

Welcome to the HOME-ARP Introduction to Coordinated Entry and Homeless Management Information Systems webinar. In this webinar, PJs will better understand what the Coordinated Entry (CE) process is and its role in the Continuum of Care, PJs will be able to describe the core elements of the CE process and the populations served, PJs will know what HMIS is, who uses HMIS and what information is tracked in HMIS and PJs will be able to identify data in HMIS that is useful for the HOME-ARP allocation plan.

To better understand Coordinated Entry and HMIS, PJs should have a basic understanding of the Continuum of Care (CoC). This includes key terms, how a CoC may be organized, and the roles and responsibilities the CoC Planning Body has in the development and approval of a community's Coordinated Entry system and Homeless Management Information System.

The term CoC can have several meanings. First, the CoC is the **system of services and housing interventions designed to** meet the needs of people at risk of homelessness and those experiencing homelessness. The **CoC planning body** is the regional or local planning body in a community that coordinates the housing and services funding for people who are experiencing and at risk of homelessness. This includes working with the Emergency Solution Grant (ESG) recipients and Consolidated Plan jurisdictions within its geographic boundaries. The CoC planning body also provides information to help inform the Consolidated Plan, develops a plan for allocating ESG Program funds, and reports on and evaluates the performance of ESG Program recipients and subrecipients. The CoC Board is the **collective of individuals designated to provide oversight and governance on behalf of the CoC planning body**. The CoC Board's responsibilities are defined by the CoC Planning Body.

Under 24 CFR part 578 the planning body has 4 overarching responsibilities, which they can delegate to the board to implement. These include operating the continuum of care. Designating and operating an HMIS, Continuum of Care planning and the violence against women act VAWA, emergency transfer planning. Each of these 4 are reviewed and explained in greater detail in the HOME-ARP Introduction to Homeless Services webinar. In this webinar, we will focus on the 1st, 2 of the responsibilities of the CoC. Operating the continuum of care and designating and operating a homeless management information system.

This diagram shows, 1, possible model in which a may operate, not all have the same governance structure and approval process. The CoC Planning Body is made up of a broad group of relevant organizations including jurisdictions, providers, consumers, funders and businesses that are responsible for creating a response to homelessness in the community. The CoC Planning Body is responsible for selecting a board to act on behalf of the CoC, appoint additional committees, subcommittees or workgroups and establishing and operating a Coordinated Entry (CE) system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

Ultimately, the CoC is responsible for all duties assigned in Subpart B of the CoC Program interim rule, with the exception of compiling and submitting the CoC Application and operating the HMIS. Those duties are the specific responsibility of other entities designated by the CoC.

The Collaborative Applicant is a *legal entity and eligible applicant under the CoC Program that coordinates and submits the CoC application* under an MOU with the CoC Board. Often the Collaborative Applicant's staff function as staff for the CoC

The HMIS Lead operates the HMIS on behalf of the CoC under an MOU with the CoC Board

In this next section of this webinar, we will provide an overview of the coordinated entry process. This webinar describes the components of a standard coordinated entry system without integrating HOME-ARP services and expanding coordinated entry to include additional qualifying populations that are not already served by the coordinated entry. Additional resources will be made available to assist PJs with understanding the referral methods. They may use for their HOME ARP projects and activities.

Under 24, CFR, 578 and notice CPD 17.1 all must create, adopt and meet the requirements related to the use of coordinated entry. CE is defined as a centralized for coordinated process, designated to coordinate program, participant intake and assessment and provision of referrals within a defined area. There are 4 key components to coordinated entry. are four key components to coordinated entry assess assessment, prioritization, and referral. A continuum's CE process makes it possible for shelter, housing and service partners to manage high demand for limited housing resources by increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources.

CoC Coordinated Entry Systems are created through consultation and collaboration with the ESG grantee and service providers within the CoC. Many communities also consult with other stakeholders including people with lived experience of homelessness.

The CE is approved by the CoC's Board in accordance with the current Governance Charter requirements adopted by the CoC. Changes, additions or expansions of the CE system may have to go through review and approval by the CoC Board or other bodies designated for that task. As mentioned earlier, not all CoCs have the same governance structure and approval processes. If a PJ is considering using CE as a possible referral source for HOME-ARP programs or activities, it is important to discuss these processes with their CoC(s) during the consultation process.

CE must also cover the entire geographic area of the CoC. It is possible a PJ's geographic area and a CoCs geographic area to do not align exactly. PJs should note that there may be more than one CoC within a PJs geographic area when considering using CE for HOME-ARP projects or activities.

Before using a CoC's CE system, PJs should consider whether the CE system covers the same geographic area as the HOME-ARP project or activity that would use that CE system. This will be especially important for PJs whose geography covers multiple CoCs or PJs whose geography is smaller than that of the local CoC CE system. HOME-ARP requires that at a minimum, the PJ must establish policies and procedures that describe the relationship of the geographic area(s) served by the project or activity to the geographic area(s) covered by the CoC CE system. If more than one CoC is involved, the PJ will need to coordinate with both/all of them to create consistent access and referral processes for the PJs projects and activities.

This diagram shows what a CE system may look like in a community, before expanding to include HOME-ARP projects and activities. People at risk of homelessness or experiencing homelessness connect with the CoCs CE through a centralized access point, where they are assessed. The assessment gathers information on household strengths, needs, preferences, barriers to regaining housing. Based on the household's needs and the CoCs established priorities, households are then referred to the type of housing or services that will best meet their needs.

There are four components of CEs. Access refers to how individuals contact the CE system. CoC's may create a centralized access point or a "no wrong door" (multiple sites) approach. The CE process must offer the same assessment protocol at all access points.

CoC's may create separate access points for specific populations including; Adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, dating violence or sexual assault and persons at risk of homelessness. Creation of separate access sites is not required. But if used, these access sites must still follow the written standards of the CE system.

CoC's must adopt one or more standardized assessment tool(s) for the CE system. Staff at access points complete an assessment protocol on all individuals presenting for services. The assessment gathers information on household strengths, needs, preferences, barriers to regaining housing.

CoC's must establish written policies and procedures to prioritize households based on level of vulnerability and need.

Prioritization policies reflect the needs of the community. Prioritization reflects the need to house the most vulnerable. Those with higher vulnerability are prioritized above those with lower levels of vulnerability. Prioritization attempts to address inequities among those experiencing homelessness. CoC's must establish and follow a written process to make referrals to prevention, housing and services. The CE referral process does not determine eligibility for housing or services. For HUD CoC and ESG projects determining eligibility is a project level requirement.

Understanding how coordinated entry operates in a community can help PJs, determine possible referral methods for the home projects and activities.

PJs are required to provide access to HOME-ARP projects and activities through one or more of the HOME-ARP referral methods. There are three referral methods available to PJs for their HOME-ARP projects and activities. These are the use of expanded coordinated entry, the use of CE with other referral methods and/or the use of a project activity waiting list.

A PJ may choose to use different referral methods to meet the needs of different HOME-ARP projects or activities. In addition, a single project or activity may use more than one referral method, but a PJ must ensure there is consistency in such instances to ensure fairness and equity. Regardless of the referral method(s) used, the PJ must determine and document that beneficiaries meet the definition of a qualifying population.

PJ should consider when utilizing coordinated entry as a referral method for its HOME APR projects. If a PJ is considering utilizing coordinated entry as a referral method for its HOME ARP projects or activities, the PJ and the CoC should discuss what the priorities are, and how they may align with the PJ's HOME ARP priorities. They must discuss that the process for determining eligibility will need to be updated to incorporate the HOME ARP qualifying population definitions and they should discuss what the process for amending the coordinated entry is. A PJ may use coordinated entry for referrals for home projects and activities.

A PJ may permit the coordinated entry to collect information and documentation required to determine whether an individual or family meets the criteria of a qualifying population as long as that information

is not used to rank a person for home assistance. Other than what is specified by the preferences or method of prioritization established by the PJ.

If a PJ does decide to use CE as a referral source, the PJ will need to consider if they will use CE for all or some of their HOME-ARP projects or activities. A PJ may use the coordinated entry or coordinated entry process of a CoC for referrals for projects and activities by either using an expanded CE or using CE with additional referrals from outside organizations or project specific waiting lists.

If a PJ does decide to use CE, then the PJ will want to be sure the CE geographic area aligns with the HOME-ARP project or activity geographic area. If the geographic areas differ, the PJ will need to consider what other referral methods will be used to ensure access across the entire PJ geographic area.

If using HOME-ARP Expanded CE as a sole referral source, the PJ will also need to know how will the CoC need to expand the CE system to include all Qualifying Populations under HOME-ARP. If the CE does not include all 4 QPs, PJs will need to use CE plus other HOME-ARP referral methods or only a project/activity waiting list. More information on how coordinated entry systems might be adapted for the HOME APR Program can be found on the HUD Exchange.

As part of the process to develop its HOME-ARP allocation plan, PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system.

HMIS is the data system in which CoCs collect data on persons experiencing homelessness and those at risk of homelessness, including specific reports such as the annual Point in Time Count and Housing Inventory Count.

A Homeless Management Information System (HMIS) is the information system designated by the CoC board to comply with the requirements of [CoC Program interim rule 24 CFR 578](#) and described in the [ESG regulations found at 24 CFR 576](#). It is a locally implemented data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.

The U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) requires CoC boards to establish an HMIS as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects funded by HUD that target services to eligible individuals and families at risk of or experiencing homelessness. It is also used by other federal partners from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs and their respective programs to measure project performance and participate in benchmarking of the national effort to end homelessness.

The CoC is responsible for designating the HMIS Lead agency. This agency is responsible for operating the HMIS on behalf of the CoC under an MOU with the CoC Board. HMIS is the locally implemented data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness. The CoC collects data in HMIS that can be used to complete sections of the Needs Assessment and Gaps Analysis. Beyond the Allocation Planning process, HMIS could be considered as a tool to collect client level data and participate in the system performance measures with the local CoC.

PJs and CoC will need to determine how HMIS can help during the Allocation Plan process and during program implementation.

Recipients of CoC and ESG program funds are required to use the HMIS system. Those service providers not receiving CoC/ESG program funding that operate within the geographic boundaries of the CoC are highly encouraged to also use the HMIS. Other federal partners including HHS and the VA also require some grantees to use the system.

Within these requirements there are exceptions to the rule. For example, projects funded by HUD that provide services for victims of domestic violence, as described in the [Violence Against Women Act \(VAWA\)](#) are required to use a comparable database to ensure the privacy and safety of the individuals served. A comparable database is a **relational database that meets all HMIS Data Standards** and does so in a method that protects the safety and privacy of the survivor.

HMIS data is used in several ways within a CoC. HMIS data is used to provide information to Congress about the state of homelessness at a National Level. At the local system level, HMIS can be used to evaluate housing and services needs within the community, including the number of people at risk of or experiencing homelessness; The vulnerability and needs of those experiencing homelessness; The inventory of housing interventions available, often broken down by sub-populations. This information can help CoCs identify gaps and needs within the CoC system.

At a program level, HMIS can produce reports on client characteristics, use of services and program outcomes. Some systems also include financial and other management data. Some of the data collected in HMIS aligns with the data needed to report HOME-ARP beneficiaries in IDIS. PJs may want to consider discussing with the CoC the possible use of HMIS for HOME-ARP projects.

HMIS collects data at two levels, Universal Data Elements (UDEs) and Program Specific Data Elements. Universal Data Elements (UDEs) are required to be collected by all projects participating in an HMIS, regardless of funding source. These UDEs focus on collecting demographic, household composition and homeless status.

Program Specific Data Elements have been developed by HUD and other Federal Partners to capture information to meet the statutory and regulatory requirements of federally funded programs using HMIS. Some of the program specific data elements are collected across most Federal Partner programs. There are two types of program specific data elements; Common Data Elements that are collected for all programs of a specific type and Program Data Elements that are required by a specific funding source. These data elements may help CoCs in monitoring and planning service delivery and identifying client outcomes.

There are several data elements collected in HMIS that align with data elements required for IDIS. For example, demographic data on race and ethnicity can be used to report beneficiary data in IDIS. Information on the household size is also collected in HMIS.

Program specific data can also be helpful when reporting data needed for IDIS. For example, at activity setup for TBRA programs, IDIS requires PJs to report on the total number of units designated for homeless persons and families and the number of units designated for homeless persons and families, and number of which are for the chronically homeless.

CoCs often collect a lot of data that may be useful to a PJ as part of the allocation planning process. This includes data on who is experiencing homelessness in the community and how the homeless services system is currently serving them. CoCs can also provide data on the current homeless services and housing available in a CoC and any gaps in the service system.

In addition, CoCs often have other resources or data on race and ethnicity, gender, subpopulation characteristics (Veteran status or fleeing DV), and household size to understand gaps in the service system.

PJs should take note that HMIS may not be a complete answer. HMIS data may not cover all available services in the geographic area. HMIS may not cover all QPs eligible under HOME-ARP. HMIS may not cover projects that are not funded under HUD CoC or ESG program funds.

PJs may want to consider using HMIS to collect information for HOME-ARP projects or activities. Some sources of funds require the use of HMIS. If a HOME-ARP project/activity includes these funds, they will be required to enter data in HMIS. HMIS is also a helpful tool to track system performance measures across housing and homeless services for a community. Entering data into HMIS can allow the community to have a better understanding of the progress made toward achieving goals on housing and homelessness and identify additional gaps or needs within the community.

In conclusion, continuums of care are required to develop a coordinated entry process that provides access, assessment, prioritization and referral to services and housing for all individuals who are at risk or experiencing homelessness.

If a PJ is considering HOME-ARP Expanded CE as a referral method the PJ should collaborate with the CoC Board to make the required changes to the CE.

Continuums of Care (CoC) are required to identify a local Homeless Management Information System (HMIS). This data base tracks information at the client and project level.

HMIS data may be a valuable resource for PJs in determining their HOME-ARP allocation planning. However, HMIS data may not cover all QPs under HOME-ARP and may not contain a complete inventory of local housing and services available in the geographic area.

That concludes our webinar. Thank you.