Coordinated Entry Operations Manual

Discussion

In accordance with the requirements provided in the Interim Rule for the Continuum of Care (CoC) Program recorded in 24 CFR 578.7(a)(8) to fulfill the goals of the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, the Fort Worth/ Arlington/ Tarrant Area Continuum of Care (TX-601) has designed a Coordinated Entry System (CES). The Coordinated Entry System is designed to meet the following requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act):

- Establish and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services;
- A specific policy to guide the operation of the coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers;
- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

The ad hoc committee on Coordinated Entry has created an Operations Manual to guide the daily operations of the coordinated entry system.

Recommendations

The ad hoc Committee on Coordinated entry recommends the Continuum of Care Board of Directors adopt the attached Operations Manual for Coordinated Entry.

Coordinated Entry System Operations Manual
TX-601 Continuum of Care

TABLE OF CONTENTS

I. Purpose and Background

In accordance with the requirements provided in the Interim Rule for the Continuum of Care (CoC) Program recorded in 24 CFR 578.7(a)(8) to fulfill the goals of the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, the Tarrant County Continuum of Care has designed a Coordinated Entry System. The Coordinated Entry System is designed to meet the following requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act):

- Establish and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services;
- A specific policy to guide the operation of the coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers;
- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

The Coordinated Entry System improves service delivery for individuals and families experiencing homelessness and increases the efficiency of the homeless response system by simplifying access to housing and services for people experiencing homelessness; prioritizing housing assistance based on need; and quickly connecting households to the appropriate housing intervention.

To help ensure the system would efficiently and effectively respond to the needs of households experiencing homelessness and those at risk of homelessness and support the work of the service providers, a comprehensive group of stakeholders were involved in the design. A periodic review by stakeholders will be conducted to ensure the systems functionality with the ability to adjust processes as needed. The Tarrant County Homeless Coalition, as the Lead CoC agency, is responsible for oversight of the Coordinated Entry System.

A. Disclaimer

The Coordinated Entry System is designed to ensure households experiencing homelessness have fair and equal access to housing programs and services within the Continuum of Care. It is not a guarantee that the household will receive a referral to or meet the final eligibility requirements for a housing program.

B. Definitions

Terms used throughout this manual are defined below:

Community Hub locations:
Agencies that provide entry into the system for any household requesting homeless services and are not limited to households enrolled in their agency specific programs.

Program Access points:
Homeless service providers that provide entry into the system ONLY for households they serve in their agency emergency shelter program, case management, or other assistance.

Chronically Homeless:
A "chronically homeless individual" is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility (including a jail) if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

In addition, the individual must meet one of the following criteria:

- Homeless continuously for at least 12 months **or**
- At least 4 separate occasions in the last 3 years where the **combined occasions must total at least 12 months**.
    - Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.
- A "chronically homeless family" is defined to mean a family with an adult or minor head of household that meets the definition of a chronically homeless individual. A chronically homeless family includes those whose compositions has fluctuated while the head of household has been homeless.

Disability:
A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

- Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that Is attributable to a mental or physical impairment or combination AND Is manifested before age 22 AND Is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

- HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):
(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is 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 (iii) Is 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.

At imminent risk of homelessness (HUD Homeless Definition Category 2):
Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Homeless under other Federal statutes (HUD Homeless Definition Category 3):
Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing domestic abuse or violence (HUD Homeless Definition Category 4):
Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

Diversion:
Diversion is a strategy that quickly ends homelessness for people seeking shelter by immediately identifying alternative housing arrangements.

High Utilizer:
A small subset of very vulnerable homeless individuals who use a disproportionate share of healthcare costs due to their unmanaged chronic conditions and frequent use of crisis health services (emergency room, urgent care, behavioral health crisis unit, etc.). Frequent use of crisis health services is commonly measured as a minimum of four ER visits in the past twelve months.

Homebase:
Homebase is the prioritized listing of all homeless individuals or households seeking services. Homebase is populated with information retrieved from HMIS. All participant partner agencies have the ability to view and access Homebase.

Homeless Management Information System:
A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

The Tarrant County Homeless Coalition manages the HMIS for Tarrant and Parker Counties. The software provider is Social Solutions. The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in Coordinated Entry System's HMIS are referred to as "participating agencies." Participating agencies are asked to follow certain guidelines to help maintain data privacy and accuracy.

Participating Partner Agencies:
Housing providers who wish to or are required to participate in the Coordinated Entry System. Participating Partner Agencies sign a Memorandum of Understanding to identify the roles and responsibilities as a partner.

Permanent Supportive Housing:
Permanent supportive housing is an intervention coupled with supportive services designed to assist individuals and families needing long term housing assistance and support services to maintain housing stability.

Prevention:
Prevention includes programs or services designed to prevent homelessness for individuals or households at risk of eviction or foreclosure by providing short-term assistance.

Rapid Re-Housing:
Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions and the resources and services provided are tailored to the unique needs of the household.

Receiving Program:
All Participating Rapid Re-housing, Permanent Supportive Housing, and Prevention programs are Receiving Programs and are responsible for reporting vacancies to TCHC in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinated Entry System are responsible for responding to that referral and participating in case conferences, in compliance with the protocols described in this manual.

Referring Partners:
Agencies that will assist households with accessing the system via the TCHC helpline.

Transitional Housing:
Transitional housing is an intervention designed to assist individuals and families with time-limited housing while providing supportive services to prepare for permanent housing.

Vulnerability Index- Service Prioritization Decision Assistance Tool:
The Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) is an assessment tool used to quickly determine whether a client has high, moderate, or low acuity. See appendix.

II. Staffing Roles and Expectations

As the lead agency for the Tarrant and Parker County Continuum of Care, TCHC is the designated coordinating entity. As the coordinating entity, TCHC is responsible for the day-to-day administration of the Coordinated Entry System including but not limited to the following:

- Creating and widely disseminating materials regarding services available through the Coordinated Entry System and how to access those services;
- Designing and delivering training at least quarterly to all key stakeholder organizations, including but not limited to the required training for coordinated entry Staff;
- Ensuring that pertinent information is entered into HMIS for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments;
- Managing case conferences to review and resolve rejection decisions by receiving programs and refusals by participants to engage in coordinated entry or accept housing referrals in;
- Managing an eligibility determination appeals process in compliance with the protocols described in this manual;
- Managing manual processes as necessary to enable participation in the Coordinated Entry System by providers not participating in HMIS;
- Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency to remain accountable to clients, referral sources, and homeless service providers throughout the coordinated entry process;
- Periodically evaluating efforts to ensure that the Coordinated Entry System is functioning as intended;
- Making periodic adjustments to the Coordinated Entry System as determined necessary;
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Updating policies and procedures; and
- Managing all PR requests related to Coordinated Entry.

Project Manager – TCHC staffs the Coordinated Entry Project Manager position. The project manager role includes management of the Coordinated Entry System, including but not limited to the following:

- Serving as point person and lead to all workgroups and transition teams
- Providing coordinated entry training to participating agencies
- Report generating
- Communicating to user agencies and outreach coordinators
- Deactivating/reactivating client records
- Responding to requests for client deletion
- Responding to email generated questions
- Monitoring system performance (CE Staff, Database, Providers, etc.)

III. Target Population

The Coordinated Entry System is open to all households who meet the HUD definition of homeless, as outlined in the new HEARTH Act regulations. The system uses vulnerability indices & locally developed prioritization tools (described in Definitions & located in the Appendix of this manual) to rank Applicants in order of vulnerability, with the most vulnerable households ranked at the top. At the discretion of the

Coordinated Entry Subcommittee, applicants may be offered housing regardless of vulnerability score when there is evidence of extreme vulnerability due to the physical or mental health of a member of the household, that is not reflected in the VI-SPDAT score. Applicants identified as high utilizers may also be housed at the discretion of the Coordinated Entry Subcommittee.

IV. System Overview and Workflow

The following overview provides a brief description of the path a household will follow beginning their first night of homelessness/seeking assistance to permanent housing.

Accessing the Coordinated Entry System- The Coordinated Entry System provides households experiencing homelessness access to services from multiple locations to ensure a fair and consistent process is applied across the continuum. Entry into the system may be initiated in person at a program access point or community hub location, through the TCHC helpline, or homeless outreach teams.

Step 1: Assessment- Assessments are facilitated by trained Housing Assessors using HMIS. The HUD Assessment and population specific VI-SPDAT is generated in HMIS for all households experiencing homelessness and seeking assistance. Households will be assessed every 90 days until exiting the coordinated entry system.

Step 2: Housing Match- Information gathered from the HUD Assessment and VI-SPDAT are used to determine which housing intervention is the most appropriate to meet the needs of the household. HMIS will automatically complete this step of the process.

Step 3: Prioritization- Once the appropriate housing intervention is determined households are placed on Homebase with the most vulnerable at the top. HMIS automatically compiles this list according to the information provided through the HUD Assessment and VI-SPDAT and in accordance with the Continuum's priority ranking.

Step 4: Housing Navigation- Housing Navigators will work with households at the top of the list. The Navigator can be one of the following: a designated Coordinated Entry Housing Navigator; the Outreach Worker; the initial Housing Assessor; or the Housing Case Manager of the program providing housing. The Housing Navigator begins the process of preparing for housing. This process may include but is not limited to the following activities: obtaining id, security cards, homeless verification documents, and beginning search for a housing unit. When necessary, Housing Navigators will assist with securing the housing unit, application fees, and security deposits.

Step 5: Referral- As program openings become available, Housing Navigators will connect households to housing programs. Navigators will assist in scheduling initial housing intake appointments and will accompany households to all housing appointments, serving as the household's advocate.

V. Coordinated Entry Policies and Procedures

A. Connecting to the Coordinated Entry System

Locations & Hours – Assessments are conducted at designated Program access points, Community hub locations, and the TCHC Helpline. Locations and hours for assessments can be found on the Tarrant

County Homeless Coalition's website www.ahomewithhope.org.

Eligibility – The Coordinated Entry System uses the following criteria to match households to the most appropriate housing intervention:

HOUSING INTERVENTION	TARGET POPULATION	ELIGIBIILTY CRITERIA
Permanent Supportive Housing	• Chronically homeless households	• Chronic homeless and • Head of household with disabling condition
Rapid Re-Housing	• Non-chronic • Less vulnerable • Newly homeless	• Literally homeless • Fleeing/attempting to flee domestic violence
Transitional Housing	• Young adults ages 18-24 • Emancipated Minors aged 16+ • Survivors of Domestic Violence/Sexual Assault • In recovery of substance abuse	• Literally homeless • Imminent risk of homeless • Fleeing/attempting to flee domestic violence

Marketing/Advertising – Information and updates on Coordinated Entry will be shared regularly to stakeholders and the general public. TCHC will distribute pocket pals annually and maintain resources on its website.

B. **The Housing Assessment Process-**Housing Assessors

Roles and Responsibilities – Housing Assessors at program access points are agency staff responsible for conducting assessments for those enrolling in their emergency shelter program. Housing Assessors at community hub locations and outreach teams are agency staff conducting assessments for any homeless household needing access to the system. All Housing Assessors are required to complete a HUD Assessment and VI-SPDAT with households presenting as homeless. Diversion and safety planning are key components of this phase. Assessors will discuss additional housing options with households such as connecting with family or locating and securing self-sustained housing when the household has sufficient income. Assessors will also discuss any safety concerns for participants currently or recently experiencing any form of violence and will provide general safety information to all participants.

Housing Assessors will explain the importance of providing accurate information and possible delays in receiving services if inaccurate information is provided.

Housing Assessors will complete updated assessments for households that have reached a 90-day anniversary from initial assessment date and are not currently housed.

Training Requirements – Housing Assessors are trained by TCHC. Training consist of Housing Assessor Orientation; Diversion; Trauma Informed Care for the Homeless; Domestic Violence 101; HMIS; and First

Responders 101.

Release of Information – All clients must sign a release of information prior to the assessment process.

Client Photos – Photos should be taken at the time of assessment but are not required. If a photo is taken and uploaded into HMIS, a photo release must be signed by the client prior to the photo being taken.

Timeline - Assessments will be completed within the first 24 business hours of a household entering homelessness and requesting services. Upon completion of HUD Assessment and VI-SPDAT the household will be placed on Homebase immediately. Housing Navigators will daily check Homebase for new entries to ensure households at the top of the list are served quickly.

C. Housing Match & Preparation-Housing Navigation

HMIS Responsibilities – HMIS Staff at the Coordinated Entry System Homeless Coalition is responsible for the daily administration of the HMIS software and providing technical assistance and user training to participating agencies and end-users.

Navigator Roles and Responsibilities – Housing Navigators are staff from partner agencies or TCHC. Housing Navigators office out of hub locations, home agencies, or in the field. All Housing Navigators will work with households at the top of Homebase that do not have an existing case manager. If a household has an existing case manager, the Navigator will make frequent contact with the case manager to ensure the household is preparing for housing. When a housing referral is available the Navigator will confirm the connection to the housing program and continue follow-up contact with the case manager until the household is housed. The household will remain on the Navigator's caseload until housed but will not count in their active number of cases.

At initial contact Navigators provide households with a participant rights and responsibilities form. Both staff and participant sign the form and it is uploaded into HMIS. Navigators are responsible for assisting participants with connecting to the receiving housing provider when an opening has become available. Navigators will accompany households to all housing appointments, serving as the household's advocate.

The Navigator will assist the participant with obtaining id, security cards, homeless verification, and disability documents, and beginning search for a housing unit.

Training Requirements – Housing Navigators are trained by TCHC. Training consist of Housing Navigator Orientation; Diversion; Housing Advocacy; Documenting Homelessness Trauma Informed Care for the Homeless; Domestic Violence 101; Mental Health First Aide; HMIS; and First Responders 101.

Timeline – As households are prioritized and placed on Homebase the Housing Navigator make contact beginning with those that are at the top of the list. An intake appointment will be scheduled within 48 hours of contact. Navigators will meet weekly with participants. When an appropriate housing program has an opening, the Housing Navigator notifies the client of his/her eligibility and referral decision immediately. Once a referral is made, the Receiving Program has 24 business hours to acknowledge the receipt of the referral. The Receiving Program must then accept or deny the referral within 7 days. This information is tracked in HMIS.

Unit Availability/Vacancy Posting – All Rapid Re-housing and Permanent Supportive Housing Programs are required to post vacancies in HMIS within 48 hours of unit/bed availability. If providers know of an impending vacancy, they are able to post the anticipated availability date up to 30 days before unit vacancy. Programs must update vacancy information in HMIS within 24 business hours of a unit/bed being filled.

D. Prioritization & Referral

The Coordinated Entry System is designed to ensure households have fair and consistent access to available housing resources prioritized by need, with those with the highest needs receiving top priority. The CES with the approval of the Continuum of Care uses the following criteria to determine the order of priority:

HOUSING INTERVENTION	TARGET POPULATION	PRIORITIZATION	PRIMARY PRIORITIZATION	SECONDARY PRIORITIZATION
RAPID RE-HOUSING	Non-chronic, less vulnerable, and newly homeless individuals and households	1st	Veterans	VI-SPDAT
				Length of Homelessness
				Date of Assessment
		2nd	Youth	VI-SPDAT
				Length of Homelessness
				Date of Assessment
		3rd	Families	VI-SPDAT
				Length of Homelessness
				Date of Assessment
		4th	Single Adults	VI-SPDAT
				Length of Homelessness
				Date of Assessment
PERMANENT SUPPORTIVE HOUSING	Chronically homeless households	1st	Longest history of homelessness plus VI-SPDAT Score	Date of Assessment
		2nd	Longest history of homelessness	Date of Assessment
		3rd	VI-SPDAT Score	Date of Assessment
		4th	All other CH households	Date of Assessment

Homebase – There are separate lists for Permanent Supportive Housing and Rapid Re-housing. Homebase is managed according to the following:

- Navigators monitor the list daily. As openings on their caseloads become available they contact the next person on Homebase.
- Navigators or Case Managers attempt contact with the household for seven (7) business days.

- All attempts at contacts are recorded in HMIS.
- If the household is unable to be located the Navigator moves to the next household on the list.
- The household must accept or decline navigation assistance immediately. The household's decision to decline assistance is documented in HMIS. The household must submit a written statement declining service. The household is removed from the *active* to *denied services* status. The signed statement and all communication regarding the declination of services is recorded in HMIS.
- Households that reach a 90-day anniversary from initial assessment date and are not currently housed will be reassessed. The assigned Housing Navigator or Case Manager is responsible for completing the new assessment. If the household does not have an assigned Housing Navigator or Case Manger a Housing Assessor will make contact or request the assistance of an outreach team to complete a new assessment.
- Households that cannot be located within 7 business days and have no record of services in the previous 90 days will be removed from the active status to inactive.

No contact/inactive policy- Navigators and Case Managers will make every attempt possible to contact households to provide navigation services and connect to referrals for housing. This includes but is not limited to:

- Requesting search assistance of the outreach teams,
- Contacting the current or most recent shelters the household has received services from (per documentation in HMIS),
- Phone contact, and
- Posting messages on community boards located at service providers frequented by the general population (i.e. True Worth Place, Broadway Baptist Agape Meal, First St. Methodist Mission).

The date, time, and outcome of each attempt will be recorded in HMIS. After 7 standard business days of searching the Navigator or Case Manager will move to the next household on the list.

Households that were not located and have not received any services within the previous 90 days will be moved from an active status to inactive. Households making contact with the system once moved to the inactive list will be immediately reinstated to active. Assessors will make contact or request the assistance of an outreach team to complete an updated assessment.

Homebase Reassignment – As the Navigator works to obtain verification of homelessness and disability, if the information obtained contradicts information provided at the initial assessment and affects eligibility for the selected housing intervention the Navigator will update the VI-SPDAT and HUD assessment. The Navigator will continue to work with the household per the procedures provided in this manual and ensuring they are placed in the appropriate housing program. If the change impacts the household's placement on Homebase the Navigator will update the VI-SPDAT and HUD assessment and place the household back on Homebase. The household will be informed of the change and notified once they are reassigned to a navigator.

Receiving Program Responsibilities – Once a referral is made, the Receiving Program has 24 business hours to acknowledge the receipt of the referral. The Receiving Program must then approve or deny the referral within 7 days. The Receiving Program can reject or deny the referral if the assigned case manager has been unable to contact the household after seven (7) days. If a household shows up at the Receiving Program after the seven (7) days have expired, the case manager will assist the household in

reentering the system through the CES. All of this information is tracked in HMIS.

Document Requirement Updates - Receiving Programs make eligibility determination decisions within one business day of the intake interview (or when all required application materials are complete). The Receiving Program orally reviews the intake decision notification with the client to ensure that the client understands the decision, and applicable next steps, including the client's right to appeal the decision. An intake decision notification includes at a minimum:

- First available move-in date, if applicable; and
- Reason the client cannot enter the program, including reason for rejection by client or program (which includes redirection to the Housing Navigator), if applicable.
- Instructions for appealing the decision.

Reasons for denial – Receiving Programs may only decline individuals and families found eligible for and referred by the Housing Navigator under limited circumstances including:

- There is no actual vacancy available;
- The individual or family missed 2 intake appointments without notifying Navigator or Case Manager;
- The Receiving Program has been unable to contact the individual or family for seven (7) standard business days;
- The household presents with more people than referred by the Housing Navigator and the Receiving Program cannot accommodate the increase;
- Based on their individual program policies and procedures the Receiving Program has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services.

The Receiving Program must update the referral outcome in HMIS for any decisions to accept or reject a household. Reason for denial forms must be submitted to the client the same day the decision is made if possible.

Participant Choice – Households may decline a referral because of program requirements that are inconsistent with their needs or preferences. If a household chooses to decline a referral a written statement of declination must be completed and uploaded to HMIS. The household will be placed on Homebase and await the next available navigator to restart the housing process. Households should be informed of the delays in obtaining housing assistance if a program is declined.

Participant Appeal – All participants have the right to appeal eligibility determinations issued by either any Receiving Program. Instructions for submitting an appeal are provided to clients at the time that an intake decision is made by the Receiving Program. Housing Navigators are responsible for assisting clients in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the client. All appeals of decisions by Receiving Programs should be made in writing and submitted to the Coordinated Entry Subcommittee.

Move-In – If the homeless individual or family is accepted, the Receiving Program must update the referral outcome in HMIS and arrange for move-in within 30 days. If the client does not move-in as scheduled or within three (3) business days of the original move-in date, the Receiving Program must notify and refer the client back to the Housing Navigator so that the outcome is documented in HMIS. To the extent feasible given available funding and as necessary, the Receiving Program will provide the individual or family with move-in assistance including transportation of household members and personal belongings.

PSH to PSH – under the CoC Program, permanent supportive housing projects may serve individuals and families from other permanent supportive housing projects who originally met the eligibility requirements for permanent supportive housing so long as the program participants were eligible for the original permanent supportive housing (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family may transfer from one permanent supportive housing program to another under the CoC Program. This could occur under the following circumstances:

- If there were another permanent supportive housing program that better met the service needs of the program participant;
- The program participant is evicted by the landlord or housing program and the participant is still eligible for case management services; or
- The current permanent supportive housing program in which the individual or family is enrolled in has lost their funding.

Referrals to and from other systems not using HMIS – The Coordinated Entry System appropriately addresses the needs of unaccompanied youth; veterans; and individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

E. Case Conferences

The Tarrant County Homeless Coalition will facilitate bi-weekly case conferences. The primary purpose of case conferences is for direct care staff to review Homebase to ensure the coordinated entry process is successfully moving families through the system and address instances of households remaining on the list more than 90 days. Case conferences will also to provide Assessors, Navigators, and Case Managers with a platform to present difficult cases to peers to collaborate on possible interventions and/or resources to resolve barriers. Service providers wishing to present cases will provide a brief description of the barrier, attempted resolutions, and a summary of the household composition to TCHC at least 72 hours prior to the case conference. TCHC will coordinate with local resource providers to attend case conferences when the presenting cases could be assisted by their services.

VI. Fair Housing, Tenant Selection Plan, and Other Statutory and Regulatory Requirements

The Tarrant County Homeless Coalition takes all necessary steps to ensure that the Coordinated Entry System is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The Coordinated Entry System complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status.

This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Participating Partner Agencies who enter into an MOU for the Coordinated Entry System agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The MOU requires User Agencies to use the Coordinated Entry System in a consistent manner with the statutes and regulations that govern their housing programs.

TCHC will request from each Participating Partner Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population. The Coordinated Entry System may allow filtered searches for subpopulations while preventing discrimination against protected classes.

VII. Evaluating and Updating Coordinated Entry System Policies and Procedures

The implementation of the Coordinated Entry System necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the TCHC Continuum of Care anticipates adjustments to the processes described in this manual. To inform those adjustments, the Coordinated Entry System will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program work groups convened and managed by TCHC. Specifically, TCHC is responsible for:

- Leading periodic evaluation efforts to ensure that the Coordinated Entry System is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the Coordinated Entry System as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.
- Ensuring that the Coordinated Entry System is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements.

Evaluation efforts shall be informed by metrics established annually by TCHC, in conjunction with the CoC Steering Committee and Coordinated Entry Subcommittee. These metrics shall include indicators of the effectiveness of the functioning of the Coordinated Entry System itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met

- Number/Percentage of referrals that are accepted by receiving programs
- Rate of missed appointments for scheduled assessments
- Number/Percentages of Eligibility and Referral Decision appeals
- # of program intakes not conducted through Coordinated Entry System
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the Coordinated Entry System on system-wide Continuum of Care outcomes, such as:

- Persons referred have length of stays consistent with system guidelines
- Waiting lists are reduced for all services; eliminated for shelter program
- Program components meet outcome targets
- Reductions in long term chronic homeless
- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduced rate of people becoming homeless for first time

VIII. Termination

Any Participating Partner Agency may terminate their participation in the Coordinated Entry System by giving written notice. Housing programs that are required to participate due to HUD guidelines will need approval to terminate participation.

Client Consent of Data Collection Form

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

❶ I, _____ (*Client's name*), understand and acknowledge that _____ (*Agency name*) is affiliated with the TCHC CoC HMIS System "ETO", and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by the Agency. The information gathered and prepared by the Agency will be included in a Homeless Management Information System ("HMIS") database and shall be used by the Agency, TCHC and the U.S. Department of Housing and Urban Development (HUD) to:

- Help us prioritize, plan, and provide meaningful services to you and your family;
- Assist our agency to improve its work with families and individuals that are homeless;
- Allow local agencies to work better together to prevent and end homelessness;
- Provide statistics for local, state, and national policy makers to set effective goals.

I understand that the following HUD-mandated **Universal Data Elements** will be collected for the purposes of unduplicated estimates of the number of homeless people accessing services from homeless providers, basic demographic characteristics of people who are homeless, and their patterns of service use.

1. Name
2. Social Security Number
3. Date of Birth
4. Ethnicity and Race
5. Gender
6. Veteran Status
7. Disabling Condition
8. Residence Prior to Program Entry
9. Zip Code of Last Permanent Address
10. Program Entry Date
11. Program Exit Date
12. *Unique Person Identification Number**
13. *Program Identification Number**
14. *Household Identification Number**

** ETO System Generated Numbers*

I also understand that the following **Program-Specific Data Elements** will be collected for programs that are required to report to HUD, the City of Fort Worth, City of Arlington and Tarrant County, the State of Texas and the United Way. Programs and agencies without this reporting requirement may also collect these elements to facilitate a better understanding of the homeless population in Tarrant and Parker counties.

1. Income and Sources
2. Non-Cash Benefits
3. Physical Disability
4. Developmental Disability
5. HIV/AIDS
6. Mental Health
7. Substance Abuse
8. Domestic Violence
9. Services Received
10. Destination
11. Reasons for Leaving
12. Employment
13. Education
14. General Health Status
15. Pregnancy Status
16. Veteran's Information
17. Children's Education

I understand that I have the right to inspect, copy, and request all records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

IX. **I understand that *my records* are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed to any other entity except the Agency, TCHC and HUD without my written consent unless otherwise provided for in the regulations.**

Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection.

❷ Signature: _____ Date: _____

Relationship if minor _____

❸ Person administering this Consent Form: (**print** clearly)

Name: _____

Agency Name: _____

ROI

tchc
Tarrant County Homeless Coalition

Client Release of Information Consent Form

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

❶ Client Name:_____HMIS ID#: _____

This Agency, permitted by you, the client, has the ability to share your information contained in the TCHC CoC HMIS with other participating agencies. This sharing of information may enable agencies to better serve you. If you, the client, authorizes this sharing of information please complete the following.

❷ I, _____ (*Client's name*) hereby authorize _____ (*Agency name*) to release the following personal information contained in the TCHC CoC HMIS System "ETO" to the agencies listed on the attachment (ROI – Attachment A).

I release the above named Agency of any legal liability that may arise from the release of this information. I understand that the Agency can not release information obtained from other sources. I understand that the agency (ies) receiving this information can not re-release this information to any other agency (ies) without my expressed written consent. I also understand that this authorization for release of information will expire on ❸ _____/____/_____(*Recommended two year from enrollment date: MM/DD/YYYY.*) unless otherwise indicated.

I also understand that this release can be revoked, by me at any time and that the revocation must be signed and dated by me, and that revoking of the release will not affect information released prior to the revoking of the release.

❹ Signature _____ Date _____

Relationship if minor _____

Witness Name (Print) _____

Witness Signature _____ Date _____

Client Consent to Collect Critical Documents

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

❶ I, _____ (*Client's name*), understand and acknowledge that_____(*Agency name*) is affiliated with the Continuum of Care TX 601 (CoC) HMIS System "ETO", and I consent to and authorize the request to collect of copies of critical documents and vital records by the Agency. The documents gathered will be included in the Homeless Management Information System ("HMIS") database and shall be used by CoC Agencies to:

- Provide an electronic storage location for copies of critical documents and vital records and allow the client to access copies of critical documents that may be lost, stolen, or needed for proof of identity or reapplication for critical documents and vital records, and
- Assist in the application and/or to determine eligibility for programs and services.

Records that I consent to be copied, scanned and attached to my HMIS Client Record include: (*Check all that apply*):

- ❒ State Identification/Drivers License
- ❒ Birth Certificate
- ❒ Social Security Card
- ❒ Birth Certificate
- ❒ Medicaid/Medicare or other Health Insurance Card
- ❒ Voter Registration Card
- ❒ Veteran Status/Military ID/DD214
- ❒ Discharge Documents (ex: Prison, Hospital, Foster Care, etc.)
- ❒ Proof of Income
- ❒ Award Letters (SSI/SSDI, VA Disability, etc.)
- ❒ Hard Copy of HUD Assessments
- ❒ Other _____

Minor Children within the Household Included in this Consent:
(*If applicable*)

*Name:*_____ *Date of Birth:*_____

*Name:*_____ *Date of Birth:*_____

*Name:*_____ *Date of Birth:*_____

*Name:*_____ *Date of Birth:*_____

*Name:*_____ *Date of Birth:*_____

I understand that I have the right to inspect, copy, and request all records maintained by the Agency within the HMIS system relating to the provision of services to me and to receive a paper copy of this form.

I understand that *my records* are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed to any other entity without my written consent unless otherwise provided for in the regulations.

Additionally, I understand that participation in this critical documents and vital records collection is optional.

❷ Signature: _____ Date: _____

Relationship if minor _____

❸ Person administering this Consent Form: (**print** clearly)

Name:_____

Agency Name: _____

tchc
Tarrant County Homeless Coalition

Participant Rights and Responsibilities

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

Participant Rights and Responsibilities

As a participant in coordinated entry, you have the right…

- To be treated with respect, dignity, consideration, and compassion
- To receive services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, sexual orientation, physical or mental ability.
- To be informed about services and options available to you.
- To withdraw your voluntary consent to participate in coordinated entry, doing so will exclude you from access to some housing programs.
- To have your personal information treated confidentially.
- To have information released only in the following circumstances:
    - When you sign a written release of information.
    - When a clear and immediate danger to you or others exist.
    - When there is possible child or elder abuse.
    - When order by a court of law.
- To file a grievance about services you are receiving or denial of services.
- To not be subjected to physical, sexual, verbal, and/or emotional abuse or threats.

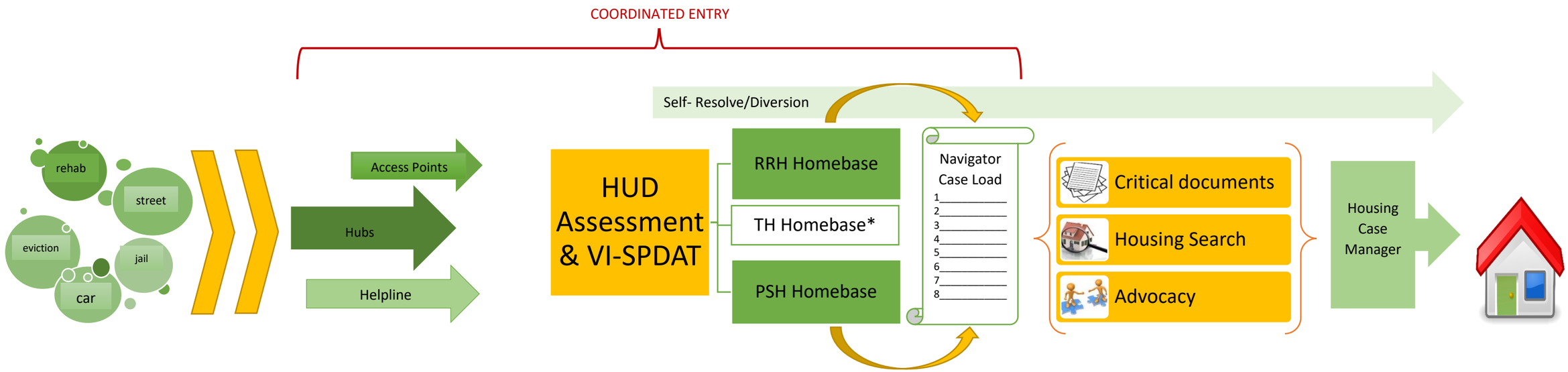
As a participant in coordinated entry you have the responsibility …

- To treat other participants and staff in the continuum of care with respect and courtesy.
- To actively participate in obtaining documents, searching for appropriate housing, and other actions necessary to obtain permanent housing.
- To let your navigator/case manager know any concerns you have about the process or changes in your needs.
- To make and keep appointments to the best of your ability, or if possible to phone to cancel or change an appointment time.
- To stay in communication with your navigator/case manager by informing him/her of changes in your location or phone number and responding to the navigator/case manager's calls or letters to the best of your ability.
- To not subject agency case managers, staff, or other clients to physical, sexual, verbal, and/or emotional abuse or threats.

Participant Signature: _____ Date: _____

Navigator/Case Manager Signature: _____ Date: _____

COORDINATED ENTRY SYSTEM
SYSTEM WORKFLOW



ACCESS | STEP 1: ASSESSMENT | STEP 2: HOUSING MATCH | STEP 3: PRIORITIZATION | STEP 4: HOUSING NAVIGATION | STEP 5: REFERRAL