

Parking Lot Questions

1. Scan card creation: Do agencies take back responsibilities to create scan cards or does HMIS keep responsibility? What is in the best interest of the clients? Scan Card Clerks were repurposed to become Assessors. Assessors have scheduled times to create new scan cards and replace expired ones or lost ones. For new scan cards they complete the HUD assessment and VI-SPDAT.
2. As a hub location do we serve people who are not enrolled? Yes, hubs assess anyone who walks through their doors.
3. What happens when families can't get into shelters? Where does the family go? Do shelters prioritize or outreach? If there are DCSF funds these can be used to put them up in a hotel. TCHC would be happy to facilitate a group of shelter providers to come up with other solutions.
4. How do we respond after hours? SOS is available until 9:00pm or 10:00pm during the week. Are there other agencies with the capacity to respond after hours?
5. How do we get through the Homebase list? What about people who need to be diverted? Who is responsible for what? The list will be divided up among the navigators starting at the top of the list and based on area served (i.e., FW, Arlington, balance of CoC). Assessors, to include helpline, will divert callers to other housing options as appropriate.
6. Who does the re-assessments after 90 days? If the client is on the navigator's list it is the navigator's responsibility to do so. If the client is in a shelter or receiving outreach services that case manager will complete it.
7. How do we navigate specific populations on Homebase (i.e., high utilizers, Arlington project only)? These components will be added to Homebase to allow navigators and agencies to filter for specific populations. This will include components for whether or not the household is an individual or family.
8. How will agencies staff for this new process? The CES team is meeting individually with agencies to find out what capacity they have for this. Some agencies are already doing both assessments to get people on Homebase.
9. Where are agencies entering clients into HMIS if the client is not a part of their program? All agencies have a program in ETO called "Coordinated Entry". If your agency does not have this option please notify Melanie or Carla to facilitate getting this added. Your agency can also send a ticket to the helpdesk.
10. Landlord engagement? We don't have enough housing. There are some agencies who are already engaging with landlords and have housing lists. Agencies with lists of their housing stock are asked to send these lists to Lanasha. The landlord engagement group has reconvened.
11. How will agencies obtain HMIS release forms when using the helpline? Agencies will have these release forms when calling with a client. If the caller is someone who isn't a part of an agency the helpline staff will direct the caller to a location where assessments are completed.
12. How do we serve/include Parker County and Mansfield? The navigator positions will be structured to cover the entire CoC. We are researching places in these areas to serve as access points. If you have suggestions of places in these areas please let us know.
13. Who works with the people at the bottom of the list? If the client is in a program that case manager will continue to work with them. An idea was brought up in the meeting about referring them to Goodwill or Workforce Solutions to focus on employment and income. There is interest by a couple of members to have a sub-committee to put together what this would look like.

Questions sent to HUD

1. What is the date the CoC's are expected to establish or update its coordinated entry process? HUD Exchange stated July 2017, CPD notice stated January 2018, and the Self-assessment stated February 2018. **January 23, 2018**
2. If a community doesn't have a sufficient number of multilingual or bilingual staff, can the CoC's helpline provide access to language line or be staffed itself with multilingual personnel and have appropriate auxiliary aids, serve as a sufficient action to provide services to participants with LEP or needing auxiliary aids? HUD referred us to the document "Prohibition against national origin discrimination affecting Limited English Proficient (LEP) persons". This document guides CoC's to take reasonable steps based on the following 4 factors:
 - a. Size or proportion of LEP clients. Should also look at how many people would be excluded if language barriers aren't removed
 - b. Frequency of contact with the program
 - c. Nature and importance of the program – will a denial or delay have life or death consequences (i.e., hospitals)? Is program crucial to day-to-day existence (employment, job training, social services)?
 - d. What resources are available, including costs

This document gives flexibility in how our CoC addresses the needs. We will need to provide some kind of interpretation services for those languages where there may not be staff to interpret.

3. Can access points refer homeless households that present at their agency but are not receiving services from them, to an access point that can serve them? Is the "referral" considered easy access if the appropriate location is close in proximity; a bus pass or other transportation available; or helpline information is provided? HUD broke this down into two questions: 1) whether access points can refer persons to other access points when the first access point cannot function as an appropriate access point for a given person and 2) what is the definition of "easy access." There also appears to be an assumption that access points provide services, which we address below.

Concerning the first question and assumption, there may be a misunderstanding of the role of the access point and the process of referring to community resources. The purpose of an access point is to provide a space (virtual or physical) to assess and refer persons experiencing a housing-related crisis to community resources, as needed, or to divert persons to participant resources and options that could be used to avoid entering the homeless system of care. Access points may serve other functions as well (e.g., co-locating emergency shelter, food services, or access to mainstream services), but those services must not be confused with the basic function that the access point is providing within the coordinated entry process.

With regard to your second question, per HUD's ***Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System***, Section II.B.2.f requires CoCs to ensure that households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household. Mechanisms to provide easy access for a household could include a helpline or other crisis hotline referral, bus pass or other

transportation option to enable the household to travel to the access point dedicated to the subpopulation to which the household belongs. All access points must be easily accessible, and must have the capacity to meet the basic definition of an access point, as outlined in the *Notice* for every population - even if certain access points have special capacity to serve targeted subpopulations.

4. CPD 17-01 Pg. 13 10. Safety Planning "address the needs of individuals fleeing dv... who are seeking shelter or services from non-victim service providers". What needs is this statement referring to? Is it requiring they have access to housing that is specifically for that population (for us this is all provided by the DV agency and given to their residents only)? or Is it requiring non-victim service providers ensure they have access to the other specialized services needed for this population (i.e. counseling, legal assistance, etc)? or Both? The CoC is required to develop a specific coordinated entry policy to address the needs of those fleeing domestic violence, etc. and are seeking shelter or services from non-victim service providers. *Individuals and families fleeing or healing from domestic violence or trauma should have access to the full range of housing and service intervention options available in their community, including prevention, diversion, rapid re-housing, and other housing and mainstream services. However, special consideration must be given to their unique and often complex physical and emotional safety needs. In particular, they might benefit from participation in housing programs that offer trauma-informed and culturally-relevant services.*

All coordinated entry staff will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point(s), whether a physical or virtual location. We will partner with SafeHaven of Tarrant County to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking. If a household is determined to be at risk of harm when an assessment is being conducted, then the coordinated entry staff should refer the household to SafeHaven using referral criteria established based on system design, program capacity, resource limitations, and placement and geography considerations. There will also be a procedure to safely refer the household to SafeHaven, preferably with a warm hand-off including a phone call, transportation, or other transition to the victim service provider. All agencies will have up-to-date information on shelters and housing options which are best equipped to serve households experiencing domestic violence based on their location, program model, and linkages to other supportive services.