

HOUSING JUSTICE

National Housing Law Project

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HUD Policy Brief on Coordinated Entry

In March of 2015, the Department of Housing and Urban Development (HUD) released a policy brief on the coordinated entry process. HUD's interim rule for the Continuum of Care program requires Continuum of Care (CoCs) to establish a coordinated entry process. This process is used at locations where homeless individuals or those at risk of becoming homeless seek services. Each service location uses the same assessment tool and makes decisions about referrals based on consistent criteria and a comprehensive understanding of each program's requirements, target populations, and available openings and services. The coordinated entry process aims to reduce unnecessary duplication and confusion among agencies providing services to homeless individuals, to make better use of resources, and to help communities prioritize assistance based on the individual's vulnerability to ensure that people receive assistance in a timely manner.

In this policy brief, HUD describes qualities of an effective coordinated entry. Furthermore, the brief provides additional guidance for CoCs on servicing certain populations, including how CoCs must work with domestic violence survivors in their communities. The brief includes valuable information for individuals advocating or who would like to advocate for survivors in their CoCs. This article highlights key aspects of HUD's policy brief that may be helpful for advocates working with survivors on accessing housing.

Qualities: HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any

type of housing and homeless assistance available in the CoC. This goal is accomplished through a highly organized coordinated entry process to which all people within the CoC's geographic area have fair and equal access. HUD states that a CoC may use the Homeless Management Information System (HMIS) to collect and manage data associated with assessments and referrals or they may use another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated. HUD suggests the coordinated entry process be widely advertised through flyers left at public locations, education mainstream service providers, and through direct outreach to people on the street to ensure that the process for accessing help is well known.

Individual Assessment: When individuals or families first arrive at a CoC service provider, their severity of need and eligibility for housing and services is assessed to determine their best service match. All coordinated entry locations should offer the same assessment approach and referrals method using a uniform decision making processes. While HUD does not endorse any specific assessment tool, all possible assessment tools should be user-friendly, easily administered, and only ask for the minimal information necessary to assess the severity of service needs. The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.

A coordinated entry process must be designed to be broadly inclusive to accommodate

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all populations and groups; individuals should only rarely be rejected and only for justified purposes. A person presenting at a particular coordinated entry location should not be steered towards any particular program or provider simply because they presented at that location, nor can individuals be screened out for assistance due to perceived barriers of housing, such as income, employment, or even criminal record. Further, there are no service participation requirements or preconditions to begin a coordinated entry assessment. Such assessment methods simplify and accelerate the service matching process for both the service providers and those seeking assistance.

Referrals: Following the assessment, the coordinated entry process makes referrals to all projects receiving CoC program funds, including but not limited to emergency shelters, rapid rehousing, permanent support housing, and transitional housing. Such homeless assistance projects fill all vacancies through referrals from the information they gather from coordinated entry. The coordinated entry referral tools should be designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program.

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. HUD suggests that when a community faces a scarcity of needed resources, they should use the coordinated entry point to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. Communities should be targeting the chronically homeless while implementing "move up" strategies that help those individuals no longer in need of high level services to shift

Conciliation Agreement Between HUD and City of Berlin, NH

HUD filed a fair housing complaint against the City of Berlin alleging that the City's ordinance requiring landlords to evict tenants cited three or more times for "disorderly behavior" was illegally discriminatory as it had a disproportionate effect on women who were domestic violence survivors. The HUD Conciliation Agreement, issued in January 2015, required the City to amend the ordinance to exempt incidents where the resident is a victim of domestic violence. The Agreement is available at <http://nhlp.org/files/City-of-Berlin.pdf>

to another form of housing assistance to free up space in programs and ensure that referrals can be met.

Special Considerations for Domestic Violence Survivors: HUD addresses specific considerations for domestic violence survivors accessing homelessness services. First, HUD explicitly emphasizes that a coordinated entry process must include all subpopulations including domestic violence survivors. However, CoCs can have different processes for accessing coordinated entry, including different points of access and assessment tools for (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; or (4) households fleeing domestic violence. These are the only groups for which different access points can be used. In addition, the coordinated entry process should have protocols in place to ensure the safety of individuals who seek assistance. These protocols must ensure that survivors have safe and confidential access to the coordinated entry process. Furthermore, any data collection is subject to the

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Violence Against Women Act.

HUD reiterates that individuals with the most severe service needs and levels of vulnerability must be prioritized for housing and homeless assistance. The policy brief lists a number of prioritization categories such as “vulnerability to victimization, including physical assault or engaging in trafficking or sex work”. Advocates and organizations can use this section to restate HUD’s position that resources can be prioritized to individuals who are vulnerable to victimization, including survivors. Furthermore, while HUD does not endorse any assessment tool or approach, the agency indicates that there are certain universal qualities that coordinated entry processes should have. These characteristics include cultural competency and sensitivity to lived experiences. According to HUD, staff administering assessments should use culturally competent practices and tools should have culturally competent questions. Staff should be trained to ask appropriate questions, and to offer options and recommendations that reflect a specific population’s needs. In addition, the assessment tool’s questions should be worded in a way that is sensitive to the individual’s traumatic experiences. Agencies administering the assessment should have protocols to address any psychological impacts caused by the assessment.

Finally, HUD states that CoCs must work with domestic violence programs in their communities to address and ensure the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with the Violence Against Women Act. The coordinated entry process is also designed to account for emergency situations in which individuals need immediate assistance or shelter. The coordinated entry should include a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment

processes. This should be done to allow people who may need emergency shelter at night or may be survivors of abuse escaping their home and in need of a shelter before a match has been made. Emergency shelters provide temporary protection to such individuals to be able to access shelter and receive an assessment in the days that follow.

Future Guidance and Resources: As more communities implement coordinated entry and more research on the topic is conducted, HUD is learning more about what makes an effective coordinated entry process, and the agency will continually modify its guidance and recommendations to communities. Of special note, HUD anticipates releasing technical assistance products on various issues, including special considerations for people fleeing domestic violence; compliance and monitoring; options for funding coordinated entry; and data sharing.

The policy brief is available at <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

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