

Review of Best Practices to Inform Austin/Travis County CE Redesign

Purpose

This report is a summary of the responses collected through semi-structured interviews in order to inform Austin's CE Redesign process through the experiences and practices of other communities and their coordinated entry systems. Ultimately, the interviews were collecting data to answer the following questions:

1. What are the systems and workflows other communities implement for their coordinated entry process?
2. What should a Homeless Response System do for People Experiencing Homelessness between their identification and housing?
3. What structure and processes should be implemented for a system that connects people experiencing homelessness to housing and related services?

The aim of this analysis was not to simply suggest that whatever other communities are doing should be applied to Austin; however, we are including the mechanisms and workflows collected for the purpose of exploration and discovery in the system design process. Readers should utilize this report to inspire potential solutions to identified issues in Austin's CE System.

Methods

Eleven communities were interviewed: Boston (MA), Denver (CO), Fresno Madera (CA), Hennepin (MN), Houston (TX), Maricopa (AZ), Memphis (TN), Miami-Dade (FL), Portland/Multnomah (OR), San Diego (CA), and Santa Clara (CA). Two staff from ECHO guided representatives through a structured interview of 13 questions, where they collected notes from the interviews. Those notes were individually cleaned and were used to generate themes for this report through both an inductive (generating themes from collected notes) and deductive (answering above research questions using notes) process.

The communities interviewed represent different portions of the full redesign lifecycle:

1. Santa Clara/San Diego are mid-redesign
2. Denver/Hennepin/Fresno/Maricopa/Portland describe recent completed redesigns
3. Miami-Dade explicitly rejects the framing of "discrete redesign" in favor of continuous evolution

4. Houston reported no recent redesign.

Three questions had notably sparse responses (assessment burden, exemptions, unmet needs) and are weighted accordingly. Communities consistently described their choices as trade-offs rather than ideals and that tension is included in these findings. Counts of collected themes and mechanisms are strict: a community is counted only when it explicitly stated the position in its interview notes.

A note on the trade-off pattern running through the data: nearly every theme had at least one community deliberately positioned at the opposite end, and most of those communities articulated a clear rationale. For example: Boston's procedural simplicity-over-vulnerability stance, Maricopa's inclusion of non-housing services in CE, Santa Clara's absence of case conferencing, and Houston's unified workflow are not failures of alignment with best practice — they are reasoned positions reflecting local conditions. This suggests the redesign should be framed less as "adopt the consensus" and more as "make the trade-offs visible and deliberate."

Part 1 – Inductive Themes

Below are 9 themes that appeared through the interviews collected. Each theme is documented with “citations” that show which communities concurred the theme.

Theme 1 – Active Navigation is required for Coordinated Entry to be successful

This was the single most consistent theme across communities: nearly every community mentioned structured engagement (not as the housing program performing outreach but funded or supported navigation before housing) during the period between identification and placement. This included document collection (Boston, Fresno, Hennepin, Memphis, Miami-Dade, Portland), transportation and accompaniment (Memphis, Miami-Dade), outreach attempts when contact is lost (Denver, Maricopa, Miami-Dade), reassessment when circumstances change (Fresno, Hennepin), and warm handoffs from navigators to housing providers (Memphis, Miami-Dade, Portland, San Diego). Miami-Dade was particularly explicit that the originating CE program remains accountable through the entire process as opposed to the practice of placing full responsibility on the receiving housing provider to navigate and coordinate tenant-readiness with clients.

Theme 2 – Avoiding or transitioning away from the VI-SPDAT for measuring “vulnerability”

Most communities described either moving away from the VI-SPDAT altogether, creating a hybrid assessment with custom questions, or never using the assessment in favor of a different method for prioritizing people for limited resources. Specifically, Denver, Hennepin, Maricopa, Memphis, Fresno, Portland, and Santa Clara all explicitly described phasing out the VI-SPDAT due to equity concerns, lack of validity, or its inability to generate useful matching; additionally, several created named tools similar to Austin's transition to the APAT. Conversely, Maimi-Dade and San Diego did not entirely toss out the VI-SPDAT but moved to creating new questions or hybrid assessment that incorporated more elements for equity, validity, etc. Boston was a unique case where they have not used the VI-SPDAT and don't measure vulnerability at all, instead using length-of-time homeless as the primary method of prioritization.

Theme 3 – Length of Time Homeless is a primary component of all communities' prioritization

Boston uses it as the sole criterion, on the rationale that those who can self-resolve do so within 0–90 days and remaining length thereafter is the most objective indicator of vulnerability. Denver requires 36+ months of homelessness to be eligible for PSH. Houston, Memphis, Miami-Dade, San Diego, Santa Clara, and Hennepin all reference it as one of the factors used to prioritize people for housing while Fresno is the only opposite: its CESMatch tool deliberately separates acuity from vulnerability and prioritizes within match bands by vulnerability rather than by time-based criteria.

Theme 4 – Medical or Health vulnerability is included in many communities' prioritization logic

Hennepin is the most explicit, having shifted in 2023 to make medical fragility (scored 0–9) the primary prioritization factor for single adults. Denver requires three or more disabling conditions to be prioritized for PSH. Houston centers risk of death while unsheltered utilizing a grave risk assessment for bypass functions. Fresno, Memphis, Miami-Dade, San Diego, and Santa Clara similarly integrate medical or fragility indicators. Boston is the only opposing position, having deliberately moved away from measuring vulnerability at all.

Theme 5 – Case Conferencing was the primary form of matching across communities

Boston, Denver, Fresno, Hennepin, Maricopa, Memphis, Miami-Dade, Portland, and San Diego all run regular case conferencing meetings (weekly, biweekly, or twice-monthly) as the central mechanism for matching, troubleshooting, and reviewing referrals. Portland was the most explicit and stated that case conferencing "serves as the primary referral

mechanism." Santa Clara is the clear counter-position, explicitly stating it currently uses no case conferencing. Several communities cited attempts to create automatic matching mechanisms that were not sustainable or reversed to the need for intervention from the CE system.

Theme 6 – Most communities do not have referrals for non-housing services embedded in CE

Boston discontinued non-housing referrals because the practice "did not work well." Fresno, Hennepin, Memphis, Portland, and San Diego explicitly stated that non-housing services are not routed through CE. Portland operates a parallel cross-sector case conferencing model for behavioral health, healthcare, and complex cases. Maricopa is the principal counter-position, having "developed a slate of non-housing services available through CE" including ID referrals, workforce programs, and on-site dental and medical care.

Theme 7 – Few communities utilize automation due to operational issues

Most communities explicitly chose to retain human judgment in matching, even where individual components (scoring, vacancy posting, queue ranking) are automated. Memphis stated outright that it has chosen not to automate "until all staff are proficient in current workflows." San Diego described automating housing referrals as something that "can quickly become problematic." Fresno, Houston, Maricopa, Santa Clara, and Denver all retain manual matching. Boston is the principal counter-position — its Green River CAS algorithm places clients on up to 100 waitlists automatically, and Boston noted "the primary concern with the automated system is human error rather than software error."

Theme 8 – Data Partnerships are not consistent across interviewed communities

While about half of the communities interviewed mentioned having access to healthcare data, several of those were communities in Medicaid expansion states where there is healthier access to health and benefits data. Most communities mentioned that they wanted to integrate different data sets but few were used for the purpose of matching or prioritization. Denver, Houston, Maricopa, Miami-Dade, and Portland have active data partnerships with healthcare or hospital systems. Miami-Dade's hospital data warehouse routes flagged clients into rapid outreach when they present at ER, jail, detox, or crisis units; Houston integrates with PCIC for diagnoses, jail data, and emergency utilization. Boston, Fresno, Memphis, San Diego, and Santa Clara explicitly stated they do not

currently use external data sources. The motivating logic for those with partnerships consistently centered on identifying high system utilizers and enabling proactive outreach.

Theme 9 – Client choice is prioritized but difficult to operationalize

Most communities described client choice as a guiding principle where clients can decline referrals without penalty (Boston, Denver, Fresno, Memphis, Miami-Dade), preferences are captured (Boston, Denver, Hennepin, Memphis, Miami-Dade), and PSH unit tours are offered (Memphis). However, several communities mentioned limitations in operationalizing client choice in the coordinated entry process. Houston noted client choice is "limited during the assessment phase, with the focus placed on eligibility first" while Santa Clara reported it is "currently struggling to incorporate client choice meaningfully."

Part 2 – Missing or inconclusive themes

Question 3 – Assessment Burden and how to ensure data fidelity

This question did not have enough answers across communities or provided feedback that was not extensive enough to synthesize into a single theme. Boston, Hennepin, Miami-Dade, Portland, and Santa Clara did not have responses recorded while Maricopa's response was a single sentence. Only Denver, Fresno, Houston, Memphis, and San Diego had answers documented but those responses were largely restatements of assessment length rather than feedback on how the trade-off was actually managed. There were comments on assessment length but rarely on how to effectively weigh detail against length/burden. This is a significant gap because assessment burden is precisely where the equity-vs.-data-fidelity tension surfaces, and the data does not allow for summary.

Question 8 – Inclusion of Interventions outside of PSH/RRH

Houston and Santa Clara had no responses. Hennepin's notes explicitly stated information was embedded in other sections. Boston, Maricopa, Memphis, and San Diego responses were brief. The substantive answers (Denver's PH-no-services category, Fresno's Enhanced Housing Voucher arrangement, Miami-Dade's food-and-beverage-tax-funded emergency shelter beds, Portland's locally-funded RRH exclusion) are interesting individually but too fragmented to support a single theme.

Question 10 – Documenting Unmet Needs

Denver, Maricopa, and San Diego had no responses; Boston and Houston gave very brief responses indicating they do not document. The communities that did respond (Fresno, Hennepin, Memphis, Miami-Dade, Portland, Santa Clara) mostly said they are not formally documenting unmet needs, with several expressing interest in learning from systems that do.

Part 3 – Deductive Themes based on Research Questions

This section answers the original research questions from ECHO's research proposal for the CE Redesign Research. There are two sections below to answer the two research questions with themes and citations from communities interviewed.

#1 What should a Homeless Response System do for People Experiencing Homelessness between their identification and housing?

Maintain consistent contact and proactively re-engage when clients are lost.

Hennepin identified this as a top system improvement, suggesting "funding a dedicated navigation and assessor team to maintain consistent contact with the top 10–20% of the priority list." Maricopa requires original assessors to maintain relationships with assessed clients that justifies their 90-day active/inactive policy. Memphis emphasized that "client monitoring continues until re-engagement occurs," and that losing clients is treated as a system failure to address rather than grounds for removal from prioritization. Hennepin specifically noted that the inability to locate clients is the primary obstacle to successful referrals.

Support document collection and benefits readiness. Boston staff "assist with practical housing-related tasks such as obtaining vital documents and income verification" once a match is received. Fresno's housing navigators do the work of helping clients become tenant-ready. Miami-Dade stated "CE staff now support document collection, transportation to appointments, unit showings, and meeting housing provider requirements." Portland's case-conferencing-driven workflow has staff "begin working with the client on document collection" once they enter the priority pool. Santa Clara's client engagement team works with the top 100 clients on "navigation and document readiness."

Provide transportation and physical accompaniment. Miami-Dade explicitly funds transportation. Memphis case managers "attend the client's first housing meeting." These were described as the difference between a referral and a successful placement.

Conduct diversion and housing problem-solving continuously, not just at intake.

Maricopa runs "robust housing problem-solving conversations taking place from the point

of first contact." Denver uses Supportive Services Only funding for diversion, including paying off rental arrears. Memphis runs diversion programs prior to BNL placement. Miami-Dade operates a homeless prevention assistance program. San Diego "conducts diversion conversations prior to CE enrollment" and frames CE as a tool of last resort. Santa Clara runs a shelter placement hotline and a shared housing-problem-solving fund distributed among shelters.

Connect to services that unlock additional housing eligibility. Fresno illustrated this most clearly: housing navigators connect clients to the Local Mental Health Authority, which can establish SMI eligibility and unlock No Place Like Home (NPLH) units that do not require chronic homelessness status. Service connection here functions as a housing pathway, not as a separate service-only referral. This, however, should be considered in light of most communities' lack of referrals for non-housing services through CE.

Reassess when circumstances change. Fresno built case-manager-led advocacy explicitly into the process: a case manager who believes a match is inappropriate can "advocate for reconsideration by examining the drivers of the score and documenting changes in circumstances." Hennepin formally requires reassessment after three declined referrals.

Execute warm handoffs to housing providers. Memphis was most explicit about this: "agencies receiving referrals and the client's case manager are introduced to each other through a connecting email, and a designated person holds the handoff to ensure the client knows who will contact them." Portland and San Diego use coordinating emails to bring care teams and providers together. Miami-Dade's principle is that the originating CE program "remain involved and accountable through the entire process until the client is housed."

Support tenant readiness and ADL conversations. Memphis spent considerable time on whether a client is "mentally ready for independent housing, whether they can sustain a lease after two years, and whether they will have support once housed." Memphis also flagged that clients who have spent long periods in shelter often develop adaptations that complicate the housing transition — a gap in service design between assessment and placement.

#2 What structure should be implemented for the system that connects people experiencing homelessness to housing and related services?

While there was no single consensus, nor a clear model that was "superior" to any others using evidence, there were still themes that emerged through these conversations. The

following themes should be used for inspiration or as a way to develop an evidence-based solution that counters the examples of other communities.

A single dedicated CE management entity with clear operational authority.

Communities consistently described a named entity owning the matching and queue management function: Boston (CE operations team), Denver (One Home, a single agency where all enrollment and assessment takes place), Fresno (a third-party entity formed three years ago with six dedicated staff including a system administrator, community coordinator, two matchers, a data analyst, an administrative assistant, and a full-time trainer), Memphis (CoC role with CE staff updating HMIS in real time during BNL meetings), Miami-Dade (Homeless Trust handles coordinated referrals), Portland (office of approximately 15 staff), Santa Clara (designated matchmaker). This entity is distinct from access points and from housing providers.

Population-specific tracks or parallel systems within a unified governance frame.

Memphis runs four parallel CE systems (singles, families, youth, DV — plus a recently acquired family system) with shared infrastructure. Boston operates a separate family CE under right-to-shelter law. Hennepin uses CES Connect as a parallel HMIS-alternative for minors and DV survivors because HMIS is not fully DV-compliant. Miami-Dade operates separate tracks by age and household type. Portland, San Diego, Santa Clara, and Maricopa similarly separate. Each track can have its own prioritization criteria while sharing system-level governance.

A two-phase approach separating prioritization from matching. Fresno's design separates acuity (level of care needed, which drives match band) from vulnerability (level of exposure to harm, which drives priority within band). Portland's redesign produced a separate housing preferences and matching tool used after prioritization is complete. Miami-Dade developed a Housing Needs Assessment used not for prioritization but to determine the most appropriate housing approach once a client has been prioritized. Houston is considering a future dual assessment model. This separation reduces assessment burden at intake while preserving matching fidelity.

Regular case conferencing as the central matching forum. Nine of eleven communities described this. Cadences vary (weekly in Boston and Maricopa; biweekly in Portland and Memphis; twice-monthly in Hennepin) and scopes vary (Hennepin runs separate case conferences for youth, families, shelter long-stayers, and chronic homelessness; only the chronic case conference can bypass standard priority). Memphis's BNL meeting model, where all matches are made transparently in front of attendees, allowing collective verification of client circumstances, was described as a deliberate integrity mechanism.

A lived experience advisory body with ongoing rather than time-limited authority.

Memphis's CE advisory council (which replaced an older committee) meets monthly with 8–10 participants and assesses a different component of CE at each meeting; the interviewee described this as "very helpful for gathering ongoing insight into what is working." Portland maintains a lived experience advisory body. Hennepin's Street Voices of Change has standing influence over policy. Santa Clara explicitly designed governance to start with PLE input. Miami-Dade's lesson learned was unambiguous: "effective, durable CE design requires the involvement of people doing the work, meaningful stakeholder engagement, input from people with lived experience, working groups, and youth action boards."

HMIS as the backbone, supplemented by secondary platforms for specific needs.

Hennepin uses CES Connect for DV/youth, Airtable for project descriptions, Power BI for performance dashboards, and Maxis for state benefits. Maricopa is participating in DWELL, a statewide data lake. Miami-Dade built a data warehouse combining HMIS and the public hospital's electronic health record. Houston uses PCIC. Santa Clara, struggling with by-name list functionality inside Clarity, currently pulls data into Excel as a workaround.

Provider accountability mechanisms with consequences. Maricopa uses NOFO scoring to incentivize providers to accept all referrals and is developing a "Does Not Qualify" designation for clarity. Fresno requires providers who are funder-mandated to use CE and decline a match to submit a declination form within seven days. San Diego identifies "high-denier projects" through quarterly quality assurance meetings. Hennepin's priority list coordinators push back on incorrect denials and may involve funding partners. Memphis maintains a "short list of approved reasons" for denial, all of which must be thoroughly documented in HMIS.

Substantial, structured training infrastructure. Houston's training is the most formalized example: a four-hour initial training with shadowing, monthly workgroups, and annual recertification — yet Houston still reported persistent misunderstanding of CE among providers and partners. Denver developed training modules covering provider responsibilities, vacancy input, outreach, denial policy, and the multiple denial process. San Diego revamped its office hours model to support "end-user mastery." Memphis times all system changes to a single annual launch in the summer to manage staff turnover and training load.

Recommendations

Overall, there is no consensus on what methods should be incorporated into Austin's Coordinated Entry System. In fact, some of the most critical elements that we were hoping to learn through this process received the least amount of feedback from providers. As mentioned, we recommend using this document as a starting point for design conversations and a test for comparing proposals that counter the findings in this report. Every recommendation had at least one community that had an entirely different model or method; however, there was always clear logic for doing things differently. Ultimately, Austin should do the same. If there is something we want to implement that is directly opposed to the themes and methods discovered, we should generate clear logic for those system choices and use these examples as a way to predict risks for opposing solutions. Additionally, we recommend the following:

1. Follow-up with communities to understand the challenges of automatic matching, non-housing referrals, and the incorporation of non-PH providers in CE.
2. Perform a resource analysis for proposed system changes.
3. Appoint current PLE representatives or generate a new pipeline for PLE oversight for ongoing system maintenance.

Additional Notes for the Redesign itself:

1. Most communities confirmed the necessity of PLE involvement in any redesign work.
 - a. Santa Clara built a 15-member committee with a diversity mechanism applied; Portland convened a lived experience advisory body alongside C4 Innovations; Hennepin worked through Street Voices of Change; Denver vetted assessment questions with youth, family, and individual PLE groups; Miami-Dade emphasized that systems "designed from the ivory tower" do not survive. Santa Clara framed broad community inclusion as "the most important design principle" even while acknowledging that it slows the process.
2. Most communities cited equity as the primary focus for changes in assessment and prioritization processes
 - a. Fresno weighted criminal-justice involvement more heavily to account for over-representation of Black men in CJ systems. Maricopa's evaluation surfaced racial inequities in assessment and prioritization and rebuilt its tool (MAP) in response. Denver analyzed vulnerability scores by race and ethnicity to select prioritization options producing the most equitable outcomes. Portland built priority populations (BIPOC, LGBTQIA+) into the structure of prioritization. Santa Clara removed explicit equity language "due to the political climate" but designed the tool to prioritize vulnerabilities disproportionately affecting marginalized communities.