

Coordinated Entry Program Connector HMIS User Manual

CA-508 Watsonville/Santa Cruz City & County





2025 | March



About this Guide: The purpose of this resource is to provide pointed guidance for specific steps in the HMIS Connector workflow. Please use the table of contents to direct you to specific topics of interest.

Table of Contents

- Preface <u>HMIS CE Overview</u> (Pg. 2)
- Step 1 <u>Switch into the Housing for Health Partnership Agency</u> (Pg. 3)
- Step 2 <u>Update Client Profile, Global Household, Contact, and Location</u> (Pg. 3)
- Step 3 <u>Enroll into the Coordinated Entry Program</u> (Pg.3)
- Step 4 <u>Complete a Current Living Situation</u> (Pg. 3)
- Step 5 <u>Start a Housing Needs Assessment</u> (Pg. 4)
- Step 6 <u>Edit or Complete a Housing Needs Assessment</u> (Pg. 5)
- Step 7 <u>Weekly Monitoring of Navigation Caseload</u> (Pg. 5-6)
- Step 8 <u>Start a Housing Action Plan</u> (Pg. 6-7)
- Step 9 <u>Print a Housing Action Plan</u> (Pg. 8)
- Step 10 Log Coordinated Entry Events (Pg. 8)
- Step 11 <u>Complete Standard HMIS Assessments</u> (Pg. 9)
- Step 12 <u>Transferring a Participant to a New Connector</u> (Pg. 9-11)
- Step 13 Exiting a Participant from Coordinated Entry (Pg. 11-12)

Additional Resources: You can always navigate through the various lessons of the <u>HMIS Connector Training</u> or reach out to the Help Desk at <u>SantaCruz@Bitfocus.com</u> or (831) 713-2288 during regular business hours.

Page 1 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





HMIS CE Overview

02 | CE ENROLLMENT

 Understand Chronic Homlessness

04 | HNA

- H4H prioritizes when "Assessment is Complete and Ready for Scoring"
- New HNA Every 90 Days (Data Will Cascade)

06 | EVENTS

 Log Provided Events (i.e. Services) and Event Results

08 | CLIENT TRANSFER

 Communicate and Confirm with Potential

01 | CLIENT PROFILE

- Household
- Contact
- Location

03 | CLS

- Complete at Enrollment
- During Designated
 "Assessment Months"
- When Situation Changes

05 | HAP

- Develop with Participant(s) Overtime
- Print for Participant(s)

07 | STATUS UPDATE

- Complete During Designated "Assessment Months"
- When Situation Changes

09 | EXIT

New Connector Prior to Transfer

- Housed/Housing Program
- Left County (+90 days)
- Institutional Care (+90 days)
- Deceased
- Not Interested in CE Resources
- Unreachable for 30 Days Following First Missed Contact (must follow all engagement strategies in accordance with CE policy)





Step 1: Switch into the Housing for Health Partnership Agency.

III 🖂	Housing for Health Partnership ~ AC	
ρ search $\equiv 0$	CASELOAD A REFERRALS	

Step 2: Update Client Profile, Global Household, Contact, and Location

	PROGRAMS	ASSESSMENTS	NOTES	FILES	CONTACT	LOCATION	REFERRALS
	PHOGRAMS	MaacaamichTa	NUTES	FILES	CONTRACT	LOCATION	REPERIORES
🗎 📰 🔍							
Household Mem						M	
Household Members							
Serenity Cowell (She/H	ler/Hers)			Dau	ughter		
Global Household Management							

Step 3. Enroll Participant/Household in the Coordinated Entry program from the Programs tab.

Coordir	Active Clients Active Clients Cuerrs 23% Families = 77% Individuals			
*	Funding Source HUD: CoC – Supportive Services Only Availability Full Availability	Service Categories: ✓ Housing	✓ RETIRED (Coordinated Entry Event)	
Г	Include group members: Serenity Cowell (She/Her/Hers)	Include Household		

A chronically homeless person...

- 1. Has a disabling condition; <u>AND</u>
- 2. Currently lives in a place not meant for human habitation, or in an emergency shelter; <u>AND</u>
- 3. Has been homeless continuously for at least 12 months; <u>OR</u> has been homeless on at least 4 separate occasions for a combined total of 12 months in the last 3 years.

Enrollment Fields Used to Determine Chronic Homeless Status*

- 1. Prior Living Situation
- 2. Disabling Condition

A break in homelessness is...

- o 7 consecutive nights of being housed (e.g., "couch surfing," staying with friends or family, and motels paid for by clients)
- 90+ days in an institution (jail, hospital, treatment facility, etc.)

*Please note that chronic homeless status alone is no longer a factor in determining queue placement.

Step 4. Complete a Current Living Situation Assessment as shown in the

following steps:

Enrollment History Provide Services Events Asse	issments Notes Files Forms	x Ext dec Par	e p 4b. Nav cision tree rtnership's	rigate the "Verified by" to Housing for Health Coordinated Entry progra	m
Current Living Situation Step 4a. Include household members (if any).	ADD PROGRAM ASSESSMENT Henry Cowell (He/Him/His) Father Serenity Cowell (She/Her/Hers) Daughter ADD CURRENT LIVING SITUATION	START ate o urree iving ocat	of Contact nt Living Situation 13 Situation Verified By 10 n Details	01/25/2024 Place not meant for habitation (e.g., a vehicle, an abandoned building, bu Coordinated Entry Select CA-508 (Watsonville/Santa Cruz City & County CoC) Coordinated Entry Housing for Health Partnership Coordinated Entry System Day Shelter	

Step 4c. Complete this process for additional household members (if any).

Page 3 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





IMPORTANT NOTE



The order of the next steps is interchangeable and is ultimately determined by your work with participants and their needs. You don't need to follow the specific order of the next steps outlined below. However, if Step 7 is completed **before** Step 5, the data cascading function will not work.

Step 5. Start a Housing Needs Assessment (HNA) with participant. The HNA should always be completed in the Head of Household's program enrollment.

PROGRAM: COORDI	NATED	ENTRY								
Enrollment H	istory	Provide Services	Events	Assessments	Notes	Files	Forms			× Exit
Assessmen	ts									LINK FROM ASSESSMENTS
Current Living Sit	uation									START
Status Update As	sessme	nt								START
Annual Assessme	ent									START
Housing Action P	lan									START
Housing Needs A	ssessm	ent								START

• Each section has a Housing Action Plan (HAP) Priority toggle. You will toggle this on when the participant identifies a goal related to the specific section. Once toggled on, sections notes will appear in new HAPs.

HOUSING ACTION PLAN PRIORITY	
Check here if anything related to health portion is a high priority for us to work on together to help you get a permanent place to live	

incip you got a pointanont place to inter

 These 3 Live Markers are populated with data from the client's profile and/or global household. If any of the 3 Live Markers are incorrect, you must update the client profile and/or the household.

1. Total # of members in the household currently. (This field is auto-calculated from HMIS. If different than expected, edit global bousehold associated with participant's profile):	2
2. Total # of children in the household currently. (This field is auto-calculated from HMIS. If different than expected, edit global household associated with participant's profile):	1
3. Total # of members in household desired (including the participant): Complete Household Comments if the numbers in #1 and #3 are different.	2
4. Household Comments:	
5. Age of participant (head of household):	19





Step 6. Edit or Complete a Housing Needs Assessment.

Select the "Assessments" tab of the program enrollment record. Select the "Edit" icon to update the HNA. You will edit the Housing Action Plan in the same way once you get to that step.

PROGRA	OME COOP	RUINATED	ENTRY								
Enro	oliment	History	Provide Services	Events	Assessments	Notes	Files	Forms			× Exit
A	ssessm	ents									LINK FROM ASSESSMENTS
Cur	rrent Living	Situation									START
Stat	tus Update	Assessme	nt								START
Ann	rual Asses	sment									START
Hos	using Actio	on Plan									START
Hos	using Need	is Assessm	ent								START
ASSESS	MENT HI	STORY									
Ad	dvance	d search	options view	~							
	Assessn	nent Name							Completed	Details	
	Current	Living Situa for Health Par	rtnership (j)						09/21/2023		
Ø	Housing	g Needs Ass for Health Par	rtnership 🕢						02/22/2023		
	Housing	g Action Pla for Health Par	n rtnership 🕢						02/08/2023		

• Once <u>all required questions are completed</u>, the "Assessment is complete and ready for scoring" toggle will reveal. Toggling this field ON and pressing save is what notifies the H4H team that this participant is ready to be reviewed for resource matching. Always remember to save the HNA before exiting the screen.

Assessm	nent is complete and ready for scoring
▲ P	Please press save to submit the assessment for review.

IMPORTANT NOTE Create a new HNA if the participant's situation



changes, or at least every 90 days from the date of enrollment. For example, changes to household composition would be particularly important. <u>New</u> HNAs must be completed and saved with the "Assessment is complete and ready for scoring"

field toggled on for a new score to generate and be sent to H4H for review.

Step 7. Check your Navigator caseload weekly to see if a participant has been referred to the Housing Queue by selecting "Caseload."

Page 5 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





Housing for Health Partnership	Alexis Crews Holloway, Housing for Health Partnership ~
SEARCH FOR A CLIENT	ADD CLIENT (+) Your recent client searches:
Q. Enter search terms for a client	Henry Cowell (He/Him/His) SEARCH
Use full name, partial name, date of birth or any combination.	Wilder Ranch (They/Them/Theirs)
Always make sure to check client in the system prior creating and adding new client(s)	Happy Day (They/Them/Theirs)
Managed with Charley Naman Bensions	Serenity Cowell (She/Her/Hers)

 Select the "Navigator" tab. A participant is not on the Housing Queue if they do not appear here. You are expected to continue to provide Connector Services with all your participants, regardless of whether they have been added to the Housing Queue.

Housing for Health Partnership								
ACTIVE CASELOAD STATUS DUE NAVIGATOR CASE MANAGER	1							
NAVIGATOR								
Advanced search options show ~								
Search								
			SEARCH					
Client	Community Queue	Referral Date	Days Pending					
Henry Cowell (He/Him/His)	Housing Queue	01/26/2024	4 days					
oped with Clarity Human Services								

Step 8. Start a Housing Action Plan (HAP) with the participant. The HAP should always be completed in the Head of Household's program enrollment.

ROGRAM: COORDINATED ENTRY

Assessments	LINK FROM ASSESSMENTS
Current Living Situation	START
Status Update Assessment	START
Annual Assessment	START
Housing Action Plan	START
Housing Needs Assessment	START

 Assessment Date, Connector Name, and the section notes related to the specified action plan priorities from the HNA will cascade into the HAP.

> Page 6 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





HOL	SING ACTION PLAN	
	The Housing Action Plan or HAP is a plan d facilitates the collaborative process betwee include additional goals as progress is mad	leveloped from the household-directed housing stability goals identified during the completion of the Housing Needs Assessment. The HAP is meant to be a resource that an households and H4HP Connectors by which they work together to secure housing for the household. The HAP should include a small number of goals and can be updated to le.
	Assessment Date	01/26/2024
	Connector Name	Alexis Crews-Holloway
	Section 1: Household Goals Notes	This is where you will take notes related to the Participant's household composition. This section will populate into the Housing Action Plan if the associated priority toggle is on.

• Work with the participant to flesh out the details of the specific goal they wish to achieve, how you will assist, and by when these tasks will be completed.

Goal	
Participant Strengths (Current and Past)	
Resources Needed to Achieve Goal	
Participant Will	
By When	
Connector Will	
By When	// ^{U_m_i} 25

- The HAP is a living document. You should update dates and goal status as needed. A goal can be in the following status at any given time:
 - Not Started,
 - In Progress,
 - Achieved,
 - Progress Stalled, or
 - Abandoned for New Goal.

• You should add new goals as needed.

Goal Status	Select	~
Goal Status Notes		
Add Household Goal		

Page 7 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





Step 9. Print the participant's Housing Action Plan from their client Reports.

• Run the [SZ-101] Housing Action Plan Report. The report will only display goals that are "In Progress" or "Stalled."

Henry Cowell (He/Him/His) profile history services programs assessments notes files contact location referrals	# !	Melissa Sutton-Dement, Housing for Health Partnership ~ Ø SEARCH	MS		
CLIENT PROFILE					
CLIENT REPORTS					
[CLNT-101] Case Notes	(€) RUN 🖱 SCH	EDULE MORE INFO~	-		
[CLNT-102] Client History	I 🖲 RUN 🗒 SCI	_			
[CLNT-103] Photo ID Card - Sample	I 🕞 RUN 🖹 SCI			IND COUNTY g for Health Housing Action Plan	
[CLNT-104] Profile Screen	I⊚RUN 🖱 SCI		HMIS ID Participant Name	Assessment Date 03/07/2023 Connector Name	
[CLNT-105] Client Appointments	I 🕞 RUN 🖻 SCI		Housing Goals Goal	Creating a rental history	
[CLNT-106] Client Service Notes	I 🕞 RUN 🗇 SCI	CLIENT REPORTS	Participant Resources Resources Needed	This a good, which is relationship with her landowd. She also has never been tormally evicted and has been a resident of Santa Cruz County her whole life. She needs a working phone and needs to utilize her free time/off days to reach out.	
[CLNT-125] Client Summary	I 🕞 RUN 🗇 SCI	[CLNT-101] Case No	Participant Will By When Conserve Will	entit and the solution of the standard to use to entit an unit as protectar release of a normal entit and the solution of the standard to use to entit an unit as protectar releases of a normal organized to use the standard to use the	I MORE INFO
[CLNT-127] Homeless Status Timeline [2024]	I⊛RUN I 🖱 SCI	[CLNT-102] Client H	By When Goal Status	through free credit counseling service that Housing Matters recently made contact with. 04/04/2023 In Progress	I MORE INFO -
[CLNT-128] Client Enrollment Details	I 🕞 RUN 변 SCA	[CLN5104] Profile 5 [CLN5105] Client A	Health Goals Goal	Establishing counseling, for domestic violence support and mental health.	1 MORE INFO
[HUDX-233] Client-Level System Use & Length of Time Home	BETA I () RUN I 🗒 SCI	[CLN3-106] Client Se [CLN3-125] Client Se	Participant Resources	Noves that she needs to take time to process her CV trauma. She is her own best resource on she rown merial health. She has also accessed resources like these before through Wainut Ave Clinic.	1 MORE INFO-
[SZ-101] Housing Action Plan Report	► I 🕞 RUN 런 SCI	[CLNT-122] Hornelet	Participant Will By When	Call Wainut Ave to ask about group therapy session times and if she can keep receiving support.	I MORE INFO.
		[CLN1-128] Client Dr	Connector Will	Reach out to Monarch to see if maken receive shelter or support from them.	1 MORE NO.
		[HUDIX-233] Client-Li [SZ-101] Housing Ad	By When Goal Status	04/19/2023 In Progress	1 MORE INFO -

Step 10. Log Coordinated Entry Events.

Page 8 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





Enrollment History Provide Services Events Assessm	ents Notes Files Forms	× Exit
Coordinated Entry Events		
Problem Solving/Diversion/Rapid Resolution Intervention or service		~
Outreach/Engagement/Connection Building		~
Housing Needs Assessment Completion/Update		^
Date 0	1/29/2024	
Result: Client housed/re-housed in a safe N alternative	● ✓ Result Date: 01/29/2024	
Include group members:		
Serenity Cowell (She/Her/Hers)		
Event Note:		
BIII		
		SUBMIT
Housing Action Plan Completion/Update		~
Housing Search Assistance/Exploring Options		~

Select the Event you would like to log, including household members if appropriate, and fill in the requested data.

For Problem-Solving Event items, there is an additional field shown in the screenshot above. Indicate if the participant

was housed in a "safe alternative location" which means permanent housing in this community. The participant should be exited from the CE program at that point.

Step 11. Complete Standard HMIS Assessments pursuant to local policy.

	At Program Enrollment	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Current Living Situation (CLS) Assessment	Yes	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No
Status Update (SU) Assessment	No	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No

Current Living Situation (CLS) Assessments

Required to be completed at <u>program enrollment</u> AND <u>during each</u> <u>of the designated assessment months</u> of February, May, August, and November. Additionally, it is requested that you complete a CLS Assessment <u>if a client's living situation undergoes a major change</u>.

Status Update Assessments

Required to be completed <u>during each of the designated assessment</u> <u>months</u> of February, May, August, and November. Additionally, it is requested that you complete a Status Update Assessment <u>if there is</u> <u>a major change to a client's health, income, benefits, and/or</u> <u>insurance status</u>.

> Page 9 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





Annual Assessments

Required to be completed in lieu of a 4th quarter Status Update Assessment. This should be a rare occurrence as Connectors shouldn't be working with participants longer than 90-180 days.

Step 12. Transferring a Participant to a New Connector

When a secondary system enrollment is managed by a case manager who is also a Connector occurs, the Coordinated Entry enrollment must be reassigned to the Connector of the secondary enrollment, unless this Connector does not have capacity, or the participant prefers to continue with their original Connector.

There are two potential transfer scenarios you may encounter.

1. You are transferring an enrollment to another Connector.

- Confirm the Home Agency of the Connector you wish to transfer the participant's enrollment to.
- Send a secure message in the HMIS to the new Connector requesting they reassign themselves as the Assigned Staff in the participant's CE Enrollment.
 The new Connector will receive an automatic notification in their standard email that they have a new secure message in the HMIS.

2	CREATE A MES	SSAGE	\otimes
	CoC	Watsonville/Santa Cruz City & County CoC	~
	Agency	System	~
	Receiver	Melissa Sutton-Dement	~
	ВІ	2= =	
	Hello Melis	isa,	
)	Participant in an Emer so, can you You do this deselect m receive and another qu	BC5A5AA42 and their household members have recently enrolled gency Shelter you are assigned to. Are you a trained Connector? I a please reassign yourself to their Coordinated Entry enrollment? by editing the assigned staff section in the CE enrollment. You will e and select yourself. You are now their new Connector until they other Connector Transfer, move into housing, or exit the program for alifying reason.	f I Dr
	Please adv manageme	rise if you are not a trained Connector and I will maintain ant of this enrollment. Thank you	
	body p		-
taff		SEND MESSAGE CANCEL	
New Inbox	x Message Was Received	View South's Profile Jan 26, 2024, 1127AM (3 days ago)	× 00 * 10
to me +	ail to HubSpot -		G
		CLARITY HUMAN SERVICES	
		Dear Alexis Crews-Holloway, Melissa Sutton-Dement from System has sent you a message via your Clarity Inbox. Click here to read it.	
		Questions? Visit our online witkl: help.bitfocus.com	
		Bitfocus	

• Confirm the enrollment has been reassigned to the new Connector. The new Connector should respond to your email request informing you

Page 10 of 13 Coordinated Entry: Connector HMIS User Manual | Last Revised March 28, 2025 CONFIDENTIAL AND PROPRIETARY INFORMATION | Copyright © 2025 Bitfocus, Inc., All rights reserved.





that they have reassigned themselves as the new Connector. If the new Connector is unresponsive after multiple attempts to contact them, reach out to <u>Monica.Lippi@santacruzcountyca.gov</u>.

2. You are receiving an enrollment transfer from another Connector.

- Review the incoming message from your fellow Connector. You will receive an automatic notification in your standard email that you have a new secure message in the HMIS, as shown in the screenshot above.
- Once you confirm the enrollment transfer is appropriate, navigate to the assigned staff section of the participant's CE Enrollment.

	· · · · · ·
Program Type:	Group (2)
Program Start Date:	01/25/2024
Assigned Staff:	Melissa Sutton-Dement

- Send a secure message in the HMIS to the outgoing Connector with an update. You may either reply directly to their initial message or send a new secure message in the HMIS.
- Deselect the outgoing Connector and select yourself. Press "Save Changes."

Make Program Private Melissa Sutton-Dement	
Melissa Sutton-Dement	
CHANGE ASSIGNED STAFF Make Program Private Alexis Crews-Holloway	CHANGE ASSIGNED STAFF Make Program Private Alexis Crews-Holloway ~ Melissa Sutton-Dement Alexis Crews-Holloway
SAVE CHANGES CAN	CEL

Step 13. Exiting a Participant from Coordinated Entry

A participant should be exited from the Coordinated Entry program for the following reasons:

- They move into any type of permanent housing or enroll into an HMIS housing program.
- They leave the County without the intention to return within 90 days.
- They are in institutional care (hospital, jail, etc.) for longer than 90 days.
- They become deceased.
- They are no longer interested in being considered for any



resource within Coordinated Entry.

• They have been unreachable for 30 days following the first

IMPORTANT NOTES

missed contact, despite all engagement strategies being applied in accordance with CE policy.

Bitfocus

 The average length of time a Connector should work with a participant/household is 6 months. Exceptions apply for participants on the housing queue and whom have not yet had a successful housing program referral.
 If you need to exit participants that are on the queue, please contact the H4H Connection Services Team. H4H will make efforts to find alternative Connectors for their transfer.

- 3. There are 2 non-traditional HMIS programs that participate in CE outside of the Coordinated Entry program in Housing for Health Partnership's agency: CAB's Recurso de Fuerza program, and Housing Matters' Street Outreach CE program. Please contact H4H Connection Services Team should you have a traditional Coordinated Entry enrollment in H4HP that needs to be transferred to one of these outside CE programs.
- 4. Participants will be **automatically exited** from the Coordinated Entry program if no program-related activity has been recorded after 90 days. Should an enrollment *inadvertently* auto-exit due to lack of program-related activity, you may reopen the program using the <u>Reopen Client</u> <u>Program</u> button on the client's Program Exit screen. If the participant *legitimately* auto-exited, you should complete a new enrollment* into Coordinated Entry.

*Please note that a new HNA would need to be completed with the new

More Information on Auto-Exits:

Participants must have program-related activity in at least one of the following areas within 90 days to avoid being automatically exited:

- 1. Coordinated Entry Enrollment
- 2. Completing a HNA or HAP Assessment
- 3. Editing a HNA Assessment
- 4. Status Update Assessment
- 5. Current Living Situation Assessment
- 6. Coordinated Entry Event
- 7. Coordinated Entry Event Result





8. Adding or editing a location for the participant on the <u>Location Tab</u>9. Adding or editing a contact for the participant on the <u>Contact Tab</u>

For more information on Santa Cruz County's Coordinated Entry System, please visit the <u>Housing for Health Partnership</u> website.

Step 14. Locating Paper Forms

While you are encouraged to complete direct data entry into the HMIS, you may also use paper forms for the collection of data.

For paper forms related to the HMIS Connector workflow, please visit the following webpages:

- 1. <u>Consumer Information Sharing Authorization</u>
- 2. <u>Unable to Obtain Consent Form</u>
- 3. <u>Revocation of Consent to Share Data</u>
- 4. <u>Standard HMIS Forms for Adults and Children</u>
- 5. <u>Housing Needs Assessment and Housing Action Plan</u>
- 6. <u>Client Grievance Form</u>
- 7. Notice of Agency Possession of Sensitive Documentation
- 8. <u>HMIS Quarterly Assessment Policy</u>

These forms and more information related to the community's HMIS

can always be found at the HMIS Support Website, <u>santacruz.bitfocus.com</u>.

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