: 4-7 and F-VI-SPDAT: 4-8  
Rapid Re-Housing: Assistance with housing and case management for up to 24 months

Transitional Housing: Time-limited temporary housing project and supportive services

VI-SPDAT: 8+ and F-VI-SPDAT: 9+  
Permanent Supportive Housing: Chronic homelessness; Long-term assistance with housing and case management

#### Emergency Services

Examples include...  
emergency shelter



and utility or rental assistance.



#### Supportive Services



Examples include...  
mental health services, documentation assistance, and food assistance.

### How to Record a Referral:

1

Complete a CE enrollment or CE reassessment.  
*Households who are not eligible for CE enrollment should be connected to emergency and supportive services.*

2

Based on the results of the assessment, review the **Eligibility Matrix**, and discuss housing programs, supportive services, and agencies with the household.

Service	Eligibility Criteria Applied	Eligibility Result
Permanent Supportive Housing	Permanent Supportive Housing 02	Not enough data
Rapid Rehousing	Rapid Re-Housing	Passed
Transitional Shelter	Transitional Housing	Passed

3

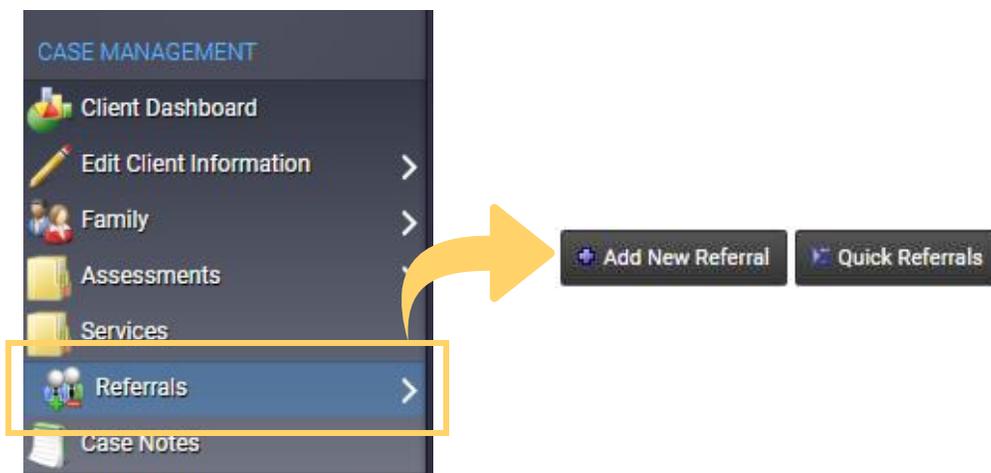
The household decides to which housing programs, supportive or emergency services, and agencies they would like referrals.

4

Record referrals and unmet needs in HMIS.

Assessors can record referrals in 3 ways:

- 1) In the CE Workflow
- 2) 'Add New Referral' (Referrals menu)
- 3) 'Quick Referrals' (Referrals menu)



5

With the household, complete warm handoffs to Receiving Agencies.



Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





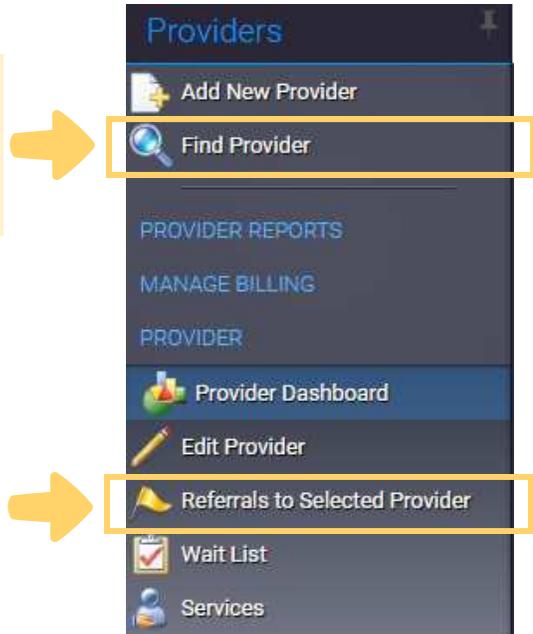
# The Referral Process RECEIVING AGENCIES

## Acknowledge a Referral:

1 Switch your workspace to the "Providers" Workspace.



2 Search and select your agency. Make sure you select your agency with the "OFC" at the beginning of the provider name. "OFC" indicates that the provider profile was reviewed by THN.



3 Select "Referrals to Selected Provider" from the side menu. A list of referrals will appear to the right.

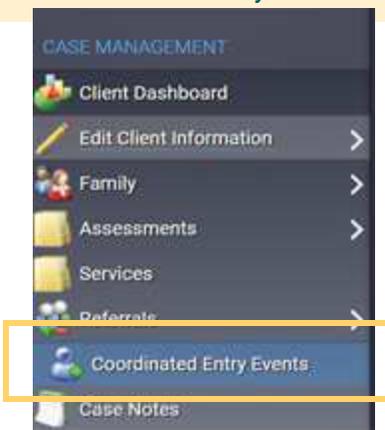
4 Click a referral and edit it. Acknowledge referrals within 3 days of the referral being recorded. Select a "Date Acknowledged" and click "Save".



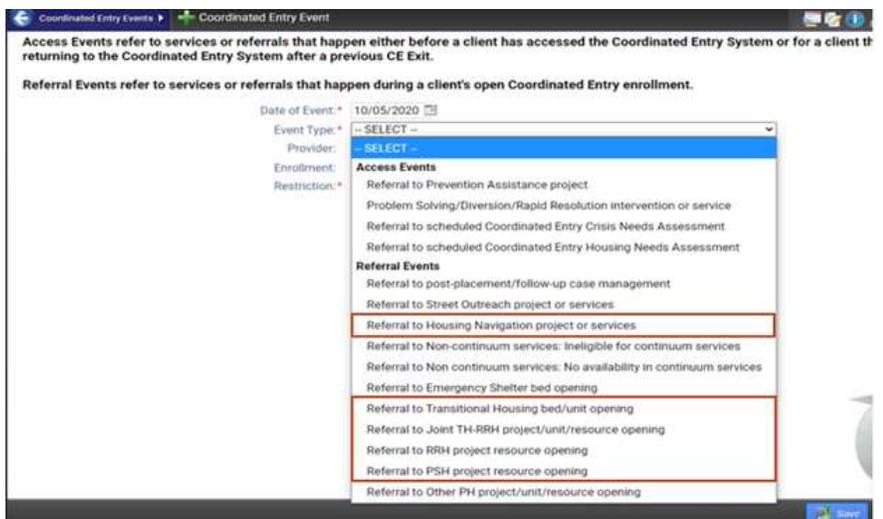
**When there is an opening for your project, apply prioritization standards to identify a household and contact them. At minimum, 5 times over 10 business days. After you have attempted to contact the household, proceed with creating and updating a CE Event in HMIS.**

## Create and Update a CE Event: A CE Event is recorded by receiving agencies for every household who was contacted to know if the contact was a successful or unsuccessful event.

1 On the "Client" workspace, select "Coordinated Entry Events" on the side menu.



2 Select one of five referral events (in red) and the associated project name. Then, select one response for the referral result. Click save.





# Texas Balance of State Continuum of Care Coordinated Entry & Prioritization

**Prioritization** is the process of arranging households seeking assistance through Coordinated Entry (CE) based on their level of vulnerability or need. This occurs after a household presented at an Entry Point to enroll into CE and complete an assessment. The household's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the **TX BoS CoC's prioritization standards**.

Learn more about the Prioritization process in the [TX BoS CoC CE Written Standards](#).

## Purpose

Prioritization ensures that people with the most severe service needs and vulnerabilities are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.



## When and How to Use Prioritization Standards

1. The CE region should prioritize availabilities using a collaborative approach through case conferencing.
2. Receiving Projects should apply the prioritization standards for their housing intervention type to the referrals received in HMIS.
3. Receiving Projects should contact a CEPE member or an Entry Point to determine which household they need to contact to fill their availability.
4. A combination of the approaches above.

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Texas Balance of State Continuum of Care Coordinated Entry & Prioritization

## How to Apply COVID-19 Prioritization Standards

**Scenario:** You have two openings in your housing program. You are looking at your region's Housing Priority List and there are 10 eligible households who have not yet been contacted for an opening. Which two should you contact first?

You review and apply the time-limited COVID-19 Prioritization Standards:

1. Answered “Yes” on the VI-SPDAT or F-VI-SPDAT for “Do you (or any family members) have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?”
2. Head of household age 55 and older
3. Survivor prioritization
4. Sleeping in an unsheltered location

Client	VI-SPDAT/F-VI-SPDAT Assessment Date	Chronic Health Issues	Any HH Member Age 55 and Older	COVID-19 Prioritization Factor #1	Unsheltered Location?
A	8/25/2020	No	No	Yes	No
B	8/25/2020	No	Yes	Yes	No
C	8/24/2020	Yes	Yes	No	No
D	8/24/2020	Yes	Yes	No	Yes
E	8/23/2020	Yes	Yes	Yes	Yes
F	8/23/2020	Yes	Yes	No	Yes
G	8/23/2020	Yes	No	Yes	Yes
H	8/22/2020	No	Yes	No	No
I	8/22/2020	Yes	Yes	Yes	Yes
J	8/21/2020	Yes	Yes	Yes	No

## Apply the Prioritization Standards

- Which households have all four priority factors? **Clients E and I.**
- Your next step is to contact these two households **5 times over 10 business days.**
- If you make contact with the household, determine whether they are still interested in the program and eligible for the program. If yes, continue with program intake.

Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Texas Balance of State Continuum of Care Case Conferencing Meetings

**Case conferencing** is a routine, centralized process that helps community leaders and housing navigators monitor and advance the progress of various people toward housing.<sup>1</sup>

This is a **regular meeting** (e.g. weekly, bi-weekly) that allows for **support coordination** and **problem-solving** to occur with all community partners who are serving people experiencing homelessness in a community.<sup>1</sup>

## Purpose<sup>2</sup>

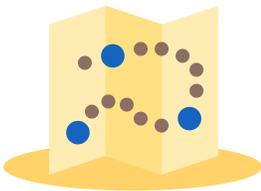
- To ensure holistic, coordinated, and integrated assistance across providers
- To review progress and barriers related to each household's housing goal
- To identify and track systematic barriers and strategize solutions across multiple providers
- To clarify roles and responsibilities and reduce duplication of services



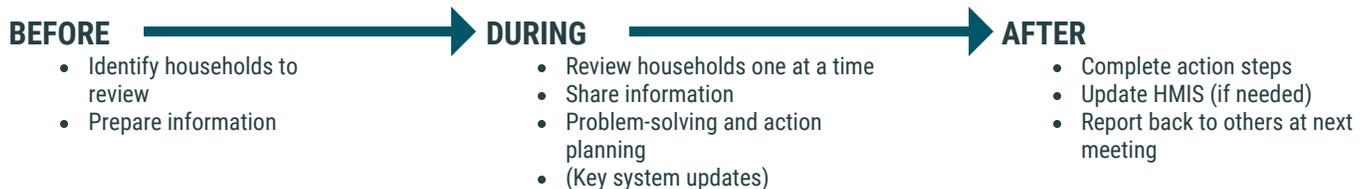
## Planning for Case Conferencing

Before starting case conferencing, communities should consider:

- Why do we want to do case conferencing?
- Who should attend? Who should facilitate?
- How should we conduct these meetings? When? Where? How often?
- What information do we need, and where does it come from?



## Example of a Case Conferencing Meeting Process



Works Cited:

1. Built for Zero Canada. (2019). Case Conferencing Overview. Retrieved from <https://bfzcanada.ca/wp-content/uploads/Case-Conferencing-Overview-and-Examples.pdf>

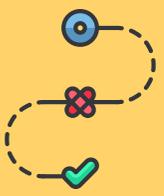
2. U.S. Department of Veterans Affairs. (2016). Overview: Case Conferencing. Retrieved from

[https://www.va.gov/HOMELESS/ssvf/docs/Case\\_Conferencing\\_Overview\\_March2016.pdf](https://www.va.gov/HOMELESS/ssvf/docs/Case_Conferencing_Overview_March2016.pdf)

*Do you have questions or need more guidance? Select from below.*

**Email CE@THN.org | CE Website | CE Written Standards | CE Data Guide**





# Serving Survivors

## VICTIM SERVICE PROVIDER ENTRY POINTS

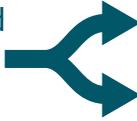
Victim Service Providers and a local agency designated for entering information into HMIS can assist survivors with Coordinated Entry using the process below.



**If safety is the household's priority, ask if they would like to seek services immediately. Connect the household to CE at a later time.**

1

Describe CE, HMIS, and the HMIS Release of Information (ROI).



If they **agree** to the HMIS ROI and would like to connect to another Entry Point with HMIS, complete a warm handoff.

If they **do not agree** to the HMIS ROI, complete CE enrollment on paper or in a comparable database.

2

Based on the results of the assessment, review the **Eligibility Matrix**, and discuss housing programs, supportive services, and agencies with the household.

3



The household decides to which housing programs, supportive or emergency services, and agencies they would like referrals. *Record referrals and unmet needs on paper or in a comparable database to reference at a later time (See Step 5).*

4

If the household consents, complete warm handoffs to Receiving Agencies.



5

Connect with the agency designated for entering information into HMIS.

*The agency answers only information pertinent for matching to housing programs, which includes...*

- 1) De-identified First and Last Names
- 2) Project Entry Date
- 3) Veteran Status (2 Options: Yes or Data Not Collected)
- 4) Special Population Score
- 5) What is the minimum number of bedrooms you need?
- 6) Phone Number (This is often contact information for an advocate.)

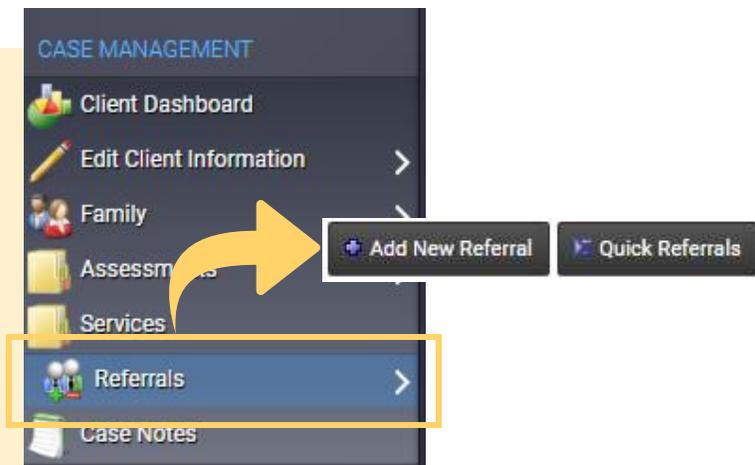
6

Record referrals and unmet needs in HMIS.

*The agency can record referrals in 3 ways:*

- 1) In the CE Workflow
- 2) 'Add New Referral' (Referrals menu)
- 3) 'Quick Referrals' (Referrals menu)

*\*This process must follow the timeliness requirements of HMIS, which is completing data entry within 24 hours if data cannot be entered in real-time.\**



7



The agency shares the household's ClientTrack ID with the Victim Service Provider Entry Point.

A local tracking sheet is recommended to support the local referral process and local case conferencing meetings.

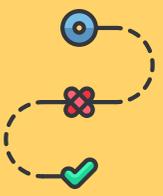
### Resources:

1. [VI-SPDAT on paper / SPANISH](#)
2. [F-VI-SPDAT on paper / SPANISH](#)
3. [CE Enrollment on paper](#)
4. [HMIS Tracking Sheet](#)
5. [Data Transfer form - Enrollment](#)
6. [Data Transfer form - Exit](#)

Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Serving Survivors ENTRY POINTS (NON-VICTIM SERVICE PROVIDER)

Coordinated Entry is open to all households fleeing or attempting to flee domestic violence. Entry Points that are not Victim Service Providers can serve these households using the process below.



**If safety is the household's priority, ask if they would like to seek services from a local Victim Service Provider. If "Yes", complete a warm handoff.**

1

Describe CE, HMIS, and the HMIS Release of Information (ROI).



If they **agree** to the HMIS ROI, complete CE enrollment in HMIS.

If they **do not agree** to the HMIS ROI, complete CE enrollment on paper. Later, in HMIS, complete the following information:

- 1) De-identified First and Last Names
- 2) Project Entry Date
- 3) Veteran Status (2 Options: Yes or Data Not Collected)
- 4) Special Population Score
- 5) What is the minimum number of bedrooms you need?
- 6) Phone Number (This is often contact information for an advocate.)

2

Based on the results of the assessment, review the **Eligibility Matrix**, and discuss housing programs, supportive services, and agencies with the household.

Service	Eligibility Criteria Applied	Eligibility Result
Permanent Supportive Housing	Permanent Supportive Housing 02	Not enough data
Rapid Rehousing	Rapid Re-Housing	Passed
Transitional Shelter	Transitional Housing	Passed

3

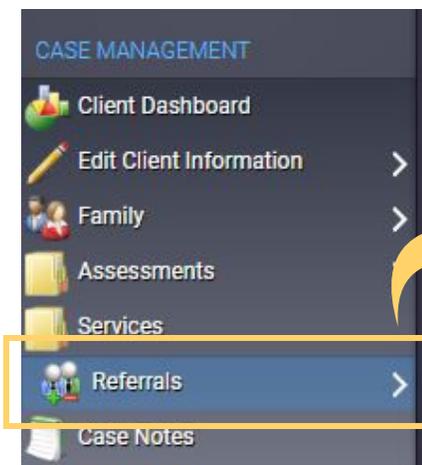
The household decides to which housing programs, supportive or emergency services, and agencies they would like referrals.

4

Record referrals and unmet needs in HMIS.

Assessors can record referrals in 3 ways:

- 1) In the CE Workflow
- 2) 'Add New Referral' (Referrals menu)
- 3) 'Quick Referrals' (Referrals menu)



5

If the household consents, complete a warm handoff to the Receiving Agencies with the household.



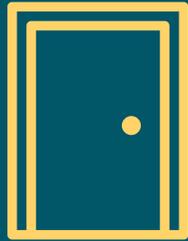
### Resources:

1. [VI-SPDAT on paper](#)
2. [VI-SPDAT in Spanish](#)
3. [F-VI-SPDAT on paper](#)
4. [F-VI-SPDAT in Spanish](#)
5. [CE Enrollment on paper](#)
6. [HMIS Tracking Sheet](#)

Do you have questions or need more guidance? Select from below.

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# CHAPTER 3

## Coordinated Entry (CE) Data and Reporting

1. Entry Point Guidance HMIS
2. Receiving Agency Guidance HMIS
3. How to Find Referrals
4. How to Navigate the Housing Priority List (HPL)
5. The Housing Priority List and Excel Data Export (CE Data Guide Appendix F)
6. How to Run the Clients In Program Report

*If you have any questions or suggestions, please contact the Systems Change Team at [CE@THN.org](mailto:CE@THN.org).*

*For more information about Coordinated Entry in the Texas Balance of State Continuum of Care, please select from below:*

- [Texas Balance of State Continuum of Care Coordinated Entry Website](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Written Standards](#)
- [Texas Balance of State Continuum of Care Coordinated Entry Data Guide](#)

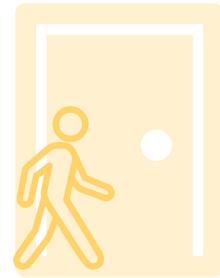


# Entry Point Guidance

## NOW YOU'RE AN ENTRY POINT

### What does this mean?

- You have trained assessors who can administer the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) to clients
- You are a 'Front Door' or point of access for people experiencing homelessness into the Homeless Crisis Response System



### What does your HMIS set-up look like?

- Workgroup access: **Coordinated Entry**
  - In this workgroup, you will be able to enroll clients into Coordinated Entry and assess them using the VI-SPDAT/ F-VI-SPDAT
  - This is also where you make and send out referrals for your clients based on their vulnerability
- Workgroup access: **Coordinated Entry: Diversion**
  - This workgroup is for regions that have implemented Diversion in HMIS.
  - In this workgroup, you will be able to enroll clients into Diversion, as well as, Coordinated Entry
  - This is also where you make and send out referrals for your clients based on their vulnerability

Workgroup  
Coordinated Entry

Organization  
Texas Homeless Network

Workgroup  
Coordinated Entry: Diversion

Organization  
Texas Homeless Network

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)





# Receiving Agency Guidance

## NOW YOU'RE A RECEIVING AGENCY

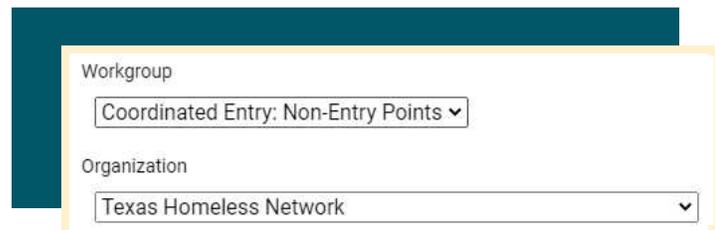
### What does this mean?

- You have trained case managers who will be able to do the following in HMIS: Respond to/ update client referrals, exit clients from Coordinated Entry, and update client statuses.
- When a unit becomes available in your program, projects will consult their referrals or the Housing Priority List and apply the **prioritization standards** to determine the next participant.



### What does your HMIS set-up look like?

- Workgroup access: **Coordinated Entry: Non-Entry Points**
  - In this workgroup, you will be able to access your referrals on your provider profile and exit clients from their Coordinated Entry enrollment.



- **Questions?**

1. What if I don't see referrals on my provider profile?

- Talk to your entry points. Assessors must record referrals to your agency based on the results of a client's VI-SPDAT or F-VI-SPDAT and the eligibility matrix

2. Who exits the client's CE enrollment once they've been accepted into a housing program?

- The receiving agency. You have the ability to exit a client's CE enrollment and add CE and Active/Inactive statuses as necessary.

- **HMIS Access for Receiving Agencies**

1. Full Access
2. Read-Only Access
3. No Access- Ghost Profile

*Do you have questions or need more guidance? Select from below.*

[Email CE@THN.org](mailto:CE@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)

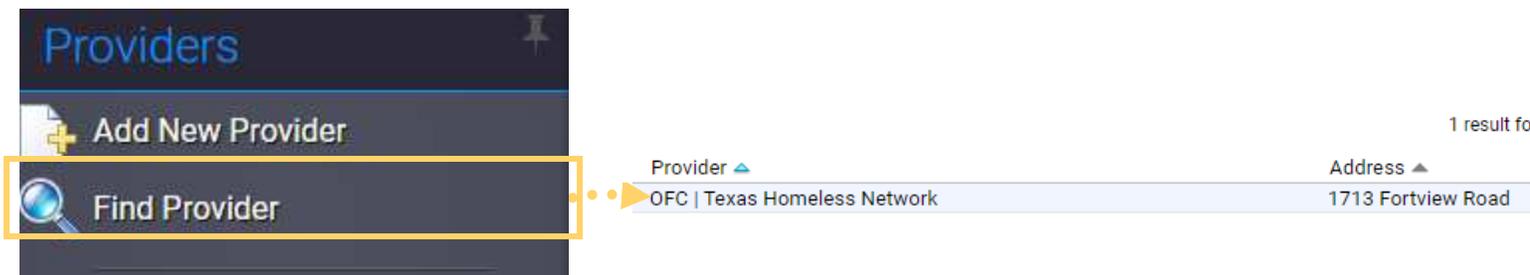


# How to Find Referrals Made to Your Agency

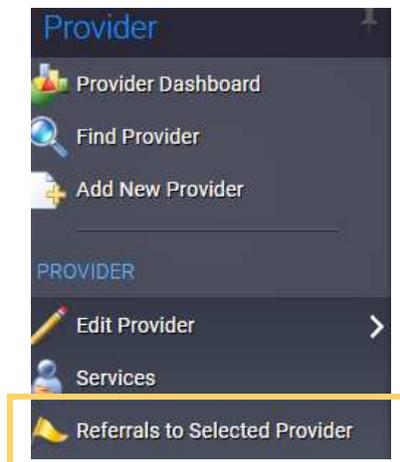


## In HMIS...

- 1 Navigate to the Provider Workspace, and search for your provider profile using the 'Find Provider' option
  - Please note that your provider profile should have 'OFC' in the name. This means this is the official provider profile for your organization as it has been vetted by THN.
  - *If you notice that any of the information is incorrect or outdated, please contact us at [HMIS@thn.org](mailto:HMIS@thn.org) to update it for you.*



- 2 In the left-hand side menu, click on the 'Referrals to Selected Provider' option.



Do you have questions or need more guidance? Select from below.

[Email HMIS@THN.org](mailto:HMIS@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)

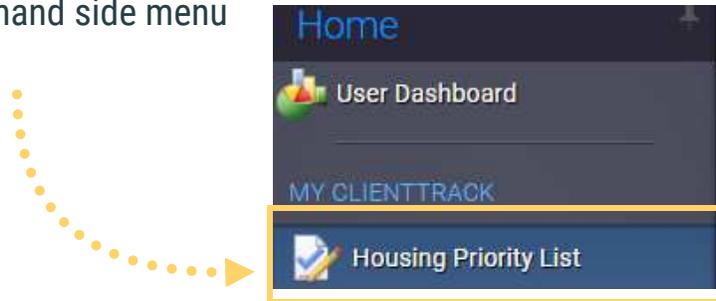


# How to Navigate the Housing Priority List



## In HMIS...

- 1 Navigate to the Housing Priority List Report- Located in the Home Workspace in the left-hand side menu



- 2 Select the VI-SPDAT Org(s).  
This refers to the organizations that administered the VI-SPDAT or F-VI-SPDAT

- Here you can choose your organization AND/OR all organizations in your Coordinated Entry Region.
- Then select 'Search'
- If you would like more refined results, you can use the other filters such as the 'Active/ Inactive Statuses' or 'CE Statuses'. However, we encourage everyone who is just starting off using the HPL in HMIS to NOT use these other filters, as they could possibly filter out clients if used incorrectly.



- For communities that are actively managing their HPL, they can filter by the 'Active/Inactive' statuses (previously known as By Name List Statuses). Because these communities are also active in doing case conferencing, they use 'Active/Inactive' statuses to update their HPL in HMIS as a reflection of the actions taken during these meetings.

- 3 Click the Excel Data Export function to export this data from HMIS to an Excel spreadsheet

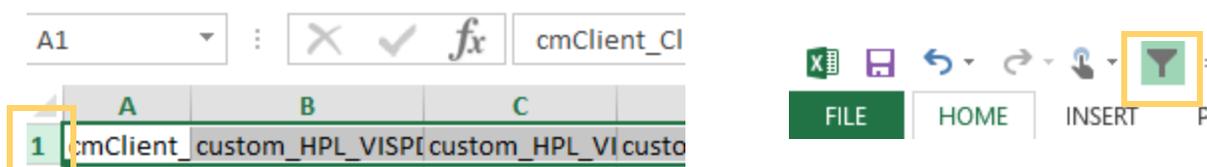
- Once we select the Excel Data Export button, you are then going to select the first option that pops up in the text box 'Export as XLSX'
- \*Please note that the Excel Data Export button is the 2nd excel button you see in the upper right-hand corner.



## In Excel...

- 4 Filtering- Select the top first row by clicking the number 1 on the left-hand side

- Once the first row is highlighted you are going to select the Filter icon located at the top of the excel sheet



- Now you are able to filter the results as you wish.
- If you would like a guide to help you understand what each column header means, please refer to Appendix F on the following page.

# CE Data Guide Appendix F:

## The HPL & The Excel Data Export Function (Page 1/2)



HPL COLUMN NAME	COLUMN	DEFINITION
cmClient_ClientID	A	The client's unique id in HMIS
custom_HPL_VISPDAT_Jun18_2020_AssessmentDate	B	The client's most recent VI-SPDAT/F-VI-SPDAT date
custom_HPL_VISPDAT_Jun18_2020_TypeDesc	C	Type of VISPDAT (VI-SPDAT or F-VI-SPDAT)
custom_HPL_CEAassessment_Jun17_2020_CEAassessmentDate	D	The client's first CE enrollment date
custom_HPL_FamilyCalc_July28_2020_FamilyAcctID	E	Client's family account ID
cmClient_FirstName	F	Client's first name
cmClient_LastName	G	Client's last name
GenderVal_ItemDesc	H	Client's gender
cmClient_Birthdate	I	Client's birthdate
ClientCalculations_Age	J	Client's age (based on the date the HPL was exported)
VeteranStatusVal_ItemDesc	K	Client's veteran status
HUDEthnicityVal_ItemDesc	L	Client's ethnicity
ClientCalculations_RaceDesc	M	Client's Race
ClientCalculations_RaceList	N	1= American Indian 2= Asian 3= Black or African American 4= Native Hawaiian or Pacific Islander 5= White 7= Data Not Collected 8= Client Doesn't Know 9= Client Refused (Multi-racial means client selected multiple options)
custom_HPL_VISPDAT_Jun18_2020_OrgID	O	Unique 3 letter code for organization in HMIS
custom_HPL_VISPDAT_Jun18_2020_InterviewLocation	P	Interview location
custom_HPL_CEAassessment_Jun17_2020_AssessCommuniD	Q	CE assessing community ID in HMIS(Reference Appendix C)
custom_HPL_CEAassessment_Jun17_2020_AssessingCommunity	R	CE assessing community
custom_HPL_CEAassessment_Jun17_2020_EntryPointID	S	CE Entry Point ID in HMIS (Reference Appendix C)
custom_HPL_CEAassessment_Jun17_2020_EntryPoint	T	CE Entry Point
custom_HPL_VISPDAT_Jun18_2020_ScoreTotal	U	Client's score total (VI-SPDAT or F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_SpecialPopulationTotalScore	V	Client's score total (client's fleeing or attempting to flee from domestic violence and didn't agree to the ROI)
v_FamilyMemCount_NoFamMembers	W	Number of family members
CUSTOM_cmClient_NumberOfRooms	X	Number of rooms (This helps providers plan for the client)
custom_HPL_EarliestEnrollment_July11_2017_EnrollDate	Y	Client's earliest enrollment date in HMIS. (Specific project types: CE, ES, TH, PSH, RRR, SO. No HP or SSO enrollments.)
custom_BNL_Statures_Apr8_2020_BeginDate	Z	The date of the client's most recent BNL(Active/Inactive) status
custom_BNL_Statures_Apr8_2020_ServiceCodeID	AA	Reference Appendix C
custom_BNL_Statures_Apr8_2020_ByNameListStatus	AB	Client's most recent BNL (Active/Inactive) status
custom_BNL_Statures_Apr8_2020_Comments	AC	User's comments on client's most recent BNL (Active/Inactive) status
custom_HPL_CESstatus_Nov22_19_BeginDate	AD	The date of the client's most recent CE status
custom_HPL_CESstatus_Nov22_19_ServiceCodeID	AE	Reference Appendix C
custom_HPL_CESstatus_Nov22_19_CESstatus	AF	Client's most recent CE status

# CE Data Guide Appendix F:

## The HPL & The Excel Data Export Function (Page 2/2)



HPL COLUMN NAME	COLUMN	DEFINITION
custom_HPL_CESStatus_Nov22_19_Comments	AG	User's comments on client's most recent CE status
custom_BNL_CHStatuses_Works_Sept17_2020_COVID19PrioritizationFactor3	AH	Returns 'Yes' if a client selected Category 4 and 'Data not collected' if a client has numbers in their name (DV workaround clients)
custom_HPL_FamilyCalc_July28_2020_COVID19PrioritizationFactorSenior	AI	Returns 'Yes' if the client or any family member is 55 or older
custom_BNL_CHStatuses_Works_Sept17_2020_DisablingCondition	AJ	Client with disabling condition? Yes/No (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_PriorResidence	AK	Client's prior living situation (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_NonInstStayLength	AL	If the client's prior living situation was not an institution (I.E Transitional or Permanent housing situation), did they stay less than 7 nights? This field is used to help calculate Chronic Homelessness in specific situations. (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_InstStayLength	AM	If the client's prior living situation was an institution, did they stay less than 90 days? (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_LengthofStay	AN	Client's length of stay in the prior living situation (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_NightBeforeStay	AO	If the client's prior living situation was an institution and they stayed less than 90 days, did they stay on the streets, ES, or SH the night before?
custom_BNL_CHStatuses_Works_Sept17_2020_HomelessStartDate	AP	If the client's prior living situation is a homeless situation, what is the approximate date their homelessness started? (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_TimesHomelessLast3Yrs	AQ	If the client's prior living situation is a homeless situation, how many times has the client been on the streets, ES, or SH in the past 3 years including today? (Based on most recent CE enrollment)
custom_BNL_CHStatuses_Works_Sept17_2020_ContinuouslyHomelessType	AR	If the client's prior living situation is a homeless situation, what is the total number of months they were on the streets, ES, or SH in the past 3 years? (Based on most recent CE enrollment)
custom_HPL_VISPDAT_Jun18_2020_YearsHomeless	AS	How long (years) has it been since the client lived in permanent stable housing? (Based on most recent VI-SPDAT or F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_MonthsHomeless	AT	How long (months) has it been since the client lived in permanent stable housing? (Based on most recent VI-SPDAT or F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_WhereSleepMostFreqDesc	AU	Where does the client/ household sleep most frequently? (Based on most recent VI-SPDAT or F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_WhereSleepOtherSingle	AV	If the client answered 'Other', user comments on sleeping location. (Based on most recent VI-SPDAT or F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_VISPDATChronicIllnessDesc	AW	Does the client have a chronic illness? Yes/No (Based on most recent CE enrollment) (From the VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_FVISPDATChronicIllnessDesc	AX	Does the client have a chronic illness? Yes/No (Based on most recent CE enrollment) (From the F-VI-SPDAT)
custom_HPL_VISPDAT_Jun18_2020_SleepingLocationFamDesc	AY	Client/household sleeping location
custom_HPL_VISPDAT_Jun18_2020_SleepingLocationOtherFamily	AZ	If client/household answered 'other', user comments on sleeping location.
custom_HPL_VISPDAT_Jun18_2020_WhereFind	BA	Answer to the question on the VI-SPDAT, "On a regular day, where is it easiest to find you?"
CUSTOM_HPL_VISPDAT_JUN18_2020_BESTCONTACTMETHODPHONE	BB	Best contact for phone calls
CUSTOM_HPL_VISPDAT_JUN18_2020_BESTCONTACTMETHODEMAIL	BC	Best contact for emails

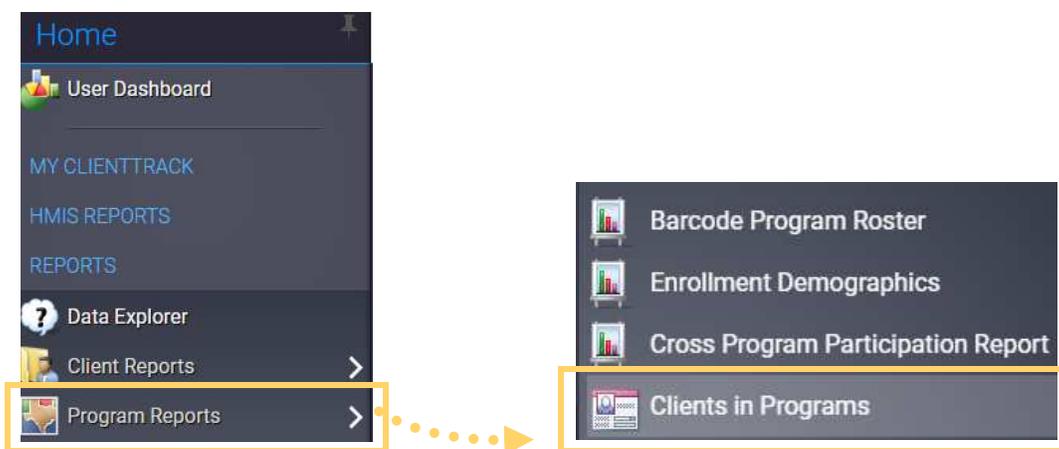
# How to run and export data from the Clients in Program Report



The Client in Program report is a useful tool for our agencies as it provides cumulative client demographic data as well as exit destinations, exit reasons, and days enrolled based on organization and program type. How the report is viewed and exported affects the data presented. Below we will show you the different ways to view client data for your program(s).

## In HMIS...

- 1 In the Home Workspace, on the left-hand side menu click on the 'Reports' header, then hover over 'Program Reports', and select the 'Clients in Programs' option.



- 2 Set your Date Range and Report Type.
  - There are 3 options for Report Type:

Automatically set to this option

1. **Enroll at any point**- all clients enrolled in your program during the specified date range, regardless of their actual enrollment date. If they are in the program, they are included.
2. **Begin Enrollment**- only clients whose enrollment began during the specified date range. Clients are only included if their program enrollment date falls between the date range.
3. **Exited**- all clients who were exited during the specified date range.

The screenshot shows the 'Clients in Programs Report' settings form. It includes a 'Saved Report Settings' dropdown menu set to '- SELECT -'. The 'Date Range' section has a 'Predefined Date Range' dropdown set to '- SELECT -' and 'Enrollments between' dates of 01/01/2020 and 10/01/2020. The 'Run Report By' section has a 'Report Type' dropdown menu set to 'Enroll at any point'.

- 3 Select your Organization(s) and Program and click Report.
  - To get more detailed information such as Exit Destination, Exit Reason, and Client IDs click on the floppy disk icon located at the top of the report and select 'Excel Data'

The screenshot shows the 'Clients in Programs Report' output. The report criteria are: Organizations: Texas Homeless Network, Programs: Texas BoS Coordinated Entry. The data table is as follows:

Texas Homeless Network	Enrolled	Exited	Total	Clients
▣ Texas BoS Coordinated Entry	3	0	3	3
Organization Total	3	0	3	3
Total	3	0	3	3

Do you have questions or need more guidance? Select from below.

[Email HMIS@THN.org](mailto:EmailHMIS@THN.org) | [CE Website](#) | [CE Written Standards](#) | [CE Data Guide](#)

