

HUD Requirements for Coordinated Entry

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 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.”* [Notice – CPD-17-01; January 23, 2017]

While non-HMIS systems can be used, when CoC funding is used in the operation of a coordinated entry project *“the recipient must collect and report data on its use of Continuum of Care funds in an Annual Performance Report (APR), as well as in any additional reports as and when required by HUD.”* [[Notice - 24 CFR §578.103\(18\)\(e\)](#)]

To accommodate this need, [HUD is guiding regions that use HMIS to support their coordinated entry system](#) to create a new system-level coordinated entry project within their HMIS for all participating providers to enter data into. This approach has limitations in that it will:

- Unnecessarily require double-data entry, and subsequently more overhead burden on staff;
- Enable staff from different organizations to overwrite the information gathered by their peers;
- Allow for potential data conflicts between what is collected for the CE project and what is in HMIS for the other projects the client is enrolled in;
- Negatively impact the quality of the data being collected for the non-CE projects due to the extra data entry burden.

Proposed Approach

Regions need an approach for coordinated entry that leverages existing HMIS data collection wherever possible and supports the concept of “no wrong door” by including first-responders and emergency room staff who do not use HMIS. The HUD requirement of being able to produce an APR must also be met. To accommodate these requirements, Simtech Solutions proposes the following:

1. Set up a project either within HMIS or directly within HomelessData.com (TBD) as the coordinated entry project for the region. This will contain the project descriptors and will serve as a container of data gathered from the CE participating projects; [[HMIS Capacity Building Grant - Task 1.3](#)]
2. Establish community benchmarks for determining if provider data is of sufficient quality to be included within the CE process. Implement Quality Assurance Tools to denote which projects are to be included. [[HMIS Capacity Building Grant - Task 1.1](#)]
3. Determine if there are data quality issues that can be addressed through an automated data scrubbing process. If there are, define the scrubbing procedures to take place and develop data scrubbing routines that align with the established rules. [[HMIS Capacity Building Grant - Task 1.2](#)]
4. Create new street outreach project(s) to receive data collected from outreach workers and first responders using the Show the Way mobile app. Revise the surveys within the app to ensure compliance with the 2020 HMIS data standards (see exhibit A). [[HMIS Capacity Building Grant - Task 2.6](#)]
5. Take inventory of all projects in the region that are participating in Coordinated Entry for the CoC. For larger CoCs, the list of projects participating within CE established in step 2 may be broken up

into smaller sub-regions following the Coordinated Access Network (CAN) structure established within the State of Connecticut. If this step is needed, then regional boundaries for these CANs should be established in a manner that ensures that an individual or family in need is able to find assistance close by. [\[HMIS Capacity Building Grant – Task 2.2\]](#)

6. Map the projects to be in the same group as the one Coordinated Entry project(s) established in step 1;
7. Obtain client consent using either the mobile app OR the enrollment of a person into the project established in step 1; [\[HMIS Capacity Building Grant - Task 2.1\]](#)
8. Depending on the community's prioritization model, vulnerability assessments may or may not need to be collected. If they are to be collected, then this can be done either using the Show the Way mobile app or within any HMIS that can support the exchange of vulnerability assessment information. Note that the 2020 data standards, along with the corresponding data exchange formats, will be supporting the exchange of this information. [\[HMIS Capacity Building Grant - Task 2.7\]](#)
9. Use the by name list functionality in HomelessData.com to show the longitudinal info, and vulnerability index scores, for all participants who have granted consent (see step 7) over all projects within the region that are participating (see step 5)
10. Refer clients out to services and housing as appropriate. Eventually, if there is a proper resource directory established for the region, and information and referral data exchange protocol established and adhered to, we can use this project type of the referral target to populate the housing disposition value to be used. A closed-loop referral API can also be used to determine if the referral was accepted or rejected. Short term, we can use the housing assessment disposition element (4.18).
11. Revise the reporting logic within the CE APR report to allow it to include all data pertaining to clients that have granted consent to participate in CE (step xxx) for the projects defined in step 5 as being part of the Coordinated Access Network (CAN).
12. Measure the efficacy of the work being done and reward strong performers. [\[HMIS Capacity Building Grant - Task 2.4 and 2.5\]](#)
13. Enable the data gathered by consented clients, from providers that have decided to participate in the CAN, to be exported to other supporting system components (i.e. housing placement tools), in the HUD CSV format. [\[HMIS Capacity Building Grant - Task 2.3\]](#)

EXHIBIT A – CHANGES TO THE HUD 2020 DATA STANDARDS

Data Standards – NEW Coordinated Entry Event (under review)

Header	Instruction
Element Name	Coordinated Entry Event
Field 1 & Response	Date of event [date]
1	Referred to prevention
2	Referral to problem-solving/diversion/rapid resolution intervention
3	Problem-solving Referral to Safe Alternative (diverted from shelter)
4	Problem-solving Referral to Diversion "aftercare" case management
5	Engagement Referral to Coordinated Entry Crisis Assessment
6	Engagement Referral to Coordinated Entry Full Needs Assessment
7	Engagement Referral to Street Outreach services
8	Engagement Referral to Housing Navigation services
9	Engagement Referral to non-continuum services: Ineligible
10	Engagement Referral to non-continuum services: No availability
11	Crisis Housing Referral to Emergency Shelter
12	Crisis Housing Referral to Transitional Housing
13	Permanent Housing Referral to Joint TH-RRH project
14	Permanent Housing Referral to RRH project
15	Permanent Housing Referral to PSH project
16	Permanent Housing Referral to Other PH project in the continuum
17	Match: Offer of Permanent Housing
Dependent A - Dependent to Field 1 responses 11-17	If any Crisis Housing or Permanent Housing Referral or Offer event [Project name/HMIS ID]
Dependent B – dependent to Field 1 responses 11-17	Referral/Match Result
	0 Successful referral/match
	1 Unsuccessful referral/match
	2 Successful referral/match
	3 Unsuccessful referral/match: Client Rejected
Dependent C – dependent to Dependent A	Date of result [date]

14

Data Standards – NEW – Coordinated Entry Assessment

Header	Instruction
Element Name	Coordinated Entry Assessment
Field 1 & Response	Date of event [date]
Field 2 & Response	Assessment location [drop down list]
Field 3 & Responses	Assessment Type
	1Phone
	2Virtual
	3In-person
Field 4 and Responses	Assessment Level
	1Basic
	2Comprehensive
Field 5 and Response	Assessment [Local determination - community defined]
Field 6 and Response	Assessment Result [Result (community defined value)]
Dependent A - dependent to Field 4 response 2	If comprehensive - Housing Plan
	[Community defined list of options]

EXHIBIT B – HMIS CAPACITY BUILDING NOFA

Activity No.	Activity Name	Activity Description	Est. Start Date	Est. End Date	Responsible Person	Level of Effort Needed
1	Improving HMIS Data Quality	Improve the quality of the HMIS data through the implementation of new tools, training, and data quality plans to support the work.	9/1/2019	6/30/2021	Database Admin	Medium
2	Upgrading HMIS Functionality	Add functionality to the HMIS framework to increase participation through data integration and an effective CES; to ensure protection of client information through the implementation of consent procedures; to build and refine mobile technology to enable the inclusion of the work of first responders and street outreach teams within the work of HMIS; and to move towards data driven decision making with improved performance dashboards.	9/1/2019	6/30/2021	Application Developer	High
3	Training HMIS Lead Staff and CoC Leaders	Staff training to ensure the effective utilization of HMIS as well as the update and revision of governance agreements, policies and procedures to support the refined work flow.	9/1/2019	6/30/2021	Business Analyst	Medium

SCOPE OF WORK/PROJECT MANAGEMENT CHART FOR TASKS

Activity and Task #	Short Task Description	Start Date	End Date	Outcome
1.1	Quality Assurance Tools for Dashboard and Regional Report Inclusion	9/1/2019	3/31/2020	Tools will be introduced to ensure the quality of any project-level data that is to be used to help guide prioritization and measure system performance.
1.2	Data Scrubbing Routines	4/1/2020	9/30/2020	Routines will be implemented to automate the cleansing of historical data.
1.3	Integration with other HMIS data sets	9/1/2019	12/31/2019	HMIS data from multiple sources will be integrated on single platform for reporting and analysis.
2.1	Consent Management	9/1/2019	10/1/2019	Functionality will be added to manage providing and revoking client consent in the CE system.
2.2	Coordinated access network (CAN) module to select the providers participating in CE	10/1/2019	11/15/2019	These tools will allow for CE Admins to define which providers have agreed to participate in CE so that the information for consented clients within these projects can be shared.
2.3	CSV Export for Consented Records of providers in the CAN	12/1/2019	6/30/2020	The CSV export will be useful for any cross-system data sharing, such as data matches with the hospital, to help identify high utilizers of emergency services.
2.4	Dashboards	10/1/2019	3/30/2020	Dashboards will be produced to inform various aspects of the work being done within the CoC, including project performance, racial disparities, system performance, and PIT trends. DQ dashboards shall also be produced to ensure the integrity of the data being reported over.

*Please use the Activity and Task # to refer to the Budget for Task Costs and the Scope of Work/Project Management chart for Responsible Person.

SCOPE OF WORK/PROJECT MANAGEMENT CHART FOR TASKS (CONTINUED)

Activity and Task #	Short Task Description	Start Date	End Date	Outcome
2.5	Project Rating and Ranking Tools	9/1/2019	9/30/2019	The CoC scored 0 out of 18 points on the NOFA for project rating and ranking and needs tools to guide this process. These tools will use results from APRs, including DQ and outcomes, to support the rating and ranking process.
2.6	Mobile Tech for street outreach	9/1/2019	6/30/2021	First responders, public health officials and others will be able to use a mobile app to better coordinated services, collect data, and track chronic homelessness for people who are unsheltered, and accessing services in locations without HMIS.
2.7	Dynamic prioritization using empirical data and vulnerability score	9/1/2019	12/31/2019	The CoC will have a robust system for prioritization for housing that relies both on vulnerability scores and on historical HMIS data.
3.1	Documentation	9/1/2019	6/30/2021	Includes updated HMIS policies and procedures, training and support docs, governance agreements, data sharing agreements, as well as monthly status reports to be provided throughout this project.
3.2	Training	9/1/2019	6/30/2021	Training will be provided to front end HMIS users who will be better prepared to enter complete and accurate data. Managers will be able to use this data to help drive the needed system change.