The TN-500 Continuum of Care Coordinated Entry System

Client | **Case Manager** | **CRHC** | **Automated**

Access

An individual or family comes into contact with a trained Coordinated Entry partner and expresses a need for housing assistance.

After the first assessment, the individual or family should stay in touch with the staff member who did their assessment, sharing updates about where they are staying and any new contact information.

Assessment

A case manager completes the Universal Housing Assessment (UHA) with the individual or family.

If the individual or family experiences any significant changes in their situation (health, disabilities, etc.) they should try to seek another assessment.

Prioritization

The information collected via the survey (using Microsoft Forms) is automatically delivered to a CRHC Assessment Collection Database.

CRHC Data Specialist copies all new assessment information from the Assessment Collection Database and copies that info (manually) into the TN-500 Homeless Management Information System (HMIS) and the TN-500 By-Name List (BNL).

Each individual and household is considered "active" on the BNL for the first 90 days after their assessment.

All assessment information is automatically sorted and prioritized according to the prioritization matrix established for the CoC.

While the prioritization matrix triages ALL individuals and families collectively across the CoC, the BNL with all assessed people is further broken down into smaller subpopulation groups.

Referral

CRHC hosts Case Conferencing for various subpopulations within the region.

Case managers attend Case Conferencing to advocate on behalf of clients and receive referrals.

CRHC updates all client CLS records on the BNL weekly by pulling HMIS data and sending bi-weekly reminders to ensure clients' CLS statuses remain active.

After completing an assessment, case managers must update the person or family's CLS in HMIS, or report it directly to CRHC, at least once every 90 days to confirm they are still experiencing homelessness. Anyone who has not had a CLS in the last 90 days will be moved to "inactive" status on the BNL.

CRHC partners with case managers to create specific action steps that help clients progress toward housing.

CRHC partners with case managers to make housing referral based on eligibility criteria, vulnerability, and program fit.

Case manager contacts client and works with them to complete program intake.

Case manager works with client to identify housing options, secure housing subsidy, and increase self-sufficiency.

Client is housed and receives housing subsidy for the eligible term.

Definitions

According to HUD, a Coordinated Entry System must consist of four core components: Access, Assessment, Prioritization, and Referral. For this reason, the steps are broken down into these subcategories. Additionally, each step is color-coded by the primary responsible party.

The TN-500 Continuum of Care (CoC) is the HUD-designated region of Southeast Tennessee in which the above system operates. The region includes the following counties: Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie.

The Universal Housing Assessment (UHA) is the assessment tool used in the TN-500 CoC to assess housing needs and relative vulnerability for prioritization to housing programs.

A By-Name List (BNL) is a real-time, person-specific record of all individuals experiencing homelessness in a community, updated regularly to track their needs, progress, and housing status. It helps providers coordinate care, prioritize resources, and measure progress toward ending homelessness.

To be "active" on the BNL refers to being actively prioritized for housing referrals while those who are "inactive" are not actively considered for referrals. Becoming inactive does not remove someone from the BNL; rather, they simply need an updated CLS to once again be actively prioritized for referral.

A client's CLS (Current Living Situation) refers to where they are staying or expect to sleep that night.

Case Conferencing is a collaborative process where service providers and case managers come together to coordinate care, share information, and brainstorm client action plans. The goal is to avoid duplication of efforts, address barriers to housing, and ensure that clients receive comprehensive, coordinated support toward stability and housing.

Accurate and regularly updated contact information is essential for making effective and timely housing referrals. If a client cannot be reached after multiple attempts within 30 days, their referral is deferred and offered to the next eligible person.

At no point does CRHC maintain direct contact with clients on the BNL. Contact is made solely between case managers and clients.