

VII. Coordinated Entry Written Standards

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Section One: Background, Goals, and System Expectations

A: Regulatory Citations

- **HUD Coordinated Entry Notice CPD-17-01**
- **HUD Prioritization Notice CPD-16-11**
- **CoC Program Interim Rule: 24 CFR 578.7(a)(8)**
- **ESG Interim Rule: 24 CFR 576.400(d)**
- **HUD Equal Access Rule: 24 CFR 5.105(a)(2) and 5.106(b)**

B: Guidance Documents and Resources

- **Coordinated Entry Policy Brief**
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- **Coordinated Entry Self-Assessment**
<https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>
- **National Alliance to End Homelessness**
<https://endhomelessness.org/resource/coordinated-entry-toolkit-core-elements/>
- **Coordinated Entry and Victim Service Providers FAQs**
<https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

C: Purpose and Goals

Coordinated Entry is a shared community-wide intake process intended to match all persons experiencing homelessness with the community resources that are best able to help them enter permanent housing.

HUD requires each Continuum of Care (CoC) to establish and operate a coordinated entry process with the goal of increasing the efficiency of the local homelessness crisis response systems and improving fairness and ease of access to resources, including mainstream resources, for all persons experiencing homelessness. The Ending Community Homelessness Coalition (ECHO) is the Lead CoC Agency for the Austin/Travis County CoC (TX-503).

Coordinated entry processes are intended to help communities allocate housing and stabilization resources using focused interventions that are proven to end homelessness. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.

In Austin/Travis County's Coordinated Entry system, all households experiencing homelessness complete a standard vulnerability assessment survey (the VI-SPDAT) that considers the household's situation and identifies the best type of housing intervention to address their situation. Permanent housing programs, including permanent supportive housing and rapid rehousing, fill spaces in their programs from a prioritized community queue of eligible households generated from the standard assessment. This coordinated process reduces the need for people seek assistance at every provider separately.

The purpose of these written standards is to ensure that responsibilities and expectations of agencies and programs participating in the Austin/Travis County Coordinated Entry Process (CEP) are clear, open, transparent, and consistent.

D: Background

Provisions in the CoC Program Interim Rule at 24 CFR 578.7(a)(8) require that Continuums of Care (CoC) and recipients of HUD CoC Program and HUD Emergency Solutions Grants (ESG) Program funding establish a centralized or coordinated assessment system. Per the requirements established in this Notice, the CoC's coordinated entry process must:

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The CoC and ESG Program Interim Rules use the terms "centralized or coordinated assessment" and "centralized or coordinated assessment system;" however, HUD and its Federal partners have begun to use the terms "coordinated entry" and "coordinated entry process." "Centralized or coordinated assessment system" remains the legal term but, for purposes of consistency with phrasing used in other

Federal guidance and in HUD's other written materials, these written standards use the term "coordinated entry" ("CE") or "coordinated entry process" ("CEP").

E: Applicability and Deadlines for Compliance

Both the CoC and ESG Program Interim Rules require use of the CoC's coordinated entry process, provided that it meets HUD requirements.

Once the CoC establishes or updates its coordinated entry process to meet the requirements in HUD Notice CPD-17-01 and 24 CFR 578.7(a)(8), all CoC program recipients and subrecipients must begin using that process as required under 24 CFR 578.23(c)(9) and (11).

Similarly, once the CoC establishes or updates its coordinated entry process to meet the requirements in HUD Notice CPD-17-01 and 24 CFR 578.7(a)(8), HUD expects that coordinated entry process to be used for all ESG programs and projects within the geographic area as required under 24 CFR 576.400(d).

While not required to participate in Coordinated Entry, HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The overarching goal is for individuals and families presenting to the homeless and victim services system to have full and complete access to the housing and service resources available through both systems.

Additional homeless services programs within the CoC's geographic area can voluntarily participate within the coordinated entry process, even if not required to participate by funding sources.

These written standards as published where adopted by the Austin/Travis County CoC Membership Council on January 8, 2018.

F: Expectations of Coordinated Entry Process (CEP) Participation

a: As the Lead Agency in the Austin/Travis County Continuum of Care, ECHO will:

- Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC
- Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
- Affirmatively market the CEP to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
- Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in the CEP.
- Convene regular opportunities for ongoing planning and stakeholder consultation.
- Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
- Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
- Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.

b: As Active Participants in the Austin/Travis County CoC Coordinated Entry Process, Covered Programs and Projects will:

- Agree to follow all applicable coordinated entry written standards as adopted by the CoC.
- Agree to follow all universally applicable CoC written standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
- Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing, Emergency Shelter, Housing Navigation, Street Outreach, Homelessness Prevention, and Landlord Outreach).
- Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
- Provide timely updates to the CoC related to referrals assigned through the CEP.
- Actively participate in ongoing planning and stakeholder consultation opportunities.

Section Two: Systems Eligibility, Access, and Evaluation

G: Target Population and Eligibility

The Coordinated Entry Process is open to all individuals and families in Austin/Travis County experiencing Category One (Literal Homelessness) or Category Four (actively fleeing domestic violence) homelessness, both as defined by HUD, regardless of any potential barriers such as lack of income, criminal history, substance use, or prior program experiences.

Due to partnership with local SSVF programs, CEP is also available to Active Duty U.S. Military Veterans in Williamson County and Bastrop County who otherwise meet CEP eligibility criteria.

CEP participants may not be screened out of the process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, active or a history of domestic violence, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, criminal record, or active or a history of victimization.

CEP programs must ensure equal access to CEP regardless of the person's sexual orientation, or marital status, and in accordance to the person's gender identity and/or expression.

a: Domestic Violence and Victim Service Providers

The Austin/Travis County CoC Coordinated Entry Process is client-driven, trauma-informed and uses culturally-relevant assessment and screening tools, as well as referral policies and procedures that ensures the coordinated entry process addresses the physical and emotional safety, and privacy and confidentiality needs of participants. This includes separate access points, if necessary and appropriate, and access to all available and appropriate housing options and related

supportive services, regardless of whether the individual or family presents for intake at a victim services access point or at a more general access point.

The following requirements apply to all CEP participating programs:

- 1) No program participating in the CEP may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault, or other traumatic victimization.
- 2) In addition to the CEP integrated into the CoC's shared HMIS system, the CoC also supports a Violence Against Women Act (VAWA)-compliant Victim Service Provider (VSP) CEP specifically dedicated to victims of Domestic Violence and the programs dedicated to serving them. This internal system is maintained by SafePlace on behalf of SAFE Alliance, and housing programs dedicated to victims of DV who are required to use the CoC CEP must use this internal VSP-dedicated system, in full compliance with applicable CEP Written Standards, including the referral prioritization steps.
- 3) Any client may choose to request assistance from either or both of the CoC CEP databases. There must be fully informed consent around this choice whereby clients are informed of all potential safety concerns of choosing the CoC's shared HMIS CA system instead of or in addition to the limited visibility VSP system.
- 4) Clients may choose to be partly or wholly anonymous in either system, as described in the HMIS Policies and Procedures. ECHO and SafePlace will coordinate service and assessment data regularly to minimize risk of duplication of services or unintended service gaps.

b: Prevention Assistance

There are currently no active CoC or ESG funded Prevention programs, so the CEP is currently unavailable to individuals and families at-risk of homelessness. This section of the Written Standards will be revised as the homelessness prevention system develops.

H: System Access Options

The CEP can be accessed through the following options:

- Regularly scheduled physical walk-in locations
- Scheduled walk-in appointments
- Scheduled phone appointments
- Scheduled outreach events at rotating physical locations
- Street Outreach

A list of currently available walk-in locations can be obtained by calling 512-234-3630, by visiting the ECHO website at <http://www.austinecho.org/ca/>, or by contacting 2-1-1. Walk-in or phone appointments can be requested directly through the ECHO website, or by contacting ECHO staff directly through phone or email.

Assessors at all access points, including Street Outreach, provide the same assessment approach and standardized decision making. Access points are intentionally selected for ease of access by individuals and families seeking homeless services, as well as physical accessibility for individuals with mobility

impairments. Access points are not subdivided by subpopulation, and participants from any subpopulation may access the same process through any access point.

a: Affirmative Marketing

CoC and ESG funded programs must develop in writing, implement and document procedures used to market services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability who are least likely to apply in the absence of special outreach. See the CoC's Affirmative Marketing Written Standards for a full description of current affirmative education and messaging efforts.

b: Prevention Services

The CoC does not currently provide any prevention services through CoC or ESG programs, so there are no Prevention-specific access points.

c: Emergency Services

To minimize barriers to entry, all emergency services, including domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs maintain crisis intake procedures that do not require intake or assessment through the CEP before entry. After emergency entry, participants in these programs may freely access any available access point across the community, regardless of their emergency services site.

d: Accommodation Requests

Scheduled appointments or outreach events are available on request if program or a potential participant requires accommodation. These requests can be submitted through the ECHO website, directly to ECHO staff by phone or email, in person at any assessment location, directly to any staff person of an agency participating in CEP, or failing all other options, through Integral Care's Grievance Hotline (available at integralcare.org/en/feedback/, or 512-440-4086, as of the time of this document). Requests can be made directly by CEP participants or on their behalf by agency staff.

I: Assessor Training

ECHO is responsible for providing training opportunities to interested, qualified organizations and/or staff persons at organizations that wish to serve as access points or administer assessments. The purpose of the training is to provide all staff administering assessments access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures.

ECHO will provide these training opportunities at least once quarterly, and ECHO will revise these training materials at least once annually. At a minimum, these training opportunities will include:

- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals

Potential assessors may be trained in some or all of the CEP phases, and ECHO is responsible for certifying which phases an assessor has been trained to complete. Trained Assessors are responsible for attending refresher trainings as developed and required by ECHO to maintain their certification.

For a copy of the most current detailed training materials, see the attached Assessor Training Manual in the Appendix.

J: Data Management

HMIS is used by the CoC's coordinated entry process for collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.

For the complete description of CoC Written Standards pertaining to HMIS, data management, and privacy protections, see the HMIS Written Standards.

a: Privacy Rights

Participants must be informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

b: By-Name List Case Staffing

The CoC utilizes closed, individualized case staffing sessions to coordinate housing and support services across multiple potential community service providers.

In accordance with the Privacy Rights and HMIS Written Standards, CEP participants may opt into any of the following personal information sharing options through the CoC Release of Information:

- Having their personal identifying information actively shared as part of these service coordination meetings
- Having their de-identified personal information shared as part of these service coordination meetings
- Having no personal information other than general service need and anonymized client ID shared as part of these community meeting

Staff from programs covered by the CoC ROI are allowed to attend these meetings for the sole purpose of identifying and coordinating housing and support services.

Staff must sign in and identify their agency and service role before these meetings begin, and any agency or role not covered by the ROI is asked to leave before the closed staffing session starts.

Any client who has not provided active consent to have personal or service information shared at these meetings cannot be discussed during the meeting.

K: Evaluation and Grievances

The CoC uses the following monitoring tools to ensure transparency and community input:

1. **Regular Staff Meetings:** The CE Program Manager will meet a minimum of once a week with ECHO's Coordinated Assessment Implementation Specialists. The Program Director will meet a minimum of once a month with ECHO's Coordinated Assessment Implementation Specialists and trained assessment staff from all participant agencies. The groups will discuss a variety of topics that are relevant to ensuring the smooth operation of the program and to promote continuous learning. Topics may include team building activities, consumer case reviews, challenges and opportunities for systems improvement, and ongoing trainings.
2. **Monthly Updates:** ECHO's Housing Work Group meetings will take place on a bimonthly basis with time allowed for Coordinated Entry updates and community discussion. Meetings occur the third Wednesday of every month from 9am to 11am.
3. **Online Surveys:** Easy-to-use online surveys will be distributed electronically to homeless services providers at least once every six months during the contract year. Responses will be analyzed and used to assist Coordinated Entry staff make improvements in the assessment process.
4. **Troubleshooting:** The program director and manager will be available for troubleshooting outside of meeting times during normal business hours.
5. **Monitoring a Feedback Email Address:** The Program Director's email address will be publicized for use by all stakeholders as a means of providing ongoing feedback about program operations.
6. **Ongoing Focus Groups with Service Providers:** Focus groups will be conducted with service provider staff and/or stakeholders for the purpose to engaging in thoughtful and constructive dialogue around Coordinated Entry improvement. These groups will generally attempt to bring multiple providers together who provide similar or complementary intervention services, such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, or Veterans' Services. At least 3 focus groups will be conducted during the year.

All of these tools are intended to identify areas of potential growth or systems improvements through a diverse variety of feedback opportunities from multiple community sources.

a: Grievances

Participants must be informed of their right to file a grievance or complaint for any reason, through any of the following avenues:

- Completing an Assessment Review Request with any trained assessor
- Emailing the CEP Program Director directly at coordinatedassessment@austinecho.org
- Following the Integral Care Consumer Grievance and Appeals procedure, as currently described at www.integralcare.org/content/grievance-and-appeals

- Following the internal grievance process for any member of the CoC

b: Assessment Review Requests

- Assessors who have concerns about the accuracy of an assessment for any reason once completed may request a formal CoC Assessment Review by submitting the Assessment Review Form to coordinatedassessment@austinecho.org.
- Staff members at a community agency participating in the CEP who have similar concerns may also request a formal Assessment Review by the same process, with the permission of their direct supervisor.
- Clients who have concerns with the accuracy of their assessment once the process is complete may request that the Assessor submit an Assessment Review Form on their behalf addressing their specific concerns, or they may contact the Integral Care Grievance Department (<http://www.integralcare.org/en/feedback/>).

c: Assessment Review and Client Grievance Follow-Up

- Assessment Review Requests and Client Grievances submitted to ECHO are case conferenced by the ECHO Coordinated Entry administrative team every Tuesday morning. This case conferencing may result in a suggestion for the completion of an additional VI-SPDAT, a Full SPDAT, an additional case conference at the next Permanent Supportive Housing Work Group, or some combination thereof. The individual requesting the review will be informed of the planned action in writing, as well as follow-up steps to take if they disagree with the planned action or its results. This request, action, and any follow-up requests will be recorded and documented in HMIS.
- Clients have the right to make a complaint without fear of retaliation from any staff members. Clients shall be provided the opportunity to express any grievances or request for appeals and receive a timely response.
- Assessment review actions and information are intended to clarify, support, and expand the evaluation of participant's vulnerability and prioritization for assistance. Actions cannot be used to situationally alter program eligibility criteria or prioritization criteria for individual cases.

Section Three: Coordinated Entry Process Detailed Steps

L: Coordinated Entry Process Introduction

The processes below are to be implemented in a standardized, equitable way across all potentially eligible households.

CEP participants are freely allowed to decide what information they provide during every step of the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to any form of assistance that does not require that specific information to establish or document program eligibility. This right to sharing and refusal

explicitly covers Private Health Information such as mental health diagnosis or other specific disability diagnoses.

All data collected through the CEP is fully covered by the CoC Privacy Protections, as laid out in the HMIS Policies and Procedures.

CEP currently uses two standardized vulnerability assessment tools – the Full SPDAT and the VI-SPDAT. The VI-SPDAT is further divided into the Family VI-SPDAT and the TAY VI-SPDAT for families with minor children and unaccompanied youth, respectively.

M: Coordinated Entry Process Summary

The Coordinated Entry Process is divided into six separate phases, with the following purposes:

- Phase One: Initial Triage – Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis
 - Purpose:
 - To ensure potential CEP participants are accessing the appropriate service system to meet their needs
 - To determine potential CEP eligibility
 - To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
 - To ensure CEP participants are aware of their rights
- Phase Two: Diversion and/or Prevention Screening – Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care
 - Purpose:
 - To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)
- Phase Three: Crisis Services Intake – Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility
 - Purpose:
 - To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
 - To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness
- Phase Four: Initial Assessment – Identifying a participant’s housing needs and potential services with the intent to resolve the participant’s immediate housing crisis
 - Purpose:
 - Re-explaining and re-affirming participant rights
 - Determining potential service needs
 - Determining potential program eligibility
 - Screening for vulnerability and program prioritization

- Explaining potential housing interventions and support services
 - Obtaining informed consent to share participant information
 - Entering basic client information into HMIS
 - Documenting any observed potential inaccuracies in the assessment process to this point
- Phase Five: Comprehensive Assessment – Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.
 - Purpose:
 - Verifying and documenting eligibility for specific programs or program types
 - Identifying additional programs that are potentially available through further screening or assessment
 - Identifying individualized participant housing goals and preferences
 - Reviewing and discussing previous system experiences and past housing crises
 - Affirmatively engaging and re-engaging CEP participants
 - Further assessing cases with reported potential inaccuracies
 - Proactively offering supportive services in anticipation of potential housing intervention program openings
- Phase Six: Next Step/Move-On Assessment – Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who are already connected to existing services and may be ready for less intensive housing and service strategies.
 - Purpose:
 - Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (*currently under development in this CoC*)
 - Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (*currently under development in this CoC*)

N: Coordinated Entry Process Detailed Step Descriptions

a: Phase One Description: Initial Triage

Definition: Identifying whether the CoC crisis response system is the appropriate system to address the potential participant’s needs, or whether another system can resolve the crisis

Purpose:

- To ensure potential CEP participants are accessing the appropriate service system to meet their needs
- To determine potential CEP eligibility
- To affirmatively educate and inform participants by providing simple and clear expectations of CEP services and process
- To ensure CEP participants are aware of their rights

Initial Triage Steps:

- Introduction and description of CEP
- Verification of presumptive eligibility
 - Description of services requested by potential participant
 - Housing Status Verification
 - Location verification
 - Checking for previous assessment information
- Grievance procedure/non-discrimination complaint offer
- Referral to potential outside resources

As with all other phases, a more detailed description of steps and potential scripts is included with in the Assessor Training Manual. However, all assessment interactions must adhere to the following standards:

Participants must be informed of the CEP eligibility criteria, including that the CEP is available to any eligible potential participant, regardless of perceived barriers to housing or services.

Participants must be informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

Participants must be informed of their right to file a grievance or complaint for any reason, through any of the following avenues:

- Completing an Assessment Review Request with any trained assessor
- Emailing the CEP Program Director directly at coordinatedassessment@austinecho.org
- Following the Integral Care Consumer Grievance and Appeals procedure, as currently described at www.integralcare.org/content/grievance-and-appeals
- Following the internal grievance process for any member of the CoC

If a potential CEP participant identifies that they are in an immediate medical or psychiatric emergency, the assessor should assist the potential CEP participant by calling 911.

Once the assessor has determined that a potential CEP participant is interested and presumed eligible, they should proceed to the Diversion and/or Prevention Phase. Otherwise, they provide information about other systems and potentially appropriate outside resources.

b: Phase Two Description: Diversion and/or Prevention Screening

Definition: Examining whether existing CoC and participant resources and options could be used to avoid entering the homeless system of care

Purpose:

- To determine whether a household that is immediately entering or has already entered literal homelessness can be reunited with friends, family, or another immediate permanent housing opportunity (Diversion)

Diversion and/or Prevention Screening Steps:

- Diversion Screening
- Diversion Assistance

Any participant that is eligible for CEP screening is potentially eligible for diversion services. Detailed diversion screening and assistance steps, questions, scripts, and workflow are available in the Assessor Training Manual.

CoC diversion services must be made to a permanent housing destination, not to homelessness or temporary housing. Potentially temporary destinations (such as institutions and transitional housing programs) are only eligible diversion destinations if they commit to finding a permanent housing destination upon exit/discharge for the individual requesting diversion services.

There are currently no active CoC or ESG funded Prevention programs, so the CEP is currently unavailable to individuals and families at-risk of homelessness. This section of the Written Standards will be revised as the homelessness prevention system develops.

c: Phase Three Description: Crisis Services Intake

Definition: Determining whether a participant can be immediately enrolled in a crisis response project such as emergency shelter, crisis hotline, or short-term crisis residential facility

Purpose:

- To provide Victim Service Provider information to any CEP participant experiencing or at potential risk of experiencing Domestic Violence
- To provide emergency shelter information to CEP participants experiencing or at risk of experiencing unsheltered homelessness

Crisis Services Intake Steps:

- Victim Services/Domestic Violence Screening
- Shelter Screening

Victim Services Screening

Assessors are required to affirmatively inquire as to whether a household is in potential need of Victim Services, such as counseling, emergency shelter, or emergency hotline screening. Specific screening and observation questions are available within the Assessor Training Manual.

If a participant indicates a need or potential need for Victim Services, Assessors must:

- Offer to call the SAFE Domestic Violence hotline with the participant (currently 512.267.SAFE [7233])
- Offer the SAFE Domestic Violence hotline information for the participant to access at their own convenience later
- Offer to request that a representative of SAFE contact the participant, if it is safe and appropriate to do so

Assessors must also inform clients of the potential safety risks of placing personal identifying information into the CoC's shared HMIS database, and that they have the additional options of either entering the CoC's database anonymously, or participating in a closed, Victim Service Provider specific database through the SAFE Alliance.

As with all other steps of the CEP, participants have the right to accept or deny any of these offers and options.

Emergency Shelter Screening

CEP participants who are interested in emergency shelter should be provided with the list of current Emergency Shelter programs, eligibility criteria, and application processes, included here as an Appendix. This list also includes, as possible and applicable, other emergency service interventions such as short-term crisis residential facilities, domestic violence hotlines, drop-in service centers, and street outreach locations.

To allow for immediate crisis response, entry to emergency service interventions is not prioritized through CEP.

d: Phase Four Description: Initial Assessment

Definition: Identifying a participant's housing needs and potential services with the intent to resolve the participant's immediate housing crisis

Purpose:

- Re-explaining and re-affirming participant rights
- Determining potential service needs
- Determining potential program eligibility
- Screening for vulnerability and program prioritization
- Explaining potential housing interventions and support services
- Obtaining informed consent to share participant information
- Entering basic client information into HMIS
- Documenting any observed potential inaccuracies in the assessment process to this point

Initial Assessment Steps:

- Detailed description of the assessment process and expectations
- Gathering Informed Consent for Release of Information

- HUD Universal Data Elements
- Participant Contact Information
- Vulnerability Assessment (VI-SPDAT)
- Service Descriptions and Participant Choice
- Initial Eligibility Screening and Program Referrals
- Referral to potential outside resources
- Assessment Review Request (if applicable)

Detailed initial assessment steps, questions, scripts, and workflow are available in the Assessor Training Manual.

Privacy Rights

Assessors must use the CoC's Release of Information form to explain a client's privacy rights and options before any information is placed into HMIS. Once this Informed Consent is obtained, Assessors must enter all information into HMIS in real-time, at the time of assessment.

In addition to the Informed Consent steps described on the CoC HMIS Release of Information Form and within the HMIS Policies and Procedures, participants must be re-informed that they are freely allowed to decide what information they provide at every step of the assessment process, including refusing to answer questions entirely. Participants may also refuse specific services, housing options, and personal information sharing options without any retribution or limiting their access to any form of assistance that does not explicitly require that specific information to establish or document program eligibility. This right to refusal fully covers any specific medical diagnosis or disability information.

Participant Contact Information

Participants must be informed that the sole purpose of any personal contact information given is to be used for service coordination and future contact by potential programs. Participants providing very limited contact information should be informed that this may limit programs' ability to contact them to offer housing services in the future, and given every opportunity to provide additional information or alternate avenues of checking to see whether services have become available. Participants should also be informed that if a program attempts to contact a participant using the information provided, but cannot make contact successfully within that timeframe, that the program is allowed to move on to the next potential participant.

Vulnerability Screening

For vulnerability screening, the assessor is to use the Family VI-SPDAT for families with minor children, the TAY VI-SPDAT for unaccompanied Youth, and the individual VI-SPDAT for all other households.

If a family with minor children is currently separated, but attempting to reunite, the assessor should complete the Family VI-SPDAT if the head of household retains custody per client self-report (including shared custody) and intends to reunite immediately after move-in. For all other situations, the participant should complete the individual VI-SPDAT vulnerability assessment, then

indicate possible future changes to their household composition during the eligibility and housing plan steps.

Households may complete an additional vulnerability assessment whenever at least one of the following circumstances are met:

1. A household's composition has changed
2. More than six months have passed since the previous vulnerability assessment
3. An Assessment Review Request has been submitted and approved for an additional early assessment

Participant Autonomy

Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services.

Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services.

Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

Assessment Review Requests

- Assessors who have concerns about the accuracy of an assessment for any reason once completed may request a formal CoC Assessment Review by submitting the Assessment Review Form to coordinatedassessment@austinecho.org.
- Staff members at a community agency participating in the CEP who have similar concerns may also request a formal Assessment Review by the same process, with the permission of their direct supervisor.
- Clients who have concerns with the accuracy of their assessment once the process is complete may request that the Assessor submit an Assessment Review Form on their behalf addressing their specific concerns, or they may contact the Integral Care Grievance Department (<http://www.integralcare.org/en/feedback/>).

e: Phase Five Description: Comprehensive Assessment

Definition: Refining, clarifying, and verifying a participant’s housing and homeless history, barriers, goals, preferences, vulnerability, and prioritization for assistance.

Purpose:

- Verifying and documenting eligibility for specific programs or program types
- Identifying additional programs that are potentially available through further screening or assessment
- Identifying participant’s individualized housing goals and preferences
- Reviewing and discussing previous system experiences and past housing crises
- Affirmatively engaging and re-engaging CEP participants
- Further assessing cases with reported potential inaccuracies
- Proactively offering supportive services in anticipation of potential housing intervention program openings

Comprehensive Assessment Steps:

- Initial Income and Housing Plan
 - SOAR Pre-Screening
- Assessment Review and Client Grievance Follow-Up
- By-Name List Case Staffing
- Veteran Status verification
- PSH Navigation
 - Chronic Homelessness Verification
 - Disability Verification
 - ID Assistance
- Other Permanent Housing Navigation
 - Detailed Income Plan
 - Detailed Housing Plan
 - ID Assistance
- Outreach
 - Be On the Look-Out (BOLO)
 - Intensive Outreach

For details about Assessment Review Follow-Up, Client Grievance Follow-Up, and By-Name List Case Staffing, see Section Two.

For Details about Navigation and Outreach, see Section Four.

Initial Income and Housing Plan

Every participant should be offered the voluntary opportunity to complete an Initial Income and Housing Plan in addition to the Initial Assessment steps. Detailed Initial Income and Housing Plan steps, questions, scripts, and workflows are available in the Assessor Training Manual.

At a minimum, the Initial Income and Housing Plan must offer the participant the chance to answer three general questions:

- **Housing Goals:** Where all is the participant interested in living?
- **Income Plan:** How does the participant plan on financially maintaining those goals?
- **Temporary Shelter:** Is there somewhere safe and appropriate they can stay while their permanent housing goals are achieved?

Veteran Status Verification

The CoC has a data sharing agreement with the Department of Veterans' Affairs to automatically verify veteran status and program eligibility for veterans who wish to do so. Participants requesting veteran services should be informed that they may opt in to the CoC service, or that they may directly provide their own proof of eligibility. Participants whose veteran status cannot be found should be informed of this fact and the steps required through the VA to correct the information.

f: Phase Six Description: Next Step/Move-On Assessment

Definition: Revising referral strategies and service recommendations based upon information revealed or known after an Initial Assessment is conducted, as well as re-evaluating service strategies for participants who have already started receiving services and may be ready for less intensive housing and service strategies.

Purpose:

- Evaluating whether participants currently enrolled in Progressive Engagement RRH model project who qualified for PSH at upon enrollment into RRH may need to be referred/transferred to a PSH program (*currently under development in this CoC*)
- Evaluating whether a PSH participant may be ready to leave the program for other permanent housing with less intensive services (*currently under development in this CoC*)

Processes under this Assessment phase are still under active development in this CoC.

Section Four: Prioritization, Navigation, Outreach, and Referrals

O: Prioritization

The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Program eligibility verification is a separate process described in the Referral section.

Program eligibility and program prioritization are separate criteria. Eligibility refers to limitations on who can be accepted to a program based on the program's funding sources and other mandated or adopted

qualifying criteria. Prioritization refers to the order in which those eligible participants will be referred to that program based on common community-wide standards of relative need.

Prioritization criteria must be applied equally and fairly across all eligible potential program participants, as maintained by the CoC. Refusing or declining a specific service or program does not in any way affect a household's prioritization for comparable services. If a participant believes they have been refused services unfairly for any reason, the participant should be informed of the steps to file a grievance as described in the Grievance procedure/non-discrimination complaint offer section.

The following service interventions are prioritized by vulnerability and severity of service need, as described below:

- Permanent Supportive Housing
- Rapid Re-housing
- Transitional Housing
- Housing Navigation Case Management

To allow for immediate crisis responses, entry to the following service interventions is not prioritized:

- Emergency shelter
- Short term crisis residential facilities
- Domestic violence and emergency service hotline
- Drop-in services
- Street Outreach

Due to an absence of applicable services in this CoC, Homelessness Prevention is also not currently prioritized.

a: Permanent Supportive Housing Prioritization

In this housing intervention, the household is expected to need intensive, long-term housing case management services, including long-term rent subsidy, to regain stable housing and retain it permanently. The household's supportive service needs are usually intense, multifactorial, and expected to be of long duration.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Households that meet the definition of **chronically homeless**, as defined by HUD (as of the time of these standards, HUD Prioritization Notice CPD-16-11)
- Priority Two:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Three:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran,

Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.

- Priority Four:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Five:
 - If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

b: Rapid Re-Housing Prioritization

In this housing intervention, the household is expected to need formal programmatic assistance to get back into permanent stable housing. The household is expected to only need short-term intensive housing services to end their homelessness, but may still need some specialized long-term supportive services from community service providers to maintain stability permanently.

Once households have been successfully enrolled in a RRH Program based on this prioritization criteria, they will retain their literal homelessness status for the purposes of referral prioritization to any new or additional RRH program opportunities.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Two:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
- Priority Three:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Four:
 - If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

c: Transitional Housing Prioritization

In this housing intervention, the household is expected to need formal programmatic assistance to get back into permanent stable housing. The household is expected to only need short-term intensive housing services to end their homelessness, but may still need some specialized long-term supportive services from community service providers to maintain stability permanently.

Please note that Transitional Housing as a housing intervention differs from a short term crisis residential facilities by being a distinct, independent pathway to housing, not a crisis services intervention.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients with the highest vulnerability and severity of service need, as defined by their VI-SPDAT or Full SPDAT score.
- Priority Two:
 - Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.
- Priority Three:
 - Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:
 - Total number of nights spent literally homeless in the prior year
 - Total number of nights spent continuously literally homeless
- Priority Four:
 - If all of the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).

d: Housing Navigation Case Management

Housing Navigation differs from the other prioritized services by being a supportive intervention that targets clients towards other housing interventions, rather than a stand-alone permanent housing intervention itself. Accordingly, its prioritization metrics are based upon those other programs' variable capacity.

Households are prioritized for this intervention according to the following criteria:

- Priority One:
 - Clients in need of Permanent Supportive Housing Navigation, defined as clients with a pending PSH program opening within the following 60 days who require additional documentation or engagement to verify or obtain program eligibility.
- Priority Two:

- Clients in need of Other Permanent Housing Navigation, defined as clients with a pending RRH or Transitional Housing program opening within the following 60 days who require additional documentation or engagement to verify or obtain program eligibility.

P: Participant Autonomy

Participants must be given active choice and autonomy in selecting among all potential services and providers that can potentially meet their stated needs. Participants who are being offered a type of service based upon their vulnerability and eligibility screening questions should be informed of why these referrals are being offered, as well as the steps that can be taken to request different services.

Participants choosing a housing intervention/program that provides a lower level of services rather than the housing intervention recommended through their initial assessment responses should be clearly informed of the services they are declining, as well as how this decision could potentially affect their future eligibility for these programs.

If a potential program requires additional steps to verify eligibility, the participant should be informed of these steps and how to complete them. Participants should also be informed that they have a right to active choice in decisions such as location and type of housing, as well as level and type of services.

Participants should be informed and provided an opportunity to voluntarily detail these preferences through the CEP by completing an Initial Housing Plan, or that they can provide these details at the time of program enrollment.

Q: Referrals

Participating projects must use the coordinated entry referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services. CoC- and ESG-program recipients and subrecipients must use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

Programs must comply with all applicable Federal civil rights laws, including equal access, non-discrimination, and fair housing. Federal, State, and local Fair Housing laws and regulations require that participants not be "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

The CoC maintains an active, updated list of all programs currently receiving referrals through the Coordinated Entry system, as well as their stated program-specific eligibility criteria.

a: Referral Steps

A. Program Opening Notification

- a. Once a project knows that a unit or service will become available, the program is responsible for informing ECHO of the upcoming availability as early as feasible.

B. Referral Identification

- a. Once ECHO has been informed that a unit or service will become available, ECHO is responsible for identifying the highest priority participant who is presumed eligible and interested in that opening from their assessment information.
- b. ECHO is then responsible for sharing this household's information with the program. At a minimum, this information must include:
 - i. A summary of the household's presumptive eligibility
 - ii. A reasonable method (or methods) of contacting the household
 - iii. Documentation that the household has consented to the sharing of this information
- c. If a referral cannot be made due to a lack of required initial documentation (such as chronic homelessness documentation for CoC PSH), then the participant and any case manager navigating the case should be informed that this has occurred.

C. Referral Notification

- a. Once a participant's presumptive eligibility information has been shared with a project, the project is responsible for contacting the participant to inform them of their potential services and to set an enrollment date to confirm their eligibility.
- b. Programs are expected to contact participants to set an intake date within ten business days of receiving the household's information. If a participant cannot be contacted, see the Outreach section.
- c. This notification should include clear information about the project they are being invited to, what they can expect from the project, and what the project expects of participants.

D. Engagement and Enrollment

- a. Programs are responsible for verifying any required intervention or program-specific eligibility requirements before providing services.
- b. This enrollment process should include clear, detailed information about the project they are being invited to, what they can expect from the project, and what the project expects of participants, as well as how enrolling in these services may affect eligibility for other housing interventions.
- c. For the standardized criteria and steps to be followed in rare instances of referral rejection (including when a potential participant cannot be verified as eligible), see the Rejecting, Exiting, and Inactivating Referrals section.

E. Exiting

- a. Participants who are enrolled in a housing intervention are expected to remain enrolled until permanently housed.
- b. Programs wishing to exit a client to destinations other than permanent housing are expected to follow the same workflow as for declining or refusal an initial referral, as described in the Rejecting, Exiting, and Inactivating Referrals section.

b: Rejecting, Exiting, and Inactivating Referrals

Once the CEP has committed to serving a potential participant, the household should only be rejected from services in extremely limited circumstances. Rejection may occur due to:

- **Participant is not confirmed eligible for services at time of program enrollment**
 - *Program-specific eligibility: If a household is ineligible for a specific program, they should be informed of the specific reason for the ineligibility, then returned to the Prioritization lists to wait for comparable services.*
 - *General housing intervention eligibility: If a household is ineligible for the housing intervention they initially screened for, they should be informed they are ineligible for this type of service, then removed from the prioritization list for these services.*
- **Household presents at enrollment with a new, ineligible member**
 - *The household should be informed of the specific reason for ineligibility, then follow the steps for general participant ineligibility.*
- **Participant cannot be contacted**
 - *See the BOLO section of the Outreach policy for detailed steps.*
- **Participant refuses or declines services**
 - *Active or indirect refusal: See the Intensive Outreach section of the Outreach policy for detailed steps.*
 - *Assessment Review Request: See the Assessment Review Request policy for detailed steps.*
- **Participant has permanently left the area**
 - *“Permanent” is defined here as a departure expected to last at least 30 days. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.*
- **Participant has been institutionalized long-term**
 - *“Long-term” is defined here as an institutionalization expected to last more than 90 days, OR an institutionalization that has lasted at least 30 days, with no projected discharge date. Participants who are declined for this reason should be informed of their option to notify the CoC and restart the housing process when and if they return to the service area.*
- **Participant passes away**

These standards apply both before and after formal program enrollment. If a CEP participating program has more restrictive limitations on how a client may be rejected from services, then the more stringent standards apply.

If a CEP participating program wishes to reject, decline, inactive, exit, or otherwise cease services to a program participant for any other reason, that case should be staffed at both the Outreach and Navigation Work Group and the relevant Housing Intervention Work Group.

Rejection criteria should be clearly documented in HMIS. If client is denied based on eligibility requirements, the client must receive a written notice and be given the opportunity to appeal the denial. Projects should have this process clearly stated in Agency Written Standards.

R: Navigation

Permanent Supportive Housing Projects, Rapid Rehousing Projects, Transitional Housing Projects, and other pathways to permanent housing may have program-specific eligibility requirements for enrollment. These eligibility criteria are separate and independent from CEP Prioritization criteria, and highest priority potential referrals may need additional documentation or verification before being determined eligible for a program. The Navigation process is intended to help bridge this potential follow-up gap between initial assessment, eligibility verification, and enrollment.

a: Permanent Supportive Housing Navigation

Detailed PSH Navigation steps, questions, scripts, and workflow are available in the ECHO PSH Navigation packet.

At a minimum, PSH Navigation Services must include:

- 1) Gathering Identification Documents required for housing
- 2) Reviewing and documenting the participant's history of homelessness in detail
- 3) Reviewing and documenting the participant's disabling conditions
- 4) Staying in contact with the participant, and keeping their location and contact information updated
- 5) Actively assisting the participant in the final warm hand-off to PSH Program

PSH Navigation Services should also include:

- 1) Discussing emergency shelter options with unsheltered participants, and encouraging shelter access
- 2) Reviewing, documenting, and removing potential housing barriers with participants (such as criminal history, rental debt, utility debt, and eviction history)
- 3) Discussing a participant's housing preferences and future goals, and assisting the participant in pursuing those goals (including potential options for self-resolving homelessness, as well as potential concrete support service needs such as skilled nursing care or institutional support)
- 4) Gathering any additional program-specific eligibility documentation required to open additional PSH Program opportunities

b: Other Permanent Housing Navigation

Detailed OPH Navigation steps, questions, scripts, and workflow are available in the Assessor Training Manual.

OPH Navigation Services must include:

- 1) Discussing a participant's housing preferences and future goals, and assisting the participant in pursuing those goals
- 2) Discussing a participant's current income situation and future goals, and assisting the participant in pursuing those goals
- 3) Gathering Identification Documents required for housing
- 4) Reviewing and documenting the participant's current housing status
- 5) Staying in contact with the participant, and keeping their location and contact information updated

- 6) Actively assisting the participant in the final warm hand-off to a permanent housing program

When possible, OPH Navigation Services should also include:

- 1) Discussing emergency shelter options with unsheltered participants, and encouraging shelter access
- 2) Reviewing, documenting, and removing potential housing barriers with participants (such as criminal history, rental debt, utility debt, and eviction history)
- 3) Gathering any additional program-specific eligibility documentation required to open additional permanent housing opportunities

S: Outreach

Outreach processes are intended to “close the gap” when clients are at risk of disappearing due to lack of contact or lack of required engagement between different steps in the Coordinated Entry Process.

Outreach is intended for three potential situations:

- Participant cannot be contacted by a program (Be On the Look-Out, or “BOLO” Requests)
- Participant is actively and explicitly declining or refusing an offer for housing assistance (Intensive Outreach for Active Refusal)
- Participant is indirectly declining or refusing housing assistance through program report (Intensive Outreach for Passive Refusal)

When a client cannot be contacted, the participating program should follow the BOLO request process below. For all other situations, follow the Intensive Outreach process.

a: BOLO Requests

- 1) If a CEP participant cannot be successfully contacted by community staff at any point in the CEP process, service providers may request targeted community-wide outreach by submitting a BOLO request to ECHO.
- 2) Requests for BOLO assistance will only be approved if the requesting program has documented reasonable attempts for all available contact avenues for a participant, and is able to provide documentation of these attempts upon request.
- 3) Once a client has been marked for BOLO assistance, ECHO will share this requested information with participating community outreach partners on behalf of the participant and program.
- 4) If the participant is found within 30 days of the request for BOLO assistance being approved, then the housing process should continue from where it was left off.
- 5) If a participant has been marked for BOLO assistance during active referral for a housing program and cannot be found within 30 days of the request for BOLO assistance being approved, that program may decline the referral and move on to the next potential program participant.
- 6) If a participant cannot be found within 90 days of the request for BOLO assistance being approved, the case will be marked inactive and participant asked to complete an updated assessment if they return to request services.

b: Intensive Outreach for Explicit Refusal

- 1) If a participant actively refuses or declines a housing intervention which they previously requested, they must be actively offered that intervention at least one additional time within two weeks of the initial offer.
- 2) Participants must be informed of the option of refusing one specific program while still remaining on the prioritization list for that general housing intervention, or for requesting a different type of housing intervention.
- 3) If the participant refuses one specific program, their case will be returned to the general prioritization list to wait for the next potential program.
- 4) If the participant requests alternate services, the program should redirect the participant to a CEP Assessor to follow the same service screening steps as if these services had been requested at initial assessment.
- 5) If the participant actively declines all potential housing assistance, then the case should be staffed at the soonest following Navigation and Outreach Work Group to identify options for ongoing individualized engagement and any alternate service opportunities.

c: Intensive Outreach for Indirect Refusal

- 1) If a participant does not actively refuse or decline a housing intervention, but a program reports the client otherwise not accepting services or enrollment, the case should be staffed at both the following Outreach & Navigation Work Group and the relevant Housing Intervention Work Group (PSH, RRH, or General Housing).
 - A referral cannot be marked inactive or refused through this staffing process until every reasonable attempt to engage a client in services has been made over the course of at least 30 days, with at least 4 separate attempts occurring within those 30 days.
 - If a client's case is going to be marked inactive or refused through this staffing process, the client must be explicitly informed that this action is occurring, and what steps they can take to affect the outcome. If the participant re-engages within 7 days of this action occurring, then the housing process should continue from where it was left off.

T: Glossary/General Definitions

- *Assessment Review Request:* A process by which CEP participants, trained assessors, or participating agencies can request additional information or potential corrections in a participant's reported eligibility or prioritization information
- *Assessor Training Manual:* A detailed list of workflows and scripts followed by trained assessors during the assessment process
- *BOLO List:* "Be On the Look-Out" List; an actively managed list of individuals who have services available and waiting for them, but who are currently out of system contact
- *CoC:* "Continuum of Care;" a designated geographic area targeted for homelessness funding by the Federal government
- *CoC Work Groups:* groups of CoC services agencies offering common services that meet on a regular basis to coordinate their work

- *CEP*: Coordinated Entry Process; also sometimes called “Coordinated Entry” (“CE”) or “Coordinated Assessment” (“CA”)
- *Diversion*: a housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness
- *ECHO*: Ending Community Homelessness Coalition; lead agency of the Austin/Travis County CoC
- *Eligibility*: Limitations on who can be accepted to a program based on the program’s funding sources and other mandated or adopted qualifying criteria.
- *ESG*: Emergency Solutions Grant; a Federal funding source targeted to end homelessness
- *Fleeing or attempting to flee domestic violence*: defined by HUD, also known as “Category Four”; broadly defined literally as anyone who is actively fleeing or attempting to flee relationship-based interpersonal violence, or the threat thereof
- *HMIS*: Homeless Management Information System; a common database for program services coordination; locally administered by ECHO through a software called ServicePoint
- *Housing Navigation*: a process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility
- *Housing Prioritization List, or “By-Name List”*: a community wide list where everyone who is assessed is ranked accordingly to their vulnerability and other prioritization criteria
- *HUD*: U.S. Department of Housing and Urban Development
- *Literal Homelessness*: defined by HUD, also known as “Category One”; broadly defined as any household living outside, in a car, in an emergency shelter, in a transitional housing program, or in any other place not meant for human habitation, OR a household that was living in one of these situations before entering a short-term institutional stay
- *LOS*: Landlord Outreach Specialist; a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants
- *Prioritization*: Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs
- *ROI*: Release of Information; documented informed consent to use a participant’s personal information in specific ways
- *SOAR*: SSI/SSDI Outreach, Access, and Recovery; a streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates
- *Trained Assessor*: a person whose has been trained to conduct the coordinated assessment process.

- *Veteran*: defined by HUD; broadly defined as any individual who served at least one day of active duty in the U.S. Military
- *Victim Service Providers*: any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking
- *Vulnerability*: a combination of variables that indicate an individual or family is at a higher risk of death or harm due to continued homelessness
 - *VI-SPDAT*: a standardized, shared housing assessment called the *Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)* designed to identify a household's service needs as well as potential program eligibility.
 - *Family VI-SPDAT*: a version of the VI-SPDAT specialized for families with minor children.
 - *TAY VI-SPDAT*: "*Transition Aged Youth Vulnerability Index & Service Prioritization Decision Assistance Tool*" a version of the VI-SPDAT specialized for unaccompanied youth
 - *Full SPDAT*: A longer, more detailed, and more in-depth version of the VI-SPDAT; designed to capture vulnerability nuances and severities that may or may not be fully captured by the VI-SPDAT