

**GEOCODE 489303 & 483288**

Continuum of Care Policies and Procedures

# Coordinated Entry Policies & Procedures

TX-625 Lubbock City & County Continuum of Care

**Lubbock City & County CoC TX-625**

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## Versions

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<b>1. Introduction &amp; Overview</b>	<b>6</b>
1.1. Expectation of Participation	6
1.2. Coordination	6
1.3. Shared Core Values	7
1.4. Guiding Principles	8
1.5. Terms & Definitions	8
2. Roles & Responsibilities	9
<b>3. Affirmative Marketing and Outreach</b>	<b>10</b>
<b>4. Safety Planning and Risk Assessment</b>	<b>10</b>
<b>5. Domestic and Sexual Violence Access Policy</b>	<b>11</b>
<b>7. Nondiscrimination</b>	<b>12</b>
<b>8. Access</b>	<b>13</b>
8.1. Access Model	13
8.2. Designated Access Points	13
<b>8.3. Specialized Access Points for Subpopulations</b>	<b>13</b>
8.4. Accessibility of Access Sites	14
<b>9. Receiving Agencies</b>	<b>14</b>
<b>10. Access Coverage</b>	<b>14</b>
<b>11. Emergency Services</b>	<b>15</b>
<b>12. Prevention Services</b>	<b>15</b>
<b>13. Street Outreach Policy</b>	<b>15</b>
13.1. Purpose	15
13.2. Guiding Principles	15
13.3. Target Population	16
13.4. Outreach Team Roles and Responsibilities	16
13.5. Outreach Process	16
13.6. Crisis Response	17
13.7. Policy Review and Updates	17
<b>14. Assessment</b>	<b>17</b>
14.1. Standardized Assessment Approach	18
<b>14.2. Phases of assessment</b>	<b>18</b>
14.3. Assessment Screening	19
14.4. Assessor Training	19
<b>15. Participant Autonomy</b>	<b>20</b>
<b>16. Coordinated Entry Complaint and Appeal Processes</b>	<b>20</b>
<b>17. Privacy Protections</b>	<b>21</b>
<b>18. Disclosure of Disability or Diagnostic Information</b>	<b>21</b>
<b>19. Updating Participant Assessment</b>	<b>21</b>

<b>20. Prioritization</b>	<b>22</b>
20.1. Standard Prioritization	22
20.2. Prioritization List	23
<b>21. Referrals</b>	<b>23</b>
21.1. Purpose	23
21.2. Policy Statement	24
21.3. Procedures	24
<b>22. Exiting Inactive Households</b>	<b>25</b>
<b>23. Data Systems</b>	<b>25</b>
23.1. Data Systems	25
23.2. Data Collection Stages and Standards	26
23.3. Participant Consent Process	26
<b>24. System Evaluation</b>	<b>26</b>
24.1. Evaluation of CE System	26
24.2. Role of Participating Agencies in CE Evaluation	27
25.1. Purpose	27
25.2. Scope	28
25.3. HUD Mandates and Regulatory Requirements	28
25.4. Evaluation Frequency	28
25.5. Evaluation Process	28
25.6. Review and Approval	29
25.7. Reporting and Publication	29
25.8. Continuous Improvement	29
25.9. Accountability	29
<b>26. The Housing Priority List Skip Policy</b>	<b>29</b>
26.1. Purpose	29
26.2. Scope	30
26.3. Definitions	30
26.4. Policy Statement	30
26.4.1. Tier 1: Skipping Up to Five (5) Clients	30
26.4.2. Tier 2: Skipping More Than Five (5) Clients	31
26.5. Procedure	31
26.6. Compliance and Oversight	31
<b>Appendix 1 CE Access Points</b>	<b>33</b>
<b>Appendix 2 Participant's Rights &amp; Privacy Notice</b>	<b>34</b>
<b>Appendix 3 Privacy Policies for HMIS/Database</b>	<b>36</b>
<b>Appendix 4 CE Process Outline</b>	<b>39</b>
<b>Appendix 5 Prioritization Matrix Based on SPDAT Score</b>	<b>41</b>
<b>Appendix 6 Grievance/Appeal Form</b>	<b>42</b>
<b>Appendix 7 Universal Data Elements</b>	<b>44</b>
<b>Appendix 8 Coordinated Entry Notification</b>	<b>45</b>



## 1. Introduction & Overview

Coordinated Entry (CE) is the primary process for assessing the severity of needs and shall ensure that people can receive assistance in a timely fashion. The CE process shall ensure that homelessness is prevented as its primary goal. If it can not be prevented, the CE process shall ensure that the episode of homelessness is rare, brief, and non-recurring. All participating agencies shall have a system in place to accommodate the following criteria:

- Quickly identify and engage people at risk of, and experiencing, homelessness
- Intervene to prevent the loss of housing and divert people from entering the housing crisis response system
- When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and support are being secured. Those persons experiencing homelessness shall be quickly connected to housing assistance and services that are tailored to their unique needs and strengths for them to achieve and maintain stable housing

This document outlines Policies and Procedures for the CE process in TX-625 Lubbock County & City CoC. ECHO West Texas (ECHO), the Lead Agency, will be responsible for maintaining and overseeing the CE process within this region under the auspices of the Continuum of Care Board of Directors. Participating providers are responsible for implementing the CE process and for providing feedback on it to ECHO.

### 1.1. Expectation of Participation

Any housing provider who receives CoC or ESG funding is required **to have 90% participation in scheduled CE Case Conferencing meetings. HUD Funded Projects must participate in CE by filling 95% of all availability in their projects with referrals made by the local CE process, which means serving as a Receiving Project. Agencies may also participate in CE by serving as an Entry Point, which means completing assessments and making referrals.** For those not required to participate in CE, participation is encouraged to connect persons at risk of, and experiencing, homelessness receive services in a timely manner.

### 1.2. Coordination

ECHO is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for the various activities relating to CE with the help of, and assistance from, participating agencies and the CoC. ECHO commits to facilitate conversations and coordination between providers to achieve the best outcomes for the community.

### 1.3. Shared Core Values



## SHARED CORE VALUES



### COLLECTIVE IMPACT

**Coordinating services for a shared purpose**

- > Identify and understand community needs
- > Develop shared vision for change
- > Actively work together to align resources to achieve community goals
- > Invite and encourage different perspectives



### RELATIONSHIPS

**Cultivating connections with all**

- > Build trust with openness and transparency
- > Honor stories with dignity
- > Approach conflict with grace and kindness
- > Offer hope and celebrate progress



### COMPASSION

**Serve with empathy**

- > Listen first to understand
- > Presume positive intentions
- > Respect others
- > Be kind to all
- > Honor and act upon the unique needs of others



### INTEGRITY

**Building a foundation of trust**

- > Strive for what's best for the whole community
- > Display courage and do the right thing regardless of the outcome
- > Be transparent in motive, action, and communication
- > Honor commitments



### COMMITMENT

**Serve our community with determination, grit, and resilience through collaboration**

- > Take initiative and be proactive
- > Persevere through challenges
- > Create an environment of unity and teamwork

Revised 06/28/2024

#### 1.4. Guiding Principles

1. The CE will operate with a person-centered approach, and with person-centered outcomes.
2. The CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
3. The CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participants' immediate housing crisis.
4. The CE will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. The CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the need and best referral strategy for the presenting household.
6. The CE will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.
7. The CE will utilize an HMIS to manage participant information and facilitate quick access to available resources.
8. The CE goal is to ensure that participants do not wait on the prioritization waiting list for a period of over 60 days, as resources allow.

#### 1.5. Terms & Definitions

- **Chronically homeless-** lives in a place not meant for human habitation, a safe haven, or an emergency shelter; AND has been homeless for at least 12 months continuously or throughout separate occasions of homelessness over the past 3 years.
- **CoC- continuum of care-** the group responsible for the implementation of the requirements of [HUDs CoC Program Interim Rule](#) - CoC Program funded by the U.S. Department of Housing and Urban Development (HUD), is a community-based approach to ending homelessness. It focuses on coordinating housing and services to help individuals and families quickly exit homelessness and move towards self-sufficiency. The program aims to create a comprehensive system that addresses the diverse needs of people experiencing homelessness, including access to mainstream resources and long-term stability.
- **CoC Program-** HUD funding source to promote commitment to the goal of ending homelessness; providing funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless households; promote access to, and effect utilization of mainstream resources; optimize self-sufficiency among households experiencing homelessness
- **Emergency shelter-** Short-term emergency housing available to persons experiencing homelessness
- **ESG- emergency solutions grant program-** HUD funding source to engage homeless households living on the street; improve quantity and quality of emergency shelters for



households; help operate said shelters; provide essential services to shelter residents; rapidly rehouse homeless households; and prevent households from becoming homeless

- **HMIS- homeless management information system-** referring to WellSky Community Services, the system utilized by ECHO to collect participant-level data and data on housing provisions and services to homeless households and/or to persons at risk of homelessness
- **PHA- public housing authority-** local entity administering public housing and housing choice vouchers (HCV)(aka section 8 vouchers)
- **PSH- permanent supportive housing-** permanent housing with indefinite leasing or rental assistance paired with supportive services to assist persons with a disability to achieve housing stability
- **RRH- rapid re-housing-** program emphasizing housing search and relocation service and short-medium term rental assistance to move homeless households (with or without a disability) as rapidly as possible into permanent housing
- **ROI- release of information-** written documentation signed by a participant to release his/her personal information to authorized partners
- **TH- transitional housing-** Program providing homeless households with the interim stability and support to successfully move to, and maintain permanent housing. TH funds may be used to cover costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in TH

## 2. **Roles & Responsibilities**

- **ECHO Board-** ECHO West Texas Board of Directors, responsible for general oversight and guidance of Echo West Texas and its activities.
- **CE Coordinator-** Echo West Texas, responsible for coordinating CE activities and procedures in consultation with the community and providers
- **CE governing committee-** Responsible for planning and guidance of CE policies and procedures
- **CE Action Team-** Participating Providers of homeless; mainstream services; other applicable service providers; and case workers, meet regularly for case conferencing and customization of care for those who are either in or awaiting housing and cannot find help through known mainstream resources. Meets bi-weekly at minimum.
- **HMIS Administrator-** Echo West Texas, responsible for selection and maintenance of the homeless management information system (HMIS), including training applicable agency staff on HMIS policies and procedures along with training on data and privacy standards

- **Participating projects-** Participating Projects are encouraged to meet regularly for Case Conferencing and advise others of available resources. They are also encouraged to make use of the ECHO HMIS to help coordinate services with eligible applicants.
- **Referral partners-** While some community providers may not formally participate in the Coordinated Entry (CE) system, they can still play a vital role in connecting individuals to housing and supportive services. Agencies that do not conduct assessments or attend CE case conferencing may choose to engage as **referral partners**. These partners help identify individuals in need and refer them to CE access points or participating agencies, ensuring no one is overlooked. Additionally, referral partners may be eligible to receive referrals from CE when their services match the needs of individuals within the system.

### 3. **Affirmative Marketing and Outreach**

All persons participating in any aspect of the CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE service and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the Lubbock area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the CE process.

Each project participating in CE must post or otherwise make publicly available a notice (provided by ECHO) that describes CE. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information. Please see **Appendix 8** of this document for a list of all access and assessment points in the community.

All participating projects/agencies are responsible for making the CE process known in the community so that persons at risk of homelessness or experiencing literal homelessness are aware of the CE system.

### 4. **Safety Planning and Risk Assessment**

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services.

All participating providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

All CE access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. If the

defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

## **5. Domestic and Sexual Violence Access Policy**

### **1. Initial Access and Assessment**

Safe Access: Survivors access CE only through confidential, trauma-informed pathways managed by the DV agency and Lead CoC agency (e.g., DV hotlines, safe locations, separate access points).

Screening: Use HUD-compliant, DV-specific assessment tools prioritizing safety and confidentiality; limit data collection to essential information.

Immediate

Safety Planning: Conduct safety assessments and develop immediate safety plans for urgent risks.

### **2. Prioritization and Referral**

Separate DV Priority List: Maintain a dedicated DV priority list, accessible only by the DV agencies and Lead CoC agency, to protect client confidentiality and ensure timely, fair service for every survivor.

Prioritization: Apply HUD standards, considering DV-specific risk and vulnerability.

Confidential Referrals: Only DV agencies and the Lead CoC agency facilitate referrals to DV-dedicated or mainstream housing, ensuring strict confidentiality per HUD/VAWA/local requirements.

### **3. Housing Placement and Services**

Survivor Choice: Survivors choose among safe housing options, with support from DV agencies and the Lead CoC agency.

Supportive Services: Connect to ongoing case management, legal advocacy, counseling, and other support.

### **4. Exit Planning and Ongoing Protection**

Transition Planning: Early collaboration on post-exit safety plans.

Confidentiality: All records and contact information remain confidential, accessible only to DV agencies and the Lead CoC agency.

Linkages: Connect to community DV resources, legal supports, and ongoing housing.

Follow-Up: Regular follow-up and rapid re-entry to services if needed.

### **5. Emergency Transfer Protocol**

Staff who identify an individual at imminent risk due to domestic violence or other urgent safety concerns should immediately ensure the person's safety, contact 911. Staff

must then coordinate an emergency transfer by contacting Women's Protective Services in Lubbock at their emergency number, (806) 747-6491, to arrange safe transportation and shelter while maintaining confidentiality throughout the process.

Open Door Surviving Housing is a DV access point at this time.

## **6. Unaccompanied Youth and Young Adults**

The Department of Health and Human Services Administration for Children, Youth and Families emphasizes that youth who run away from home are often mistakenly portrayed as juvenile delinquents. In contrast, such behaviors reflect society's failure to develop adequate support which includes homeless services. Unaccompanied youths are one of the fastest growing and most underserved sub-populations. In addition, it is important to note that Lesbian, Gay, Bisexual, Transgendered, Questioning, and Intersexed, as well as African American youth and young adults are disproportionately impacted when compared to other groups.

Unaccompanied youth and young adults are defined as youth (ages 13-17) and young adults (ages 18-24) who are unaccompanied by a parent or guardian and are without shelter where appropriate care and supervision are available, whose parent or guardian is unable or unwilling to provide shelter and care, or who lack a fixed, regular, adequate nighttime residence. Providers of services for unaccompanied youth and young adults should be able to provide safe and high-quality housing (scattered-site independent apartments, host homes, and shared housing) and supportive services to youth and young adults experiencing homelessness that involve an integrated constellation of affordable housing, intensive strengths-based case management, self-sufficiency services, trauma informed care, and positive youth development approaches. Whenever possible, unaccompanied youth should be re-housed within the catchment area of their school of origin and connected with their school district's homeless liaison.

## **7. Nondiscrimination**

ECHO has designated the CE Governing Committee as the entity responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations.

- Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act – prohibits discrimination based on disability under any program or activity receiving federal financial assistance.
- Title VI of the Civil Rights Act – prohibits discrimination based on race, color, or national origin under any program or activity receiving federal financial assistance.
- Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.

- Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on disability.

## **8. Access**

A diagram of the CE process can be found in **Appendix 4**

### **8.1. Access Model**

The CE collective adopts a “no wrong door” approach to CE, which ensures that no matter which homeless assistance provider a person goes to for assistance, he/she will have access to the same resources, referrals, and triage. Persons experiencing homelessness or at imminent risk of literal homelessness are then referred to an assessment point for a housing assessment if not already presenting at an assessment point.

### **8.2. Designated Access Points**

The CE collective has implemented a “no-wrong door” approach to CE. In doing so, participants can access CE by appearing at listed homeless assistance agencies within the community. Please see **Appendix 1** of this document for a list of all access and assessment points in the community.

Any agency that is participating in the HMIS/Community Database is an access point and will provide access to crisis response services for persons experiencing homelessness or at imminent risk of literal homelessness.

### **8.3. Specialized Access Points for Subpopulations**

The following subpopulations are served through access points outlined in **Appendix 1**

- (1) Adults without children;
- (2) Adults with children;
- (3) Unaccompanied youth;
- (4) Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
- (5) Persons at risk of homelessness.

All persons have access to any CE access point regardless of their status in one or more of these categories except for domestic violence and unaccompanied youth access points; these agencies will provide CE access only to the subpopulations they serve.

#### **8.4. Accessibility of Access Sites**

**Appendix 1** contains a matrix of participating agencies and their ADA accessibility and Spanish-speaking availability.

For persons with visual impairments seeking assistance through CC, agency staff will read all necessary documentation aloud.

### **9. Receiving Agencies**

A **Coordinated Entry (CE) Receiving Agency** is an organization that accepts housing and/ or supportive service referrals through a **Coordinated Entry System**—a standardized process used in homeless services to assess, prioritize, and connect people experiencing homelessness with appropriate housing and services. Coordinated Entry (CE) Receiving Agencies are expected to uphold a standard of care and accountability as part of their role in the housing referral process. These agencies are committed to treating all individuals with dignity, respect, and kindness throughout their engagement. They agree to accept referrals exclusively through the Coordinated Entry system, following established prioritization and eligibility criteria. To maintain system integrity, at least 95% of their project entries should come directly from CE referrals.

In order to ensure timely access to housing, agencies must notify ECHO of any bed or unit vacancies within two business days. Additionally, they are required to submit weekly updates that include both current and anticipated vacancies, along with projected move-in dates. If a referral is declined, the agency must communicate the reason for the rejection to the CE Coordinator within three business days and make the appropriate data entry into HMIS.

To keep the system accurate and accessible, agencies are responsible for promptly updating their eligibility criteria and intake procedures in both the Coordinated Entry Prioritization Entity (CEPE) and the Homeless Management Information System (HMIS). Finally, while not mandatory, agencies are strongly encouraged to participate in case conferencing and care coordination efforts, especially for participants with high needs, to support holistic and coordinated care

### **10. Access Coverage**

This CE process covers the region of Lubbock County, Texas. Access throughout the area is available through physical access points within the city of Lubbock, Texas, and its suburban areas.

## **11. Emergency Services**

CE initial screening and assessment services may only be available during business hours—8:00 am to 5:00 pm each day. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter (ES), when those emergency services are available.

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access the emergency shelter without first receiving an assessment through CE.

## **12. Prevention Services**

The Coordinated Entry (CE) system will ensure that all potentially eligible Homelessness Prevention (HP) participants receive a standardized screening for homelessness prevention assistance, regardless of the access point through which they initially seek assistance.

HP access points and general homeless assistance access points will collaborate to share information and facilitate referrals in both directions, ensuring that individuals at imminent risk of literal homelessness receive coordinated access to participating homelessness prevention services, regardless of their initial point of contact with CE access points.

## **13. Street Outreach Policy**

### **13.1. Purpose**

The purpose of this policy is to establish standardized procedures for street outreach teams in Lubbock to identify, engage, assess, and connect individuals and families experiencing homelessness to the Coordinated Entry System (CES). This ensures equitable access to housing resources and services.

### **13.2. Guiding Principles**

- **Person-Centered:** Services are tailored to the unique needs of each individual or family.
- **Trauma-Informed:** Interactions are conducted with sensitivity to past trauma
- **Cultural Competence:** Outreach is respectful of cultural, racial, and linguistic backgrounds.

- **Collaboration:** Outreach teams collaborate with local providers, law enforcement, healthcare, and other stakeholders.

### **13.3. Target Population**

This policy applies to all persons experiencing literal homelessness (as defined by HUD Category 1) in Lubbock, Texas, including those living unsheltered (e.g., streets, parks, encampments, vehicles, abandoned buildings).

### **13.4. Outreach Team Roles and Responsibilities**

**Engagement:** Build trust and rapport with people experiencing homelessness.

**Assessment:** Administer the approved CES assessment tool (e.g., VI-SPDAT or local equivalent).

**Data Collection:** Collect and enter data into the Homeless Management Information System (HMIS) in accordance with privacy and consent protocols.

**Referral:** Connect clients to CES and other community resources, including emergency shelter, healthcare, behavioral health, and housing programs.

**Follow-Up:** Maintain contact with clients as appropriate to support ongoing engagement and service connection.

### **13.5. Outreach Process**

#### **13.5.1. Identification and Engagement**

- Conduct regular outreach in known locations where people experiencing homelessness reside.
- Use strengths-based, non-judgmental, and voluntary engagement strategies.
- Provide immediate basic needs (e.g., food, hygiene kits, blankets) when possible.

#### **13.5.2. Assessment and Consent**

- Explain the purpose and process of CES to each client.
- Obtain informed consent prior to assessment and data entry.
- Complete the CES assessment tool in the field or at a mutually agreed upon location.

#### **13.5.3. Prioritization**



Ensure all assessed individuals are prioritized for housing interventions based on vulnerability and needs, in accordance with CES policies.

Outreach teams do not guarantee housing placement but facilitate access to the CES prioritization list.

Limited data elements must be entered within 4 calendar days of the first outreach encounter. Universal data elements should be collected at the time of client's engagement in services.

Adhere to all federal, state, and local confidentiality and privacy regulations, including HMIS data standards.

#### **13.5.4. Coordination and Collaboration**

Participate in regular case conferencing with CES partners to review high-need cases and coordinate care.

Share information (with consent) to facilitate client-centered service delivery.

#### **13.5.5. Training and Quality Assurance**

All outreach staff must complete training in CES procedures, trauma-informed care, cultural competence, and HMIS data entry.

The Lead Agency will conduct regular reviews of outreach activities and data quality.

Feedback from clients and partners will be solicited for continuous improvement.

### **13.6. Crisis Response**

In cases of medical or behavioral health crises, teams will connect clients to appropriate emergency services.

### **13.7. Policy Review and Updates**

This policy will be reviewed annually and updated as needed to reflect changes in federal, state, or local requirements, or to incorporate best practices.

## **14. Assessment**

### **14.1. Standardized Assessment Approach**

The participating Coordinated Entry (CE) agencies will collaborate with ECHO to develop and implement a standardized assessment process for all CE participants presenting at a participating agency, ensuring consistent decision-making and coordinated care for individuals experiencing a housing crisis.

All individuals served through Coordinated Entry (CE) will be assessed using the local Prevention/Diversion Screening Tool and the VI-SPDAT, F-VI-SPDAT and TAY-VI-SPDAT tools. All assessment access points are required to utilize these instruments as part of the standardized assessment process to ensure consistent evaluation for all participants. The Local Prevention Diversion Screening Tool is intended to assess the need to enter the housing response system and assess needs for immediate assistance to prevent/solve the participants' immediate housing crisis. The Service Prioritization Decision Assistance Tool (SPDAT) documents a range of participant conditions, attributes, levels of need, and vulnerabilities, enabling access point and assessment staff to identify an appropriate service strategy for CE staff managing the prioritization list. For a matrix outlining prioritization based on SPDAT scoring, please refer to **Appendix 5** of this CE Policies & Procedures document.

### **14.2. Phases of assessment**

All projects participating in CE will follow the agreed upon assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available housing and support services.

ECHO has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system (**Appendix 4**):

1. Initial Triage (Immediately): This first phase will focus on identifying the immediate housing crisis and clarifying that the crisis response system is the appropriate system to address the potential participant's immediate needs.
2. Diversion or Prevention Screening Assessment (Immediately): The second phase of assessment should also happen immediately upon engaging with a participant. During this phase, CE staff will examine existing and participant resources and options that could be used to prevent the participant from entering the homeless response system of care. Refer to the Crisis Needs Assessment built into the HMIS CE project.
3. Database Intake (Immediately): The third phase should also happen immediately, as it is intended to collect all the information necessary to enroll the participant in a crisis response project such as an emergency shelter or other assistance project and providing referrals to such projects as necessary.
4. Coordinated Entry Enrollment (Within 3 business days): During the fourth phase, assessors will collect information to identify a participant's housing and service needs with the intent to resolve that participant's immediate housing crisis. CE enrollment should occur

even if Diversion/Prevention was able to solve the participant's housing crisis with the appropriate assessment and event data elements completed in HMIS.

5. Housing/Vulnerability Assessment (Within 3 business days after initial assessment): In the fifth phase, provided diversion/prevention measures were unsuccessful, the assessor will seek the necessary information to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance.
6. Ongoing Assessment Using VI-SPDAT: After the Initial Assessment, we use the VI-SPDAT every 6 months to check in with participants. If needed, we may also reevaluate someone after 3 months of stable housing. These assessments help us find out if there is any new information that could change the referral plan or show that a participant may be ready for housing and services with less support.

#### **14.3. Assessment Screening**

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

#### **14.4. Assessor Training**

Assessors are staff members who work with households seeking assistance at an Entry Point. They attempt Diversion conversations with all households and complete CE enrollment for households. Staff members are considered Assessors when they have completed CE Training through ECHO.

ECHO is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as per the policies and procedures of its CE system.

ECHO will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by ECHO. Topics for training will include the following:

- Review of written CE policies and procedures, including variations adopted for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals
- It is recommended for the provider to be TIC (trauma-informed care) trained.

Additional training on VI-SPDAT completion and usage will occur for assessment points at least annually.

Assessor Responsibilities include:

- Assisting households presenting for services, including:
  - Welcoming and working with households with a trauma-informed and crisis resolution approach.
  - Assisting households with diversion/prevention services and filling out the diversion/prevention assessment to document the diversion/prevention attempts.
  - Assist households in connecting with mainstream services and emergency shelter, such as domestic violence, or emergency shelters.
  - Ensuring that all requests for assistance are treated equally and fairly, regardless of the circumstances of the household requesting assistance.
  - Being transparent and informative about the housing crisis response system with households.
- Supporting the local CE process, including:
  - Completing CE Training through ECHO.
  - Completing CE enrollment for households in HMIS, including following CE Data Entry Guide and entering information into HMIS in real-time or within 24 business hours.
  - Coordinating with Local Victim Service Providers and ECHO CE staff to ensure that households fleeing or attempting to flee domestic violence have access to an alternative process for enrolling in CE, as outlined in the Domestic and Sexual Violence Access section of this document.
  - Guaranteeing that all security and privacy measures for households are followed throughout CE enrollment.

## **15. Participant Autonomy**

Persons served by the CE system must have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

## **16. Coordinated Entry Complaint and Appeal Processes**

Any community member seeking services through CE is eligible to submit an Appeal/Grievance form to ECHO. This form should be completed in the event a community member wishes to appeal a decision made by CE Staff or a CE assessor, or if the community member wishes to file a grievance against the CE system, a CE staff member, or a CE Assessor. The Appeal/Grievance form can be found in **Appendix 6**. Email or mail the completed form to ECHO. The CE governing committee will be responsible for reviewing the complaint and advising on remedies.

The same form found in **Appendix 6** can be used for staff/agency complaints as they relate to CE.

ECHO is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any appeals/grievances, which can be filed by participants if they have any complaints regarding CE. Additionally, this form will describe and provide contact information on how to access the appeal process if participants are not satisfied with or have any questions regarding how their complaints are handled.

## **17. Privacy Protections**

See **Appendices 2 & 3** for privacy protections

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether those data are stored in HMIS, should be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

ECHO and participating agencies must protect all participants' personal identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if that data can be secured in compliance with the HUD-established HMIS privacy and security requirements.

## **18. Disclosure of Disability or Diagnostic Information**

Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

## **19. Updating Participant Assessment**

Participant assessment information should be updated at least once every 6 (six) months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff (such as changes in participant income, changes in housing status, etc.).

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect the emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. ECHO will continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements. Consult the CE Data Entry Manual for detailed information on entry processes.

## **20. Prioritization**

### **20.1. Standard Prioritization**

ECHO will use data collected through the CE process to prioritize homeless persons within Lubbock. See **Appendix 5** for a matrix of VI-SPDAT scores and subsequent placement/prioritization.

Permanent Supportive Housing (PSH):

Prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- 1st Priority—Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- 2nd Priority—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- 3rd Priority—Chronically homeless individuals and families with the most severe service needs.
- 4th Priority—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- 5th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- 6th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- 7th Priority—Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- 8th Priority—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

Tie Breaker—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:

- A Veteran Household
- the longest length of homelessness

- lowest household income.

#### Transitional Housing (TH):

Prioritization for persons who are determined to be eligible for TH will be consistent with the SPDAT scoring range for need and vulnerability associated with TH projects. CE will prioritize the following persons for TH:

- Veteran households
- Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
- Households consisting of unaccompanied youth.
- Households with heavy service needs to stabilize in housing
- Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders

#### Rapid Re-Housing (RRH):

Prioritization for persons who are determined to be eligible for RRH will be consistent with the SPDAT scoring range for need and vulnerability associated with RRH projects. Additionally, CE participating agencies have opted to prioritize the following persons for RRH:

- Veteran Households
- Households consisting of unaccompanied youth
- Households fleeing or experiencing domestic violence
- Households with higher barriers to housing, and higher service needs who are waiting to obtain another permanent housing subsidy (e.g., PSH)
- Households with a single parent and 3 or more dependent children under the age of 6
- Households with a previous episode of homelessness within the most recent 12 months

## **20.2. Prioritization List**

ECHO has established a community-wide list of all known homeless persons who are seeking or may need housing and services to resolve their housing crisis. The prioritization list will be organized according to participant needs, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.

The prioritization list will be managed by the CE coordinating entity. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by these written policies and procedures governing CE operations and decision-making. Participating agencies are required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodation needs.

## **21. Referrals**

### **21.1. Purpose**

To connect individuals and families experiencing homelessness in Lubbock to the most appropriate housing and supportive services through a respectful, collaborative, and person-centered referral process.

### **21.2. Policy Statement**

Our organization is dedicated to supporting clients as they navigate the Coordinated Entry system. We strive to provide clear information, honor client choice, and work collaboratively with clients and partner agencies, ensuring each referral is made with care and respect for the client's unique needs and preferences.

### **21.3. Procedures**

#### **1. Welcoming and Informing Clients**

We greet all clients warmly and explain the Coordinated Entry process in simple, easy-to-understand language.

Clients are encouraged to share their goals, preferences, and any concerns throughout the referral process.

Participation in referrals is voluntary. Clients may accept or decline referrals without affecting their eligibility for other services.

#### **2. Assessment and Collaboration**

Staff conduct a strengths-based assessment to understand each client's situation, needs, and aspirations.

We work together with clients to identify the most suitable housing and service options, respecting their choices and input.

With client consent, we coordinate with other service providers to ensure seamless support.

#### **3. Making Referrals**

We provide clients with clear information about available programs, including eligibility, expectations, and next steps.

Staff assist clients in completing forms and taking necessary steps for the referral.

Whenever possible, we facilitate warm hand-offs to partner agencies, making introductions and helping clients feel supported.

#### **4. Follow-Up and Support**

We check in with clients after referrals to ensure they have connected with the new service and address any challenges.

If a referral does not work out, we work with the client to explore other options.

Our staff advocate for clients and help resolve any barriers or concerns that arise.

#### **5. Confidentiality and Respect**

Client information is kept confidential and shared only with the client's permission, following HIPAA and local policies.

We treat all clients with dignity, respect, and without judgment throughout the referral process.

## **Continuous Improvement**



We value client feedback and partner input to continually improve our referral process, ensuring it remains client-centered, collaborative, and effective.

## **22. Exiting Inactive Households**

To ensure the client prioritization list reflects the most current information regarding eligible households who are in need of housing or services, households may be exited after:

- There has been at least two unique attempts to make contact for a possible housing opportunity referral, noted in the CES Communication Log where is this and is it conveyed in HPL/HMIS??????????, with no response from the client/household within 7 days of 2nd attempted contact; or
- If 12 months have elapsed with no Ongoing Assessment Using VI-SPDAT; or
- Case management has presented that an event has occurred which no longer qualifies the client/household for CE
  - Events may include:
    - Moved out of the area
    - Incarcerated for more than 90 days
    - Deceased
    - Hospitalized/institutionalized for more than 90 days
    - Self-resolved
    - OR any other legitimate circumstance that removes the need for housing or assistance.

Any client, exited for one of the above reasons, who presents at an access point for CE enrollment should have a new entry made with a new CE start date. In the event a case manager believes the client's previous enrollment should be reactivated, the case manager should contact the Lead Agency with any relevant documentation.

- Reactivation circumstances may include:
  - Hospital stay less than 90 days coincides with ongoing assessment timeline
  - Detention stays less than 90 days coincides with ongoing assessment timeline
  - Hospital stay less than 90 days coincided with housing opportunity calls

Potential CES exits will be reviewed at the monthly CES Case Conferencing Committee. Determinations will be agreed upon by attending CES Committee members. Exits will be completed by the HMIS Administrator to ensure proper removal from CES via referrals and entry/ exits. Notes will detail the decision of the committee in the CES communications log.

## **23. Data Systems**

### **23.1. Data Systems**

CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Participants must receive and acknowledge the participant rights and privacy form (aka HMIS/Service Provider Privacy Notice) prior to the collection of data for CE. The form identifies what data will be collected, where that data will be stored/managed, how that data will be used to help the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Please refer to the appropriate Database/Data Governance & Policies for additional information and guidance.

### **23.2. Data Collection Stages and Standards**

Participating agencies must collect all data required for Coordinated Entry (CE) as defined by HUD, ECHO, and the community through the CE governing committee, including the “universal data elements” listed in Appendix 7 of HUD’s HMIS Data Standards Data Manual. Agencies are permitted to collect this data and assessments over the phone with the client’s consent. Please refer to the CE Data Entry Manual for detailed information on data entry processes.

### **23.3. Participant Consent Process**

ECHO has adopted an informed consent protocol. All participating agencies are required to have ECHO’s participant rights & privacy notice posted in a conspicuous area of their intake space. Additionally, caseworkers are required to verbally inform participants of their rights as outlined in the notice prior to data entry into the ECHO Database and CE process. Participants can request a copy of the participant’s rights notice at any participating agency.

A release of information form is requested by the HMIS as a part of the coordination of care. A participant shall maintain their right to not have their information shared among other participating agencies.

A copy of the participant rights & privacy notice can be found in **APPENDIX 2**

## **24. System Evaluation**

### **24.1. Evaluation of CE System**

Regular and ongoing evaluation of the Coordinated Entry (CE) system will be conducted to ensure that improvement opportunities are identified in collaboration with the CEPE committee and CE Case Conferencing, that results are shared and understood, and that accountability for the CE system is maintained.

To ensure data quality and system performance, the CE system will be evaluated using HMIS data at least monthly. The results of these evaluations will be published on the public CE System website after review by the CE Governing Committee. The CE Governing Committee has identified the following key outcomes for the CE system:

- Reduction in the length of time persons experience homelessness (at both system and project levels).
- Reduction in the number of persons experiencing first-time homelessness (at both system and project levels).
- Increase in the number of placements into permanent housing (at both system and project levels).
- Increase in the usage of mainstream services.

This policy ensures transparency, continuous improvement, and accountability in the operation of the CE system.

#### **24.2. Role of Participating Agencies in CE Evaluation**

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

At least one representative from each participating agency will be sent the draft results of the CE System evaluation, before its distribution to the CE Committee. Representatives from agencies will have 10 business days to review and provide feedback on the results. While reviewing the data, agency representatives are encouraged to communicate directly with the CE coordinating entity about any concerns or questions that they have and to be detailed in their suggestions to the CE coordinating entity about how best to interpret and use the evaluation results.

#### **25. Coordinated Entry Policy Review**

### **25.1. Purpose**

This policy review establishes a systematic process for the regular evaluation of the Coordinated Entry (CE) Policy and procedures. The goal is to ensure ongoing alignment with HUD requirements, best practices, and the needs of the local Continuum of Care (CoC). The review is designed to maintain the effectiveness, fairness and responsiveness of the CE system in light of regulatory changes and evolving community needs.

### **25.2. Scope**

The policy review process applies to all CoC partner agencies, CE Committee members, and stakeholders engaged in the administration and oversight of the Coordinated Entry system.

### **25.3. HUD Mandates and Regulatory Requirements**

The CE system is required to:

Undergo regular review and updates to maintain compliance with HUD standards for coordinated entry.

Ensure that the CE process remains accessible, transparent, and fair for all eligible individuals. Incorporate feedback from persons with lived experience, service providers, and other stakeholders into system improvements.

Monitor system performance and data quality using HMIS and other approved data sources.

Report findings and improvements to the CoC and HUD as mandated.

### **25.4. Evaluation Frequency**

The CE Policy, procedures, and system performance are evaluated at least annually.

Additional evaluations may be conducted more frequently in response to:

Significant changes in HUD regulations or CoC priorities.

Identification of gaps or deficiencies in the CE process.

Feedback received from stakeholders, including persons with lived experience.

### **25.5. Evaluation Process**

#### **25.5.1. Evaluation Team**

25.5.1.1. The Lead Agency (ECHO) coordinates the evaluation process, with participation from the CEPE committee, CE Case Conferencing members, agency representatives, and individuals with lived experience.

#### **25.5.2. Evaluation Components**

Policy Review: Assess the CE Policy for completeness, clarity, and alignment with HUD requirements and CoC priorities.

Procedural Review: Examine CE procedures for effectiveness, fairness, and consistent application.

Data Quality Assessment: Analyze HMIS and other system data for accuracy, completeness, and compliance with HUD mandates.

#### Performance Measurement:

Evaluate key outcomes, including:

- a. Reduction in the length of time persons experience homelessness.
- b. Reduction in the number of persons experiencing first-time homelessness.
- c. Increase in placements into permanent housing.
- d. Increase in the usage of mainstream services.
- e. Stakeholder Feedback: Gather input from service providers, persons with lived experience, and other stakeholders.

#### **25.5.3. Documentation**

All evaluation activities, findings, and recommendations are documented in an annual CE Evaluation Report.

### **25.6. Review and Approval**

The draft CE Evaluation Report is reviewed by the Lead Agency (ECHO). Recommendations for policy or procedural updates are presented to the full CoC membership for comment.

### **25.7. Reporting and Publication**

The final CE Evaluation Report and any approved policy updates are published on the public CE System website. Key findings and changes are communicated to all partner agencies, stakeholders, and persons served by the CE system. Required reports are submitted to HUD as mandated.

### **25.8. Continuous Improvement**

The Lead Agency (ECHO) ensures that identified improvement opportunities are tracked and addressed in a timely manner. Progress on implementation of recommendations is monitored and reported in subsequent evaluations.

### **25.9. Accountability**

The Lead Agency (ECHO) is responsible for conducting the evaluation process as outlined. Partner agencies are required to participate in the evaluation process and implement approved changes as directed.

## **26. The Housing Priority List Skip Policy**

### **26.1. Purpose**

To establish a standardized, transparent, and equitable process for instances where a partner agency must skip a client on the Housing Priority List (also known as the By-Name List). This policy aims to ensure that housing resources are offered efficiently while upholding the integrity of the prioritization process and respecting the rights of all clients awaiting housing.

## **26.2. Scope**

This policy applies to all partner agencies, case managers, housing navigators, and staff members within the Continuum of Care (CoC) who are responsible for matching clients from the Housing Priority List to available housing opportunities.

## **26.3. Definitions**

- a. Housing Priority List (By-Name List): The official, real-time, and ranked list of all clients experiencing homelessness within the CoC, prioritized based on vulnerability and need according to CoC and HUD standards.
- b. Skip: The act of bypassing a client or clients on the Housing Priority List to offer a housing opportunity to a client with a lower priority ranking.
- c. Documented Contact Attempt: A record made in the client's file or the Homeless Management Information System (HMIS) detailing the date, time, method (e.g., phone call, email, text message, in-person visit), and outcome of an attempt to reach a client. A minimum of three attempts using at least two different methods is recommended before a client is considered unresponsive.
- d. Lead CoC Agency (ECHO): The designated entity responsible for the oversight, management, and compliance of the CoC's coordinated entry system.

## **26.4. Policy Statement**

It is the policy of this CoC that clients shall be served in the order they appear on the Housing Priority List. However, it is understood that circumstances may require an agency to skip one or more clients to prevent a housing unit from remaining vacant. The process for skipping clients is governed by the following two-tiered approach.

### **26.4.1. Tier 1: Skipping Up to Five (5) Clients**

An agency may skip up to five (5) consecutive clients on the Housing Priority List for a specific housing opportunity provided that the following conditions are met:

- Contact Attempts: The agency has made and documented diligent attempts to contact all five (5) of the clients being skipped.
- Documentation: Each contact attempt must be clearly documented in the client's record within the HMIS or other approved record-keeping system. The documentation must be sufficient to demonstrate a good-faith effort to reach the clients.

No special approval or additional forms are required for skipping five or fewer clients, as long as the contact attempts are properly documented.

#### **26.4.2. Tier 2: Skipping More Than Five (5) Clients**

If an agency must skip more than five (5) consecutive clients on the Housing Priority List, the following procedure is mandatory:

- **Legitimate Reason Required:** The agency must have a legitimate, documented reason for skipping each client beyond the fifth person. Legitimate reasons may include, but are not limited to:
  - Client is unresponsive to multiple documented contact attempts.
  - Client is currently incarcerated, institutionalized, or hospitalized with an unknown release date.
  - Client has voluntarily exited the program or declined the housing opportunity.
  - The available unit does not meet the client's specific, documented needs (e.g., accessibility requirements, family size).
- **Mandatory Form Completion:** The agency must complete the Housing Priority - Skip Documentation Form (See **Appendix 8**). This form requires a specific justification for each individual client skipped (from the 6th client onward).
- **Submission for Review:** The completed form must be submitted within 3 business days to the designated point of contact at the Lead CoC Agency (ECHO) for review and record-keeping. Whenever feasible, this submission should take place before finalizing the housing placement of the lower-priority client.

#### **26.5. Procedure**

- 1 - A housing opportunity becomes available.
- 2 - The agency identifies the highest-ranked, appropriate client on the Housing Priority List.
- 3 - The agency initiates contact attempts with the client. All attempts and their outcomes are documented in the client's record.
- 4 - If the client is unresponsive or ineligible, the agency proceeds to the next client on the list, repeating Step 3.
- 5 - If the agency skips more than five (5) clients, it must pause and complete the Housing Priority - Skip Documentation Form.
- 6 - The completed form is submitted to ECHO for review.
- 7 - The agency proceeds with offering the unit to the next eligible and responsive client on the list.

#### **26.6. Compliance and Oversight**

The Lead CoC Agency (ECHO) is responsible for the oversight of this policy. ECHO will periodically review submitted Housing Priority - Skip Documentation Forms and may conduct audits of agency records in HMIS to ensure compliance with documentation standards.

Failure to comply with this policy may result in a formal review of the agency's procedures and may require corrective action to ensure the fairness and integrity of the CoC's coordinated entry system.



### Appendix 1 CE Access Points

<b>Agency Name &amp; Address</b>	<b>Population Served</b>	<b>ADA Accessibility</b>	<b>Spanish Speaking</b>	<b>On Site Services</b>
<b>Grace Campus</b> <b>1301 Avenue A</b> <b>Lubbock, TX 79401</b>  <b>**hours of CE</b>	<b>Adults without children</b>	<b>Yes</b>		<b>Transitional Housing</b> <b>Supportive Services</b>
<b>Family Promise</b> <b>2302 13th St</b> <b>Lubbock, TX 79401</b>  <b>**Hours of CE</b>	<b>Households with children</b>	<b>Yes</b>	<b>Yes</b>	<b>Housing for families with children</b>
<b>Open Door</b> <b>1916 13th St</b> <b>Lubbock, TX 79401</b> <b>**hours of CE</b>	<b>All/ Domestic violence survivors</b>	<b>Yes</b>		<b>Chronic Homeless Housing</b>  <b>Domestic violence shelter</b>
<b>Salvation Army</b> <b>1614 17th St.</b> <b>Lubbock, TX 79401</b>  <b>**hours of CE</b>	<b>All</b>		<b>Yes</b>	<b>Emergency shelter for families and individuals</b>

## **Appendix 2 Participant's Rights & Privacy Notice**

### **HMIS/SERVICE PROVIDER PRIVACY NOTICE**

This notice applies to all HMIS-Participating Providers, as well as any service providers who utilize the EchoWestTexas Database, and addresses how information about clients may be used and disclosed as well as client rights over their information. This notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

#### **Data Collection & Purpose**

The Homeless Management Information System (HMIS) is an information gathering system used to collect data on housing and services provided to homeless individuals and families as well as information on persons at risk of homelessness. Participating providers are required to collect universal data elements from all clients, including personally identifiable information (PII), demographic information, and housing history. This information is used to better understand the extent and nature of homelessness in Lubbock County, evaluate the effectiveness of agency responses, and improve future housing and service provisions. Some providers are required by their funders to obtain certain additional information to assess services, determine eligibility, and monitor outcomes. Most federally funded homelessness programs require client information to be recorded in an HMIS database. The EchoWestTexas database has strict privacy measures and policies in place to ensure the security of client information. We only collect information deemed appropriate and necessary for program operation or information that is required by law or required by funders of this site. We do not need your consent to enter a record of your visit into the HMIS; however, you may refuse to have your personal identifying information within said record and still be eligible to receive services.

If you have any questions or concerns about the information provided, please speak to an intake worker.

#### **Permitted Data Uses and Disclosures**

All HMIS participating agencies are held to strict federal, state, and local standards when it comes to the confidentiality of PII ('Personally-Identifying Information', any information that can be used to identify an individual such as date of birth, social security number, client name). There are limitations to how your information can be used after collection and how it can be shared: Required uses and disclosures:

1. The client must have access to their information; and
2. Disclosures for oversight of compliance with HMIS privacy and security standards. Permitted uses and disclosures:
3. To provide and/or coordinate services to an individual or family
4. For functions related to payment or reimbursement for services
5. To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions
6. For creating de-identified reporting from PII
7. Uses and disclosures required by law
8. Uses and disclosures to avert a serious threat to health or safety
9. Uses and disclosures about victims of abuse, neglect, or domestic violence
10. Uses and disclosures for research purposes
11. Uses and disclosure for law enforcement purposes

Some providers may have more restrictive privacy policies which can be obtained upon request from such providers.

#### **Client Control Over Data:**

We recognize every legal adult as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship. By seeking assistance from the HMIS provider and consenting to your personal information being entered into a record to us, you transfer responsibility for your HMIS record to us, and we are responsible for handling your record per HMIS privacy policies and any applicable federal, and state, or local requirements.

#### **Client Rights:**

- You retain the right to ownership of your information within the HMIS
- You have the right to refuse to answer any question you do not feel comfortable answering and not have it recorded in the HMIS
- You have the right to view and correct any information gathered within the HMIS upon request
- You have the right to ask questions or submit grievances to your provider regarding privacy and security policies and practices
- You have the right to an anonymized record within the HMIS with a request from this service provider
- You have the right to choose if your information is shared outside of this agency and/or with outside researchers and other providers outside of the HMIS; NOTE: a decision not to share data does not prohibit this project from entering your data into HMIS. It only prohibits your information from being shared per your wishes.

**If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternative format. You can receive a copy of any and all HMIS policies and procedures from your intake worker.**

## AVISO DE PRIVACIDAD DE HMIS/PROVEEDOR DE SERVICIOS

Este aviso se aplica a todos los proveedores de servicios que utilizan la base de datos de ECHO West Texas, también conocida como HMIS, y aborda cómo se puede usar y divulgar la información sobre los clientes, así como los derechos de los clientes sobre su información. Este aviso puede ser modificado en cualquier momento, y las enmiendas pueden afectar la información obtenida antes de la fecha de la enmienda.

### Recopilación de datos y finalidad

El Sistema de Información para la Gestión de las Personas sin Hogar (HMIS, por sus siglas en inglés) es un sistema de recopilación de información que se utiliza para recopilar datos sobre la vivienda y los servicios prestados a las personas y familias sin hogar, así como información sobre las personas en riesgo de quedarse sin hogar. Los proveedores participantes deben recopilar elementos de datos universales de todos los clientes, incluida la información de identificación personal (PII), la información demográfica y el historial de vivienda. Esta información se utiliza para comprender mejor el alcance y la naturaleza de la falta de vivienda en el condado de Lubbock, evaluar la efectividad de las respuestas de la agencia y mejorar las futuras proporciones de vivienda y servicios. Algunos proveedores son requeridos por sus financiadores para obtener cierta información adicional para evaluar los servicios, determinar la elegibilidad y monitorear los resultados. La mayoría de los programas para personas sin hogar financiados por el gobierno federal requieren que la información del cliente se registre en una base de datos de HMIS. La base de datos de ECHO cuenta con estrictas medidas y políticas de privacidad para garantizar la seguridad de la información de los clientes. Sólo recopilamos la información que se considera apropiada y necesaria para el funcionamiento del programa o la información que es requerida por la ley o requerida por los financiadores de este sitio. No necesitamos su consentimiento para ingresar un registro de su visita en el HMIS; Sin embargo, puede negarse a tener su información de identificación personal dentro de dicho registro y aún ser elegible para recibir servicios.

Si tiene alguna pregunta o inquietud sobre la información proporcionada, hable con un trabajador de admisión. **Usos y divulgaciones de datos permitidos**

Todas las agencias participantes de HMIS están sujetas a estrictos estándares federales, estatales y locales en lo que respecta a la confidencialidad de la PII ('Información de identificación personal', cualquier información que pueda usarse para identificar a un individuo, como la fecha de nacimiento, el número de seguro social, el nombre del cliente). Existen limitaciones en cuanto a cómo se puede usar su información después de la recopilación y cómo se puede compartir:

Usos y divulgaciones requeridos:

1. El cliente debe tener acceso a su información; y
2. Divulgaciones para la supervisión del cumplimiento de los estándares de privacidad y seguridad de HMIS. Usos y divulgaciones permitidos:
3. Para proporcionar y/o coordinar servicios a una persona o familia;
4. Para funciones relacionadas con el pago o reembolso de servicios;
5. Para llevar a cabo funciones administrativas, incluidas, entre otras, las funciones legales, de auditoría, de personal, de supervisión y de gestión;
6. Para crear informes anónimos a partir de PII;
7. Usos y divulgaciones requeridos por la ley;
8. Usos y divulgaciones para evitar una amenaza grave para la salud o la seguridad;
9. Usos y divulgaciones sobre víctimas de abuso, negligencia o violencia doméstica;
10. Usos y divulgaciones con fines de investigación;
11. Usos y divulgación con fines de aplicación de la ley;

Algunos proveedores pueden tener políticas de privacidad más restrictivas que se pueden obtener a pedido de dichos proveedores.

### Control del cliente sobre los datos:

Reconocemos a cada adulto legal como el propietario de toda la información sobre sí mismo, y a cualquier padre, tutor legal o poder legal como el propietario designado de toda la información sobre cualquier miembro del hogar bajo su tutela. Al buscar ayuda del proveedor de HMIS y dar su consentimiento para que su información personal se ingrese en un registro, usted nos transfiere la responsabilidad de su registro de HMIS, y somos responsables de manejar su registro de acuerdo con las políticas de privacidad de HMIS y cualquier requisito federal, estatal o local aplicable.

### Derechos del cliente:

- Usted conserva el derecho a la propiedad de su información dentro del HMIS
- Tiene derecho a negarse a responder cualquier pregunta que no se sienta cómodo respondiendo y a que no quede registrada en el HMIS
- Tiene derecho a ver y corregir cualquier información recopilada en el HMIS si lo solicita ➤ Tiene derecho a hacer preguntas o presentar quejas a su proveedor con respecto a las políticas y prácticas de privacidad y seguridad ➤ Tiene derecho a un registro anónimo dentro del HMIS con una solicitud de este proveedor de servicios ➤ Usted tiene derecho a elegir si su información se comparte fuera de esta agencia y/o con investigadores externos y otros proveedores fuera de la HMIS; NOTA: la decisión de no compartir datos no prohíbe que este proyecto ingrese sus datos en HMIS. Solo prohíbe que su información se comparta de acuerdo con sus deseos.

**Si no comprende la información contenida en este formulario, puede pedirle a su trabajador de admisión una explicación más detallada o un formato alternativo. Puede recibir una copia de todas y cada una de las políticas y procedimientos de HMIS de su trabajador de admisión.**

## **Appendix 3 Privacy Policies for HMIS/Database**

### **5. Privacy Policies**

#### **5.1 Purpose**

These privacy policies are meant to establish limitations on the collection, purpose, and use of data. It defines allowable uses and disclosures, including standards for openness, access, correction, and accountability. The policies provide protections for victims of domestic violence, dating violence, sexual assault, and stalking.

#### **5.2 Privacy Notice**

- ECHO will make the privacy notice available to any individual upon request
- The participating agency must post a copy of the privacy notice at each workstation where client data is gathered and entered
- The participating agency must also post a Spanish Translation of the privacy notice
- Outreach workers must inform clients about the privacy notice and provide a copy, if requested
- The participating agency must provide a copy of these privacy policies to anyone who requests them.
- ECHO will ensure that contact information is provided on the privacy notice for the purposes of seeking additional information or submitting complaints

#### **5.3 Purpose and Use Limitations**

The participating agency and ECHO may only collect and use HMIS data for the specific internal purposes relevant to the work of the respective agency, as defined in this section.

Every agency with access to Personally Identifiable Information (PII) must implement procedures to ensure and monitor its compliance with privacy policies and may only collect information by lawful and fair means with the knowledge and consent of the individual.

#### **Authorized Uses of HMIS Data:**

- To provide or coordinate services
- To locate programs that may be able to assist clients
- To produce agency level reports regarding use of services
- To track agency level and system-level outcomes
- For agency operational purposes, including administrative functions such as legal, audits, personnel, oversight, and management functions
- To comply with government and other funding agency reporting requirements
- To identify service needs in our community
- To support system level planning
- To conduct research for government and educational purposes
- To monitor compliance with HMIS policies and procedures

- To accomplish any and all other purposes deemed necessary by the ECHO Board

#### **5.4 Interagency Data Sharing**

- All client information entered in HMIS/Database by the participating agency is
- shared with the agency's system users and with the HMIS/Database Lead
- With client consent, all client information is shared with system users at other
- participating agencies for authorized uses
- The participating agency's Executive Director/Program Director (or equivalent) is
- responsible for their agency's compliance with the Interagency Data Sharing
- Policies

#### **5.5 Client Consent**

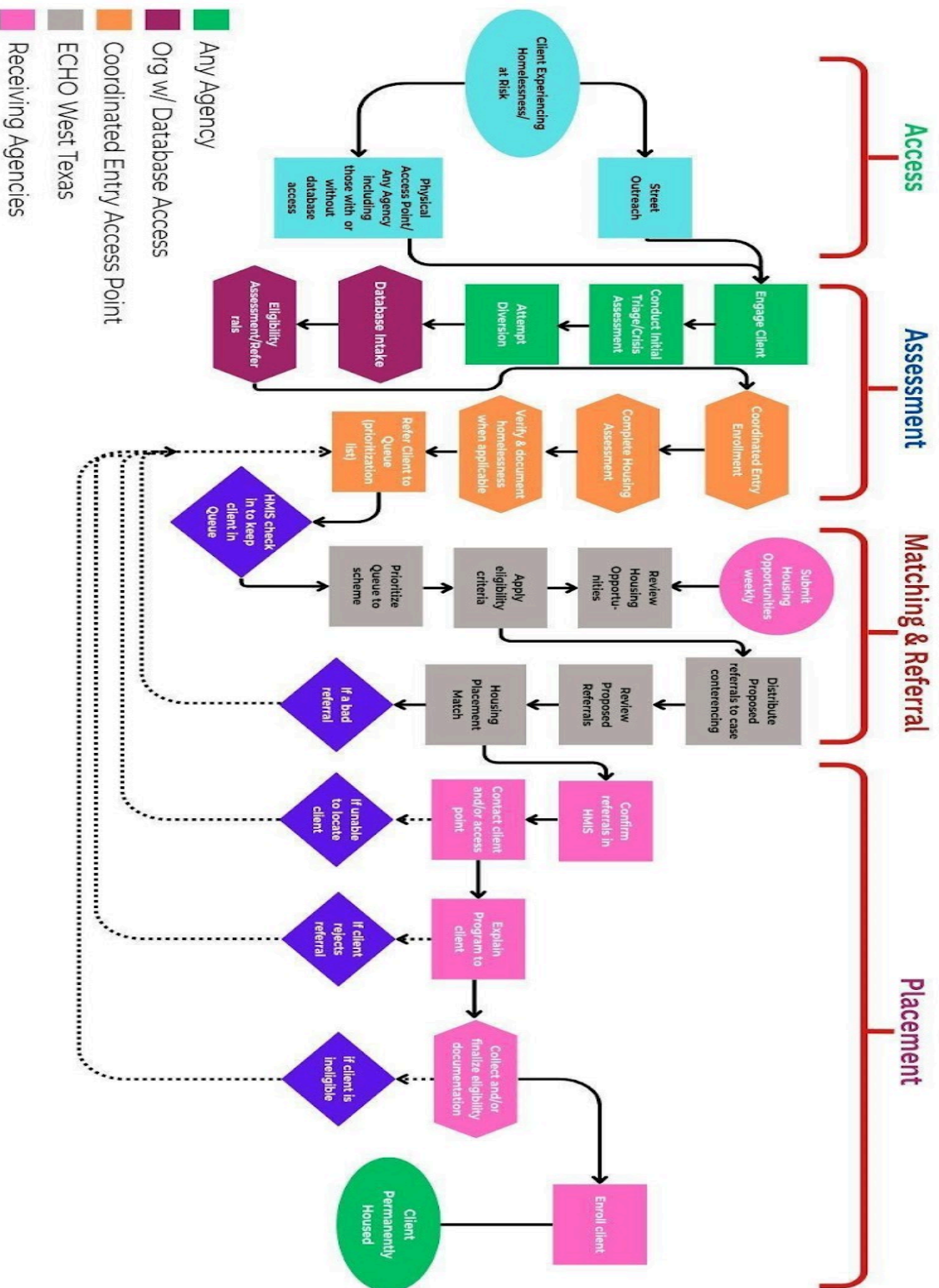
- The participating agency may infer client consent to collect and enter information
- into HMIS from any person who seeks or receives assistance from the agency
- All information entered into the HMIS is shared between the agency's system
- users and with the ECHO, based on the inferred client consent
- The agency must seek and obtain informed client consent using the release of
- information (ROI) form in order to share information with other participating
- agencies if there is no current ROI in the HMIS
- When clients consent to share information, system users at other participating
- agencies will have access to the client's record and case history for authorized
- uses
- Informed client consent is valid until such time as the client revokes consent
- Clients who have consented to share information with other participating
- agencies may revoke consent in writing at any time
- The participating agency must store copies of consent documentation physically
- or through the HMIS/Database

#### **Procedures (Initial Consent)**

1. Personnel from the participating agency will notify the client that the information
2. they collect will be entered into the HMIS/Database and will explain the purposes
3. for collecting information in the HMIS
4. Personnel from the participating agency will explain will explain the Privacy
5. Notice and the Release of information form, and the client's right to revoke data
6. sharing in writing at any time
7. For families, an adult client can provide consent on behalf of household members
8. by listing them in the spaces provided on the form. Additionally, the participating
9. agency may seek consent separately from each individual in the household. A
10. legal guardian (or another adult, if a guardian is not present) may sign on behalf
11. of minors in the household
12. The client will be provided the ROI for review, will be explained its content, and
13. will be asked to complete it
  - a. Should a client decline the ROI, information can still be entered into the HMIS; however, the information cannot be shared outside of the agency

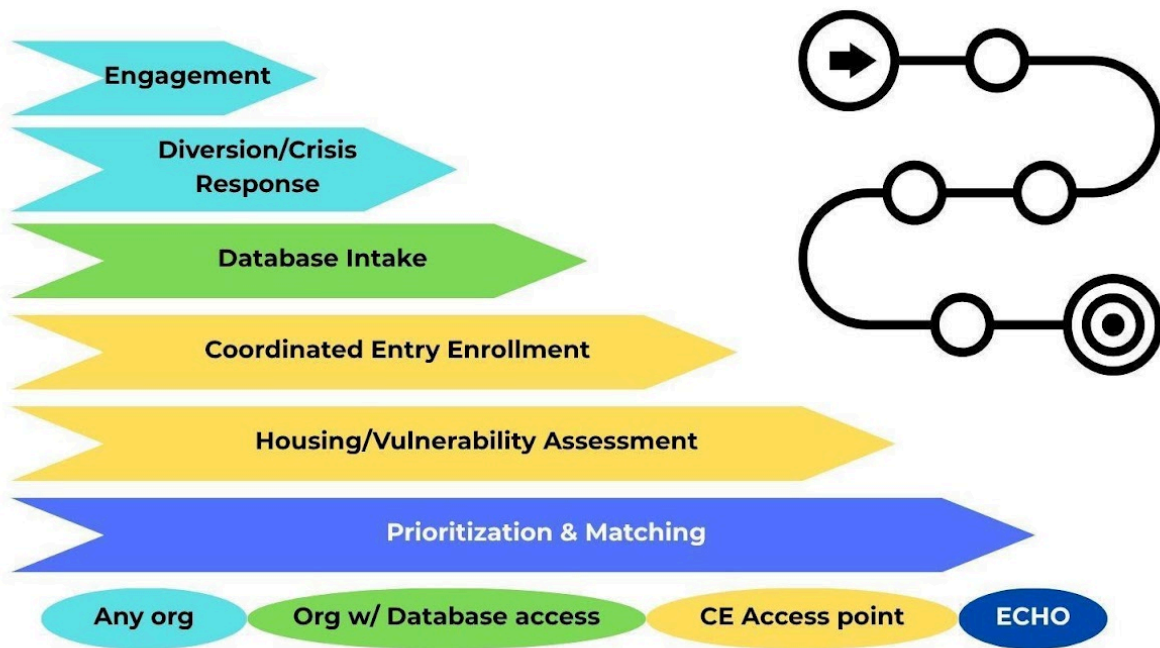
- b. Should a client refuse to have their information entered into the HMIS at all, agency staff should collect information via paper in accordance with their own requirements and an anonymized record entered into the HMIS
- 14. The physical ROI should be scanned and saved to the HMIS/Database. The
- 15. physical ROI should be stored securely on site at the entering agency
- 16. Digital consent is not accepted at this time.

## TX-625 Lubbock Continuum of Care Coordinated Entry Workflow



### Appendix 4 CE Process Outline

## Coordinated Entry Process Overview



- **Engagement**, the initial point of contact. Any organization or individual can make contact with someone at risk of, or experiencing homelessness. At the point of initial engagement **Diversion & Crisis Response** should be initiated through a conversational assessment. Questions such as, “Are you in danger?” or “Is there any family or friends you can stay with to get back on your feet?”, could resolve the person’s needs without having them enter the CE System. If **Diversion/Prevention/Crisis Response** does not meet the person’s needs, refer the person to a Coordinated Entry Access Point using printed material or information on [echowtx.org](http://echowtx.org)
- **Database Intake**, where basic information is gathered and entered into the community database/HMIS. Any organization with database access can engage the person(s) at this level. This provides another point where **Diversion/Prevention/Crisis Response** can occur with the assistance of an eligibility assessment to match people to the services they need. If the organization is not an Access Point, a direct referral to Coordinated Entry can be made in the community database.
- **Enrollment**, begins a person’s entry into the Coordinated Entry System. Any Coordinated Entry Access Point has access to enroll people into Coordinated Entry. They also have the ability to conduct a vulnerability assessment that is used to prioritize and match people to the appropriate housing options for them. This process helps the CoC manage the limited amount of housing inventory and match people to the housing and services they need.
- **Prioritization**, takes place after the vulnerability assessment. ECHO manages the list of assessed households and, through regular case conferencing with housing providers, helps to match assessed households with the appropriate housing intervention as they become available.



## **Appendix 5 Prioritization Matrix Based on SPDAT Score**

### **Single Adults:**

<b>Score Range</b>	<b>Recommended Housing Intervention</b>
0 – 3	No Housing Intervention/Light Touch Support
4 – 7	Rapid Re-Housing (RRH)
8+	Permanent Supportive Housing (PSH)

### **Families:**

<b>Score Range</b>	<b>Recommended Housing Intervention</b>
0 – 3	No Housing Intervention/Light Touch Support
4 – 8	Rapid Re-Housing (RRH)
9+	Permanent Supportive Housing (PSH)

### **Youth:**

<b>Score Range</b>	<b>Recommended Housing Intervention</b>
0 – 3	No Housing Intervention/Light Touch Support
4 – 7	Rapid Re-Housing (RRH)
8+	Permanent Supportive Housing (PSH)

## **Appendix 6 Grievance/Appeal Form**

### **CE Transfer, Grievance and Appeals Form**

*If there is a problem or concern, we want to know about it. The information on this form will be used to address your concerns and is otherwise confidential. If you need assistance completing this form, please contact [admin@echowtx.org](mailto:admin@echowtx.org). You can expect a response within seven (7) business days. Completing this form will not negatively affect your status within the CE system.*

*This is also the form for agency/staff grievances with respect to the CEsystem.*

**Name of the person completing this form:** \_\_\_\_\_

**Who should we follow up with regarding this form:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Secondary Phone #** \_\_\_\_\_

**Preferred Method of Contact:** ☐ Phone ☐ Email

**Can we reveal confidential information?** ☐ Yes, Voicemail ☐ Yes, Email ☐ Yes, Live phone call ☐ No

**Alternate contact info:** \_\_\_\_\_ **Can we leave confidential info?** ☐ Yes ☐ No

**Program Staff, agency/site involved in incident:** \_\_\_\_\_

**What is this regarding:**

- ☐ Housing Assessor
- ☐ The Assessment
- ☐ Homeless status, or recommended housing intervention
- ☐ Provider (housing, shelter, or other CEagency)
- ☐ Denial from the housing program
- ☐ Transfer Request
- ☐ Other (explain): \_\_\_\_\_

**Explain the complaint or issue (including names of persons involved and dates). Please be detailed.**

**What has been done to try to resolve/fix this by the client/yourself, housing provider, and/or others, such as mediation, case planning, etc?**

What would you like to see happen from the CE Governing Committee? (what is the outcome you are hoping for?)

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If a *transfer request*, what circumstances have changed that prompted the transfer request? Include the current housing type that you/your household is currently in (funder, name of program, etc.).

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If a *transfer request*, how is a transfer going to improve your situation, and/or what types of services/support would be needed from a new program?

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If a *transfer request*, has a new program been identified? If a new program has been identified, please provide the housing provider's name and program. If no program has been identified, please write N/A.

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**Signature of the client** (or staff member if the grievance is a staff/agency complaint)

**Date:** \_\_\_\_\_

Please email this completed form to [admin@echowtx.org](mailto:admin@echowtx.org) with the subject line "TRACE".  
You can also mail this form to:

ECHO West Texas  
Attn: TRACE  
PO Box 64488  
Lubbock, TX 79464

## **Appendix 7 Universal Data Elements**

### **Universal Data Elements**

HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. Projects funded by any one or more of the federal partners must collect the Universal Data Elements (UDEs), as do projects that are not funded by any federal partner (e.g., missions) but have agreed to enter data as part of the CoC's HMIS implementation.

The UDEs are the basis for producing unduplicated estimates of the number of people experiencing homelessness accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, and patterns of service use, including information on shelter stays and homelessness over time.

The UDEs are the foundation on which the Longitudinal System Analysis (LSA) is developed. The LSA informs the Annual Homeless Assessment Report (AHAR), which provides Congress with national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. The AHAR is a critical resource for informing the U.S. Interagency Council on Homelessness and other federal partners on the nature of homelessness in the United States and provides a unique longitudinal lens to inform homelessness policy nationwide. The LSA is also used locally via the [Stella](#) tool to inform communities on how trends in their local homeless population change over time. UDEs also help local communities to better target resources and position programs to end homelessness in an equitable and just manner/process.

<b>Universal Identifier Elements (One and Only One per Client Record)</b>	<b>Universal Project Stay Elements (One or More Value(s) Per Client, One Value Per Project Stay)</b>
3.01 Name	3.08 Disabling Condition
3.02 Social Security Number	3.10 Project Start Date
3.03 Date of Birth	3.11 Project Exit Date
3.04 Race and Ethnicity	3.12 Destination
3.06 Gender	3.15 Relationship to Head of Household
3.07 Veteran Status	3.16 Enrollment CoC
	3.20 Housing Move-In Date

# NEED HELP WITH HOUSING?

## WE'RE HERE TO HELP

If you or someone you know needs help finding a safe place to stay, we want you to know:  
**You are not alone, and you matter.**

We use something called the **Coordinated Entry System**. This helps us connect people to the housing and support they need — **quickly, fairly, and with care.**

### What is Coordinated Entry?

Coordinated Entry is a simple and caring way to help people who:

- Do not have a home
- Might lose their home soon
- Need help finding safe housing

It is for **anyone and everyone** — no matter your age, background, family size, or what you're going through.

### How Does It Work?

1. **You talk to someone** – We will ask a few questions to understand your needs.
2. **We listen and learn** – Your answers help us find the best help for you.
3. **We connect you to support** – Like housing, case managers, or other services.

This process is **free, private, and respectful**. We treat everyone with kindness.

### Why Use Coordinated Entry?

- It's **fair** – Everyone gets the same chance.
- It's **fast** – We try to help as quickly as possible.
- It's **helpful** – We work to find the right support for YOU.

### You Are Welcome Here

No matter who you are or what your story is — **you are important**. You deserve a safe place to live and people who care.

If you need help, please reach out. We are here for you.

# WHERE TO GET HELP?

Agency Name & Address	Population Served	ADA Accessibility	Spanish Speaking	On Site Services
<b>Grace Campus</b> <b>1301 Avenue A</b> <b>Lubbock, TX 79401</b>  <b>**hours of CE</b>	<b>Adults without children</b>	<b>Yes</b>		<b>Transitional Housing</b> <b>Supportive Services</b>
<b>Family Promise</b> <b>2302 13th St</b> <b>Lubbock, TX 79401</b>  <b>**Hours of CE</b>	<b>Households with children</b>	<b>Yes</b>	<b>Yes</b>	<b>Housing for families with children</b>
<b>Open Door</b> <b>1916 13th St</b> <b>Lubbock, TX 79401</b> <b>**hours of CE</b>	<b>All/ Domestic violence survivors</b>	<b>Yes</b>		<b>Chronic Homeless Housing</b>  <b>Domestic violence shelter</b>
<b>Salvation Army</b> <b>1614 17th St.</b> <b>Lubbock, TX 79401</b>  <b>**hours of CE</b>	<b>All</b>		<b>Yes</b>	<b>Emergency shelter for families and individuals</b>

## Appendix 9 HPL Skip Documentation Form

# HPL Housing Priority List – Skip Documentation Form

## Lubbock Continuum of Care TX-625 – Coordinated Entry

### Client Information

- Client Name: \_\_\_\_\_
- HMIS ID (if applicable): \_\_\_\_\_
- Date of Skip: \_\_\_\_\_
- Provider/Agency: \_\_\_\_\_
- Staff Completing Form: \_\_\_\_\_

### Multiple Skips (More than Five Clients)

If more than five clients were skipped on the Housing Priority List/By-Name List:

1. Total number of clients skipped: \_\_\_\_\_
2. Did you contact the Lead Agency for support or guidance: \_\_\_\_\_
3. Reasons for multiple skips (select all that apply):
  - ☐ Ineligibility based on program criteria
  - ☐ Documentation barriers across multiple clients
  - ☐ Declined housing opportunities
  - ☐ Clients could not be located or contacted
  - ☐ Other: \_\_\_\_\_
4. **Were the skipped clients generally suitable matches based on their vulnerability assessment scores?**
  - ☐ Yes – Scores indicated strong eligibility, but barriers prevented placement
  - ☐ No – Scores indicated lower vulnerability for this housing program
  - ☐ Mixed – Some scores were suitable, others not

### Skip Reason Questions

1. Was the client successfully located and contacted?

- ☐ Yes
  - ☐ No
- 2. If not, what was the reason?
  - ☐ Unable to locate client
  - ☐ Client did not respond after multiple attempts
  - ☐ Contact information not current
  - ☐ Other: \_\_\_\_\_
- 3. Did the client decline this housing opportunity?
  - ☐ Yes
  - ☐ No
  - If yes, reason given: \_\_\_\_\_
- 4. Is the client temporarily ineligible?
  - ☐ Yes
  - ☐ No
  - If yes, specify:
    - ☐ Active substance use preventing move-in
    - ☐ Medical/mental health hospitalization
    - ☐ Incarceration
    - ☐ Other: \_\_\_\_\_
- 5. Does the client have current documentation/barriers preventing placement?
  - ☐ Missing ID / SS card / Birth certificate
  - ☐ No income verification
  - ☐ No disability documentation (if required)
  - ☐ Other: \_\_\_\_\_
- 6. Was the client matched to a unit or program but determined not eligible by provider/program criteria?
  - ☐ Yes
  - ☐ No
  - If yes, reason: \_\_\_\_\_
- 7. Is the client already housed or in another housing process?
  - ☐ Yes
  - ☐ No
- 8. Based on the client's vulnerability assessment score, was this client a suitable match for the program type?
  - ☐ Yes – Score aligned with program eligibility
  - ☐ No – Score indicated lower priority for this program
  - ☐ Other: \_\_\_\_\_
- 9. **Additional explanation of patterns/barriers (staff notes):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### **Leadership-Level Review (Required if More than 5 Clients Skipped)**

#### **Executive Director / Program Director Statement**

- Please provide explanation for the high volume of skipped clients, including systemic barriers, program-specific eligibility issues, and any corrective steps to reduce future occurrences.

#### **Leadership Explanation:**

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**Executive/Program Director Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_