

Texas Balance of State Continuum of Care
Coordinated Entry Written Standards

Version 3.1

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Versions

Version	Date Approved	Updates
1.0	5/24/2017	First Release
1.1	6/28/2017	Added Rapid Re-Housing Written Standards, approved by the TX BoS CoC Board
2.0	7/22/2020	Second Release
3.0	12/13/2023	Third Release

The TX BoS CoC Coordinated Entry Written Standards were presented to the TX BoS CoC Board and were adopted, after a period of public comment and approval from the TX BoS CoC Board, on 12/13/2023. Revisions and updates will be released on Texas Homeless Network's website: www.thn.org.

The TX BoS CoC Coordinated Entry Written Standards is a working document. Please check THN.org to ensure that this is the most recent revision.

Contact Information

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Purpose of This Document

Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act)¹, the U.S. Department of Housing and Urban Development (HUD) requires the Texas Balance of State Continuum of Care (TX BoS CoC) to have Written Standards that govern how projects funded by the Continuum of Care Program operate.

Under Notice CPD-17-01² released on January 23, 2017, HUD requires each CoC to incorporate additional requirements into their written standards or develop a set of written standards to ensure that its Coordinated Entry (CE) implementation includes each of the additional requirements outlined in the Notice.

This document, the “Texas Balance of State Continuum of Care Coordinated Entry Written Standards”, outlines the framework for CE in the TX BoS CoC. For the TX BoS CoC’s CE System to be compliant with HUD standards and best practices, all communities must implement and operate CE in their designated region according to the standards laid out in this document. To understand terms or acronyms used throughout this document, please review [Appendix A: Key Terms, Definitions and Acronyms](#).

This is a living document. Any future revisions will be presented at a TX BoS CoC Coordinated Entry Steering Committee meeting for feedback. Then, according to the [TX BoS CoC Public Comment Policy](#), a period of public comment and approval by the TX BoS CoC Executive Committee and Board will follow.

This document and additional CE resources will be shared on the Texas Homeless Network website for Coordinated Entry in the TX BoS CoC: <https://www.thn.org/texas-balance-state-continuum-care/coordinated-entry/>

¹ United States Department of Housing and Urban Development. (2012). *Continuum of Care (CoC) Program Interim Rule*. <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

² United States Department of Housing and Urban Development. (2017). *Notice CPD-17-01: Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Assessment System*. <https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

The Goal: Ending Homelessness in the TX BoS CoC

Shelters, street outreach, and other crisis services are the front-line resources of any community's response to homelessness. They serve a critical function in helping people experiencing homelessness meet basic survival needs like shelter, food, clothing, and personal hygiene. These resources alone cannot solve homelessness. This approach to addressing homelessness merely manages the crisis. Homelessness only ends when people are housed and supported to maintain that housing.

The TX BoS CoC believes it is possible to end homelessness, and that is the goal for which we must strive. Ending homelessness requires making a shift from a set of homeless services that only alleviate the immediate crisis of homelessness to a housing crisis response system that prevents and ends it.

An **end to homelessness** means that every community has a housing crisis response system in place that ensures homelessness is prevented whenever possible, or if it cannot be prevented, it is a rare, brief, and non-recurring experience.

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

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the housing crisis response system.
- When homelessness does occur, provide immediate access to shelter and crisis services without barriers to entry while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services – tailored to their unique needs and strengths – to help them achieve and maintain stable housing.³

As regions across the TX BoS CoC establish and operate their own local CE process, they find that with a collaborative effort to develop a systemic response to homelessness, they can move beyond managing homelessness to ending it.

³ United States Interagency Council on Homelessness. (2015). *Opening Doors*. <https://www.usich.gov/tools-for-action/opening-doors/>

TX BoS CoC Coordinated Entry Guiding Principles

The following principles guide the TX BoS CoC's ability to support its ultimate goal of making homelessness rare, brief, and non-recurring.

Person-Centered Care

Every person should be treated with dignity and respect, which means providers should draw on people's expertise and strengths. A person-centered approach includes: Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics. Assessment processes should provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need. Households should be made aware of all their options and offered a choice. Staff must help people in crisis regain a sense of control while focusing on the person's goals, choices, and preferences. This requires unwavering respect for their strengths and reinforcement of progress which are essential for empowerment.

Crisis Resolution

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

Trauma-Informed Care

There is a high prevalence of trauma in the lives of people experiencing a housing crisis. Trauma can influence the mental, emotional, and physical well-being of individuals seeking services.

Every provider should provide services in a manner that is welcoming and appropriate to the needs of those affected by trauma, i.e., with sensitivity to their lived experiences. This requires high levels of transparency and flexibility.

Housing First

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

Low Barrier

Since all people are considered housing ready, projects allow households to enroll regardless of their income, current or past substance use, or criminal records – with the exceptions of restrictions imposed by federal, state, or local law or ordinance, e.g., restrictions on serving people who are listed on sex offenders' registries and history of domestic violence.⁴

Collaboration

Responsibility to a large coverage area means collaboration must be at the core of our system. Open communication and a steadfastness to effort and overall consistency from various stakeholders and partners, including but not limited to the CoC collaborative applicant, all funded and non-funded mainstream service agencies (shelters, clinics, housing programs, food pantries, etc.), committees, and boards, will foster collaboration.

Data-Informed Decision-Making

Performance and data should inform decisions to enhance the overall system. This includes inputting data accurately into the Homeless Management Information System (HMIS) in a timely manner and using HMIS to understand the system's strengths and weaknesses. Decisions and modifications can then be made based on accurate and timely data towards enhancing the overall system, including reducing waitlists, getting households stably housed faster, and reducing returns into the housing crisis response system.

⁴ United States Department of Housing and Urban Development. (2016). *Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition* (pp. 9-10). <https://files.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf>

⁵ United States Department of Housing and Urban Development. (2015). *Coordinated Entry Policy Brief*. <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

Nondiscrimination

The TX BoS CoC Anti-Discrimination Policy standardizes the quality of assistance persons experiencing homelessness can expect from CE and homeless services projects across the CoC's geographic area. The CE process in the TX BoS CoC is open to all individuals and families, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, or marital status. The CE process in the TX BoS CoC ensures 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 to the coordinated entry process.

The TX BoS CoC, represented by the CoC Board and Texas Homeless Network as the CoC Lead Agency and HMIS Lead, and the agencies receiving HUD Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) funding are committed to complying with all HUD requirements and all other all federal, state and local non-discrimination and privacy laws, including:

- Fair Housing Act: Prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status⁶
- Section 504 of the Rehabilitation Act: Prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance⁷
- 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 assistance⁸
- 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 assistance⁹
- 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 disability¹⁰
- 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 574.603²
- HUD Coordinated Entry Notice Section II.B12.f: Prohibits the assessment and prioritization process to require disclosure of specific disabilities and diagnoses. Specific diagnosis and/or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.²
- HUD Coordinated Entry Notice: Sections I.D and II.B.3: CoC's referral process is informed by Federal, state, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.²

⁶ Fair Housing Act, 42 U.S.C. §§ 3601-19 (2016). <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap45-subchapI.htm>

⁷ Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 (2016). <https://www.govinfo.gov/content/pkg/USCODE-2016-title29/html/USCODE-2016-title29-chap16-subchapV-sec794.htm>

⁸ Title VI of the Civil Rights Act of 1968, 42 U.S.C. § 2000d-1 (2016). <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap21-subchapV-sec2000d-1.htm>

⁹ Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12131 – 12165 (2016). <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap126-subchapII.htm>

¹⁰ Title III of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12181 – 12189 (2016). <https://www.govinfo.gov/content/pkg/USCODE-2016-title42/html/USCODE-2016-title42-chap126-subchapIII.htm>

If a participant or potential participant believes their rights were violated, we encourage them to contact THN, as the Lead Agency for the Texas Balance of State Continuum of Care, at txboscoc@thn.org or (512) 482-8270. A staff member will walk the participant or potential participant through the process for submitting a formal complaint.

Overview of Coordinated Entry

As outlined in the CoC Program Interim Rule, each CoC is responsible for establishing and operating a centralized or coordinated assessment system that provides a comprehensive assessment of the needs of individuals and families for housing and services.¹ This system is called Coordinated Entry, or CE, in the TX BoS CoC.

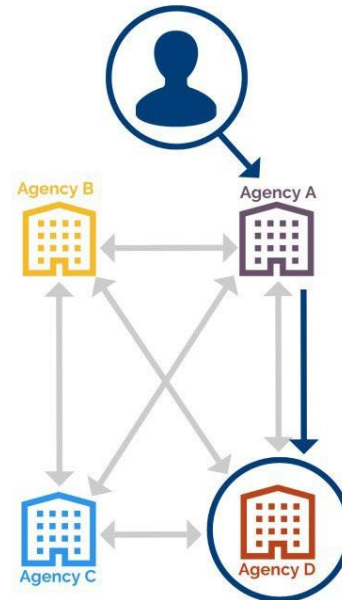
CE is a powerful piece of a housing crisis response system that ensures people at risk of or experiencing homelessness can readily find and navigate crisis intervention assistance. It is intended to ensure that households are prioritized for and matched with the right intervention as quickly as possible. It aims to standardize the access, assessment, and referral process across all providers in an entire CoC and the regions that make up its geography.

The images below illustrate what a housing crisis response system looks like without CE (left) and with CE (right). Without CE, households at risk of or experiencing homelessness navigate between different agencies to find services and/or programs that best fit their needs. This process is often inefficient because households may spend their own resources on contacting different agencies, may have to share their story repeatedly, and may not be connected to the most appropriate intervention. Generally, this comes with a “first come, first serve” service prioritization model with little consideration given to prioritizing based on severity of need. With CE, households at risk of or experiencing homelessness access the system through an Entry Point, are assessed, and then referred to interventions that best fit their needs and for which they would like a referral. Agencies are also using a systems approach for a collective impact towards ending homelessness.

WITHOUT COORDINATED ENTRY



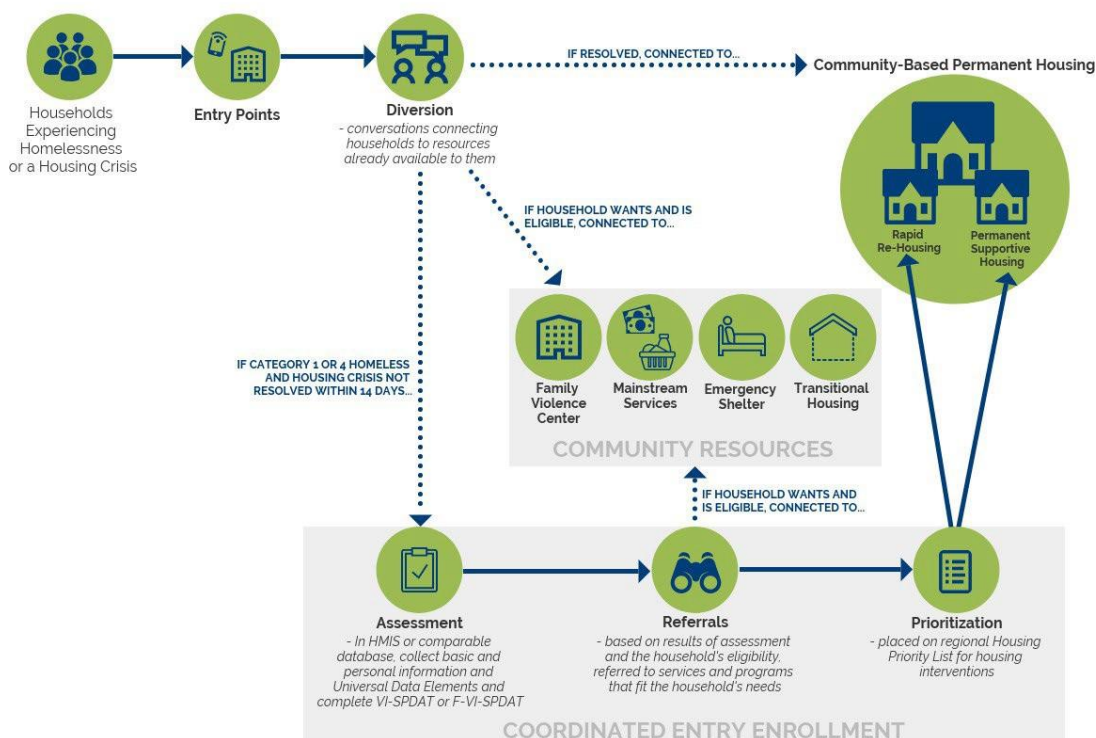
WITH COORDINATED ENTRY



CE has been described using a combination of the words, such as **system**, **process**, **assessment**, and/or **enrollment**. Some of these names emphasize just one aspect of CE. In the TX BoS CoC, the **CE system** refers to the coordination and management of the housing crisis response system. The **CE process** refers to the process for households which includes accessing CE, completing a CE assessment, and receiving referrals for programs and/or services for which they are eligible and would like a referral. The **CE assessment** refers to the assessment tool used during the CE process. The **CE enrollment** is the tracking of a household's CE process in HMIS. It is important to note that the CE process is open to all households at risk of or experiencing homelessness, while CE enrollment is specific to the households that meet the definition of literally homeless or fleeing or attempting to flee domestic violence.

The diagram below provides a brief overview of the CE process in the TX BoS CoC. In the TX BoS CoC, households at risk of or experiencing homelessness appear for housing crisis services at [Entry Points](#). [Assessors](#) at Entry Points conduct [Diversion *](#), which is a series of conversations or problem-solving strategies connecting households to resources already available to them. If a household is [literally homeless or fleeing or attempting to flee domestic violence](#) and their housing crisis is not resolved through Diversion, which may take up to 14 days, they complete a CE enrollment, which includes completing a [CE assessment](#). Based on the results of their CE assessment, they are matched to services or programs that best fit their needs, and [referrals](#) are made according to the household's choice and eligibility. After households complete a CE enrollment, they are placed on the region's [Housing Priority List](#). When there is availability in a housing program, the Receiving Project uses the Housing Priority to fill that availability by applying [prioritization standards](#) to identify a household and [contacting that household](#) to confirm their participation in the project.

TX BoS CoC Coordinated Entry Overview



*For the purposes of this document, Diversion refers to both 'informal' and 'formalized' Diversion. At this time, only two CE regions have a formalized Diversion process within the Homeless Management Information System (HMIS). The TX BoS CoC recognizes that many other CE regions still conduct these problem-solving conversations outside of HMIS though.

Brief History of Coordinated Entry in the TX BoS CoC

In 2013, THN began working with the Corporation for Supportive Housing on implementing the first iteration of CE in the TX BoS CoC. In the years that followed, pilot programs for CE were established across several regions. THN lead trainings to orient communities about CE. Throughout 2015 and 2016, communities selected to pilot CE underwent trainings by THN to use HMIS for CE and began enrolling households into CE. In 2017, HUD published Notice CPD-17-01, which stated the implementation deadline for CE as January 23, 2018.² THN published a Systems Change Toolkit for communities and the first version of the TX BoS CoC CE Written Standards.

Seventeen designated regions worked to establish and plan a local CE process, including writing regional CE policies and procedures and communicating with THN for technical assistance. In 2018, implementation continued and THN launched CE training for Participating Agencies. In 2019, the Coordinated Entry Steering Committee was formed, began meeting, and provided input for changes to the CE Written Standards based on learnings from local CE processes. As of 2020, the TX BoS CoC CE Written Standards underwent public comment, and the 17 designated regions are continuing to implement and learn from local CE processes. THN is working to establish a CE process for regions not covered by the original 17 designated regions, revise CE training, and provide technical assistance for the designated regions. The number of designated regions has varied due to changes in federal funding and needs across the CoC geography. At the time of this revision there are a total of 19 CE regions.

Benefits to Participation

CE is not a solution to low wages and social inequalities, which often lead to homelessness, and the lack of affordable housing. The CE process functions with the understanding that resources are scarce and demand by households for those resources are high. CE is a systems change approach to the housing crisis response system. Participation in CE and implementation to fidelity benefits all parties involved, including:

For Households Experiencing Homelessness

- No matter where they are seeking help, receiving access to the same services and housing that best fits their needs.
- Reducing the number of phone calls or visits to agencies and undergoing fewer eligibility screenings.
- Receiving a definitive “yes” or “no” to housing resource availability/eligibility for their needs the first time they ask for assistance.

For Participating Agencies

- Fostering more collaboration through teamwork and transparency.
- Increasing referral appropriateness.
- Reducing time spent answering calls from households, screening households for eligibility, managing individual waitlists, and finding households to fill units.
- Improving project outcomes, such as an increase in the number of households exiting to permanent housing and a decrease in the length of stay in homelessness.

For the Housing Crisis Response System

- Assisting communities in allocating finite resources as effectively as possible, based on vulnerability and severity of needs, which in turn, maximizes existing funding and resources.
- Using an ongoing, real-time data collection system for homeless services across the CoC in HMIS, which provides an opportunity to identify needs, gaps, and strengths across the system.
- Reducing overall costs through streamlined processes.
- Improving system-wide outcomes, such as a decrease in the number of households experiencing homelessness, a decrease in the number of new entries into homelessness, and a decrease in returns to homelessness (recidivism).

Roles and Responsibilities

CE in the TX BoS CoC involves a variety of agencies, entities, and individuals, and many have overlapping roles and responsibilities in the CE process. This section describes the roles and responsibilities in the TX BoS CoC for those involved in planning the CE system at the CoC and regional levels and operating the CE process at the regional level.

Texas Balance of State Continuum of Care (TX BoS CoC)

The 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. The TX BoS CoC is governed by a Board elected by the general members of the CoC. The TX BoS CoC Board appointed Texas Homeless Network (THN) as the Lead Agency and HMIS Lead to assist the CoC with completing its legislatively mandated activities. THN serves as the policy oversight and evaluation entity for CE implementation in the TX BoS CoC.¹¹ THN also provides technical assistance and supports the Coordinated Entry Planning Entities (CEPE) with managing local CE processes.

Responsibilities of the TX BoS CoC include:

- Updating and distributing all governance documents, standards, guidance, and training protocol needed for CE.
- Communicating with TX BoS CoC Board for all approvals and guidance given.
- Assisting in the implementation of CE at the regional level by:
 - Reviewing regional governance documents.
 - Providing training for Assessors and Participating Agencies.
 - Ensuring the CE process covers the entire geography of the CoC.
- Attending CEPE meetings virtually or in person, upon request.
- Providing staff support to the Coordinated Entry Steering Committee (CESC).
- Hosting, at a minimum, an annual training to all staff dedicated to CE in the TX BoS CoC.
- Planning and facilitating the annual CE evaluation to assess the performance of the system to influence the policy oversight of CE in the TX BoS CoC.
- Overseeing client or staff appeals or grievances related to CE.
- Working with the HMIS staff to maintain the CoC's implementation of CE in HMIS.
- Working with the Texas Council on Family Violence (TCFV) staff to maintain the HMIS data elements in databases comparable to HMIS and develop policies, procedures, and training to assist households fleeing or attempting to flee domestic violence.

Coordinated Entry Steering Committee (CESC)

The Coordinated Entry Steering Committee 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.

Committee members are nominated annually by the regional CEPEs. Representatives may serve consecutive terms as long as the CEPE has voted and a majority is in favor of that nominee continuing to serve in that role. [Appendix E](#) includes a complete list of their responsibilities, and general responsibilities are listed below.

Responsibilities include:

- Attending meetings with all current CESC Representatives to discuss and share experiences related to CE, develop and approve policies and procedures that impact the CE system and/or local CE processes, and communicate regional needs to the TX BoS CoC.
- Communicating any guidance or requests from the TX BoS to their region.
- Communicating to the TX BoS CoC about changes in their region, which may call for a review of and revisions to [regional governance documents](#).
- Assisting agencies and/or individuals in understanding the local CE process and the TX BoS CoC training process for CE.

¹¹ United States Department of Housing and Urban Development. (2018). *Coordinated Entry Management and Data Guide*. <https://www.hudexchange.info/resource/5758/coordinated-entry-management-and-data-guide/>

Coordinated Entry Planning Entity (CEPE)

The Coordinated Entry Planning Entity (CEPE) is the management body 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 enrollment of staff into training, and conducting evaluation and monitoring of their local CE process.

CEPEs should include all stakeholders involved in the housing crisis response system such as people with lived experience of homelessness, local governing bodies, religious organizations, service providers, etc. Every agency participating in CE in the region should have at least one representative actively participating in their regional CEPE.

Responsibilities include:

- Coordinating Participating and Non-Participating Agencies in managing, marketing, and operating the local CE process.
- Assisting agencies and/or individuals in understanding the local CE process and the TX BoS CoC training process for CE.
- Assisting in introducing CE to agencies and/or individuals or connecting those agencies and/or individuals to the TX BoS CoC for more information.
- Implementing the local evaluation plan, in coordination with the Systems Change team at THN, to understand whether the local CE process is functioning as intended.
- Hosting meetings to discuss the local CE process. This may include addressing appeals and grievances related to CE, reviewing regional governance documents, reviewing the local evaluation plan, hosting Case Conferencing meetings and reviewing and staffing the region's Housing Priority List.
- Ensuring regional representation at meetings hosted by the TX BoS CoC.
- Holding an annual election for the CEPE chair/ CESC representative.

Entry Points

Entry Points are the points of access, or front doors, into the housing crisis response system and are often the organizations that households approach to access resources in their communities. Entry Points are responsible for ensuring that households appearing for services have prompt access to the housing crisis response system and are referred to and prioritized for the resources best fit for their household.

Responsibilities include:

- Assisting households presenting for services, including:
 - Welcoming and working with households with a trauma-informed and crisis resolution approach.
 - Providing [warm referrals](#) for households to mainstream and emergency services, like family violence centers or emergency shelters, if the household would like a referral and is eligible for those services.
- Supporting the local CE process, including:
 - Establishing and honoring CE hours of operation.
 - Committing to having at least one staff member trained as an Assessor to assist households either on a walk-in or scheduled basis.
 - Staff members who have completed [Training for Assessors](#) with the TX BoS CoC are the only persons qualified to perform assessments at Entry Points.
 - When Entry Points have only one Assessor, that Entry Point must have a scheduling mechanism to ensure that there are no unnecessary delays in assessment. An example of a scheduling mechanism includes having a local public appointment scheduling software through which households can schedule a CE assessment appointment.
 - Designating at least one staff member to participate in CEPE meetings.
 - Providing input and data to their CEPE to understand and improve the local CE process.
 - Actively participating in and attending local Case Conferencing meetings.

- Ensuring representation at meetings hosted by the TX BoS CoC.

Assessors

Assessors are staff members who work with households seeking assistance at an Entry Point. They attempt Diversion conversations with all households and complete CE enrollment for households that meet eligibility requirements for CE enrollment. Staff members are considered Assessors when they have completed [Training for Assessors](#) with the TX BoS CoC.

Responsibilities include:

- Assisting households presenting for services, including:
 - Welcoming and working with households with a trauma-informed and crisis resolution approach.
 - Providing [warm referrals](#) for households to mainstream and emergency services, like family violence centers or emergency shelters, if the household would like a referral and is eligible for those services.
 - Ensuring that all requests for assistance are treated equally and fairly, regardless of the circumstances of the household requesting assistance.
 - Being transparent and informative about the local housing crisis response system with households.
- Supporting the local CE process, including:
 - Completing [Training for Assessors](#) with the TX BoS CoC.
 - Completing CE enrollment for households in HMIS, including following the TX BoS CoC CE Data Guide and entering information into HMIS in real-time or within 24 business hours.
 - Coordinating with Local Victim Service Providers and TX BoS CE staff to ensure that households fleeing or attempting to flee domestic violence have access to an alternative process for enrolling in CE, as outlined in the [Serving Survivors](#) section of this document.
 - Guaranteeing that all security and privacy measures for households are followed throughout CE enrollment.

Receiving Projects

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. Receiving Projects that do not currently use HMIS are strongly encouraged to use HMIS. “Receiving Agencies” refer to agencies with Receiving Projects and are responsible for adhering to the [“Referrals”](#) process in this document.

Responsibilities include:

- Assisting households presenting for services, including:
 - Welcoming and working with households with a trauma-informed and crisis resolution approach.
 - Providing information about the project to the household and confirming with them on whether they would like to participate and are eligible.
 - Responding to [warm referrals](#) for households and informing the Entry Point or the region about the response.
- Supporting the local CE process, including:
 - Receiving referrals solely from the local CE process to fill open spots in participating projects, housing programs, etc. The TX BoS CoC strongly recommends agencies that do not currently use HMIS consider using HMIS to make the referral process efficient, measurable, and less burdensome on providers. More information can be found on Texas Homeless Network’s website: [HMIS Basics](#) and [HMIS Start Kit](#).
 - Following the TX BoS CoC CE Data Guide: including acknowledging referrals, using the region’s Housing Priority List to contact households that have been referred to their housing program, and updating a household’s active/ inactive status and/or outcome of a referral in HMIS or a comparable database in real-time or within 24 business hours.
 - Designating at least one staff member to participate in CEPE meetings

- Providing input and data to their CEPE to understand and improve the local CE process.
- Actively participating in and attending local Case Conferencing meetings.
- Ensuring representation at meetings hosted by the TX BoS CoC.

Non-Participating Agencies

Agencies not currently participating in CE within a region but are involved in a region's homeless crisis response system still play a crucial role in housing and resources needed for people experiencing homelessness. Therefore, they should be frequently encouraged to participate in CE with CEPEs giving guidance and displaying the benefits that regions and agencies are seeing from involvement with CE.

Non-Participating Agencies and the services they provide should also be included in a region's [Eligibility Matrix](#) and HMIS. In the TX BoS CoC, referrals to Non-Participating Agencies can be tracked using HMIS. Although agencies without access to HMIS do not see referrals made to them in HMIS, the tracking of these referrals can serve as a potential benefit for the entire community. For instance, they can better understand the agencies and/or resources to which households are being referred in addition to housing programs and services and work on partnering with those agencies and/or resources.

Planning

The TX BoS CoC covers over 230,000 square miles and 215 counties in Texas. While the service area contains smaller urban cities and counties, much of the service area is rural. Due to its expansive geography, the TX BoS CoC has established 19 designated regions for CE per HUD's guidance.⁵ This section describes key planning aspects for CE regions. This includes participating in CE based on funding sources, defining regional coverage areas, designating Entry Points for the region, organizing emergency services, and establishing new regions.

Coordinated Entry Regions in the TX BoS CoC

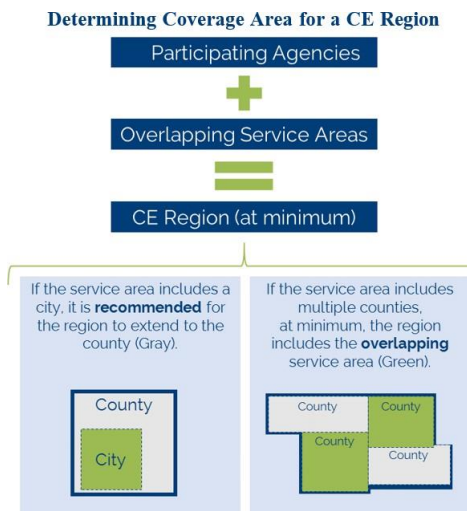
The TX BoS CoC has 19 established regions for CE and each region covers a county or multiple counties, which are listed in the table below. Counties in the TX BoS CoC that are not covered by the defined regions below are known colloquially as “the 20th region” of the TX BoS CoC. All regions make up the entire CoC and are not to be confused as individual CoCs. A map of the TX BoS CoC's coverage area is located on the [Texas Homeless Network's website for CE](#).

Each region manages a local CE process for the county or counties covered in its region and follows all [TX BoS CoC Policies and Procedures](#) and any other guidance provided by HUD and the Texas Homeless Network, Lead Agency and HMIS Lead for the TX BoS CoC.

CE Region Name	Counties Covered by CE Region
Abilene	Taylor
Bastrop/Colorado Valley	Austin, Bastrop, Colorado, Fayette, and Lee
Beaumont/Orange	Chambers, Hardin, Jefferson, and Orange
Brazoria	Brazoria
Cameron	Cameron
Comal	Comal
Corpus Christi	Nueces
Denton	Denton
Galveston	Galveston
Hidalgo	Hidalgo
Killeen	Bell, Coryell, Hamilton, and Lampasas
Laredo	Webb
Longview	Gregg, Harrison, Marion, Panola, Rusk, and Upshur
Lubbock	Lubbock
Odessa	Ector
San Angelo	Tom Green
Texarkana	Bowie, Camp, Cass, Morris,
Tyler	Smith
Victoria	Aransas, Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, Refugio, and Victoria

Coverage Area

CE regions are defined by having one or more Participating Agencies and the overlapping service areas of those Participating Agencies. A service area refers to the geographic area where an agency is providing services and/or operating their program. This is often defined in an agency's grant for their funding source. While some Participating Agencies do receive funding from sources that require participation in CE in the TX BoS CoC, the CEPE determines the boundaries of the local CE process according to the below guidelines by the TX BoS CoC. Defining the CE region supports the ongoing planning efforts for CE at the regional level. It does not hinder any household from outside of the CE region from accessing CE in the region.



If the Participating Agencies serve multiple counties, the CE region at minimum includes the counties in which the service areas are overlapping. If the Participating Agencies serve a city, the TX BoS CoC recommends extending the CE to the county level. For example, in a region with two Participating Agencies, Agency A serves County 1 and County 2, and Agency B serves County 1, County 2, and County 3. At minimum, the region can be defined as including County 1 and County 2, which are the two counties in which there is an overlap of service areas. The CEPE can vote to include County 3 in the region so that all three counties are covered by the local CE process.

In areas with overlapping CE regions, meaning service areas crossing regional CE boundaries, the expectation is that CE regions will work to some mutually beneficial resolution to ensure that it is clear to households where to present for an assessment and referrals. The TX BoS CoC recommends that where there are overlapping CE regions, CE regions combine to form one larger CE region.

HUD requires that the entire geographic area of the CoC is covered by the CE process.² To adhere to this requirement, the TX BoS CoC strongly recommends that the CE regions include additional counties in the coverage area, especially if the CE process consists of the only service provider of that type for 100 miles. Texas Homeless Network, lead agency for the TX BoS CoC, can help build connections between counties and facilitate the conversations of expanding coverage into neighboring counties.

Participation in CE Required by Funding Sources

Agencies that receive funding from the following sources **must** participate in CE:

- Continuum of Care Program (CoC)¹,
- Emergency Solutions Grant (ESG)¹²,
- Support Services for Veteran Families (SSVF)¹³, and
- Department of Veteran Affairs Medical Centers (VAMC).¹⁴

For CoC, ESG, and SSVF Program-funded projects, at minimum, agencies must participate in CE by filling all availabilities in their projects with referrals made by the local CE process, which means serving as a [Receiving Project](#). Agencies may also participate in CE by serving as an [Entry Point](#), which means completing assessments and making referrals.

For SSVF Program-funded projects, the Department of Veteran Affairs (VA) requires grantees to participate in “the development, implementation, and ongoing operations of their local Continuum of Care’s coordinated assessment system or equivalent, as described in the McKinney-Vento Act as amended by the HEARTH Act.”¹³ In addition, when writing letters of support for new and renewal projects for the SSVF Program, the TX BoS CoC strongly considers how projects support building local capacity for CE and participate in their region’s planning efforts.

¹² United States Department of Housing and Urban Development. (2017). *HEARTH: ESG Program and Consolidated Plan Conforming Amendments – ESG Program Interim Rule*. <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/>

The VA requires all VAMCs' homeless programs to actively participate in CE. This participation includes:

- Adopting [assessment tools](#) used in the CoC for CE when possible,
- Attending local [Case Conferencing](#) meetings,
- Receiving [referrals](#),
- Prioritizing VA resources for their inclusion into the greater pool of homeless service resources that are accessed by veterans through the CE process, and
- Participating in data sharing with the local CoC.¹⁵¹⁶

While HUD and the VA mandate that agencies receiving funding from sources listed above participate in CE, these providers alone cannot end homelessness. It takes all providers in the housing crisis response system, regardless of their funding source, to end homelessness.

Therefore, all providers are encouraged to participate in CE.

Entry Points

CEPEs designate Entry Points in their region. Entry Points are the places, either virtual or physical, where an individual or family in need of assistance can easily access the CE process.

When creating a region, CEPEs can choose a centralized or decentralized approach. Centralized means there is only one point of entry to access CE in their region. Decentralized means there are multiple points of entry to access CE in their region.

Both models can have Entry Points operate as physical locations and/or virtual/phone lines.

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

Examples of a Decentralized System

- Several locations within a geographic area where individuals and families present to receive homeless housing and services.
- A 2-1-1 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers being included.
- A “no wrong door” approach in which an individual or family can present at any homeless housing or service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC.
- A specialized team of Assessors (outreach teams) that provides assessment services at provider locations within the region.²

Examples of a Centralized System

- A regional approach in which “hubs” are created with campus-like structures where resources group to form one location.
- When there is only one natural point of entry in the area where households access resources, that agency would be the sole and central location.

Items to Consider When Selecting Entry Points

- Entry Points must provide assessment areas that are safe and confidential, to allow individuals to identify sensitive information or safety issues in a private and secure setting.¹⁷
- Entry Points must be accessible to individuals with disabilities including accessible physical locations for individuals who use wheelchairs or providing assistive technology or translators for individuals who are visually and/or hearing impaired.

¹³ Supportive Services for Veteran Families Program. 80 Fed. Reg. 9604 (February 24, 2015) (to be codified at 38 C.F.R. pt. 62). http://www.va.gov/HOMELESS/ssvf/docs/80FR9604_AO_50_SSVF_Final%20Rule_022415.pdf ¹⁴ Department of Veteran Affairs. (2017). *VA Medical Center Participation in Continuum of Care Coordinated Entry System (VAIQ#7844648)*. <https://files.hudexchange.info/resources/documents/VA-Participation-in-Coordinated-Entry-Guidance.pdf>

¹⁵ Veteran Health Administration Homeless Program Office. (2017). *Coordinated Entry Implementation Assessment Worksheet*. Department of Veteran Affairs. <https://files.hudexchange.info/resources/documents/VA-Participation-in-Coordinated-Entry-Implementation-Assessment-Checklist.pdf>

¹⁶ United States Department of Veteran Affairs. (2019). *FY2020 Data Guide: Data Collection and Reporting Guidance for VA Grantees*, p. 70. https://www.va.gov/HOMELESS/ssvf/docs/VA_Data_Guide_November_2019.pdf

- Entry Points must provide reasonable accommodations for a person with disabilities including allowing for an alternate assessment location, should established Entry Points not be ADA accessible.
- Street outreach is critical for connecting unsheltered households to services and housing, and therefore should be included when creating Entry Points and/or looking at new Entry Points.
 - In the TX BoS CoC, ESG Program-funded Street Outreach projects must be Entry Points.² Non-ESG Program-funded Street Outreach projects should be Entry Points for households experiencing unsheltered homelessness. This will ensure that people sleeping in unsheltered locations are able to access the housing crisis response system and are included in the prioritization for assistance.
 - Street Outreach must offer the same standardized process as persons who access CE through site-based Entry Points. Due to the nature of Street Outreach, it is okay if it takes several engagements to complete an assessment.
- Entry Points must be accessible to individuals with limited English proficiency (LEP). The regional CEPE must take reasonable steps to ensure that CE can be accessed by persons with LEP such as developing Marketing Materials in other languages or developing a regional plan for when translation services are needed.
- Physical Entry Points should be accessible by public transportation and located close to other services that households may be accessing.
- It is critical that Entry Points are represented at local Case Conferencing meetings.

Regional CE policies and procedures outline the region's approach to Entry Points, centralized or decentralized, and include details about Entry Point(s), such as the agency's name, address, operating hours, and CE operating hours. The agency serving as an Entry Point determines their CE operating hours, which may differ from the agency's operating hours. Some examples of CE operating hours include conducting enrollments Monday through Friday from 2 p.m. to 5 p.m., conducting assessments by appointment only, and conducting assessments Tuesdays and Thursdays from 8 a.m. to 5 p.m.

Entry Points for Subpopulations

If agencies exclusively serve a subpopulation, they may be designated as Entry Points for those specific subpopulations. This means only households that fit the definition of the subpopulation can access that specific Entry Point. For example, the local Victim Service Provider (VSP) is designated as an Entry Point only for households fleeing or attempting to flee domestic violence. Specific Entry Points may be designated for the following subpopulations:

- Adults without children
- Adults accompanied by children
- Unaccompanied youth
- Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
- Persons at risk of homelessness

Although regions cannot establish a separate CE access and assessment process for veterans², VA partners can be an Entry Point targeted towards veterans, and veterans must be able to access all Entry Points in the region.¹⁴ VA partners include the local VAMC, a VA-funded Community Resource and Referral Center, a VA-funded non-profit community partner, or a subcontractor of a direct VA grantee.

If a region is designating a specific Entry Point for a subpopulation listed above, the Entry Point can create variations of access and assessment approaches in order to remove population specific barriers to accessing CE, while also considering the different needs, vulnerabilities, and risk factors of the specific subpopulations.

An example of creating a variation for a subpopulation specific Entry Point is using an assessment tool with unaccompanied youth that includes youth friendly language to elicit a comparable answer to similar but different questions asked of adults over the age of 24.

¹⁷ United States Department of Housing and Urban Development. (2017). *Coordinated Entry Self-Assessment*. <https://files.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf>

Regional CE policies and procedures must clearly describe the variations of access and assessment that would allow the Entry Point to function as a subpopulations specific Entry Point. Any and all changes should be made in coordination with the Systems Change Team at THN and must be approved prior to implementation. This is to ensure that Entry Points and the CoC are following best practices and federal regulations.

Adding Entry Points

If a region would like to add an Entry Point, CEPEs determine when a new Entry Point is needed and what agency will serve as an Entry Point. Planning for access into the CE process requires careful consideration of the regional coverage area, resources, and capacity in order to select Entry Points that will be most accessible for people facing a housing crisis. Effective planning requires a clear and formal decision-making process that is inclusive, well documented, and responsive to new information learned through the regional implementation of CE.

The “Coordinated Entry New Entry Point Guidance” ([Appendix F](#)) provides planning questions that should be considered prior to adding a new Entry Point and explains the procedure for how to add an Entry Point, including working with the Systems Change Team to review and revise [regional governance documents](#). An Entry Point is added to the region once regional governance documents reflect the addition of the new Entry Point and at least one staff member at the new Entry Point has completed [Training for Assessors](#) with the TX BoS CoC.

Emergency Services

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

The regional CEPE must outline processes by which households can access emergency services during hours when CE process is not operating as well as how households connect to the CE process from emergency services. Processes should also describe that emergency interventions will not use prioritization standards to determine which household receives emergency shelter based on severity of need and/or vulnerability. Even if an agency uses prioritization for other programs in which they are involved (RRH, TH, PSH, etc.), that agency cannot use those prioritization standards for their emergency services.

Establishing a Coordinated Entry Region

If communities are interested in establishing a CE region and implementing a local CE process, they follow the steps below. Some communities may choose to complete these tasks in a different order, this list is meant as an guide and the process may not be linear.

1. Communities interested in implementing CE contact the [Systems Change Team](#) to propose a formation of a new CE region in the TX BoS CoC. In some instances, communities may be interested in connecting to a CE region already established.
2. The Systems Change Team meets with the community to understand the current housing crisis response system and what services the community has to dedicate to CE.
 - a. Due to the geographic size of the TX BoS CoC and the limited capacity of the Systems Change Team, work may be assigned to communities to complete beforehand as the Systems Change Team may not be able to support them immediately.
3. If not yet established, communities form their regional CEPE after the meeting.
4. The CEPE begins to 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” ([Appendix B](#)).
 - a. Depending on the existing collaboration efforts in the community, establishing key

planning aspects and reviewing the checklist may occur at the same time as the meeting for understanding the current housing crisis response system.

5. 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.
6. The Systems Change Team reviews drafts within two (2) weeks from the date the Regional Coordinated Entry Implementation Checklist is submitted.
7. At the same time, the Systems Change Team schedules a meeting with the CEPE.
8. During the meeting, the Systems Change Team presents feedback to the CEPE and together with the CEPE make any final revisions.
9. 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.

Processes and Best Practices for Coordinated Entry

This section describes the processes and best practices encouraged by the TX BoS CoC in building and managing CE at the regional level. These include hosting Coordinated Entry Planning Entity and Case Conferencing meetings, managing regional governance documents, and maintaining a Housing Priority List at the regional level.

Coordinated Entry Planning Entity Meetings

CEPEs should meet quarterly at a minimum. Meetings should have representation from all Participating Agencies. To further community buy-in, Non-Participating Agencies should be encouraged to participate in planning meetings where no client-level information will be discussed. Non-participating VSPs are also highly encouraged to participate in meetings, providing expertise in preventing and responding to domestic violence. Due to limited capacity, Local Homeless Coalition meetings already in operation can be modified to act as CEPE meetings. To combine meetings, CE would be required to be discussed during the Local Homeless Coalition meeting. CEPE meeting minutes should be recorded monthly and submitted to the Systems Change Team via email or the region's [Google Drive folder](#).

During meetings, CEPEs should discuss several items, including but not limited to: the evaluation of CE, whether [Case Conferencing](#) is happening (why or why not), and whether the staffing of the [Housing Priority List is happening \(why or why not\)](#). Only those that are currently or prospectively going to have clients involved with Coordinated Entry should be in attendance.

Privacy standards as listed in the [TX BoS CoC HMIS Privacy Policy](#) must be taken into consideration when facilitating meetings. In addition, VSPs involved in these meetings must adhere to the confidentiality provisions of the Violence Against Women Act (VAWA) and Family Violence Prevention and Services Act (FVSPA) to protect the safety and privacy of victims of domestic violence. While some communities may combine CEPE, LHC, and case conferencing into one meeting (based on capacity), PII cannot be shared outside of case conferencing specific agenda items (as described below). All agencies, including non-participating agencies and victim service providers, are encouraged to participate in general CEPE conversation (not case conferencing). This fosters a stronger evaluation of community efforts.

Case Conferencing

Case Conferencing is a crucial step not only in CE, but also in ending homelessness. While it serves many purposes, its primary purpose is to increase the efficiency of the system to house people. For that reason, Case Conferencing is generally focused on those who have completed an assessment and are awaiting placement or for whom a placement has been identified and have not yet been housed. This meeting should be open to all Participating Agencies with input solicited from all in attendance.

During Case Conferencing meetings, Participating Agencies should review activities including progress towards a household's housing goals, map roles and responsibilities where multiple providers are working together to solve a household's housing crisis, work towards resolving conflicts or strategizing solutions to the current crisis, and potentially adjust current service plans to better reflect current goals.¹⁸ Case Conferencing also provides the region a setting to address systemic issues collaboratively and remove barriers to housing in real time. To meet these goals efficiently, Participating Agencies should be in attendance as well as any relevant case manager(s) and community or agency decision-makers. If a region wishes to allow Non-Participating Agencies to attend, please contact the Systems Change team at THN to discuss.

Advocates at VSPs are highly encouraged to participate, especially as experts on the dynamics of domestic violence. They may attend Case Conferencing meetings to listen and then bring back information to a household with whom they are working.

VSPs cannot discuss and share information about a household with other agencies without a time-limited, topic-specific, survivor-informed, and written release signed by the household member. The survivor has the right to decide what information may be shared by the VSP in case conferencing, if any, after discussing with the VSP the benefits and risks of sharing. It is best practice to communicate early with VSPs if there is a case on the housing priority list that will be discussed at case conferencing to allow them time to talk with the survivor. It is important to note that survivors may change their decision to share information at any time. Along with specific cases conferencing, the VSP may sit in planning meetings to offer expertise and support on supporting households not participating with the VSP.

Case Conferencing may be a formal, planned segment of a CEPE meeting but is recommended to be a separate meeting all together. HUD standards state that Case Conferencing may take various forms, but generally constitute any meetings of CE staff members from multiple projects and agencies to discuss cases, resolve barriers to housing, and make decisions about priority, eligibility, enrollment, termination, and appeal.¹¹ Privacy standards as listed in the [TX BoS CoC HMIS Privacy Policy](#) must be taken into consideration when facilitating Case Conferencing meetings because the matter of discussion includes PII. In addition, VSPs involved in Case Conferencing must adhere to the confidentiality provisions of the Violence Against Women Act (VAWA) and Family Violence Prevention and Services Act (FVPSA) to protect the safety and privacy of victims of domestic violence. Only those with a legitimate interest should attend.

Governance Documents

Regional governance documents are documents that describe and manage the local CE process in each region. Because CE is a systems change effort that is continuously shifting based on local context and needs, this effort must be documented and revised to match what is occurring locally. In the TX BoS CoC, regional governance documents refer to the following documents:

- Regional Coordinated Entry Policies and Procedures
- Memorandum of Understanding between CEPE, Participating Agencies, and the Texas Homeless Network ([Appendix C](#))
- Marketing Materials
- Eligibility Matrix

Regions are expected to manage their regional governance documents and operate based on these documents. They must communicate with the Systems Change team at the TX BoS CoC about any changes in the region that may require a review of or revisions to their regional governance documents. Examples of changes in a region that may require review or revisions include:

- The participation level in CE changes for a Participating Agency.
- A new Entry Point is added for the region.
- An Entry Point is updating their CE hours of operation.
- The region is updating the accessibility strategy to help households with Limited English Proficiency.
- The region is changing the process for entering information into HMIS for households fleeing or attempting to flee domestic violence.

Housing Priority List

Lists are used throughout the TX BoS CoC to identify and engage with those seeking housing and supportive services. The Housing Priority List is a list of all households in a community who have completed CE enrollment and are actively in need of housing. The list is used during the [prioritization](#) and [contacting household](#) processes within the CE process and can be exported from HMIS. For additional guidance on exporting the Housing Priority List from HMIS and applying prioritization, please contact the Systems Change team at CE@thn.org

When referencing the Housing Priority List for households fleeing or attempting to flee domestic violence, Entry Points and Receiving Agencies must work together to ensure the confidentiality of these households while connecting them to housing resources. VSP Entry Points must use a time-limited, informed, and written release for these households, following the confidentiality provisions of VAWA and FVPSA. This process is further described in the [“Contacting Households”](#) section.

Active Households Policy

The following policy is based on best practices seen across the country. That being said, Systems Change team staff at THN recognize that case managers and programs have different engagement protocols and may not have the capacity to check in with every client at this frequency.

¹⁸ Supportive Services for Veteran Families Program. (2016). *Overview: Case Conferencing*. Department of Veteran Affairs. https://www.va.gov/HOMELESS/ssvf/docs/Case_Conferencing_Overview_March2016.pdf

While agencies should aim to have contact with clients at least every 90 days, if this is not a possibility for program staff, they should contact ce@thn.org to discuss amendments to this policy that will fit the needs of their clients. If a household has completed a CE enrollment, had no contact with any Entry Points, system navigators and/or community outreach in a region for 90 days, AND had no services or shelter stays in HMIS for the past 90 days, the household is considered “Inactive” on the Housing Priority List. It is recommended that staff attempt to contact the household prior to moving them to “Inactive” status.

If a household was marked as “Inactive” on the Housing Priority List and contacts the housing crisis response system, including outreach workers, drop-in centers, shelters, meal lines, etc., they are moved from “Inactive” to “Active” status. These households can be referred to openings in housing projects once they have returned to “Active” status. Depending on the age of their previous assessment, their return to “Active” may include a re-assessment of their vulnerability. A household can move back and forth between “Active” and “Inactive” statuses as many times as possible until they are housed.

The Active Households Policy is a critical component in maintaining a Housing Priority List in real time. It ensures that the list is up-to-date and that the community is focusing on households that are actively needing to be connected to housing. This allows each region to maintain a dynamic CE system

Regions are expected to manage a household’s Active/Inactive status in HMIS. Regions may appoint a CEPE member, to review and maintain an Active/Inactive statuses in HMIS. Monthly CEPE or Case Conferencing meetings can be a setting to discuss households’ Active/Inactive statuses, such as the location of a household in real-time. A household’s Active/Inactive status should reflect their most recent activity found in HMIS and during these meetings. Any HMIS user can add and update an “Active” or “Inactive” status using the “Services” menu. There are several types of “Active” and “Inactive” statuses, which are further described in the [“Active/Inactive Statuses”](#) section.

Data Management

This section defines the key components of managing data and policies related to HMIS in the TX BoS CoC.

Homeless Management Information System (HMIS)

The TX BoS CoC uses ClientTrack as its HMIS vendor. It is used for collecting, storing, sharing, tracking and reporting household data associated with CE as well as various other tracking needed on an organization level.

Data Standards

The TX BoS CoC's CE process follows the HMIS Data Standards outlined by HUD.¹⁹ For more information on the HMIS Data Standards, contact the Systems Change team at ce@thn.org.

Timeliness Requirements

Entry Points, except for VSP Entry Points, are required to have HMIS. For VSP Entry Points, the agency designated for entering information into HMIS for them is required to have HMIS. Every effort must be made to complete CE enrollments in real time, as it is happening and directly into HMIS or a comparable database. If information cannot be entered in real time and directly into HMIS or a comparable database, it must be entered within 24 business hours.

HMIS Training

When a staff member enrolls in training for CE, they will have 30 days to complete the entire training. In addition, according to [TX BoS CoC HMIS Policies and Procedures](#), if an individual does not log into HMIS for 45 days, their access to HMIS is temporarily terminated on day 46 of not logging in. If an individual does not log into HMIS between 46 to 90 days, they are required to retrain with SAP Litmos²⁰ videos provided. After the 90-day mark of not logging into HMIS, the individual will be required to retrain as well as complete the task lists associated with the training in addition to any other training required by the TX BoS CoC HMIS Lead Agency.

Privacy Protections

The [TX BoS CoC HMIS Privacy Policy](#) describes the privacy practices related to the HMIS maintained by Texas Homeless Network, as the HMIS Lead Agency designated by the TX BoS CoC. This policy adheres to the [2004 HMIS Data and Technical Standards Final Notice](#) and is being updated to comply with HUD's Coordinated Entry Management and Data Guide. This Privacy Policy covers activities associated with CE such as populating the Housing Priority List, sharing in Case Conferencing, making referrals, and process evaluation.

The [TX BoS CoC HMIS Release of Information](#) (ROI) (available in English and Spanish) governs the participant consent for the release of their information. Privacy protections and rights associated with collection, management, and reporting of participant data must be discussed with the household at the very beginning of the CE process. The HMIS ROI must be completed with every participant going through CE although data sharing for the purposes of coordinating care and services is an acceptable use of PII, according to the TX BoS CoC, regardless of the participant's desire to consent. The TX BoS CoC supports any additional privacy protections necessary to ensure the safety of survivors of domestic violence as they access services.

Assessors must describe the TX BoS CoC HMIS Privacy Policy and HMIS ROI to households. Contact the Systems Change team at ce@thn.org for the most up-to-date guidance for Assessors, including explaining the process of CE, the purpose of using HMIS for CE, and the potential risks to privacy and safety when releasing information in HMIS.

¹⁹ United States Department of Housing and Urban Development. (2019). *FY2020 HMIS Data Standards*. <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

²⁰ SAP Litmos is the learning management system used by the TX BoS CoC to conduct trainings.

Access

This section discusses Entry Points assist households presenting for services. It describes key qualities of Assessors and training for staff members to become Assessors. In addition, this section outlines the Access process, which includes an introduction, Diversion, and determining eligibility for CE enrollment. This process is illustrated in the [Access Process Flowchart](#) and described thoroughly in the paragraphs following the flowchart.

Qualified Assessors

Assessors play a key role as they are potentially the first people that households meet when entering the housing crisis response system. As a result, Entry Points should thoroughly evaluate staff members appointed to become Assessors and current staff members serving as Assessors to verify if they can explain CE in a deliberate and comprehensive way to a household, while being mindful of a household's trauma, experiences, and preferences.

When appointing an Assessor, regions and Entry Points should consider the following:

- For the Entry Point: their staffing capacity, financial capacity, and ability to collaborate with stakeholders throughout the community
- For the potential Assessor, having:
 - Experience serving specific populations
 - Knowledge of community resources
 - A level of comfort with data collection and technology
 - A reputation for fairness and transparency
 - Cultural and linguistic competency with specific populations (e.g., LGBTQ, members of Native American tribal nations, etc.)
 - Fair and objective application of the CoC's defined assessment and prioritization standards
 - Awareness to be able to identify signs of trauma and stress among persons entering the housing crisis response system and then, working to mitigate those conditions by conducting assessments in a sensitive and respectful manner¹¹

Training for Assessors

Assessors-in-training complete their training virtually, and training can begin after the prospective Assessor submits the [training request form](#), which will be processed by Systems Change Team at THN within 48 business hours. The Assessor will then be assigned the appropriate course(s).

Assessors will gain access to enroll households into CE in HMIS after they complete all training assigned to them. If an Entry Point identifies the need for a new Assessor, the process for training is as follows:

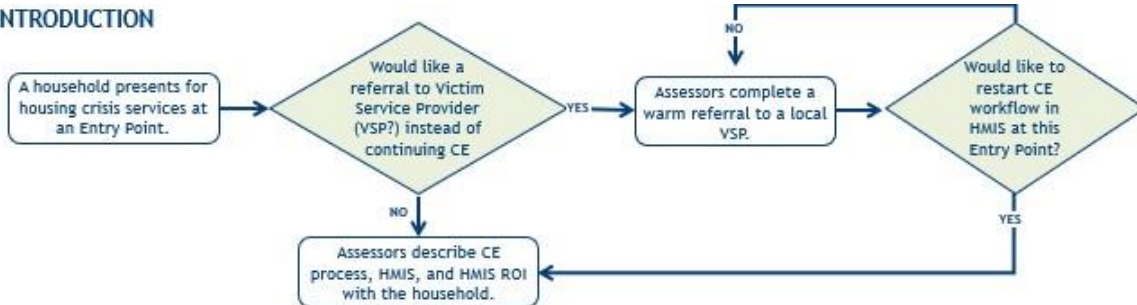
1. The individual wanting to become an Assessor, their supervisor, or their CESC representative completes the [Coordinated Entry Community Training Form](#).
2. The Systems Change team at THN enrolls the individual into training upon review of the training request submitted. Once enrolled, training information is sent via email to the individual for whom the form was completed.
3. The individual wanting to become an Assessor must complete the following training and assignments within 30 days of being enrolled into training:
 - a. Read current TX BoS CoC CE Written Standards.
 - b. Read current regional CE policies and procedures.
 - c. Complete training videos in SAP Litmos²¹ for:
 - i. HMIS Data Security, Privacy, and HMIS ROI Training (This training is for Assessors who are new staff members and/or new to HMIS.)
 - ii. Coordinated Entry Theory Training
 - iii. Coordinated Entry HMIS Training
 - iv. Diversion Theory Training (*if applicable*)
 - v. Diversion HMIS Training (*if applicable*)
 - d. Complete any associated task lists assigned by the Trainer on the Systems Change Team.

²¹ SAP Litmos is the learning management system used by the TX BoS CoC to conduct trainings.

- Once all training items are completed and verified, the Assessor will gain access to enroll households into CE in HMIS.

Access Process Flowchart

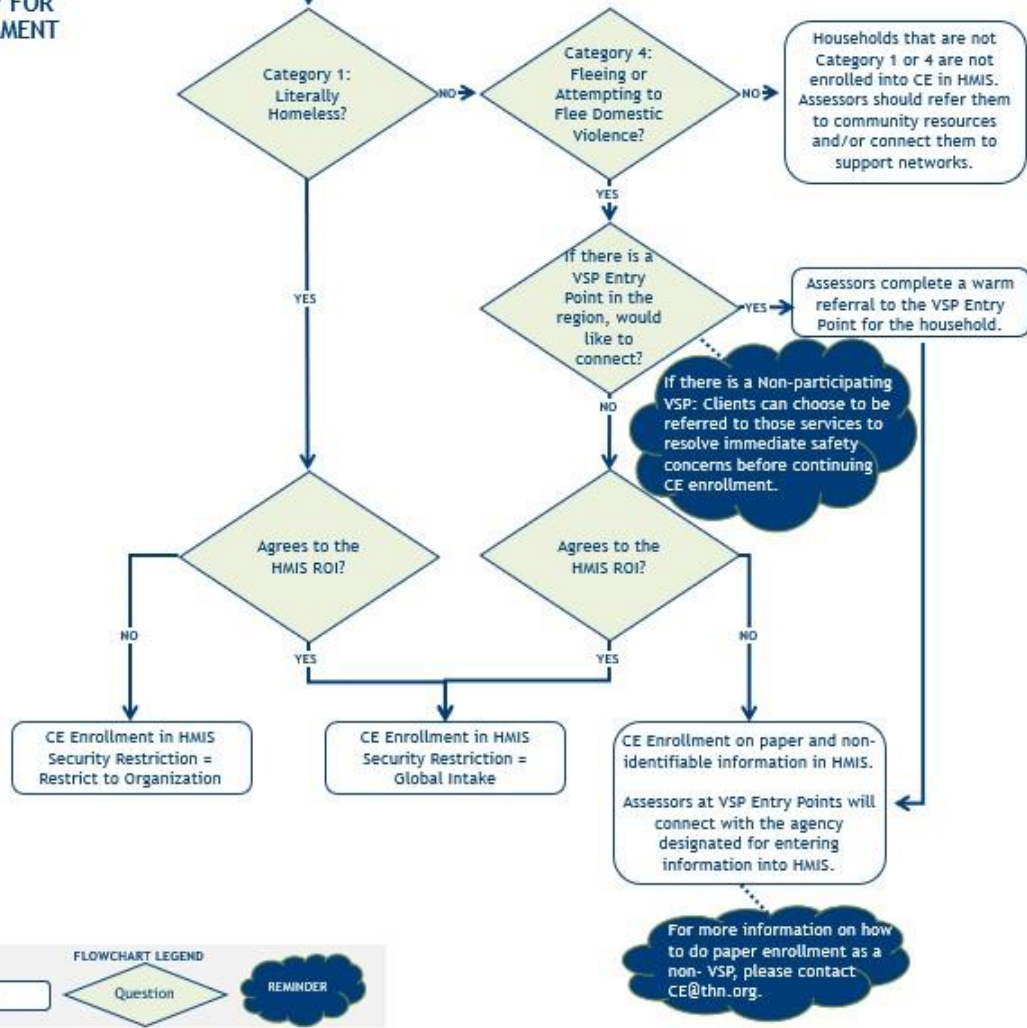
INTRODUCTION



DIVERSION

Diversion conversations and workflow (in HMIS) for up to 14 days.

ELIGIBILITY FOR CE ENROLLMENT



Introduction

Assessors should use a trauma-informed and crisis resolution approach when assisting households presenting for services at an Entry Point. This includes welcoming the household, understanding the household's situation, and explaining the Assessor's role in helping the household that day. In addition, the Assessor must provide an opportunity for the household to seek services from a VSP and an explanation about [the role of HMIS, the HMIS Privacy Policy and HMIS ROI](#).

If the household has an immediate safety concern, the Entry Point must provide options to the client for how they would like to proceed with this process. This includes ensuring a private location for the household while staff members attempt to connect them to a local hotline or VSP for immediate support and/or help, if the survivor is interested in being connected to these services. Additional options include whether the household would like to be connected to the CE process later when the immediate safety concern has been addressed. Entry Point staff should allow the household to determine whether they want to continue with the CE enrollment at this time or seek out support from the VSP first. How the household moves forward with CE or is connected with outside resources should always be led by client choice. Entry Points may also assist households in safety planning, a process further described in the "Serving Survivors" section. [Referral to a Victim Service Provider \(VSP\)](#)

When households present for services at an Entry Point, there is an opportunity for households to seek specific support and assistance from a local VSP.

In general, the Systems Change Team at THN recommends that all CE regions have at least one VSP serving as an Entry Point to prevent delays for survivors attempting to access CE. For regions where there is a VSP Entry Point, a template script for Assessors is:

"Everyone deserves safe and healthy relationships, if you are concerned about your safety, there are programs that may be able to provide you with more information, support and assistance. Would you prefer me to connect you with someone at that program to learn more about what they offer and to continue with Coordinated Entry at that agency instead? Or would you like to talk through the risks and safety considerations by continuing with the CE process with my organization?"

In regions where there is not a VSP Entry point, a template script for Assessors is:

"Everyone deserves safe and healthy relationships, if you are concerned about your safety, there are programs that may be able to provide you with more information, support and assistance. Would you prefer me to connect you with someone at that program that can provide more information about the specific types of support and assistance they are able to offer, instead of continuing with CE at this time, in order to address your immediate safety needs first?"

It is recommended that Assessors, whether there is a VSP Entry Point in the region or not, provide information for the National Domestic Violence Hotline (NDVH) when applicable. This can be in the form of offering the number to the client, asking if it is safe for the survivor to take that information with them on a piece of paper and/or to have Entry Points post local Victim Service provider/ NDVH posters in their offices and/or bathrooms.

Entry Points complete a warm referral in real time, if the household would like that referral. A warm referral may look like calling a local VSP to introduce and connect the household to that agency. Some regions already have protocols in place to connect households to a local VSP from an Entry Point.

If a household wishes to proceed through the CE enrollment process after a warm referral has been completed, Assessors can restart the CE workflow in HMIS with the household. If households determine not to seek services to a VSP, then Assessors continue with the CE process.

Reviewing HMIS and Privacy Protections

Assessors at all Non- VSP Entry Points must describe HMIS and discuss privacy protections with the household before opening and using HMIS. For additional guidance on how to describe HMIS and privacy protections, please contact HMIS@thn.org.

Non-VSP Assessors must also review the TX BoS CoC HMIS ROI with the household. The HMIS ROI is a contract presented to a household for them to authorize or deny having their PII shared with all agencies using HMIS in the TX BoS CoC. The HMIS ROI, once signed, is authorized for seven (7) years past the date of original signature. If seven (7) years have passed and the household continues to access services at agencies that are using HMIS, the TX BoS CoC HMIS ROI must be signed again, and a new date entered on the client profile. If a client changes their mind about the ROI at any point, they also have the ability to cancel their

ROI, by submitting the Client Release of Information Cancellation Form. This does not mean that their information will be deleted from the system; however, their information will become restricted and unavailable to any agency other than the one which collected their information in the first place.

Staff are encouraged to revisit the ROI with clients, particularly in situations where new/ heightened safety risks arise and/or circumstances change that may necessitate their information being restricted.

Assessors at VSP Entry Points are not required to review the HMIS ROI with clients; however, they need to provide an overview of what Coordinated Entry and Case Conferencing are and the client's rights under both prior to beginning the Coordinated Entry enrollment process. As a reminder, VSPs cannot discuss and share information about a household with other agencies without a time-limited, topic-specific, survivor-informed, and written release signed by the household member. For additional guidance on describing Coordinated Entry and Case Conferencing to clients at VSP Entry Points, please contact THN Systems Change staff at ce@thn.org and the Texas Council on Family Violence staff at <https://tcfv.org/contact/>. HUD permits providers to use and disclose information without consent in specific situations provided that the HMIS ROI clearly articulates the use and disclosure. In the TX BoS CoC, the following uses of PII are permissible without consent:

- Provision of or coordination of services
- Carrying out administrative functions
- Payment or reimbursement functions
- Meeting legal requirements
- Averting serious threats to health or safety
- Research purposes
- Reporting abuse, neglect, or domestic violence for children, the elderly, and people with a disability

Assessors will enroll households into CE differently depending on their response to the HMIS ROI and whether the Entry Point is a VSP. VSP Entry Points are statutorily prohibited from entering information into HMIS.²² This restriction should not prohibit VSPs' full participation in CE. VSP Entry Points will work with the agency designated for entering information into HMIS to complete CE enrollment in HMIS, and this process is further described in the ["Victim Service Provider \(VSP\) Entry Points"](#) section.

Diversion

In the Texas Balance of State CoC, Diversion is a strategy utilized to connect unhoused households to resources already available to them, without having to enter the Housing Crisis Response System. Homelessness prevention is the strategy used to connect those at-risk of homelessness to the resources they need to prevent them from falling into homelessness.

Entry Points must attempt Diversion with every household presenting for services. When households seek housing crisis services, such as emergency shelter, Diversion helps them identify immediate alternate housing arrangements and, if safe and appropriate, connects them with resources to support their return to permanent housing. Diversion is a strategy that is not always dependent on funding to be successful; for example, sometimes mediation is the only thing needed to get someone back into their housing. It is often a series of conversations and problem-solving strategies. Diversion serves to assist households in quickly resolving their housing crisis and avoiding prolonged homelessness so that community resources are prioritized for households most in need of intensive housing services.

Diversion may take up to two weeks after a household presents for services. During this time, Assessors, case managers, or other staff continuously engage in problem solving conversations with households and develop a plan for them to exit homelessness rapidly.

While Diversion is attempted with all households, not all will be able to quickly resolve their housing crisis. Households can always access emergency services if they are eligible and would like a referral.

²² United States Department of Housing and Urban Development. (2015). *Coordinated Entry and Victim Service Providers FAQs*. <https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf>

Diversion does not prevent people from accessing services. In cases where the household is experiencing chronic

homelessness or has had multiple engagements with the housing crisis response system, it may be appropriate not to attempt Diversion with them. We recommend that the Assessor and household evaluate the circumstances together and remember that it is the household's choice whether or not to engage in Diversion.

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Assessors should conduct Diversion without having a computer open to fully engage with the household and record the conversation in HMIS afterwards. Although Diversion is a process, it is documented as an enrollment in HMIS. Assessors must exit a household from their Diversion enrollment for the following reasons: A household resolved their housing crisis within or at two weeks of appearing at an Entry Point; Assessors could not contact the household two weeks after they appeared at the Entry Point; or a household has not resolved their housing crisis and still needs further assistance two weeks after they appeared at an Entry Point.

Receiving Agencies funded by the SSVF Program also conduct Diversion in the form of Rapid Resolution for project enrollment. While the intent of Rapid Resolution is the same as Diversion, the guidance and expectations of the VA regarding data collection in HMIS for Rapid Resolution is different from the Diversion Workflow of the TX BoS CoC CE process. This guidance can be found in the Department of Veteran Affairs Data Guide for FY2020 and Supportive Services for Veteran Families Rapid Resolution Service Compliance Guidance. Where Receiving Agencies funded by the SSVF Program are also Entry Points, the expectation is that an eligible Veteran household has access to Rapid Resolution services before being referred to SSVF or other veteran specific resources. For more specific guidance on Rapid Resolution, please contact TXBoSCoC@thn.org.

Eligibility for Coordinated Entry (CE) Enrollment

While all households at risk of or experiencing homelessness can access Entry Points, only individuals and families who are literally homeless or fleeing or attempting to flee domestic violence can complete a CE enrollment. Literally homeless and fleeing or attempting to flee domestic violence are Categories 1 and 4 respectfully of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) "Homeless" definition.²³ Definitions for these two categories are explained in the following two tables. Households that are not literally homeless or fleeing domestic violence should be connected with other community and mainstream resources and encouraged to connect with their social support networks, including family, friends, or co-workers.

The TX BoS CoC is working to expand CE enrollment in the future to assist households at imminent risk of homelessness and households defined as homeless under other Federal statutes, Categories 2 and 3 respectfully of the HEARTH "Homeless" definition.

²³ Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless". 76 Fed. Reg. 75994 (December 5, 2011) (to be codified at 24 C.F.R. pts. 91, 582, and 583)

Category 1 - Literally Homeless

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

Category 4 – Fleeing or Attempting to Flee Domestic Violence

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

It is important to note that youth may be defined in Category 4 if they are fleeing or have fled their household due to violence that has taken place in the house or has made them afraid to return to the house. Additionally, to qualify under Category 4, the youth must have no safe, alternative housing, resources or support networks to maintain or obtain permanent housing.²⁴

If a household meets the HEARTH Homeless definition for Category 1 or 4 **and** their housing crisis is not resolved through Diversion, which may take up to 14 days, they are eligible for CE enrollment. Next, Assessors describe CE, its purpose and local process for the household, and the household confirms whether they would like to enroll into CE.

Suspended Households

In many cases households suspended or banned from agencies will not be able to readily access many needed services because of the suspensions or bans in place. If a household is not allowed to enter the Entry Point(s) in their region, they should still be assisted with a CE enrollment and referrals. Connecting households to resources is a must and should not be dependent on suspensions or bans. For the most at risk household to receive services, it is advised for agencies to continue participating in mediation conversations with households with current suspensions/bans when possible.

An example of an action plan can be: A

household is mentioned in a Case Conferencing and/or in the monthly CEPE meeting as being banned or suspended from services at an Entry Point. The CEPE decides to designate a separate Entry Point or street outreach associate to assist the household with an enrollment either by doing an enrollment in a location the household can access or by allowing the household to enter the property from which they are suspended or banned solely for CE enrollment purposes. The household should be clearly guided to that entry solely for that purpose for the region to assist them in the best way possible with the current situation at hand.

Each region must create an action plan in order to assist households with suspensions or bans through CE and list such in their regional CE policies and procedures.

Regions must ensure that all people who are experiencing literal homelessness or fleeing or attempting to flee domestic violence have fair access to CE enrollment, regardless of the location or method by which they access the system.

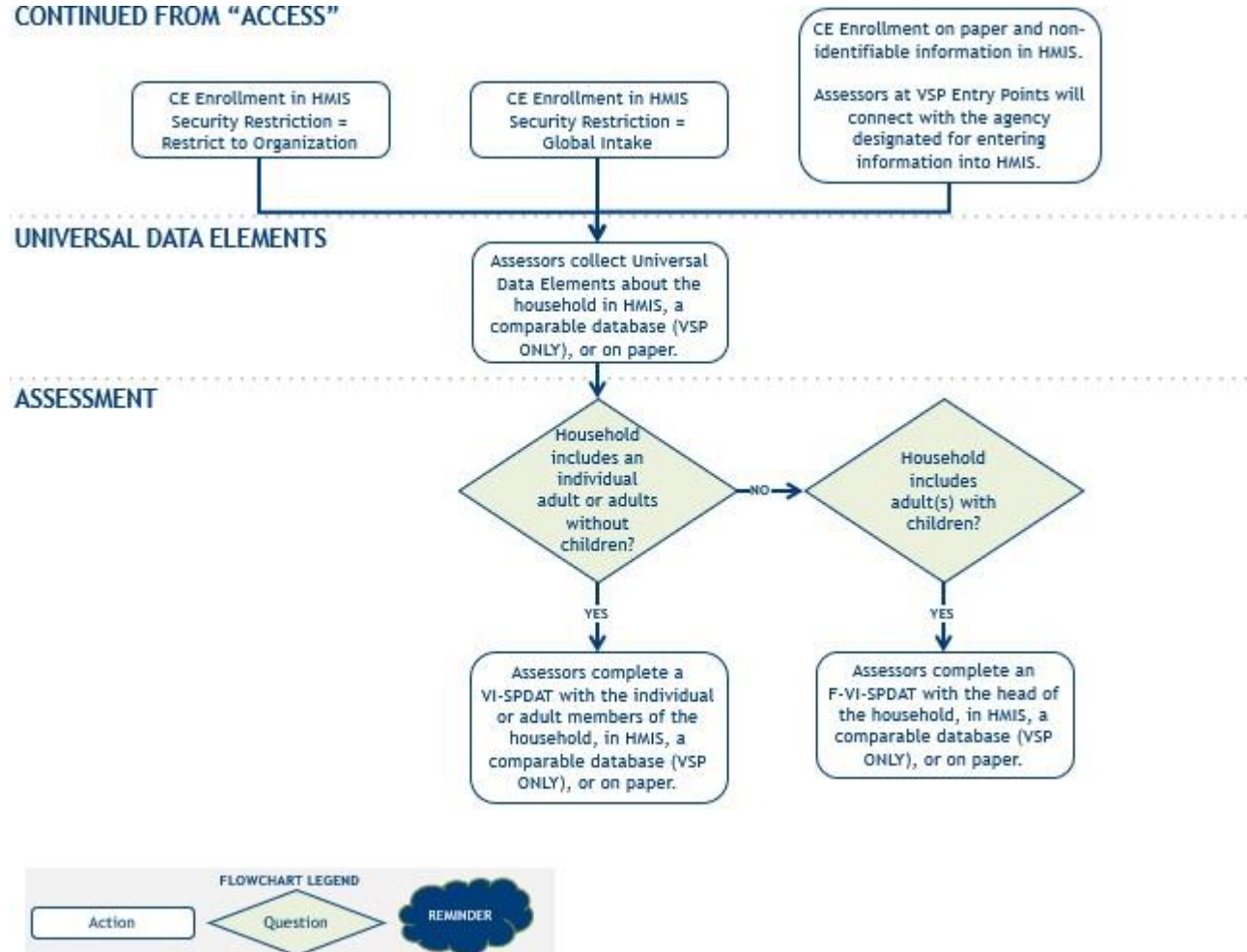
²⁴ Department of Housing and Urban Development. (2015). *Determining Homeless Status of Youth*. <https://www.hudexchange.info/resource/4783/determining-homeless-status-of-youth/>

Assessment

This section describes the standardized assessment process used by Entry Points in the TX BoS CoC. The assessment process for CE includes three main steps: enrolling the household into CE, collecting HMIS Universal Data Elements, and completing the assessment. These steps are illustrated in the following flowchart and described thoroughly in the sections after the flowchart.

Assessment Process Flowchart

CONTINUED FROM "ACCESS"



Enrolling the Household into Coordinated Entry

After Assessors determine that a household is eligible for CE enrollment and that household confirms they would like to enroll into CE, Assessors enroll the household into CE. Enrollment will either happen in HMIS or on paper (and entered into a comparable database- if applicable) if the Assessor is at a VSP. Households have the right not to answer any questions during the enrollment, and Assessors must remind households of this right.

For households fleeing or attempting to flee domestic violence, there are a few options for CE enrollment.

- If the household are presenting at an Entry Point that is not a VSP and agreed to the HMIS ROI, they may choose to stay at that Entry Point and Assessors will complete CE enrollment in HMIS.
- If the household are presenting at an Entry Point that is not a VSP and they did not agree to the HMIS ROI, but they choose to remain at the Entry Point to complete the CE enrollment, the household will have their data Restricted to Organization. This means that their enrollment data will only be accessible by the organization currently gathering their information. Assessors should discuss with the client that their name will be visible on the Housing Priority List though. If the client has concerns with this, Assessors are encouraged to utilize the DV workaround process

(explained in the [“Collecting HMIS Universal Data Elements” section](#)) to de-identify the client data before entering into HMIS. For more guidance on how to have these conversations and/or on the process for deidentifying data, please contact ce@thn.org.

- If the household is presenting for services at a VSP Entry Point, Assessors complete a CE enrollment on paper. They will then utilize the process outlined in the [“Collecting HMIS Universal Data Elements” section](#) and connect with the agency designated to enter the data into HMIS. In HMIS, the household will have de-identified first and last names and only information pertinent for matching the household to and prioritizing them for resources and services for which they are eligible and would like a referral. VSPs are statutorily prohibited from entering information into HMIS.²² Regional CE policies and procedures must describe the process of coordinating between VSP Entry Points and other Entry Points.

For households who are literally homeless, Assessors complete CE enrollment in HMIS. If the household did not agree to the HMIS ROI, Assessors must set the security restriction in HMIS to “Restrict to Organization” for that household’s CE enrollment.

Entry Points can only use paper forms for CE enrollment if the household is fleeing or attempting to flee domestic violence and did not agree to the HMIS ROI **or** if the Assessor is completing an enrollment during Street Outreach. Assessors completing CE enrollments on paper during Street Outreach must contact the Systems Change Team at THN for a copy of the paper enrollment. **Assessors completing a paper CE enrollment must follow the [timeliness requirements](#) set by the TX BoS CoC for entering data into HMIS.**

In addition to following [civil rights and fair housing laws and regulations](#), the TX BoS CoC prohibits any Entry Point from screening out people from CE enrollment, referrals, etc. due to perceived barriers to housing or services, including, but not limited to:

- Too little or no income,
- Active or a history of substance use,
- The type or extent of a disability-related services or supports that are needed,
- History of evictions,
- Poor credit,
- Lease violations or history of not being a leaseholder,
- Criminal record, or
- Being a member of any protected class including race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, or marital status.

Victim Service Provider (VSP) Entry Points

Regions must designate an agency for entering information into HMIS for VSP Entry Points, and this designation must be included in their regional CE policies and procedures. This agency should be supported by the region with data entry requirements depending on volume of households presenting for assessment. There is an equal expectation of real-time data entry.

However, should there be time or capacity issues and the information is not entered immediately, Assessors at VSP Entry Points and the agency designated for entering information into HMIS must follow the [timeliness requirements](#) set by the TX BoS CoC for entering data into HMIS.

Because Assessors at VSP Entry Points complete CE enrollment on paper, they will contact the agency designated for entering information into HMIS to provide information about the household after assisting them. Assessors at VSP Entry Points provide only information pertinent for matching the household to and prioritizing them for available housing programs for which they are eligible and would like a referral. The next section provides specific details on how to respond to specific data elements in HMIS for these households. [The Data Transfer Form is hyperlinked here](#) and also listed at the end of this document (Appendix K).

Collecting HMIS Universal Data Elements

Assessors collect HMIS Universal Data Elements for all households enrolling into CE. Households have the right not to answer any questions during the enrollment, and Assessors must remind households of this right. HMIS Universal Data Elements are elements required by HUD and the TX BoS CoC to be collected by all projects participating in HMIS, regardless of their funding sources. They are marked with a red

asterisk in HMIS. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, for accessing services from homeless assistance projects, for understanding the basic demographic characteristics of people experiencing homelessness, and for understanding patterns of service use, including information on shelter stays and homelessness over time.

Assessors can also collect contact information for all households enrolling into CE. Although contact information is not required for the enrollment, it is information that is important during the referral process. The household can also provide additional contacts, such as family, friends, or case managers, who can help locate the household if a Participating Agency is unable to contact them at a later time. Before an additional contact is entered into HMIS, Assessors must confirm with the household that they provide consent for the Assessor and other HMIS users to contact the additional contact if the household cannot be located.

Regardless of whether the Entry Point is a VSP, Assessors do collect HMIS Universal Data Elements for households fleeing or attempting to flee domestic violence who did not agree to the HMIS ROI. The table on the following two pages outlines how Assessors must respond to the HMIS Universal Data Elements, with the majority of responses being “Data Not Collected”.

Assessors must also collect information for five extra data fields, which are **not** marked by a red asterisk, to assist with the referral process. These fields include:

- Special Population Score – this is a field for the household’s assessment score.
- “What is the minimum number of bedrooms you need?”
- Phone Number – If the household chooses to, they may share a phone number of an appropriate contact, like a case manager or advocate at a VSP.
- Unmet Needs

Regions must maintain a list of households that are fleeing or attempting to flee domestic violence and did not agree to the HMIS ROI. They may use the “Local Coordinated Entry HMIS Tracking Sheet” ([Appendix J](#)) to record a household’s de-identified first and last names and their ClientTrack Client ID. This list should be used during Case Conferencing meetings to facilitate the matching and staffing of referrals.

Data Element	Universal Data Element	Response
Name	3.01	First Name: Last Two Digits of the Year + hyphen + a unique four-digit number without space The unique four-digit number can be created with any method the Provider chooses. If a Victim Service Provider is using OSNIUM or a similar database, an abbreviated version of the OSNIUM number given to the household can be used as the unique four-digit code. For example: 23-1234 Last Name: Number assigned to the Victim Service Provider Entry Point by the TX BoS CoC. NOTE: This data element must be entered in the same way, with the same spelling by every user. Example Full name: 23-1234 607001
Social Security Number	3.02	Data Not Collected
Date of Birth	3.03	Data Not Collected
Race	3.04	Data Not Collected
Ethnicity	3.05	Data Not Collected
Gender	3.06	Data Not Collected
Veteran Status	3.07	Data Not Collected – if the household chooses not to identify Yes – if the household chooses to identify
Disabling Condition	3.08	Data Not Collected
Project Entry Date	3.10	Date
Project Exit Date	3.11	Date
Destination (upon getting housed, i.e., exiting from CE)	3.12	Data Not Collected
Relationship to Head of Household	3.15	Data Not Collected
Living Situation	3.917, Field 1	Data Not Collected
Length of Stay in Prior Living Situation	3.917, Field 2	Data Not Collected
Did you stay less than 90 days?	3.917, Field 2A – for Institutional Situations	Data Not Collected
Did you stay less than 7 nights?	3.917, Field 2B – for Housing Situations	Data Not Collected
On the night before, did you stay on the streets, Emergency Shelter (ES), or Safe Haven (SH)?	3.917, Field 2C – for yes to Field 2A or 2B	Data Not Collected

Data Element	Universal Data Element	Response
Data Element	Universal Data Element	Response
Approximate date homelessness started:	3.917, Field 3	Data Not Collected
Total number of times homeless on the streets, in ES, or SH in the past three years including today	3.917, Field 4	Data Not Collected
Total number of months homeless on the street, in ES, or SH in the past three years	3.917, Field 5	Data Not Collected
Special Population Score	Not a Universal Data Element. This is a special data field for entering the assessment score for a household.	VI-SPDAT or F-VI-SPDAT score total
What is the minimum number of bedrooms you need?	Not a Universal Data Element. This information is critical for projects in assisting a household.	#
Phone Number	Not a Universal Data Element. This information is critical for projects to contact an appropriate party for assisting the household.	Phone number of the appropriate contact, e.g., Case Manager at the Victim Service Provider and/or the survivor, if they elect to share that information
Referrals	Not a Universal Data Element. This information is critical for linking the household to housing resources in the community.	Service: Transitional Housing, Rapid Re-Housing, or Permanent Supportive House Provider Name: The name of the provider who operates Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing
Unmet needs	Not a Universal Data Element. These data elements assist with real-time gaps analysis. Reasons for unmet needs include not meeting eligibility requirements or the resource does not exist in the community.	Unmet Permanent Supportive Housing Unmet Rapid Re-Housing Unmet Transitional Housing

Completing the Assessment

In the TX BoS CoC, Assessors use two assessment tools depending on the household's composition: The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) version 2.0 and the Family-Vulnerability Index-Service Prioritization Decision Assistance Tool (F- VI-SPDAT) version 2.0. Households have the right not to answer any questions during the enrollment, including questions on the assessment tool, and Assessors must remind households of this right. For more guidance on how to complete an assessment in HMIS and how to describe the two assessment tools, please contact the Systems Change Team at ce@thn.org

Assessors can complete the VI-SPDAT and F-VI-SPDAT on paper for households fleeing or attempting to flee domestic violence who did not agree to the HMIS ROI. Assessors at VSP Entry Points may enter this information in a comparable database in addition to informing the agency designated for entering

information into HMIS in their region. Assessors can also complete the VI-SPDAT and F-VI-SPDAT on paper for any household only during Street Outreach. **Assessors completing a CE assessment on paper must follow the [timeliness requirements](#) set by the TX BoS CoC for entering data into HMIS.**

The VI-SPDAT and F-VI-SPDAT

The [VI-SPDAT](#) and [F-VI-SPDAT](#) are publicly available assessment tools created by OrgCode Consulting Inc. The VI-SPDAT must be completed with single individual households or each adult member of households without children, and the F-VI-SPDAT must be completed with households that have adults accompanied by children. These tools provide a standardized analysis of risk and other objective assessment factors which are scored within the tool.

Assessors use the score to assist in matching households to the most appropriate housing intervention and to assist in prioritization, or the process by which all persons in need of assistance who use CE rank in order of priority (See [“Prioritization”](#) section). The scoring breakdown is as follows:

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

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

The developer of the VI-SPDAT and F-VI-SPDAT did not include Transitional Housing (TH) in the scoring rubric.²⁵ The TX BoS CoC has included TH in the Rapid Re-Housing (RRH) score range due to the time-limited nature of the intervention as well as the service intensity. Ultimately, it is the household’s decision whether to have a referral sent to RRH and/or TH services for which they are eligible. When matching households to their recommended housing interventions, it is always based on client choice. Where options exist, it is not permissible to make the decision that a household would be better for TH over RRH or vice versa.

Exceptions to Matching

A household may be referred to an intervention less intense than the one for which they are eligible if:

- The recommended intervention does not exist in the community,
- The household is not eligible for the matched intervention that does exist, or
- The household does not want that level of assistance.

For example, if a household scores for Permanent Supportive Housing (PSH) but there is no PSH available, RRH or TH can be offered to the household. While this is an option in communities, it is important to note that this should be evaluated on a case by case basis to ensure that clients are referred to programs where they are most likely to be successful. The following charts illustrate making an exception to a match for a housing intervention by referring to a lower housing intervention that best suits the household if needed. However, agencies cannot refer to a higher housing intervention than what the household scored. For instance, if a household scores for RRH, they cannot be placed in a PSH program. Instead, a household that received a score that matches that intervention must fill that PSH spot.

²⁵ OrgCode Consulting, Inc. (n.d.) *Service Prioritization Decision Assistance Tool (SPDAT) – Frequently Asked Questions*. http://www.coordinatedentry.com/uploads/2/9/8/5/29850959/spdat_faqs.pdf

VI- SPDAT



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

F-VI-SPDAT



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

Again, it is important to remember the client's choice in all matching and exceptions to matching. Assessors must explain the housing intervention available in the community to the household and allow the household to determine whether they would like that match to occur. Clients should not be referred to interventions that do not exist in a community.

Reassessments

Reassessments are a crucial part of a functional CE system. Reassessments ensure a household's information is as up-to-date and accurate as possible. Assessors will inform households about the need for reassessment during their initial CE enrollment.

Households must be assessed again when one of the following circumstances occurs:

- A household's composition has changed, e.g., the number of household members has increased or decreased.
- The housing status has changed, e.g., the household went from a sheltered to an unsheltered sleeping location.
- More than six months has passed since the initial assessment.
- The household now has a diagnosed disabling condition, which they did not have previously.
- An assessment review request has been approved by the CEPE or Systems Change Team at THN.

It is not appropriate to move a household from the [Housing Priority List](#) to an [inactive](#) list solely because they have not been re-assessed as recommended by this document. It is mandatory for providers to offer reassessment as appropriate but not for households to consent to re- assessment.

Assessment Review Request

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. Households may ask Assessors or staff members at a Participating Agency to submit an assessment review request on their behalf.

Regional CE policies and procedures must include the local process for submitting an assessment review request to the CEPE and the process for the CEPE to review and respond to the request. Assessment review requests must be triaged based on the urgency of the discrepancy. At minimum, the CEPE must notify the household requesting the review about the planned action and appeal procedure outcome within ten (10) business days of their submitting the assessment review request.

The Systems Change Team at THN created an assessment review request form template ([Appendix G](#)) for CEPEs to use, if they do not create one of their own or if needed. At minimum, CEPEs must have a method to gather assessment review requests in writing.

Assessment review requests that are sent to CEPEs and require an [appeal](#) may be escalated to the Systems Change Team at THN. Staff members and/or agencies that have a high volume assessment review requests may be asked to complete additional training by the TX BoS CoC.

Grievances

A grievance is an official statement of complaint regarding a household's experience in the CE process. During their CE enrollment, households must be notified of their right to submit grievances including non-discrimination complaints of their Assessor, agency, or region.

Regional CE policies and procedures must include the process for households submitting grievances to the CEPE and for the CEPE to review and respond to grievances. The Systems Change Team at THN created a grievance form template ([Appendix H](#)) for CEPEs to use, if they do not create one of their own or if needed. At minimum, CEPEs must have a method to gather grievances in writing.

Grievances for CE that are sent to CEPEs and require an [appeal](#) may be escalated to the Systems Change Team at THN. Staff members and/or agencies with a high volume of households submitting grievances may be asked to complete additional training by the TX BoS CoC.

Appeals

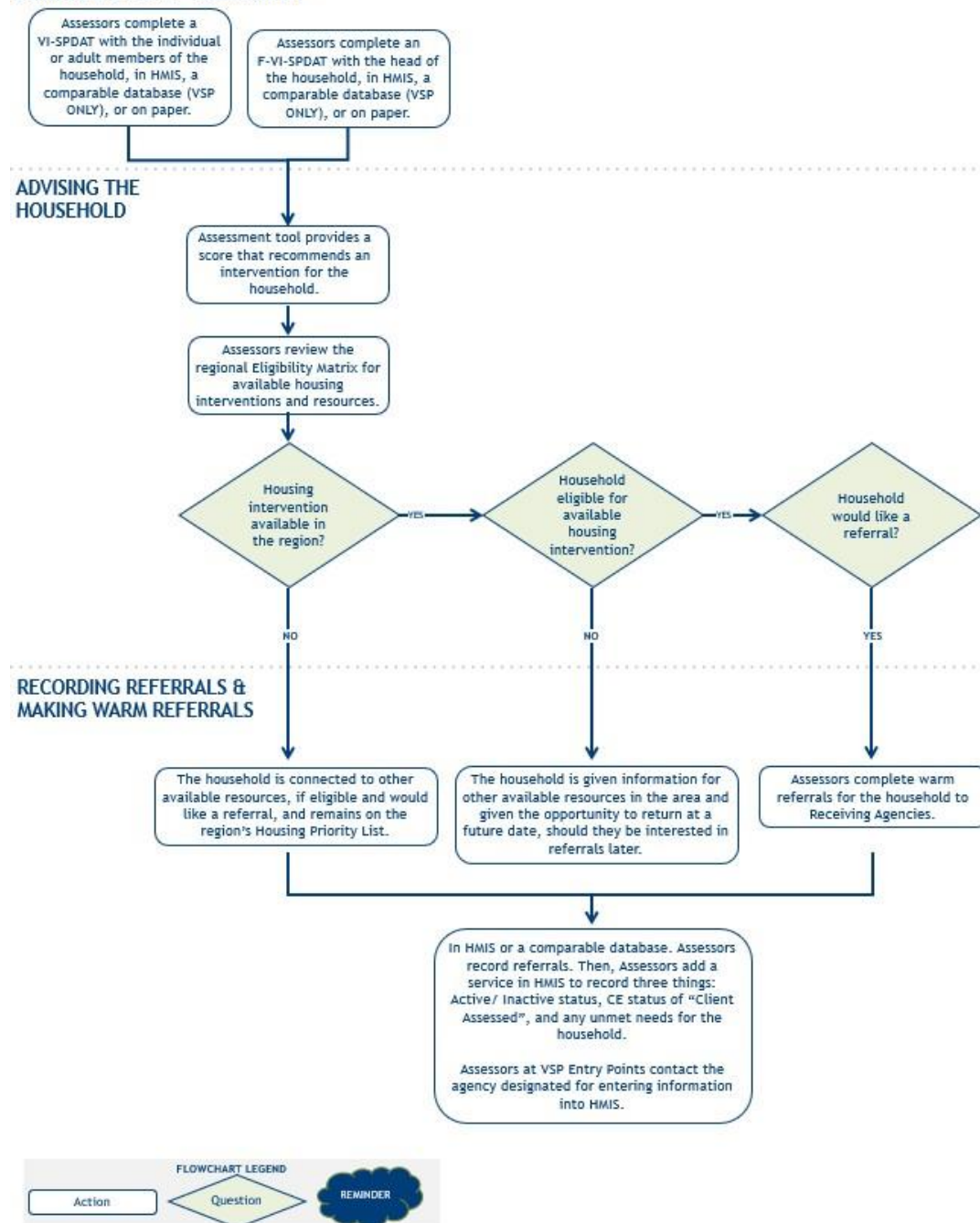
If households, Assessors, or staff members have a concern with the result of an assessment review request that was originally submitted to their CEPE, they can submit an appeal to the Systems Change Team at THN. Staff will review the request within ten (10) business days and give a response and/or direction to the CEPE. The Systems Change Team at THN created an appeals form template ([Appendix I](#)) for households, staff, Assessors, etc. to use in regional CE policies and procedures if needed.

Referrals

According to HUD Notice CPD-17-01, CoCs must establish and operate a uniform and coordinated referral process for all beds, units, and services available at participating projects.² This section describes the referral process in the TX BoS CoC, which involves all Participating Agencies. There are multiple steps in the process, from advising the household about services and programs to recording a referral to making a warm referral. These steps are illustrated in the following flowchart and described thoroughly in the sections after the flowchart.

Referral Process Flowchart

CONTINUED FROM "ASSESSMENT"



Advising the Household

After Assessors complete an assessment for a household, a housing intervention is recommended for that household based on their assessment score. To review the scores and their corresponding intervention, please reference [“The VI-SPDAT and F-VI-SPDAT”](#) section. Assessors must not share the score with the household, only the recommended intervention. Assessors use their region’s [Eligibility Matrix](#) to understand what housing interventions and resources are available in the region and the eligibility requirements for those housing interventions and resources. Assessors and households discuss the recommended intervention, whether the intervention exists in the community, and if it does exist, whether the household is eligible.

Households choose to which housing interventions and/or resources they would like to be referred. Referrals are only made to the projects and/or agencies with which the household would like a referral to. Assessors must ensure that referrals are appropriate based on the region’s resources and the household’s general eligibility for those resources (Assessors may not know full eligibility requirements for each program, so this is primarily referring to VI-SPDAT score and/ chronic homeless status) and accurately record the referral in HMIS (see [“Recording Referrals”](#) section). Assessors must also ensure that households know the referrals being made and are aware of next steps in accessing the programs and/or services to which they were referred.

Eligibility Matrix

An Eligibility Matrix, mentioned in the section above, is 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 attending to flee domestic violence, and other supportive services, regardless of an agency’s participation in the local CE process. An Eligibility Matrix is a critical piece of the referral process, assisting Assessors in providing the most accurate description of a project and determining whether a household meets the eligibility criteria or project-specific requirements.

Each region completes and manages an Eligibility Matrix. It must include all agencies, their eligibility requirements, location (if available), and contact information. It is also a living document which is updated as changes happen in the region. Because the Eligibility Matrix is critical in connecting households to appropriate and available resources, it is essential that the Eligibility Matrix is updated frequently by the region, and that Assessors are using the most recent version of their region’s document. The most recent version of their region’s Eligibility Matrix is located in [their region’s Google Drive folder](#).

Recording Referrals

After discussing and confirming with the household about programs and/or services for which they would like a referral and are eligible, Assessors record these referrals in HMIS. For more information on how to complete this process, please contact ce@thn.org.

For VSP Assessors that are completing a paper CE enrollment, they may record referrals down on paper or in a comparable database. To ensure client confidentiality, VSP Assessors are not required to include this information when providing information to the agency designated for entering the information into HMIS. Instead, the Systems Change team recommends that they maintain records of the referrals that were sent in order for the staff to track any trends within the types of referrals that clients are receiving.

Provider 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 TX BoS CoC. Provider profiles are created in HMIS for agencies regardless of their participation in HMIS. As a result, Assessors can record referrals for Receiving Agencies with **and** without access to HMIS. If a Receiving Agency has access to HMIS, they can find a list of referrals recorded for their agency in the Provider Workspace in HMIS. Provider profiles created in HMIS for Receiving Agencies without access to HMIS are known as “Ghost profiles”, and these agencies are not able to view their referrals in HMIS.

Ghost profiles are provider profiles in HMIS for Victim Service Providers that are not permitted to access HMIS and Non-Participating Agencies. Assessors can record a referral made to these agencies by using a Ghost Profile, with the understanding that these agencies will not be able to see referrals made to them in HMIS. As a result, it is essential that Assessors complete warm referrals. This can be making a

phone call referral in real time, preferably with the household present.

If a staff member at a Participating Agency does not see a provider profile for an agency in their region, they can contact the HMIS team at hmis@THN.org with the agency's name, address, contact information, and services provided. All Participating Agencies can contact the Systems Change Team about updates and changes to any provider profile.

Regions can use recorded referrals to understand the frequency and volume of referrals made to different providers across the region. This can help the region in cultivating partnerships across agencies and sectors to further collective impact to end homelessness locally. CEPE meetings can also be an ideal setting for regions to discuss and analyze referrals. With information about referrals made through the local CE process, agencies can better prepare for funding applications, track system performance measures, illustrate how needs are being met, and explain the gaps and needs for their region. A great example of illustrating the results of and gaps in the local CE process can be found with the [United Way of Denton's data dashboard for the Denton region](#).

Making Warm Referrals

Assessors making referrals to Receiving Agencies should make every effort to connect the household to a contact at the Receiving Agency, regardless of the Receiving Agency's access to HMIS. At minimum, this involves a warm referral where Assessors contact the Receiving Agency through a phone call to inform them of the referral, preferably with the household present. This improves understanding when the household presents at the Receiving Agency because the Receiving Agency knows about the referral beforehand. Additionally, Assessors should share any contact information the client permits with the receiving agency so they have a way to contact the client after the warm hand off. With this connection, referrals become more than just providing households with a list of places to go and providers to contact.

Using HMIS to Email Referrals

Assessors may use HMIS to email a Receiving Agency about a referral, regardless of the Receiving Agency's access to HMIS. This can **only** occur if a provider profile in HMIS for a Receiving Agency includes a contact name and email **and** if the Assessor chooses to email this contact in HMIS. Because not all provider profiles include a contact name and email, warm referrals are still critical.

Documentation

Making a referral for a household in HMIS is not contingent on the possession of key documents required by projects. Verifying documents is the responsibility of the agency or project to which the household is referred. However, Assessors must attempt to collect any documentation a household has, such as a diagnosis of a disabling condition or an SSI pay stub, and make a record of it in HMIS. Should the household not have documentation, Assessors must refer the household to local resources, if available in the region, which assist in obtaining documents.

Recording Unmet Needs

Unmet needs are services that would benefit the household that are either unavailable in the community due to funding or other circumstances, or the client is ineligible for those services. As a result, a user in HMIS cannot make a referral for that household for that specific need. Recording unmet needs is helpful in showcasing what gaps in services or programs exist in a region, especially for advocacy efforts and grant writing.

Assessors can record an unmet need during a household's CE enrollment, and any other HMIS user can record an unmet need using the "Services" menu in HMIS. Currently, the list of unmet needs in HMIS includes case management, emergency shelter, family shelter, last month's rent, mental health services, other, Permanent Supportive Housing, Rapid Re-housing, rental application fee, rental arrears, security deposit, substance use treatment services, Transitional Housing, transportation assistance, utility arrears, utility deposit, and utility payments.

Recording Statuses Outside of the Enrollment

After Assessors complete a household's CE enrollment, they add a service to indicate the household's CE status. Specifically, they add "Client Assessed" and "Active – Sheltered" or "Active – Unsheltered" as a service for the household to indicate that the household was assessed through a CE enrollment. This service is also visible to any HMIS user.

There are several other CE statuses that can be added to a household other than "Client Assessed". The TX BoS CoC uses the "Services" page in HMIS to track the progress of a household in CE. It is important for all Participating Agencies to update a household's CE status so that agencies can understand the household's progress in CE and the region can have an up- to-date Housing Priority List. Assessors at VSP Entry Points and the agency designated for entering information into HMIS work together to update the CE status of a household in HMIS. Case Conferencing can also be the ideal setting for all Participating Agencies to update the CE status of a household.

CE Statuses

In HMIS, several "CE Statuses" can be added as a service for a household, and they include:

Service	Definition and When to Use This Service
Client Assessed	The household was enrolled into CE and completed an assessment. An Assessor creates this service for the household after completing the CE workflow.
Client Accepted	The household accepted a housing referral.
Client Declined	The household declined a housing referral.
Client Deceased	The household is deceased.
Client Housed	The household is permanently housed. This service can be added by any HMIS user.
Contact Attempt #1 through #5	A Receiving Agency attempted to contact the household for a housing referral.
Unable to Contact Client	A Receiving Agency is unable to contact the household after conducting due diligence of contacting them (5 contact attempts over 10 business days).
Left the Area	The household themselves or a local staff member has informed the CE region that the household has left the area.
CE Reassessment	The household completed a new CE assessment following the re-assessment guidelines of the TX BoS CoC. The household may or may not have an existing CE enrollment.

Active/Inactive Statuses

In the TX BoS CoC, regions managing an up-to-date Housing Priority List can use the "Services" page in HMIS to track the [Active and Inactive status of a household](#). This service must be attached to the household's CE enrollment. For more information on how to complete this, please contact ce@thn.org.

Victim Service Providers, since they do not have access to HMIS, should work with the HMIS organizations in their region to ensure that statuses of their clients are up-to-date. Typically these update conversations will occur during case conferencing meetings.

Several different Active and Inactive statuses can be added as a service for a household, and they include:

Service	Definition and When to Use This Service
Active – Returned Sheltered	The household returned from inactive and is currently sheltered.
Active – Returned Unsheltered	The household returned from inactive and is currently unsheltered.
Active – Sheltered	The household is currently sheltered, and this is their first time making contact with the local housing crisis response system.
Active – Unsheltered	The household is currently unsheltered, and this is their first time making contact with the local housing crisis response system.

Service	Definition and When to Use This Service
Inactive – Deceased	The household is deceased. This status may occur at any point.
Inactive – Left the Area	The household themselves or a local staff member has informed the CE region that the household has left the area. This status may occur at any point.
Inactive – Missing	The household is inactive and their whereabouts are unknown.
Inactive – Non-Permanent Housing	The household is inactive and known to be in non-permanent housing (e.g. institutional setting).
Inactive – Permanent Housing	The household is inactive and in permanent housing.

Acknowledging a Referral

Receiving Agencies with access to HMIS must acknowledge a referral made to their agency within three (3) business days of the Entry Point making the referral. Acknowledging a referral means the Receiving Agency is aware that a referral has been made to them by an Entry Point. It does not mean that the Receiving Agency has agreed to accept the household into their program. In HMIS, Receiving Agencies can edit a referral, select a date for “Date Acknowledged” under the “Referral Outcome Information” section, and click “Save”.

Referrals recorded in HMIS to VSPs and/or Non-Participating Agencies cannot be acknowledged. As a result, it is important that Assessors complete a warm referral for the household to that agency.

Prioritization

This section describes the use of prioritization standards in the TX BoS CoC, specifically for projects funded by the CoC Program. It also provides recommendations for projects not funded by the CoC Program. This process is illustrated in the flowchart on the next page and described further in the sections following the flowchart.

Prioritization refers to the process by which all persons in need of assistance who access CE are prioritized for housing interventions. 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. There may be time in between when a referral for a household is made to when a project has availability. During this time and as mentioned before, regions must ensure [emergency services](#) are available to all households that are eligible for those services regardless of perceived vulnerability.

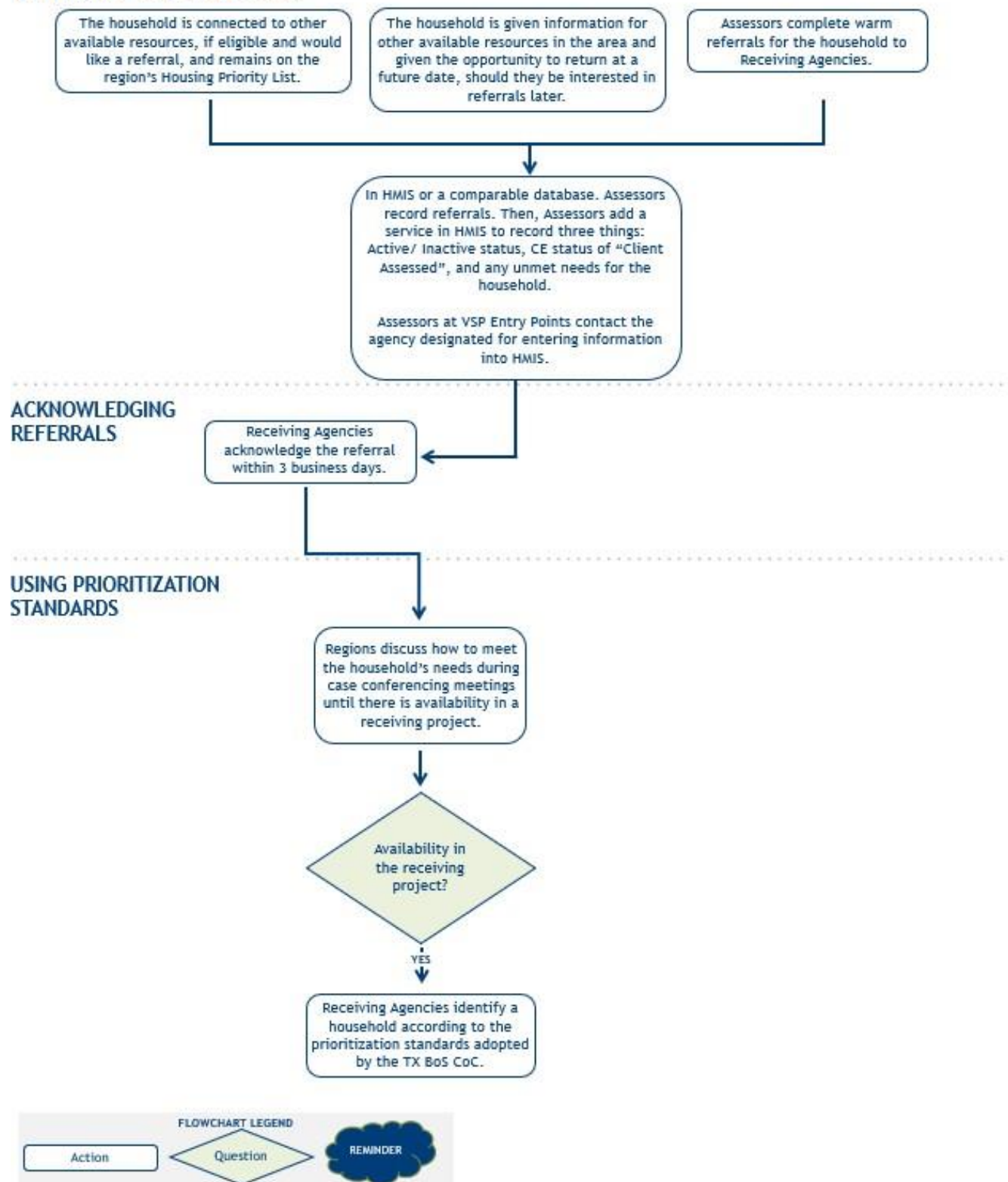
A prioritization process in a region can be implemented in various ways:

1. Receiving Projects can apply the prioritization standards for their housing intervention type to the referrals received in HMIS; or
2. Receiving Projects can apply the prioritization standards for their housing intervention type to the referrals received in HMIS; or
3. The region can prioritize availabilities in a collaborative approach through [Case Conferencing](#); or
4. A combination of the approaches above.

The prioritization process is determined by the CEPE and must be described in the regional CE policies and procedures. Participating Agencies must follow the procedure for prioritization outlined in their regional CE policies and procedures when a project has an opening.

Prioritization Process Flowchart

CONTINUED FROM "REFERRALS"



Prioritization Standards

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

CoC Program-Funded Rapid Re-Housing

The TX BoS CoC agrees with HUD that people with more severe service needs and levels of vulnerability should be prioritized for housing and homeless assistance available in the CoC, before those with less severe service needs and lower levels of vulnerability. This will assist households most likely to pass away on the streets, while not screening people out of receiving assistance. Therefore, the CoC Program-funded RRH projects in the TX BoS CoC must prioritize households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered sleeping location
- Households with the longest history of homelessness
- Households with the earliest enrollment date in HMIS or an HMIS-comparable database

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

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

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

For information on determining what percentage or amount of rent each program participant must pay while receiving RRH assistance, HUD publishes Fair Market Rents Guides on annual basis. The 2023 FMR can be found here: https://www.hud.gov/press/press_releases_media_advisories/hud_no_22_161

For more information please contact TXBOSCOC@thn.org

There may be instances in which a household with a score within the PSH range is referred to an RRH project. For instance, the household may be experiencing chronic homelessness.

According to the [TX BoS CoC Written Standards for Service Delivery](#), a household that scores for PSH may be referred to a RRH project. The project will follow the RRH prioritization standards, which means the household

that scored for PSH will be prioritized above households that scored for RRH. While this is an option in communities without available PSH spots, it is important to note that this should be evaluated on a case by case basis to ensure that clients are referred to programs where they are most likely to be successful.

CoC Program-Funded Permanent Supportive Housing

In the TX BoS CoC, all PSH projects funded by the CoC Program are dedicated to chronically homeless households, and the order of priority is listed below.²⁶

Priority	Description
First Priority	Chronically Homeless ²⁷ Individuals and Families ²⁸ with the Longest History of Homelessness ²⁹ and with the Most Severe Service Needs ³⁰
Second Priority	Chronically Homeless Individuals and Families with the Longest History of Homelessness
Third Priority	Chronically Homeless Individuals and Families with the Most Severe Service Needs
Fourth Priority	All Other Chronically Homeless Individuals and Families

According to the [TX BoS CoC Written Standards for Service Delivery](#), PSH projects must exercise due diligence when conducting outreach and assessment to ensure that households are served in the order of priority indicated above. However, if a household experiencing chronic homelessness cannot be found within a PSH project's coverage area after the project conducts due diligence in locating an available and eligible household, the project must notify the TX BoS CoC Lead Agency and obtain approval to provide a unit to a household not experiencing chronic homelessness prior to enrolling in that household. If approved, the project must comply with the following order of priority for households that do not meet HUD's definition of chronically homeless:

Priority	Description
First Priority	Homeless Individuals and Families with the Longest History of Episodic Homelessness, a Disabling Condition, and with the Most Severe Service Needs
Second Priority	Homeless Individuals and Families with a Disabling Condition and Severe Service Needs
Third Priority	Homeless Individuals and Families with a Disabling Condition Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs
Fourth Priority	Homeless Individuals and Families with a Disabling Condition Coming from Transitional Housing

²⁶ United States Department of Housing and Urban Development. (2016). *Notice CPD-16-11: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. <https://files.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

²⁷ United States Department of Housing and Urban Development. (2016). *Flowchart of HUD's Definition of Chronic Homelessness*. <https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

²⁹ This is determined by Questions 2 and 3 on the VI-SPDAT version 2 and questions 6 and 7 on the F-VI-SPDAT version 2.

³⁰ This is determined by the total VI-SPDAT or F-VI-SPDAT score; the higher the score, the more vulnerable, hence, more in need of services.

Permanent Supportive Housing Prioritization Tiebreaker

When multiple households in a region, identically prioritized for the next available housing placement, are also eligible for the same PSH unit, a tiebreaker must occur to determine which household is prioritized first. The housing provider must prioritize the household with the longest history of homelessness. This means comparing the number of days since the household first presented for assistance anywhere in the TX BoS CoC, giving priority to the household with the greatest number of days.

Prioritization in Regions without CoC Program Funding

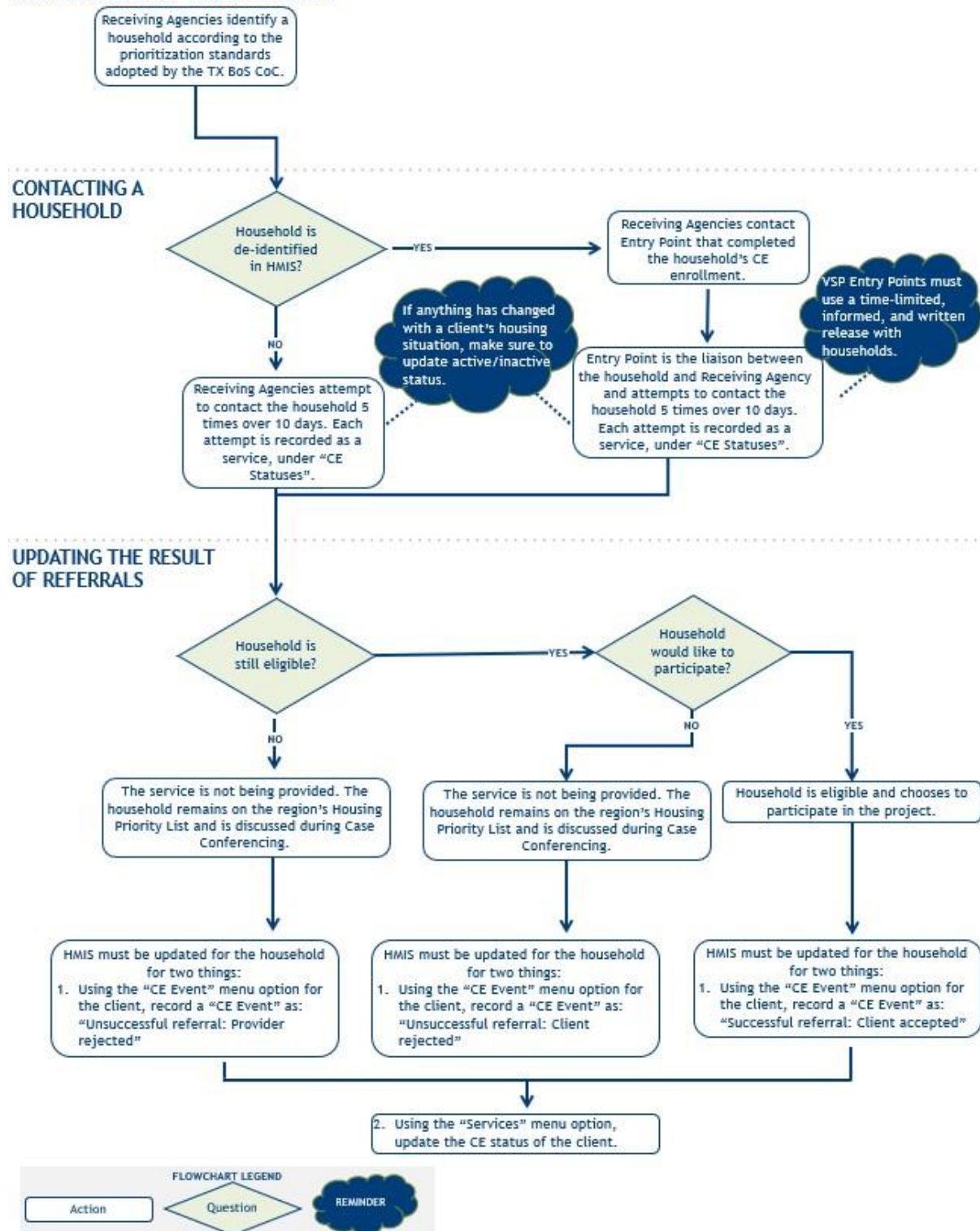
The TX BoS CoC highly recommends regions adopt the same prioritization standards across all participating projects. Furthermore, the TX BoS CoC highly recommends the prioritization standards listed above for RRH or PSH even when a region has projects that are not funded by the CoC Program, such as projects funded by ESG or other various housing projects. The prioritization standards for projects funded by the CoC Program have been proven to effectively end homelessness for the most vulnerable households in communities across the United States and are the only prioritization standards endorsed by the HUD.²⁶ Adopting the same prioritization standards regardless of funding source streamlines and standardizes the system, which ultimately creates less work for staff and the local CE process. Regions choose the prioritization standards for their local CE process and outline these in their regional CE policies and procedures.

Contacting Households

This section describes the process for Participating Agencies contacting households when there is an availability in a project and updating the result of referrals for households. This process is illustrated in the flowchart below and described further in the sections following the flowchart.

Contacting Households Flowchart

CONTINUED FROM "PRIORITIZATION"



Contacting Households

After a Receiving Project identifies a household for the project that is eligible and prioritized, the Receiving Project contacts the household and offers them housing and/or services.

If a Receiving Project identifies a household with a de-identified first and last name in HMIS, the Receiving Project must contact the Entry Point that enrolled the household into CE. The Receiving Project may find that a household's case manager or advocate information is included in their profile in HMIS and may use this information. The Entry Point must act as the liaison between the Receiving Project and household.

VSP Entry Points must follow the confidentiality provisions in VAWA and FVPSA when connecting a household to a Receiving Project. These provisions allow households to request that their PII be shared by a VSP with the Receiving Project through a time-limited, informed, and written release. Case Conferencing can also be a setting for initial discussions. VSP Entry Points can attend Case Conferencing meetings to listen and collect information about a project opening for a household and disclose that information to the household at a later time.

Attempting to Contact a Household

When contacting the household, there must be at minimum five (5) attempts to contact over the course of at least ten (10) business days to offer housing and services. An attempt to contact is described as the project using contact information found in the household's profile in HMIS including, but not limited to, primary and secondary contact numbers, mailing addresses, and email addresses to reach out to the household at least once. Multiple methods of contacting can and should be used to reach a household and offer services. Attempts should be measured by daily attempts to contact. For example, calling once, emailing once and sending one letter to the mailing address all in one day would be one (1) attempt to contact because the methods were all used within one day.

Additional methods to contacting the household must also be implemented, including:

- If the community has a Street Outreach project, the project attempting to contact the household should notify the Street Outreach project(s) that they are looking for a household and where they can most commonly be found. This information is documented as part of the household's contact information in HMIS.
- Participating Agencies in the area should be notified in case the household presents at their location. This may include posting on a community board at a service provider.
- Receiving Projects with access to HMIS should also set up a notification in HMIS. For support on this process, please contact HMIS@thn.org

Attempts to contact the household must be documented as a service in HMIS. Participating Agencies with access to HMIS can select "Contact Attempt #1" through "Contact Attempt #5" as a service for households. By adding contact attempts as a service, all HMIS users can see the Participating Agency's attempt to contact the household for an opening.

If a household cannot be reached after the minimum five (5) contact attempts over ten (10) business days, the Receiving Project moves on to the next household (that meets the prioritization standards) on the region's Housing Priority List or, It is important to note that if the CE status is updated to "unable to contact" and "inactive-missing", they are essentially removed from the HPL. It is imperative that regions understand the weight of this when trying to get in contact with households. The Receiving Project informs all other Participating Agencies of the inability to contact the household, and the result of the referral must be updated to "Could Not Contact" in HMIS. If a Receiving Project uses a comparable database or does not have access to HMIS, the Receiving Agency should alert their CEPE to update the result of the referral in HMIS. Without adhering to the policy on contacting households, the CE process can experience delays due to time spent searching for households that agencies have not been able to reach through multiple attempts, often for many months.

With this delay, it is hard for regions to determine whether these households are still in need of housing. In some situations, these households may have resolved their housing crisis or relocated to another area. Similarly, households fleeing or attempting to flee domestic violence will often gain access to housing outside of the local CE process. It is important that VSP Entry Points communicate when this occurs to keep their region informed and the region's Housing Priority List up to date. VSP Entry Points must update all

Participating Agencies in their region on which households with de-identified first and last names in HMIS can be removed from HMIS regularly. Regional Case Conferencing meetings provide an ideal setting to discuss both hard-to-locate households and households fleeing or attempting to flee domestic violence with all Participating Agencies.

After Making Contact with a Household

If a household is contacted, the Receiving Project should determine if the household is still eligible for the service and would like to participate. If a household has a de-identified first and last name in HMIS, the Entry Point that enrolled the household into CE must act as the liaison between the Receiving Project and household. As stated previously, VSP Entry Points must follow the confidentiality provisions in VAWA and FVPSA.

If a household is still eligible and agrees to participate, the Receiving Project must set up an intake appointment and move forward with the referral. Receiving Projects should be as flexible as possible in an attempt at “meeting households where they are”. Some households will require more engagement, such as repeated offers of assistance, Case Conferencing, etc. in order to access and/or accept services. The [“Accepting a Referral”](#) section describes how to document the acceptance of a referral in HMIS.

If the household is contacted but no longer eligible, the Receiving Project must determine if the household is eligible for other housing interventions in the community, make appropriate referrals, and update HMIS with the referrals. If the household is not eligible for other housing interventions, the Receiving Project refers the household to an Entry Point and/or other community resources that may be of assistance to the household. The [“Rejecting a Referral”](#) section describes how to document the household’s ineligibility in HMIS.

Decline of Assistance

If the household is contacted and still eligible but declines the offer of assistance, the Receiving Project moves on to the next household on the region’s Housing Priority List or, if the Receiving Project is funded by the CoC Program, the next household meeting the prioritization standards for the specific housing intervention. In some cases, after the Receiving Project moved forward with a different household and a new opening came up at the project, the household was offered assistance and declined once more. If the household declines four (4) separate offers of assistance, the Receiving Project must contact the referring Entry Point to set up a meeting with the household, Assessor, and/or case manager to discuss the current and future options for the household. Regional CE policies and procedures must describe the local process for assisting households declining four offers of assistance. The [“Rejecting a Referral”](#) section describes how to document the household’s decline of assistance in HMIS.

Updating the Result of a Referral

Receiving Agencies must inform and update Participating Agencies in the region about the result of a referral. Regions have found success in updating the result of referrals during Case Conferencing, whenever it is determined that the need has been met. Updating the result of a referral is critical for the local CE process and is the responsibility of all Participating Agencies. It keeps all Participating Agencies informed about who is seeking services in the region and active in meeting the needs of those households as quickly as possible.

Receiving Agencies with access to HMIS must update the result of a referral in HMIS. Regions with Participating VSPs must create a local process to update the result of referrals in HMIS and describe this process in the regional CE policies and procedures.

Accepting a Referral

Accepting a referral means the Receiving Agency has availability in their project and has found a household that is eligible and agrees to fill that availability. In HMIS, the region must update two things: the referral and the CE status of the household. Using the “Referrals” page, the region or the Receiving Agency with access to HMIS edit the referral, select “Service Provided” as the result under the “Result Outcome Information” section, select a date for the result, and click “Save”. Using the “Services” page, the region or any HMIS user adds a new service, selects the service as “Client Accepted” under “CE Statuses”, select a date for the service, and click “Save”.

Rejecting a Referral

The following are acceptable reasons a Receiving Agency may reject a referral:

- Household declined further participation.
- Household has permanently left the area.
- Household does not meet required criteria for project eligibility.
- Household unresponsive to any communication attempt after 5 attempts to contact in 10 business days (See [“Contacting Households”](#) section).
- Household resolved crisis without assistance.
- Household has safety concerns that cannot be met by the Receiving Agency.
- Household has an objection to the religious nature (or lack of) of the Receiving Agency.

The rejection of a referral, whether on the part of the Receiving Agency or the household, should be discussed at a Case Conferencing meeting to assess the situation and inform all Participating Agencies in the region of the rejection. If Receiving Agencies are rejecting a large number of referrals, the CEPE should evaluate the local referral process with all Participating Agencies and review data from HMIS to investigate and develop solutions.

In HMIS, the region must update two things: the referral and the CE status of the household. Using the “Referrals” page, the region or the Receiving Agency with access to HMIS edit the referral in HMIS, select the appropriate result under the “Referral Outcome Information” section, select a date for the result, and click “Save”. Using the “Services” page, the region or any HMIS user adds a new service, selects the appropriate result under “CE Statuses”, select a date for the service, and click “Save”. In some cases, a household’s CE status will not be updated for the rejection of a referral, because CE statuses track the household’s overall progress through CE.

Exiting Households from Coordinated Entry

Any agency with access to HMIS can exit a household from their CE enrollment for the following reasons:

- They have entered a permanent residential project type or is otherwise known to have found permanent housing.
- They are deceased.

In addition, if a Receiving Agency with access to HMIS is enrolling a household into a housing program, they must also exit the household from CE.

Serving Survivors

The TX BoS CoC recognizes the unique needs of households fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking. It is imperative that all Participating Agencies assist these households according to their needs, experiences, and preferences. The process for assisting these households has been included within each section of the CE process: [Access](#), [Assessment](#), [Referral](#), [Prioritization](#), and [Contacting Households](#) regardless of whether the Participating Agency is a VSP. The full process is also included in the following section and the differences are outline (when necessary) for if a Participating is a VSP or not.

All Participating Agencies must incorporate practices to protect the safety of a household. These practices have been included throughout the sections regarding the CE process and are listed below. This is by no means an exhaustive list and only includes some best practices.

- Use a trauma-informed approach when assisting a household.
- Provide universal information about VSPs, services offered, and how to access services. Some regions already have protocols in place to connect households to a local VSP from an Entry Point.
- Collaborate with local VSPs, including developing policies and procedures for trauma-informed processes and asking a local VSP to provide training regarding the dynamics of domestic violence for staff members.
- Offer warm referrals to a local VSP if the household discloses domestic violence. A script to ask about this referral was included in the [“Access”](#) section of this document.
- Describe CE and HMIS for households, including their purposes, processes, potential benefits, and risks to privacy and safety. Entry Points may provide specific details including why Assessors are asking questions about domestic violence, what happens with the household’s information once entered into HMIS, and how the household’s eligibility for housing assistance is not impacted by their choosing not to participate in HMIS.

Furthermore, VSPs play an integral role in their region’s housing crisis response system by being experts on the dynamics of domestic violence and providing specialized housing and supportive services for survivors. It is critical that VSPs are full partners in the CE process in their region.

HUD actively promotes the full participation and integration of VSPs in CE.²²

THN, the Lead Agency and HMIS lead, worked and continues to work closely with the TCFV to develop a CE process to assist survivors of domestic violence. Information regarding how to serve survivors will continue to evolve as regions operate CE. If a community would like support in connecting to their local VSP, TCFV is more than happy to assist in that relationship building.

Safety Planning

A safety plan is a personalized plan created for a household to remain safe in a relationship, when planning to leave a relationship, leaving a relationship, and/or after leaving. A safety plan **must** be led by the household when abuse is disclosed. It involves multiple aspects of evident and ambiguous steps in order to remain safe even during traumatic experiences. Assessors and Entry Points must familiarize themselves with safety planning and should connect with a local VSP if they do not have the knowledge or capacity to complete one. Assessors and Entry Points can reference the [“Personalized Safety Plan”](#), a template published by TCFV to be used by households and agencies assisting them.

Access Flowchart for Victim Service Provider Entry Point

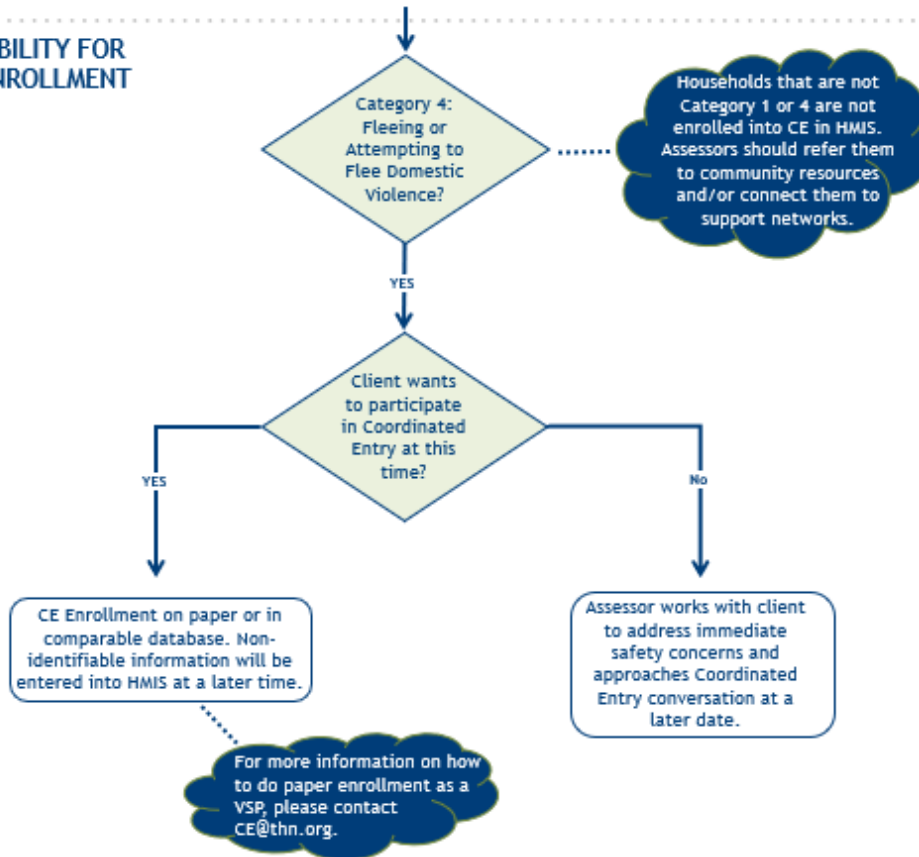
INTRODUCTION



DIVERSION



ELIGIBILITY FOR CE ENROLLMENT

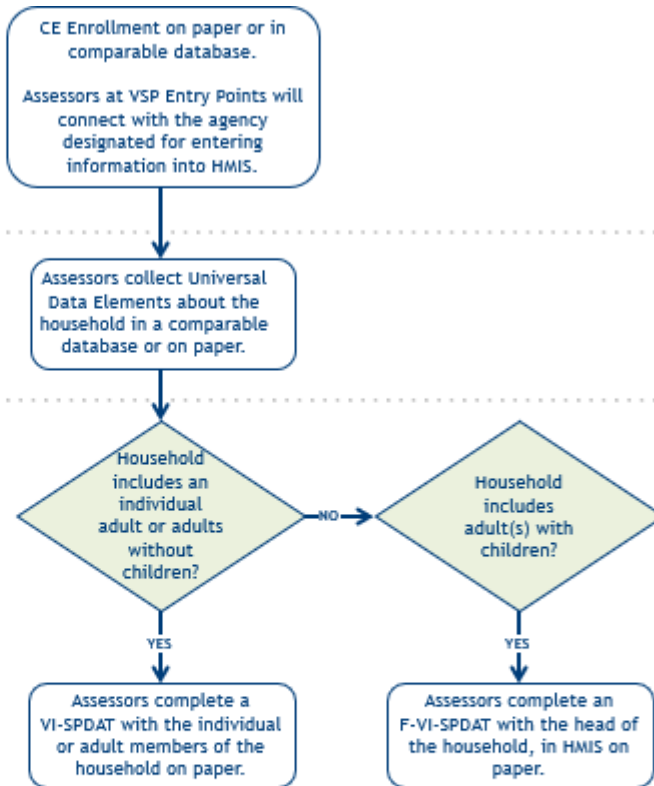


Assessment Flowchart for Victim Service Provider Entry Point

CONTINUED FROM “ACCESS”

UNIVERSAL DATA ELEMENTS

ASSESSMENT



Regardless of whether the Entry Point is a VSP, Assessors do collect HMIS Universal Data Elements for households fleeing or attempting to flee domestic violence who did not agree to the HMIS ROI. The table on the following two pages outlines how Assessors must respond to the HMIS Universal Data Elements, with the majority of responses being “Data Not Collected”.

Assessors must also collect information for five extra data fields, which are **not** marked by a red asterisk, to assist with the referral process. These fields include:

- Special Population Score – this is a field for the household’s assessment score.
- “What is the minimum number of bedrooms you need?”
- Phone Number – If the household chooses to, they may share a phone number of an appropriate contact, like a case manager or advocate at a VSP.
- Referrals
- Unmet Needs

Regions must maintain a list of households that are fleeing or attempting to flee domestic violence and did not agree to the HMIS ROI. They may use the “Local Coordinated Entry HMIS Tracking Sheet” ([Appendix J](#)) to record a household’s de-identified first and last names and their ClientTrack Client ID. This list should be used during Case Conferencing meetings to facilitate the matching and staffing of referrals.

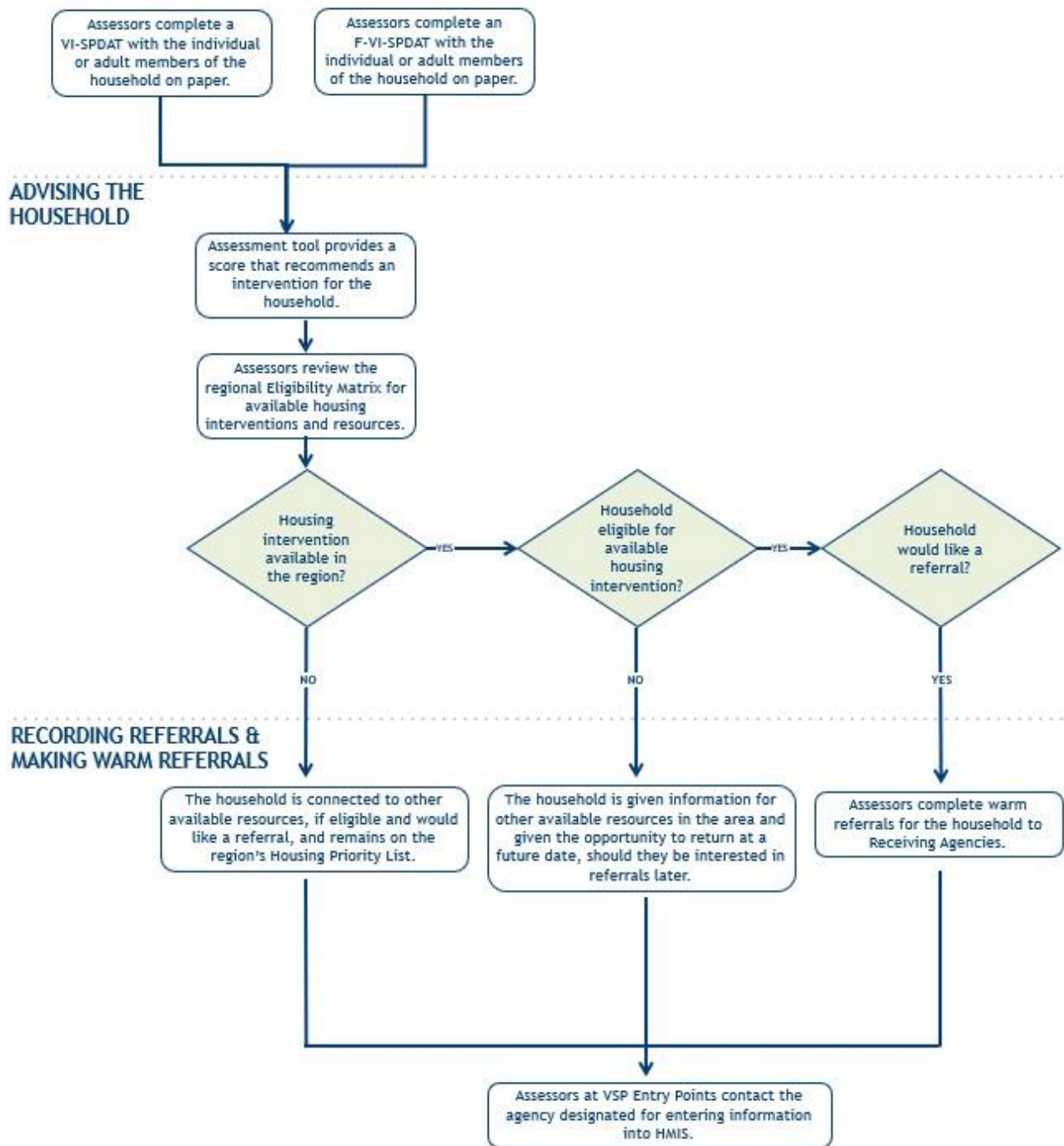
Universal Data Elements for Survivors

Data Element	Universal Data Element	Response
Name	3.01	First Name: Last Two Digits of the Year + hyphen + a unique four-digit number without space The unique four-digit number can be created with any method the Provider chooses. If a Victim Service Provider is using OSNIUM or a similar database, an abbreviated version of the OSNIUM number given to the household can be used as the unique four-digit code. For example: 23-1234 Last Name: Number assigned to the Victim Service Provider Entry Point by the TX BoS CoC. NOTE: This data element must be entered in the same way, with the same spelling by every user. Example Full name: 23-1234 607001
Social Security Number	3.02	Data Not Collected
Date of Birth	3.03	Data Not Collected
Race	3.04	Data Not Collected
Ethnicity	3.05	Data Not Collected
Gender	3.06	Data Not Collected
Veteran Status	3.07	Data Not Collected – if the household chooses not to identify Yes – if the household chooses to identify
Disabling Condition	3.08	Data Not Collected
Project Entry Date	3.10	Date
Project Exit Date	3.11	Date
Destination (upon getting housed, i.e., exiting from CE)	3.12	Data Not Collected
Relationship to Head of Household	3.15	Data Not Collected
Living Situation	3.917, Field 1	Data Not Collected
Length of Stay in Prior Living Situation	3.917, Field 2	Data Not Collected
Did you stay less than 90 days?	3.917, Field 2A – for Institutional Situations	Data Not Collected
Did you stay less than 7 nights?	3.917, Field 2B – for Housing Situations	Data Not Collected

Data Element	Universal Data Element	Response
On the night before, did you stay on the streets, Emergency Shelter (ES), or Safe Haven (SH)?	3.917, Field 2C – for yes to Field 2A or 2B	Data Not Collected
Approximate date homelessness started:	3.917, Field 3	Data Not Collected
Total number of times homeless on the streets, in ES, or SH in the past three years including today	3.917, Field 4	Data Not Collected
Total number of months homeless on the street, in ES, or SH in the past three years	3.917, Field 5	Data Not Collected
Special Population Score	Not a Universal Data Element. This is a special data field for entering the assessment score for a household	VI-SPDAT or F-VI-SPDAT score total
What is the minimum number of bedrooms you need?	Not a Universal Data Element. This information is critical for projects in assisting a household.	#
Phone Number	Not a Universal Data Element. This information is critical for projects to contact an appropriate party for assisting the household.	Phone number of the appropriate contact, e.g., Case Manager at the Victim Service Provider and/or the survivor, if they elect to share that information
Referrals	Not a Universal Data Element. This information is critical for linking the household to housing resources in the community.	Service: Transitional Housing, Rapid Re-Housing, or Permanent Supportive House Provider Name: The name of the provider who operates Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing
Unmet Needs	Not a Universal Data Element. These data elements assist with real-time gaps analysis. Reasons for unmet needs include not meeting eligibility requirements or the resource does not exist in the community.	Unmet Permanent Supportive Housing Unmet Rapid Re-Housing Unmet Transitional Housing

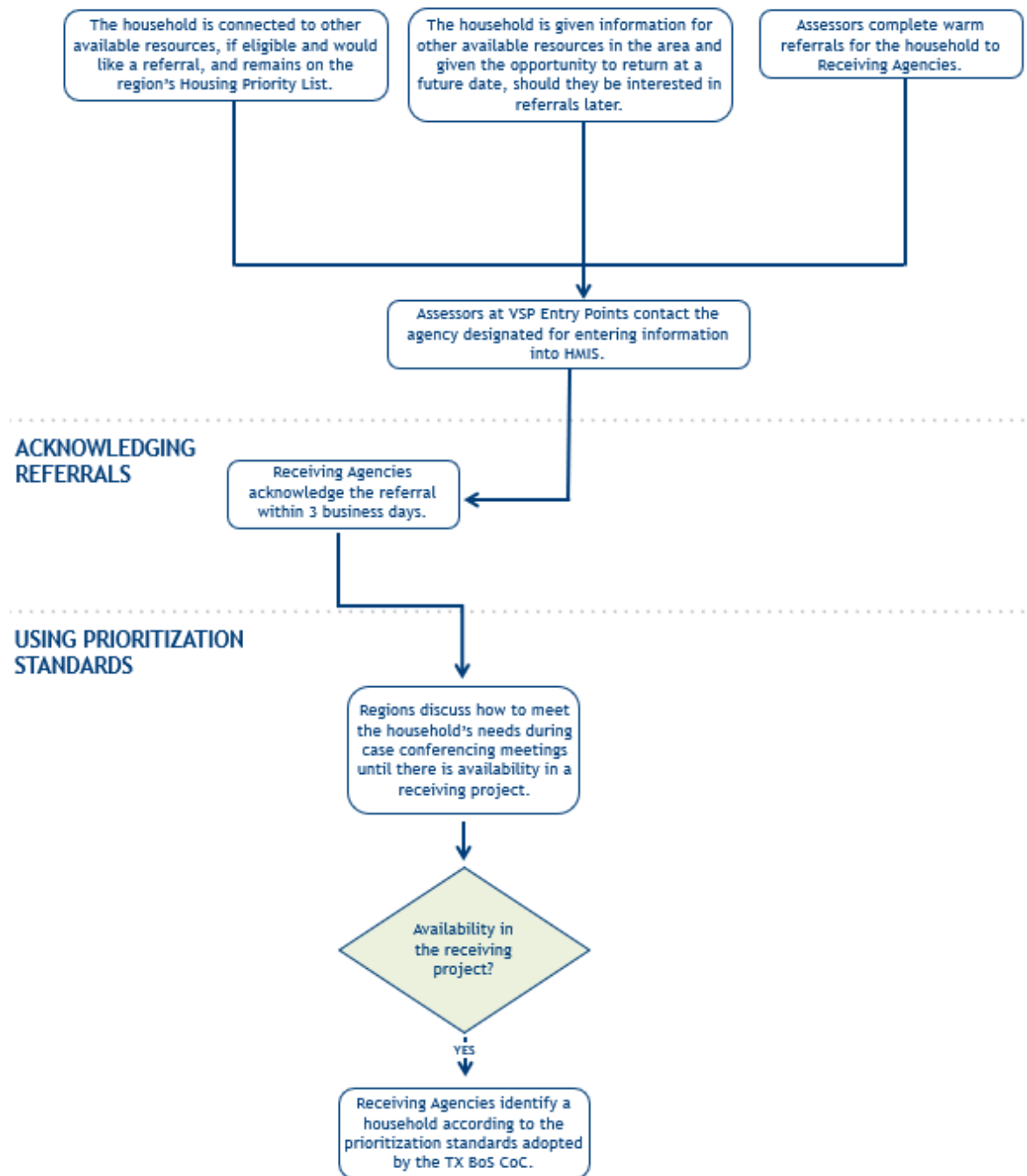
Referral Flowchart for Victim Service Provider Entry Point

CONTINUED FROM "ASSESSMENT"



Prioritization Flowchart for Victim Service Provider Entry Point

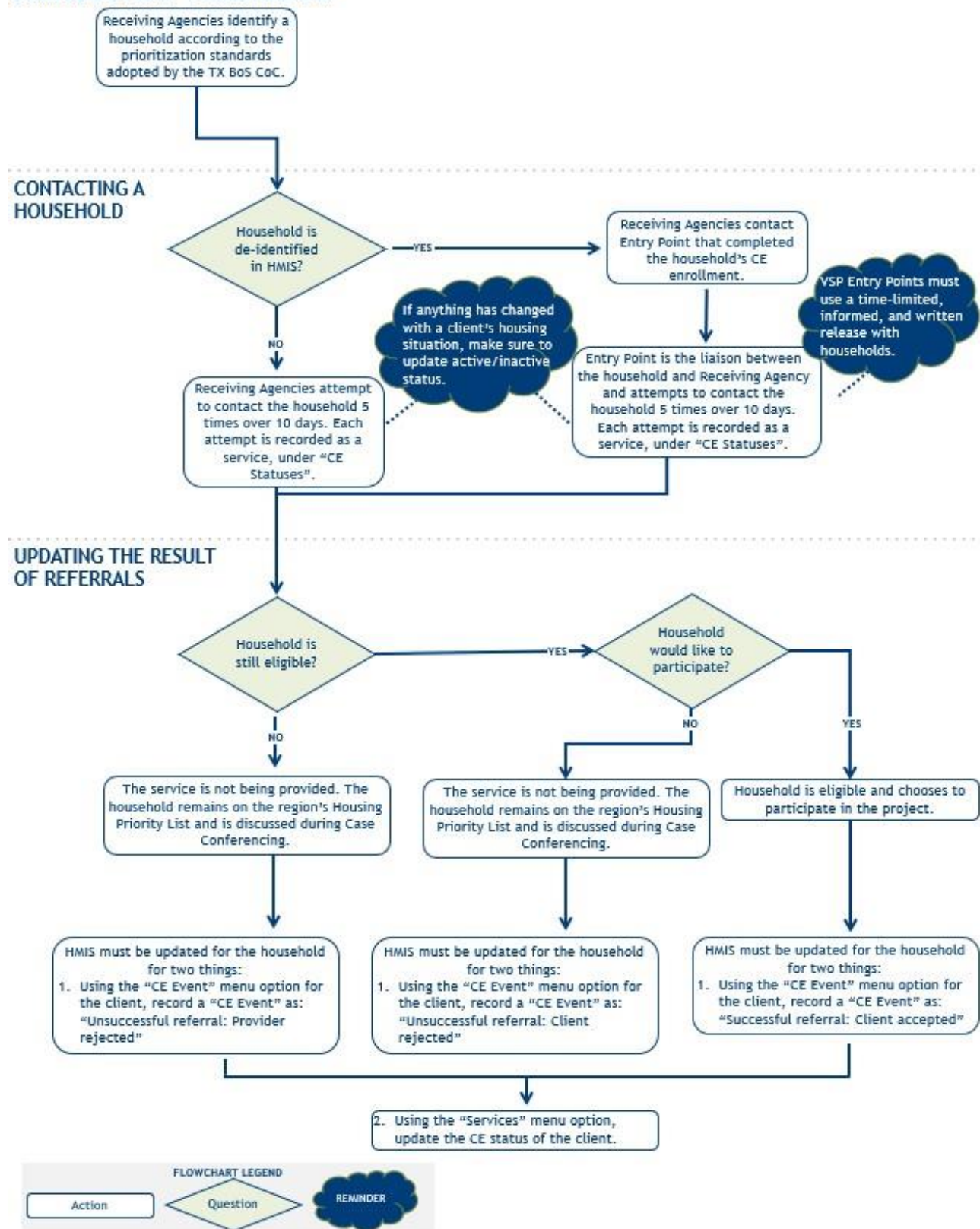
CONTINUED FROM "REFERRALS"



Contacting Households Flowchart for Victim Service Provider Entry Point

VSP Entry Points will utilize the same “Contacting Households Flowchart” as Non-VSP Entry Points.

CONTINUED FROM “PRIORITIZATION”



Evaluation

This section describes the evaluation of CE at the TX BoS CoC and regional levels.

Ongoing Feedback

Current and former participants and staff of CE can provide feedback about the CE process, and all Participating Agencies must inform them of their ability to do so. Participating Agencies are also encouraged to provide feedback about CE during regional CEPE meetings. Feedback options should be made accessible according to a person's communication preferences. Regional CE policies and procedures must describe the process for persons submitting feedback and responding to such feedback. Some regions have developed a participant feedback form, either on paper or online, and included this form in their regional CE policies and procedures.

Regional Evaluation

The Systems Change Team has developed a plan to evaluate the Coordinated Entry System (CES) of each region in the Texas Balance of State Continuum of Care (Tx BoS CoC) on a bi-annual basis to determine if Coordinated Entry is functioning as intended.

Evaluation of the Coordinated Entry System at the regional level provides the Systems Change team and other key stakeholders with valuable information that helps determine if Coordinated Entry is operating as intended in regions across the TX BoS CoC. This evaluation is designed solely to provide feedback and context on current CES operations and needs within each designated Coordinated Entry region. Evaluation results will provide stakeholders with key information for upgrading their CES, which will include detailed, plausible next steps for improvement and guidelines for making sustainable regional system changes.

The Systems Change team will answer three Coordinated Entry research questions utilizing quantitative and qualitative metrics. The questions are: 1) Is the Coordinated Entry system accessible to people experiencing homelessness across each region of the TX BoS CoC? 2) Is the CE assessment, prioritization, and referral process being implemented as planned across each region of the TX Bos CoC? 3) Are the administrative roles and responsibilities required for Coordinated Entry being fulfilled in each region across the BoS? This process includes an evaluation of the different components of CE: access, assessment, prioritization, and referral; administrative practices within each region's CES will also be evaluated.

Each region will undergo an evaluation process that will include an analysis of data obtained through HMIS reports, questions about current CE processes and standards, and required narrative questions to be answered by regional stakeholders. Each region will receive their evaluation results and actionable next steps to help further develop their regional CES. Stakeholders in each region will be notified of the upcoming evaluation ahead of time so they can adequately prepare for their portion of the evaluation. The evaluation will take approximately 30 days to complete.

Yearly Evaluation

HUD requires that all CoCs conduct a yearly, in-depth evaluation of the CoC's CE process.¹¹ In the TX BoS CoC, THN will notify the CESC regarding details about the annual evaluation, including who will be conducting the evaluation, the timeframe the evaluation must cover, the method of evaluating, and the evaluation due date.

The evaluation must address the quality and effectiveness of the CE experience for both Participating Agencies and households. Those who have participated in CE during the previous year must be included and may be contacted by the evaluator depending on the scope of the evaluation.

List of Appendices

[Appendix A: Key Terms, Definitions, and Acronyms](#)

[Appendix B: Regional Coordinated Entry Implementation Checklist](#)

[Appendix C: Memorandum of Understanding between the Texas Homeless Network and Coordinated Entry Planning Entity](#)

[Appendix D: Memorandum of Understanding between Agencies Participating in Coordinated Entry and Coordinated Entry Planning Entity](#)

[Appendix E: Coordinated Entry Steering Committee Roles and Responsibilities](#) [Appendix F: New Entry Point Checklist Guidance](#)

[Appendix G: TX BoS CoC Coordinated Entry Assessment Review Request Template](#) [Appendix](#)

[H: TX BoS CoC Coordinated Entry Grievance Form Template](#)

[Appendix I: TX BoS CoC Coordinated Entry Appeals Form Template](#) [Appendix J:](#)

[Local Coordinated Entry System HMIS Tracking Sheet](#) [Appendix K: TX BoS CoC](#)

[Coordinated Entry Data Transfer Enrollment Form](#) [Appendix L: TX BoS CoC](#)

[Coordinated Entry Data Transfer Exit Form](#)