

Coordinated Entry Management and Data Guide





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Introduction and Purpose of Guide

Coordinated entry (CE) is larger than a single grant or a program; it is a key component of a comprehensive crisis response and a way of structuring your Continuum of Care's (CoC) system of care so that it fits together intentionally and efficiently, resulting in more efficient use of resources and improving the fairness and ease of access to resources, including mainstream resources, while prioritizing people who are most in need of assistance. Managing and evaluating such a complex system rely on data collected about participants as they move through the system of care.

The data collection needs for coordinated entry are significantly more complex than for a single project or even a collection of projects. To understand whether the system is functioning as planned, new data points must be combined with existing Homeless Management Information System (HMIS) data on individual participants already required to be collected in a CoC's HMIS. These data will allow for monitoring, managing, and evaluating the coordinated entry process. By looking at how the system functions together with participant progress, a CoC can begin to understand whether the pathways it has created for participants are effective.

Successful implementation and operation of coordinated entry require policy oversight and day-to-day system-level management. This guide expands on the policy and management responsibilities described in the U.S. Department of Housing and Urban Development's (HUD) [Coordinated Entry Core Elements](#) document and its [Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) ("Coordinated Entry Notice"). This guide discusses aspects of coordinated entry management and evaluation, data privacy and security, and use of data to guide system change efforts, organized as follows:

- [Chapter 1: Policy and Management Roles and Responsibilities](#)—the policy, management, and evaluation roles and responsibilities required to implement a successful coordinated entry process
- [Chapter 2: Data Privacy and Security](#)—the requirements associated with collecting, using, and disclosing participant information in digital, paper, and verbal formats for the coordinated entry process
- [Chapter 3: Data Systems](#)—key functionalities to consider when selecting a data system
- [Chapter 4: Annual CE Evaluation](#)—how to use collected data and additional sources of information to meet evaluation requirements, including for compliance evaluations, effectiveness evaluations, and process assessments



Chapter 1: Policy and Management Roles and Responsibilities

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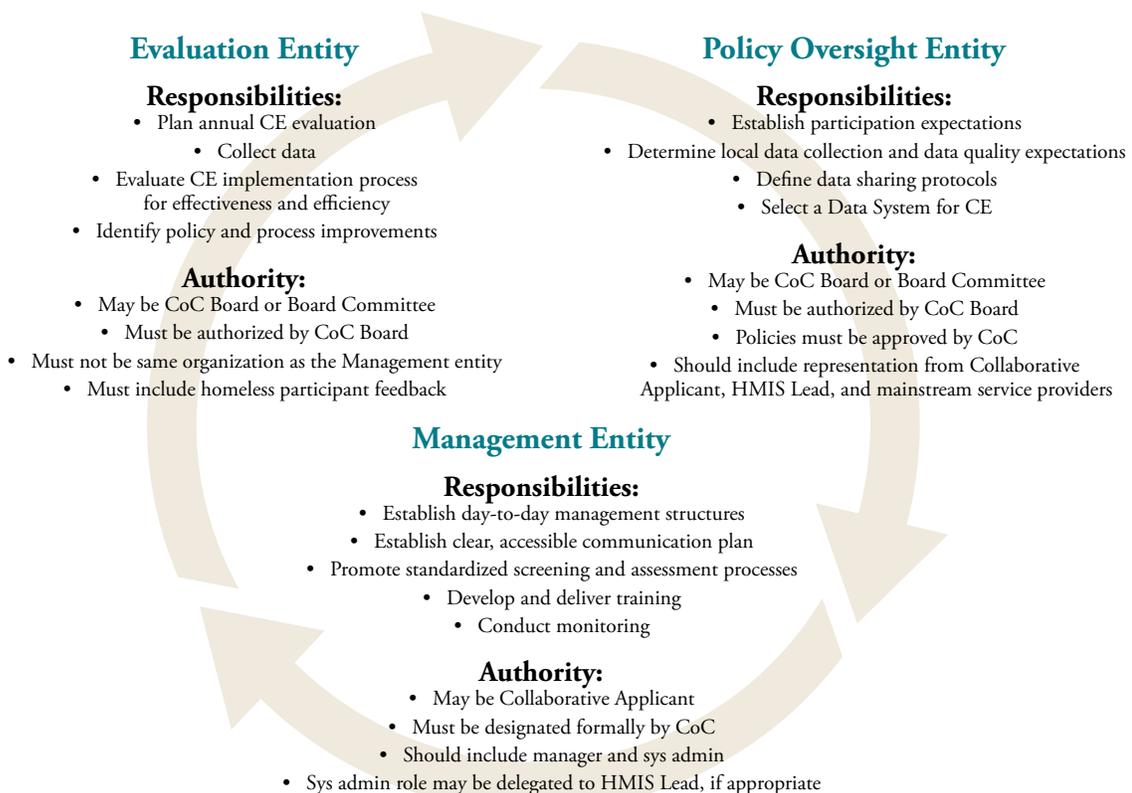
As a system-level process, coordinated entry requires intensive coordination and communication among all the projects and agencies in the CoC and, ideally, all of those otherwise available in the community to serve individuals and families experiencing homelessness, including programs that can serve that population but may not be targeting it. A formal policy and management structure will facilitate both.

To complete the work associated with coordinated entry requires:

- a *policy oversight* responsibility to establish and review policies and procedures
- a *management* responsibility to implement the day-to-day workflow of the process
- an *evaluation* responsibility to assess the performance of the system and create a feedback loop to the policy oversight entity

These responsibilities can be executed separately by different entities or combined and managed by a single entity or body identified by the CoC to carry out the corresponding tasks.

Coordinated Entry Implementation Entities and Responsibilities



1.1 Policy Oversight Entity

For many CoCs, developing and implementing coordinated entry will be their most far-reaching system change effort. Coordinated entry is a complex, evolving process that requires continual monitoring and adjustment. Policy-level oversight ensures that the goals and standards for coordinated entry developed during the CoC's CE planning process are being met. Oversight also can help increase buy-in and ongoing engagement in coordinated entry when that oversight involves representatives from the CoC, provider organizations, community stakeholders, and programs funded by federal, state, and local entities that can offer resources to individuals and families experiencing homelessness.

Policy Oversight Entity Composition

Ongoing implementation oversight is usually done by the CoC Board, a CoC committee, or other governing body designated by the CoC. In many cases, the oversight entity is the coordinated entry planning group—its focus shifted to monitoring operations and reviewing and recommending policy additions and changes to the CoC.

If the oversight entity will not be the CoC Board or a CoC committee, that entity's authority, membership, leadership, and connection to the CoC should be formalized and documented in the CoC's governance charter. Establishing its connection to the CoC is important because the CoC is responsible for developing and implementing coordinated entry.



Required: As with the coordinated entry planning group, “the CoC should include relevant mainstream service providers in...coordinating services and assistance...and conducting activities related to continual process improvement.” [Coordinated Entry Notice](#)

Policy Oversight Entity Roles and Responsibilities

Each CoC's policy oversight entity may function slightly differently, but the core responsibilities are to establish and oversee the policies that allow the coordinated entry process to operate in accordance with the planning group's decisions related to coordinated entry's core elements: Access, Assessment, Prioritization, and Referral. This will require building off the decisions made in the planning process in four core areas:

Establishing participation expectations

Consistent with the protocols defined in the planning phase, the CoC will need to outline the expectations for participation in coordinated entry. This includes CoC expectations for use of appropriate assessment tools, participation in case conferencing or other coordination mechanisms, use of the coordinated entry process to fill project vacancies or openings, addressing the safety needs of survivors of domestic violence, and the associated incentives or penalties associated with meeting or failing to meet those expectations. Case conferences may take various forms, but generally constitute any meetings of coordinated entry staff from multiple projects and agencies to discuss cases, resolve barriers to housing, and make decisions about priority, eligibility, enrollment, termination, and appeal.

For all participating agencies, role expectations must be clearly described and well documented. The CoC should also outline the responsibilities of the CoC to the participating agencies, including training, staff resources, and data collection and analysis support. In some CoCs, coordinated entry may involve agencies new to the homeless system; for them, the implementation plan must include a comprehensive orientation to the system as well as ongoing support. All affected staff should receive ongoing training on the operating policies and procedures.



Required: The [Coordinated Entry Notice](#) “establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grant (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system.”

“Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received.”

Victim service providers that receive CoC Program funds must participate in a CE process. Victim service providers that receive ESG Program funds or other funding sources can also participate in the CE process and are encouraged to do so. Victim service providers may choose to use the CoC’s CE process or a CE process specific to victim service providers in the area, provided that the alternative process meets HUD requirements in the [Coordinated Entry Notice](#). The term “victim service provider,” as defined in [section 401 \(32\) in the McKinney-Vento Act](#), is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. That definition includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Determining local data collection and data quality expectations

Data collection expectations will vary significantly based on the configuration of core elements in a CoC’s implementation of coordinated entry. CoCs must establish parameters for how each data collection expectation will be met and which entity, project, or project type(s) is expected to collect the data. The CoC must establish written procedures for how and by whom these data are to be collected.

The HMIS Lead should be included in planning for managing data in the coordinated entry process. The HMIS Lead can provide information about HMIS capacity and limitations; help identify which data system will best support coordinated entry implementation consistent with the data collection expectations; and provide information about HMIS requirements and regulations as they apply to the chosen CE data system. In addition, planning for data collection and management should be aligned with the evaluation planning discussed in Section 1.3.



Required: “Participants must...be free to decide what information they provide during the assessment process. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.” [Coordinated Entry Notice](#)

Defining data disclosure (sharing) protocols

HUD supports sharing—referred to in this guide as “disclosing”—participant information provided that the information is disclosed securely and only for appropriate purposes as described in the CoC’s Privacy Notice. Any data disclosures outside the scope of the Privacy Notice require participant consent. Detailed considerations are described in [Chapter 2: Data Privacy and Security](#).

Data disclosures for the purposes of CE are not required in the [Coordinated Entry Notice](#), but HUD encourages CoCs to disclose data for CE in accordance with the privacy and security standards in HUD’s 2004 HMIS Data and Technical Standards, which are outlined in Chapter 2. Meaningful, phased assessment processes are unlikely to be possible without data disclosures

and may be very challenging to complete without the infrastructure and protocols developed in coordination with the HMIS Lead. Many CoCs recognize these benefits and choose to disclose data as part of the CE process.

As a CoC discusses data disclosures for CE, it should recognize that disclosures are not “all or nothing.” Disclosures vary by *what* data is disclosed, to *whom*, and *when*. A CoC should design its coordinated entry process so that participant information is shared only when needed to access housing and supportive services and not shared when the information is not necessary for the coordination or delivery of these services. That is, data should be shared on a “need to know” basis, in the context of the participant’s needs and the CoC’s Privacy Notice.



Required: “The coordinated entry process must ensure adequate privacy protections of all participant information. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” [Coordinated Entry Notice](#)
The policies and procedures must clearly indicate where the client’s consent is necessary for sharing client information and where it is not necessary for sharing information.

HUD regulations govern the use of HMIS, including privacy and security standards for protecting program participant information. Note that any participant data collected and managed in non-HMIS systems must be managed according to the HMIS privacy and security requirements as established by the Coordinated Entry Notice at II.B.13.

Selecting a data system

Data management systems can support a wide range of coordinated entry activities. Functionality varies across different software products. The CoC will need to determine what functions are most important, and then select (or work with its HMIS solution provider to design) software that meets those functional needs. [Chapter 3: Data Systems](#) describes potential functionalities and critical process steps to selecting a data system.

“HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community’s coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS.” [Coordinated Entry Notice](#)

Victim service providers are required to establish a comparable database. A comparable database collects client-level, identifiable data over time and generates unduplicated aggregate reports based on the data, in accordance with HUD’s HMIS requirements, and adheres to HUD’s HMIS privacy and security requirements at a minimum. Victim service providers must not enter or provide identifiable information about a participant for entry into an HMIS. The term “identifiable information” means any information about a victim that directly or indirectly identifies the household. This can include name, physical address, contact information, Social Security number, and any other information that in combination with any other non-personally identifying information would serve to identify the household. Depending on how the CE data system is set up, this comparable database could also facilitate participation in the coordinated entry.

1.2 Management Entity

The day-to-day operation of coordinated entry involves staff, recordkeeping documentation, technology, and other infrastructure that supports the implementation of coordinated entry at the CoC or homeless system level. Managing these functions is usually carried out by an organization, committee, or other entity designated by the CoC. The management entity can be the organization that serves as the Collaborative Applicant for the CoC or that provides other staff support to the CoC. HUD does not require that the Collaborative Applicant manage coordinated entry.

During the planning for management of coordinated entry, the planning group and other relevant CoC stakeholders should consider the specific needs of the community, the financial and other resources available to support a management entity, and the attributes the management entity needs in order to successfully implement and operate coordinated entry as planned for the community.

Attributes of an effective management entity include the following:

- Technical acumen to perform the activities required for management of the coordinated entry process in compliance with HUD regulations and the CoC's written policies and procedures, and at a specified level of quality
- Capacity to support coordinated entry within the timelines and processes of the CoC's implementation plan
- Demonstrated respect and trust for other stakeholders in the coordinated entry process
- Commitment to objectivity and transparency in managing coordinated entry
- Procedures to disclose any conflicts of interest and to maintain participant privacy and confidentiality

Planning should consider how management of coordinated entry for participants will be integrated with the management of coordinated entry for domestic violence and other survivors if the two processes are not fully integrated.

All CE staff should be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access point(s) that are not explicitly designated for persons fleeing domestic violence. CoCs should partner with their local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence. Through this partnership, a protocol should be developed to address immediate safety concerns while CE staff work to find a permanent housing placement.

Coordinated Entry Management Staffing

The management staffing pattern of a CoC's coordinated entry implementation will vary based on the coordinated entry process it develops, its capacity, and the resources it has available. The most effective coordinated entry implementations designate two roles: (1) a coordinated entry manager or coordinator who works for the management entity to lead the coordinated entry day-to-day process; and (2) a system administrator to oversee data entry for the coordinated entry data system.

The design of the coordinated entry process and the responsibilities assigned to the management entity will determine the intensity of the manager/coordinator and system administrator positions. In some CoCs, the management functions can be combined with

other responsibilities and performed by a single staff person. Some CoCs have found that the management position is best filled by someone with direct service experience who has or acquires extensive knowledge of the homeless system. Similarly, the system administrator for the CE data system may be assigned to the HMIS Lead, if appropriate, or designated elsewhere.

Beyond management, specific staffing requirements for each phase of the coordinated entry process are discussed in the [Coordinated Entry Core Elements](#) document. Some factors in determining staffing requirements include expectations for the number of participants who will access coordinated entry, the experience and education requirements established for coordinated entry staff, and the resources that are available to support staffing. In some cases, existing staff can be retrained and reassigned to new coordinated entry roles. Staff working in participating housing and supportive services projects also will need to be trained in the new referral process. See the [Coordinated Entry Community Samples Toolkit](#) for sample job descriptions.

Management Entity Roles and Responsibilities

Whatever entity or entities are designated to manage the coordinated entry process, the CoC must ensure that the management entity has the formal authority to compel all providers included in coordinated entry to meet the expectations, standards, and responsibilities set for them by the CoC. If this authority is not inherent in the entity's position in the CoC, it must be explicitly conferred through a Memorandum of Understanding (MOU) or other document that outlines the management role and responsibilities, with that authority explicitly documented in the CoC's governance charter or other similar documentation.

The documentation should outline requirements for reporting to the CoC, a process for communicating about policy issues, and procedures for working with agencies that are not following coordinated entry protocols. In all cases there should be a provision to regularly evaluate the performance of the management entity to make changes and improvements as needed. See the [Coordinated Entry Community Samples Toolkit](#) for sample documents.

Although different entities can, and in some cases should, take on separate aspects of the management tasks, a comprehensive management structure will, at minimum, address the following:

Establishing day-to-day management structures

The activities performed by the management entity should be described in the policies and procedures for the coordinated entry process. Management activities may include:

- Facilitating various committees and forums to coordinate referrals and review the coordinated entry process. This includes case conferences; meetings of assessors to coordinate referrals; project management meetings with agency supervisors to discuss operations, performance, and monitoring; and policy meetings with agency leadership and other CoC and community stakeholders
- Administering the grievance and appeal process for situations that are not resolved at the provider level



Required: “The CoC’s written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.” [Coordinated Entry Notice](#)

- Supporting existing or building new collaborations with ESG recipients so that ESG written standards are consistent and ESG providers are participating in a realistic way
- Supporting existing or building new collaborations with mainstream resources



Required: “The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement.” [Coordinated Entry Notice](#)

- Documenting costs of operating coordinated entry and identifying eligible funding opportunities for those costs
- Monitoring coordinated entry requirements from funders

Establishing a clear, accessible communication plan

Dedicated communication and coordination methods should be documented in the policies and procedures for each step in the coordinated entry process. This could include:

- Identified points of contact for coordinated entry questions and information at each agency
- Dedicated email addresses and procedures for communicating about participants
- A website for forms and news, possibly with a secure area for private communications
- Methods for development and distribution of waiting lists
- Procedures for communication about enrollment vacancies and referrals of selected participants

Promoting standardized screening and assessment processes

During coordinated entry planning, standard forms should be developed for each step of the coordinated entry process. When developing these forms and processes, the management entity should follow the sequence and decision logic of the coordinated entry process and stages to make data collection efficient.

For agencies that want to document assessments or other parts of the process in their coordinated entry data systems, the management entity should establish expectations for electronic entry of that written documentation, consistent with the data collection expectations and privacy and security requirements established in this guidebook.



Required: “CoCs’ written policies and procedures for coordinated entry must: describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined... If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.” [Coordinated Entry Notice](#)

The management entity and each agency that will participate in coordinated entry should review the forms together for clarity and ease of use. The management entity should maintain up-to-date versions of forms and document any changes, noting the date of the change, reason for the change, and the entity requesting or making the change. Forms, including any changes, should be regularly reviewed during the coordinated entry implementation meetings.



Developing and delivering training

Required: “The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry process, including its written policies and procedures and any adopted variations.” [Coordinated Entry Notice](#)

Conducting monitoring

A critical coordinated entry management function is monitoring of system-level processes to ensure the CE is functioning as planned and system efficiency goals are achieved. A coordinated entry manager will also need to monitor the status of participating providers’ compliance in using the CE process and outcome monitoring to gauge the extent to which system performance objectives are being achieved. This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs’ fidelity to the coordinated entry policies and procedures. For example, system monitoring ensures CE assessment processes are standardized across the system to promote inter-reliability of assessment results; project monitoring ensures CE assessments are conducted in accordance with CoC-adopted CE policies and procedures. The intent of both system and project monitoring is to ensure housing and supportive services providers adhere to the CoC’s written standards for prioritization and assistance and to coordinated entry policies and procedures as appropriate for the project.

There is a significant overlap between data collection and analysis related to monitoring and those related to evaluation, which is discussed in the next section. Monitoring should focus on the question of whether the CE is being implemented in the way it was designed, and whether individual agencies are appropriately engaging with and participating in the system as established by the CoC. Evaluation should focus on the question, is the system, as established by the CoC, the most efficient and effective system structure to move people quickly out of homelessness and prevent more homelessness?

Participant status and outcome reports from HMIS or other CE data systems should be reviewed as part of regular (monthly or quarterly) assessments of system performance.

Other data sources may be needed to explore questions of fidelity such as these: Are the access points advertising as they are supposed to and reaching the hard-to-reach audiences? Are providers operating according to the rules that lower barriers? Are assessors assessing properly? Are participants being prioritized appropriately? Are case conferences and referral meetings following guidance and CoC prioritization standards? Are CoC projects filling project vacancies only through referrals from the CE referring entity? Are participants being rejected from agencies to which they are being referred?

1.3 Evaluation Entity

In the context of coordinated entry, evaluation is the process of using participant and provider data to measure the functioning of the CE process. The [Coordinated Entry Notice](#) requires ongoing planning and stakeholder consultation concerning the implementation of coordinated entry. At least annually, the CoC must solicit feedback from participating projects and from participants. Once the evaluation is complete, the CoC must use the feedback received to make necessary updates to the coordinated entry operational practices and document those changes or enhancements in written policies and procedures.

This activity may be undertaken by the policy oversight entity or another entity defined by the CoC, but must not be undertaken by the management entity.



Required: “Written policies and procedures must describe the frequency of and method used for the evaluations, including how participants will be selected to provide feedback [and specify how many will be included], and must describe a process by which the evaluation will be used to update existing policy and procedures.” [Coordinated Entry Notice](#)

The core questions to ask in evaluating the coordinated entry process are:

- Does the CoC’s implementation of coordinated entry efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of coordinated entry?

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one and the responsible entity is clearly identified, even if the planned evaluation is relatively small in scope.

Detailed evaluation approaches are described in [Chapter 4: Annual CE Evaluation](#).



Chapter 2: Data Privacy and Security

Chapter 2: Data Privacy and Security

This chapter provides data privacy and security guidance and considerations for CoCs as they work to implement coordinated entry. CoCs need to thoughtfully approach how data are collected, used, stored, and in some cases disclosed across the homeless system of care. Services and housing decisions are based on sensitive participant information collected over time, and that information is potentially disclosed to multiple providers in electronic, paper, and verbal formats. Data privacy and security are governed by rules and regulations at the federal, state, and local levels, and different entities are governed by different rules. This makes for a complex legal environment within which coordinated entry operates.

In the [Coordinated Entry Notice](#), HUD clarifies that whether a CoC uses HMIS or “a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice”. Within this legal context, CoCs and providers need to have a clear understanding of their responsibility to protect participants’ information and be able to articulate those responsibilities to participants in a meaningful way.

When other federal or state data privacy or security laws apply to a provider, the provider must comply with the requirements that ensure the greatest protection for the participant’s personally identifying information (PII), for example:

- A provider may be obligated to meet the Health Insurance Portability and Accountability Act (HIPAA) requirements because it is a Covered Entity. If so, this provider will normally follow the HIPAA set of privacy standards and not the HMIS privacy standards. Most homeless services providers are not Covered Entities. Health information, for example about a disability, that a participant shares directly with a 2-1-1 agency is not necessarily subject to HIPAA in the hands of that agency. An agency not subject to HIPAA otherwise does not become subject to HIPAA merely because it receives health information from an individual or from a HIPAA-covered entity.
- If a victim service provider (as defined by the HEARTH Act) receives CoC or ESG program funds, it cannot disclose a participant’s PII in HMIS; the information must be entered into a “comparable database.”¹
- A provider whose agency receives funds from the Office on Violence Against Women, Family Violence Prevention and Services Act, or Office for Victims of Crime may be obligated to follow the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act privacy requirements regardless of whether the provider is a victim service provider.
- Information collected by substance abuse treatment providers is subject to robust privacy protections based in federal statute 42 CFR Part 2. Receiving information about a participant’s substance abuse circumstances does not, by itself, make the recipient of that information subject to 42 CFR Part 2, however. If a CE participant shares his or her drug use directly with an information and referral center, it does not mean the center is automatically covered by the statute. Coverage is based on what the agency does or provides.

¹ A *comparable database* must be a relational database that meets all HMIS data standards and HMIS privacy and security requirements. It also must be able to produce the .csv files required by HUD.

The CoC, HMIS Lead, and agencies participating in the CE process all have roles and responsibilities to protect a participant's PII. These responsibilities, along with all data privacy and security requirements, should be stated in the CoC's CE policies and procedures. The following data privacy and security sections reflect these responsibilities, baseline requirements, and recommendations.

2.1 Data Privacy Policies

CoCs are responsible for addressing data privacy in their CE policies and procedures. At a minimum, HUD requires the CE process to adhere to the baseline HMIS privacy requirements for all methods of data collection, use, and disclosure, including electronic, paper, and verbal disclosures. A CoC may add additional privacy requirements, but the additional elements cannot conflict with the HMIS privacy regulations or notices and must provide greater protection to the participant.

CoCs should develop a universal Privacy Notice that clearly states the CoC's privacy standards for HMIS (or CE data system). The CoC should consider requiring or encouraging participating providers to adopt the Privacy Notice to ensure uniform privacy practices across providers. If there is not uniform adoption, every CHO must have a Privacy Notice that meets the HMIS privacy standards. A CoC's Privacy Notice should include several important elements: a description of participants' rights, participants' options, the provider's responsibilities to protect PII, and how the provider will use and disclose a participant's information. Even if the CoC fails to include HUD's requirements in its Privacy Notice, the CoC must still meet all of HUD's privacy standards.

A provider must collect PII by lawful and fair means and, where appropriate, with the knowledge or consent of the individual. When a provider is required by law to collect information it must ask for the required information, although participants may refuse to provide the information and still receive services. In all circumstances, providers should make data collection transparent by providing participants with a written copy of the CoC's Privacy Notice, describing the notice in plain language, and posting a public statement like the following:

We collect personal information directly from you for reasons that are discussed in our Privacy Notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. The personal information we collect is important to run our programs, to improve services for persons experiencing homelessness, and to better understand the needs of persons experiencing homelessness. We only collect information that we consider to be appropriate.

Uses and Disclosures

Uses are internal activities for which providers interact with participant PII. *Disclosures* of PII occur when providers share PII with an external entity.

Once collected, providers have obligations about how PII information may be used and disclosed. Uses and disclosures either are *required* by HUD (e.g., participants' access to their own information, oversight of compliance with the HMIS data privacy and security

standards) or are *permitted* by HUD (e.g., to provide services, reporting to funders). HUD's required and permitted uses and disclosures must be stated in the CoC's Privacy Notice.

Per the 2004 HMIS Data and Technical Standards, HUD *permits* the following uses and disclosures of PII without participant consent, provided that the uses and disclosures are listed in the CoC's Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions
- For creating de-identified from PII

Per the 2004 HMIS Data and Technical Standards, HUD also permits the following types of uses and disclosures of PII without participant consent, provided that these additional uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- Uses and disclosures required by law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect, or domestic violence
- Uses and disclosures for research purposes
- Uses and disclosures for law enforcement purposes

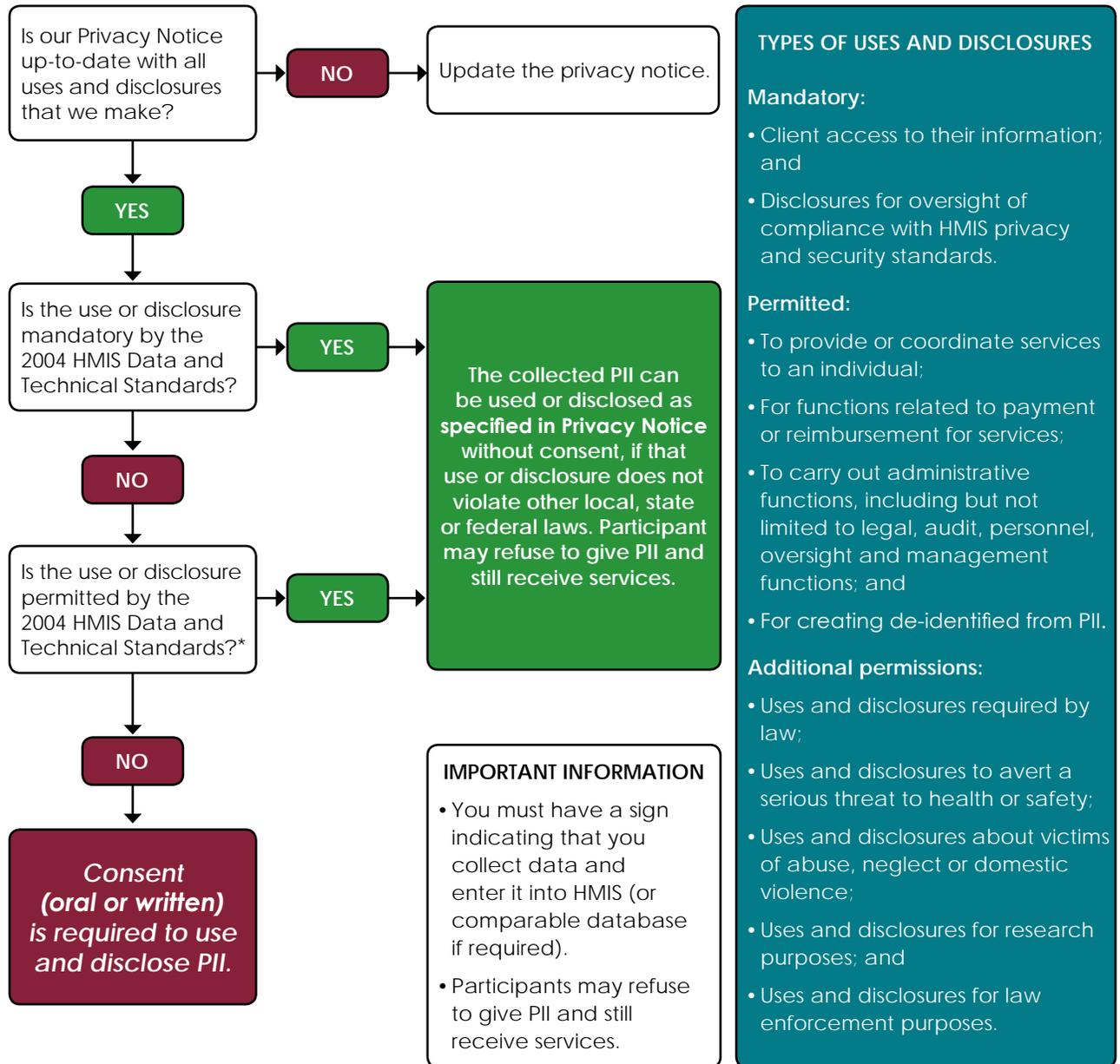
Per the 2004 HMIS Data and Technical Standards, HUD *requires* two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- Participants' access to their own information
- Disclosures for oversight of compliance with HMIS data privacy and security standards

Certain uses and disclosures may also be prohibited or otherwise restricted by other federal, state, or local laws. For instance, recipients of Violence Against Women Act funding are prohibited from disclosing PII without the participant's written consent. For more information on when providers are prohibited from disclosing PII, see [HUD's comparable database decision tree](#).

A CoC may provide additional information in its Privacy Notice about these various uses and disclosures—for instance, listing the recipients of disclosures and the specific purposes of those disclosures—but this additional information may not contradict what is required and permitted per the 2004 HMIS Data and Technical Standards. Uses and disclosures not allowed by the 2004 HMIS Data and Technical Standards require participant consent. If a CoC chooses to adopt more-restrictive uses and disclosures, it should consider identifying practices to support a comprehensive prioritization list that discloses limited or no PII, as well as how it will track the acceptance or denial of referrals and project placement. The following decision tree will help providers determine when consent is needed.

Do I need the client's consent (written or oral) to use or disclose information?



* Best practice is to provide a copy of the Privacy Notice and verbally explain it in plain language to all participants

Uses and Disclosures for Providing or Coordinating Services to an Individual

This section details some examples of the array of CE activities that can be covered under the permitted use and disclosure principle to *provide or coordinate services to an individual*.

A CoC may choose to articulate or further elaborate on these activities in its Privacy Notice, but adding examples is not required or necessary. However, a CoC may wish to include additional language to help make the principle more transparent to stakeholders. If the CoC includes examples in its Privacy Notice, the examples need to be clearly marked as such and not as an exhaustive list of permitted uses and disclosures. Below are some examples that the CoC may wish to include:

- **Use and disclose information to identify appropriate resources and services.** Disclosing assessment data to multiple providers participating in CE could be part of a formal and coordinated process for determining the right mix of resources needed. The CoC may further list out the names of the providers that would receive the participant's information.
- **Use and disclose information to determine participant prioritization for housing.** Disclosing assessment data can help staff determine the placement of an individual on a prioritization list, and if needed, develop a safe sheltering plan while the individual is waiting for placement into permanent housing.
- **Use and disclose information to make referrals.** Disclosing participant information can help match the person to the right resource and potentially create multiple referral options.
- **Use and disclose information to determine participant progress.** HMIS can be used to build a single participant record that contains information collected throughout the CE process, from access to housing move-in.

Uses and Disclosures that Require Consent

A CoC may identify some uses or disclosures it considers necessary to make its coordinated entry process operate effectively and efficiently but that are not permitted without consent per HUD's 2004 HMIS Data and Technical Standards. In such a case, the CoC should consider adopting a standard authorization form to obtain participants' consent. Many CoCs already use a form called a "Release of Information." A CoC should be sure that its standard authorization form covers both uses and disclosures that require consent for coordinated entry-related activities.

When considering what uses and disclosures are appropriate (whether allowed by the 2004 HMIS Data and Technical Standards or authorized by consent), the following questions may help a CoC determine whether to allow and how to restrict uses and disclosures:

- Will disclosing participant information in this specific way help participants gain access to appropriate housing or services more effectively or efficiently?
- Can we disclose less of a participant's information and still accomplish the same objective?
- Can we disclose a participant's information to fewer entities and still accomplish the same objective?
- Is the use or disclosure prohibited by any federal, state, or local laws?

Privacy and Security Grievances

The CoC and participating providers must both establish procedures for accepting and considering questions or complaints about data privacy and security policies and practices. Further, a participating provider must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with that Privacy Notice.

Comparable Databases

Victim service providers are prohibited from entering PII into HMIS. Instead, such providers must use a relational database comparable to HMIS in its capacity to support HUD data privacy and security requirements and, at a minimum, meet Data Standards requirements and produce HUD-required reporting files. Even if a provider's mission does not designate it a victim service provider, the provider still may be prohibited from entering PII into HMIS if it receives any funds from the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act, depending on how it uses the funding. If the provider uses the funding agency wide or for agency administrative purposes, all projects operated by the provider, regardless of project type, are prohibited from entering PII into HMIS, and instead must use a comparable database. If the provider uses the funding only for specific projects, only those specific projects are prohibited from entering PII into HMIS.

Although victim service providers are prohibited from entering PII into HMIS, the CoC should still include them as full and integral partners in the community's CE process. If the CoC uses HMIS for its CE data system, the CoC will need to consider how to incorporate those providers without violating HUD's requirements and should consider recent guidance released by the [National Network to End Domestic Violence](#). Regardless of where survivors of domestic violence present for services, the CE process must ensure safe and equal access to housing and services.

Privacy Practice Planning Checklist

HUD encourages all CHOs to revisit their privacy practices for the following requirements and model practices:

- Adopt a universal Privacy Notice for all coordinated entry-participating providers that uses plain language and includes the following:
 - a. List of permitted uses and disclosures
 - b. If desired, examples of permitted uses and disclosures
 - c. Statement of participants' rights
 - d. Description of the participating providers' responsibility to protect and secure participant information
 - e. Statement that the policy may be amended at any time, and that amendments affect information obtained before the date of the amendment
- Each provider participating in CE requires each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with it.
- Place a sign at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where data is collected by phone, operators read the statement to all callers.

Privacy Practice Planning Checklist

- Place a sign at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where data is collected by phone, operators read the statement to all callers.
- In all coordinated entry assessment and project intake interactions, be proactive by giving all participants a copy of the Privacy Notice.
- The CE policy oversight entity works with relevant stakeholders to establish the universe of coordinated entry–related uses and disclosures included in the standard authorization form for use in obtaining consent for uses and disclosures not covered in the Privacy Notice.
- Before revising the Privacy Notice or changing the privacy policy in any material way, discuss the privacy policies and practices with appropriate stakeholders.
- Have a legal advisor review privacy practices and determine how other local, state, and federal laws affect the CoC’s privacy and security requirements.
- Determine how to implement a safe and confidential CE process for survivors of domestic violence, using guidance from the [National Network to End Domestic Violence](#).
- Train coordinated entry and other intake staff on the CoC’s privacy practices to maximize consistency and clarity for participants.
- Establish grievance procedures for accepting and considering questions or complaints about data privacy and security policies and practices.

2.2 Data Security Policies

Often for the sake of convenience, providers compromise data security in their day-to-day operations. For instance, staff store PII on unencrypted thumb drives, store PII in unencrypted google sheets to maintain by-name or active lists, transmit PII in unencrypted files using unencrypted email, use a coworker’s login and password because they have forgotten their own, leave printouts containing PII in a conference room after a meeting, fail to lock file cabinets or offices containing case files, or discuss PII over the phone in a public place. There are many opportunities to compromise PII, and all of the examples above expose participants’ PII to risk.

The CoC is responsible for making sure the CE data security policies and practices meet the baseline security standards articulated in the most recent HUD HMIS security regulations or notices. The CoC, in coordination with the HMIS Lead and providers, has a responsibility for ensuring that hardware, software, and physical environments that store, transmit, or process CE data are compliant with these requirements. Safeguards should address confidentiality, integrity, and availability of PII. The data security policies and practices should protect against reasonable threats to the security of the information and reasonably anticipate and prevent the use and disclosure of PII that are not permitted.

When carrying out CE activities, a CHO must apply system security provisions to all the systems where PII is stored. This can be software applications, databases, data warehouses, servers, computers, or other devices that store, transmit, or process PII. Paper copies and other physical media containing such data should also be protected against unauthorized uses and disclosures. The following covers key requirements and considerations. More detailed descriptions can be found in the 2004 HMIS Data and Technical Standards and any future updates.

Anyone who records, uses, or processes PII on participants for a CE data system must secure the system with:

- Username and password protocols that meet industry standards for user authentication
- Commercially available virus protection software that automatically scans and updates
- Firewalls between the CE data system and other systems or networks outside the organization
- Secure connections from approved computers and systems.
- Access controls for data systems and paper records in public areas
- Back-up storage practices for disaster protection and recovery
- Reformatting practices to delete data on data storage media
- Regular, systematic monitoring of data security practices and user access logs

Additional data security practices can be put in place, but only if they provide greater protections for all CE data in electronic and paper formats.

CE data systems must have documented procedures for responding to and reporting security breaches. Federal, state, or local laws may be relevant to the reporting of and response to any security breach. At a minimum, the CoC needs to implement policies and procedures to address breaches that occur while carrying out CE-related activities.

Securing Coordinated Entry–Related Disclosures

CoCs may be using a separate CE data system to support the functionality of the CE process or to develop centralized priority lists outside of HMIS. To safely and securely protect a participant's PII, the [Coordinated Entry Notice](#) requires, “When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice or any future regulations that update the requirements therein.”

In addition to disclosing participant information within HMIS or through a separate CE data system, CE management entities or providers may want to disclose information in face-to-face meetings, electronically, or by phone. Common reasons for these disclosures are to review active or missing participant reports, verify contacts with participants who appear to be missing, and verify housing placements that are not yet documented in the HMIS or CE data system. Regardless of the mechanism for disclosure, once information is disclosed outside of a secure electronic database, it is much more susceptible to security breaches. CE policies and procedures should establish data security protocols for any disclosure scenario outside of a secure electronic database, including at a minimum the following practices:

- **Minimize the client-level data included in active or missing client reports.** Although PII is useful to produce an active client report, it is important to limit PII to only the information necessary to conduct assessment, prioritization, and referral. It is not necessary to include sensitive medical or disability information. Similarly, if project names may reveal information about a participant's medical condition, reports need not identify the specific project the client is active in, but could instead identify the project type. Referral to and enrollment in HOPWA projects, for example, could disclose a participant's HIV status.

- **Pay attention to attendance in case conferencing meetings.** Attendance in case conferencing meetings or portions of meetings should be limited to necessary staff and managed thoughtfully, ensuring that attending staff understand the terms of information disclosures and how to securely protect information. This may mean limiting meetings to staff from agencies that have signed agreements that bind them to the CE policies and procedures related to privacy and data security. Though HMIS end-user agreements should already cover privacy and data security standards, these may be insufficient to cover the disclosures within a case conferencing meeting because providers that do not contribute to HMIS may be present.
- **Develop a plan for physical and electronic file destruction.** Physical and electronic copies of participant information may be generated for various phases of CE. Providers may want to transfer participant information electronically to facilitate an intake or referral. Whether in person, on the phone, or by electronic transfer, policies and procedures must address how electronic and paper files will be stored, transported, and destroyed such that client privacy and data security are protected.

Coordinated Entry Across CoC Boundaries

A regional or statewide CE implementation does not require a regional or statewide HMIS or CE data system, but it does require that any participant information disclosed for a permitted purpose is disclosed securely. If multiple CoCs participate in a regional or statewide CE and share the same HMIS or CE data system, then the CoCs should work closely with their HMIS Lead and CE data system solution provider to ensure that the system(s) meets all HUD HMIS privacy and data security requirements.



Chapter 3: Data Systems

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There are many functionalities in a data system—whether HMIS or another system—that can make coordinated entry easier for frontline staff and administrators and can deliver better service to persons presenting for assistance. The CoC should first determine its CE process and then discuss what parts of the process would benefit from a data management system and what functionality is required. From this information, the CoC can develop a list of functional requirements for the software and hardware solution. If a CoC starts reviewing technologies or retains a technology consultant before determining need, measuring their achievements toward delivering a functional CE data system can be difficult.

Although not every system may have or need each one of these functionalities, the policy oversight entity should use this list as a reference in determining the best solution for the coordinated entry implementation. In selecting among these and other functionalities, CoCs should consider the benefits, costs, and level of effort in implementing them. In considering each of the following HMIS functionalities, HMIS Lead staff must be an integral part of the assessment and ultimate decision about whether and how to implement each.

- **Access, Assessment, Prioritization, and Referral:**

- ***Standardized assessment workflow***, with prompts for additional information if needed and warnings for missing information
- ***Vacancy tracking, so referrals can be made to available units/beds.*** Some software can support reservation options to ensure staff on the receiving end know to reserve a bed as they wait for the participant to arrive
- ***Assessment results.*** Depending on how the CoC has set up its standardized assessment process, the standardized assessment could rely on self-reported information, HMIS service use data, or system involvement records—e.g., emergency room visit records or corrections histories—or a combination of these information sources. Each type of information source can play a valuable role in assessing the relative severity of a participant’s service needs, vulnerabilities, or housing barriers. Depending on the extent to which each type of information is incorporated in the assessment process, the HMIS or CE data system will benefit from different functionalities.
 - » If a CE process relies on ***self-reported information***, it could increase efficiency to program the self-report assessment tool into HMIS or CE data system. However, automation removes the opportunity for intake staff or the participant to offer additional context to the assessment responses beyond the CoC’s standard questions or data points. Particularly when a CE process relies heavily on self-reported assessment information, assessors may also need to draw on their and others’ professional experiences and history with the person they are assessing
 - » If a CE process relies on ***HMIS service use data***, the HMIS or CE data system would benefit from additional functionalities that illuminate, flag, or calculate relevant areas of participant service use—for example, total bed nights for each participant, flagging returns to the system, and other data points that would inform assessment and prioritization
 - » If a CE process relies on ***system involvement records***, the HMIS or CE data system would benefit from data integration functionality

- » Regardless of the technological functionalities a CoC adopts, it will have to *strike a balance* between greater assessment efficiency and achieving the most meaningful assessment that accounts for a participant's vulnerabilities, service needs, or housing barriers, as well as participant choice and preferences, as critical pieces of a successful housing placement
- **Automated housing and service options.** Produces a list of housing options and supportive services resources with specific eligibility criteria, such as HIV+/AIDS status, to more efficiently identify and refer resources
- **Documentation repository.** Can be an electronic scanning and/or upload feature that allows documents to be attached to a participant's record for eligibility and/or security purposes
- **Referral tracking with real-time status updates.** Some systems will allow frontline staff to document a referral to an agency, and then (with the participant's consent) the receiving agency staff can see the referral and document it as accepted, pending, or rejected, with reasons for the rejection
- **Coordinated entry management:**
 - **Systematic workflow.** All users of the system have access to the same workflow, from entering the person's record through follow-up and post housing enrollment. This can make frontline staff support and training easier
 - **Homeless and mainstream resource directory with map capabilities.** A searchable database of housing and supportive services resources that can be maintained by the CoC. It allows the CoC to keep critical information in a structured and systematic way, including eligibility and exclusionary criteria, resource availability, and contact information
 - **Generation and real-time updates of priority list.** This may be a single priority list or several lists by subpopulation or sub-region within the CoC's implementing jurisdiction
 - **Administrative reports.** Reports can be built into some software that allow system managers to see frontline staff workload, outstanding referrals, and process roadblocks
 - **Referral results reports.** Show the number of referrals rejected, outstanding, or that resulted in a participant's successful entry into a project
- **Coordinated entry performance reports:**
 - **Project level.** Can help the CoC fine-tune coordinated entry by showing whether a project conducting assessments or referrals is performing as expected
 - **System level.** Can help the CoC evaluate access, assessment, prioritization, and referral phases to determine what is working and what needs adjustment

Many of these functionalities likely require the robust platform of an HMIS. However, if the CoC decides to use a data system other than HMIS for coordinated entry, it should consider establishing a clear and transparent process to select the alternate system, consistent with the identified functional needs and wants. The CoC should undertake a legal review to ensure the system meets all federal, state, and local laws, including the data privacy and security requirements. The CoC will also be responsible for the development of a staffing plan for the alternate system, including training and support in the alternate system.



Chapter 4: Annual CE Evaluation

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Although both performance monitoring and CE evaluation rely on the data collected by coordinated entry providers, these two activities serve different purposes. *Performance monitoring*, which focuses on system functioning, should happen at least quarterly. HUD requires CE evaluation to occur annually, focusing on the quality and effectiveness of the entire coordinated entry experience, including intake, assessment, and referral processes, for both participating projects and participants. *Participating projects* include CoC Program- and ESG-funded shelter and housing projects that are required to participate in coordinated entry, as well as other publicly and privately funded shelter and housing projects serving people experiencing homelessness. *Participants* are households, including unaccompanied children and youth, experiencing homelessness or who have been connected to housing through the CE process in the last year.

Though HUD does not prescribe the scope or specific methods of the required annual CE evaluation, the effectiveness and efficiency of the CE process, feedback about the ease of use from persons experiencing a housing crisis, and an assessment of referral outcomes should all inform the annual update to the CoC's policies and procedures and regular updates to ESG written standards. Effectiveness is ensuring not only that the CE is operating as intended, but also that the CE is positively affecting the overall system performance. This evaluation creates an opportunity to modify CE operations to better achieve positive outcomes.

4.1 Establishing a CE Evaluation Plan

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one, even if the planned evaluation is relatively small in scope.

In establishing an evaluation plan, the evaluation responsibilities should include the following:

- Determine which aspects of the effectiveness of its system will be measured.
- Determine which aspects of the process will be evaluated for fidelity to CE policies and procedures and HUD's coordinated entry requirements.
- Determine how to gather data to track the selected measures, incorporating in the evaluation process the required stakeholders, at a minimum.
- Determine whether and how the CoC uses evaluation results to inform other aspects of system planning and monitoring, including evaluating whether the CoC has too much or too little of certain housing and supportive services resources overall and for specific subpopulations (e.g., youth, adults with children).
- Coordinate with partners (e.g., ESG recipients, SSVF recipients, etc.) so data are collected consistently across programs, to make sure evaluations are thorough and coordinated.

The CoC also may consider working with local evaluators or universities to determine the best evaluation approach for their system.

4.2 Collecting Additional Data

Data available for evaluation will vary significantly from one implementation to another. In addition to the client-level data collected through the HMIS (or other data system), the evaluation entity may need to collect supplemental information. The list below offers some suggestions for sources of data. Not all these sources will apply to every implementation, but the evaluation entity should consider each source carefully to determine whether it can be useful to that evaluation. Consideration of each source in advance will ensure the data are collected with the particular evaluation in mind.

Participant Interviews and Focus Groups

The participant perspective on the functioning of the CE process is crucial to incorporate into any evaluation. In addition to engaging participants in planning the evaluation, evaluators can also incorporate one-on-one interviews or focus groups with them. These interactions can be used to gather observations about participants' experiences, including efficiency of intake, efficiency of assessment, effectiveness of the referrals made, and recommendations for CE process improvement.

Call Center or Intake Data

Implementations using a call center to refer persons to an assessment center or appointment can incorporate data on call volume, hold times, dropped calls, call length, length to appointment time, and referral results.

Screening and Assessment Tools and Results

Evaluators can review the assessment tools used, as well as the data collected, to determine whether tools appear to be effective based on the defined scoring parameters. The collected data should be analyzed to track demographics, prioritization determination, service eligibility, service request, and housing barrier data. These outcome data can be compared with data from other sources (e.g., HMIS, Point-in-Time count, or local census data) to determine whether the population presenting for screening and assessment appears to be consistent with the larger service population.

Policies, Procedures, and Other Governance Documentation

Evaluators should review available policies and procedures, documentation, directives, training materials, and manuals that pertain to the operation of the CE process issued by the CoC or other appropriate leadership entity.

Observation of the Assessment Process

If appropriate, evaluators can observe the assessment process at different CE assessment sites (if there is more than one for the CoC) to determine fidelity to the CoC's policies and procedures and to the training provided.

Interviews with Key Stakeholders

Evaluators can elicit feedback on the CE system in one-on-one interviews with CoC leadership, key advisors, participating providers, and non-participating providers. The interviews can be conducted by telephone or in person. They can be used to determine the reach of system participation, adherence to policies and procedures, quality of collaboration,

quality of referrals, and functioning of the referral process and to collect recommendations for system improvement.

Cost and Resource Data

Evaluators can review coordinated entry budget and funding documentation to calculate the incremental cost of the system per household. For decentralized implementations, this can be done on a per-site basis.

4.3 Basic Approaches: Compliance Evaluation

This section highlights the key areas for evaluation of whether the CE process meets HUD's requirements and the CoC's design. A CE process may be initially designed to align with the requirements in the [Coordinated Entry Notice](#). However, over time, changes can be intentionally or unintentionally made that put the CE process out of compliance with the requirements or with the CoC's CE policies and procedures. A systematic review of the Access, Assessment, Prioritization, and Referral practices as they are being implemented in the community, including data from stakeholders, will provide the qualitative data needed to assess compliance.

The [Coordinated Entry Self-Assessment](#) provides a comprehensive assessment of HUD's requirements for coordinated entry from the [Coordinated Entry Notice](#), the [Prioritization Notice](#), the [Coordinated Entry Policy Brief](#), the [CoC Program interim rule](#), the [ESG interim rule](#), and the [HUD Equal Access rule](#). CoCs should ensure that their coordinated entry design addresses each required element and that their written coordinated entry policies and procedures clearly describe the process or expectation for each element. Compliance evaluation should also assess that the CE process is compliant with locally established policies and procedures that go beyond HUD's requirements. Other important resources for understanding requirements include the [Coordinated Entry and Victim Service Providers FAQ](#) and the [Coordinated Entry and HMIS FAQs](#).

Once the policies and procedures review has been conducted, then the CoC should gather information on the actual implementation of each element through observation of different points of the CE process and through surveys, focus groups, or interviews with participating projects and participants.

Evaluation of coordinated entry is an opportunity to identify areas that should be addressed in a continuous quality improvement process to increase CE effectiveness and efficiency.

4.4 Basic Approaches: Effectiveness Evaluation

CoCs can also evaluate how effective their CE process is in connecting people experiencing homelessness to appropriate referrals. In this type of evaluation, questions would explore system need, time to referral, referral appropriateness, and referral outcomes. In general, these questions rely on collecting and analyzing quantitative or administrative data.

Gaps in the Current System

- Are some CoC stakeholders, projects, or providers not participating in the CE process (e.g., victim service providers)?
- What does participation mean—listing vacancies, accepting referrals, something else? Does level and type of participation vary across stakeholders, projects, or providers?
- Are areas of the CoC geography not adequately covered by coordinated entry?
- What is the anticipated annual demand for crisis response services? For permanent housing resources?
- Can the current inventory of crisis response housing and supportive services meet the projected demand?
- What is the distribution of referrals by project type?

Phone Screening (if applicable)

- How long are screening calls and hold times, and how often are calls not completed (drops or hang-ups)? Is duration of the call tied to outcome?
- Is the information collected during phone screenings incorporated into additional in-person screenings?
- Are people getting connected to the resources to which they are referred by phone (i.e., differentiating between those eligible and ineligible for services)?

Assessment, Prioritization, and Referral

- Some participants may self-resolve, exiting the crisis response system without further assessment or CoC assistance. Are the timelines for different stages of assessment appropriate for the pattern of self-resolvers in the community?
- How long does it take a participant to be assessed, if appropriate and necessary, after he or she is first encountered or engaged?
- How long does it take from the point of a completed assessment and prioritization ranking or score to making an actual referral?
- What is the length of time from referral to placement in permanent housing?
- When referred, how often do participants get admitted or enrolled in projects?
- When referred, how often do participants accept referral options?
- What are the rates and reasons for referral rejections, both by participants and by projects?
- Are high-priority populations being successfully referred and enrolled in available housing and supportive services interventions?
- What is the experience when a participant is referred to a project? Was project information about a vacancy accurate? Was the participant connected to the project in a timely manner? Did the project receive enough information about the participant to facilitate quick enrollment?
- Is any information collected that is not readily used for assessment, prioritization, referral, or subsequent provider intake?

Implementation Consistency and Access Issues

- Are all persons afforded fair and equal access to CE services regardless of their physical location in the CoC, where they access CE services, or their membership in a federally protected class?
- If the CoC has established different access points for single adults, families with children, unaccompanied youth, and domestic violence survivors, are these subpopulations referred and enrolled at rates different from rates of other groups? Do rates of return to homelessness vary by participant characteristics or assessment site?

4.5 Basic Approaches: Process Assessment

This section highlights key questions that an evaluation can explore about how the CE process has been implemented and whether it is currently operating in accordance with the CoC's established policies and procedures. Each CoC's CE process is characterized by a different combination of demographics, resource constraints, provider capacity, housing stock affordability and quality, and access to transportation and employment. Analysis of quantitative data from each assessment site can help document operational issues. Review of qualitative data from documents, focus groups, and stakeholder interviews can round out the understanding of implementation issues and challenges.

Access, Assessment, Prioritization, and Referral

- Do persons experiencing a housing crisis and participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?
- Given the process developed for determining prioritization, is the assessment conclusion reasonable based on the information gathered during the assessment?
- How much staff support is provided to participants who receive a referral, to encourage them to pursue the housing and supportive services referred?
- Are there variations in staffing, process, or tools from assessment site to assessment site that result in inefficiencies, inconsistencies, or uncertainty for providers or persons experiencing a housing crisis?
- Is the assessment process respectful of participant preferences, culturally appropriate, and trauma-informed?

Quality of Collaboration

- How are project eligibility criteria documented, and how are project-specific criteria considered during the referral process?
- How are CoC decisions made, documented, and communicated?
- Why did non-participating housing providers choose not to join the coordinated entry process?
- Are there any differences across federal programs as far as assessment, access, or outcome expectations and oversight?
- How do participating agencies perceive the coordinated entry process?

- Are victim service providers using the same or a different coordinated entry system? If different, how parallel is it to the routine coordinated entry system?
- Do participating agencies have an opportunity to provide feedback on the CE process as it is implemented? Is their feedback considered as processes are developed or changed?

Governance and Oversight

- How are policy guidance and participation expectations communicated, monitored, and enforced?
- Do the participating agencies and site staff understand and conform to the expectations and direction of the CoC?
- Have any population-specific or assessment-site-specific formal or informal changes been made to the process that have made it more or less expedient? If so, are these changes documented?

Funding and Sustainability

- How many access points and assessment sites are operating in the CoC, and how many participants are being seen per staff member per site?
- What is the current incremental cost of operating the system per household, and how do these costs compare across service strategies? If data are available, how does this compare with households who did not participate in CE?
- Is the coordinated entry process supported by more than one ongoing (annually renewing) funding source?



