

COORDINATED ENTRY POLICY BRIEF

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a *Centralized or Coordinated Assessment System*. In this document, HUD uses the terms *coordinated entry* and *coordinated entry process* instead of *centralized or coordinated assessment system* to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a)(8) for information on current requirements.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD has previously provided guidance regarding prioritization for permanent supportive housing (PSH) in Notice CPD-014-12 [Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status](#). This brief builds upon that Notice and provides guidance for using coordinated entry to prioritize beyond permanent supportive housing (PSH).

Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Prioritization.** 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, including PSH, Rapid Rehousing (RRH), and other interventions.
- **Low Barrier.** The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process.

- **Housing First orientation.** The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered.** The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Fair and Equal Access.** All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry process is able to serve people who speak languages commonly spoken in the community.
- **Emergency services.** The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.
- **Standardized Access and Assessment.** All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decisionmaking processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location.
- **Inclusive.** A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (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 are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served.

- **Referral to projects.** The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.
- **Referral protocols.** Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.
- **Outreach.** The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.
- **Ongoing planning and stakeholder consultation.** The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning.** Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Leverage local attributes and capacity.** The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.
- **Safety planning.** The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Using HMIS and other systems for coordinated entry.** The CoC may use 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. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS. A forthcoming paper on Coordinated Entry and HMIS will provide more information.

- **Full coverage.** A coordinated entry process covers the CoC’s entire geographic area. In CoCs covering large geographic areas (including statewide, Balance of State, or large regional CoCs) the CoC might use several separate coordinated entry processes that each cover a portion of the CoC but in total cover the entire CoC. This might be helpful in CoCs where it is impractical for a person who is assessed in one part of the CoC to access assistance in other parts of the CoC.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and considerations for the assessment tools and processes that communities implement. This document also clarifies some of the considerations to be made at the local level as communities further develop their process.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD’s policy is that people experiencing chronic homelessness should be prioritized for permanent supportive housing. In some cases PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-014-12.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a

particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 [report on assessment tools](#)). This means that if a person is assessed as being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in transitional housing can affect their eligibility for other programs. For example, people coming from transitional housing are not eligible for most rapid re-housing funded under the ESG and CoC Programs and placement in transitional housing can affect a person's chronic homelessness status.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough permanent supportive housing to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization, but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs, other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH. To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in Notice [CPD-014-12](#)). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue "move up" strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the Notice [CPD-014-12](#) and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions that reflect HUD's evolving understanding of the assessment process and what is most effective. Please refer to HUD's February 2015 [report on assessment tools](#) for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing—streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment.** The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:
 - Screening for diversion or prevention
 - Assessing shelter and other emergency needs
 - Identifying housing resources and barriers
 - Evaluating vulnerability to prioritize for assistance
 - Screening for program eligibility
 - Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- **Necessary information.** The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.
- **Participant autonomy.** 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.

- **Person-centered.** The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- **Cultural competence.** Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.
- **User-friendly.** Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- **Privacy protections.** Privacy protections are in place to ensure proper consent and use of client information.
- **Meaningful recommendations.** Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures.** The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences.** Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm, and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth, that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses 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.

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence, and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time—as a referral source, a receiving agency, or both.

Prevention and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated.

A Note on Future Guidance

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 Department will continually modify its guidance and recommendations to communities. This is challenging for communities, who have to adjust their processes to stay up to date. Nonetheless, HUD believes it is important to act on the best available evidence known at the time, while also recognizing that communities need time and resources to keep up with new guidance.

In the coming months, HUD anticipates releasing the following materials related to coordinated entry:

- Summer 2015: Notice on the requirements for development and implementation of a CoC's coordinated entry process. This notice will establish requirements for coordinated entry and timelines for implementation.
- Ongoing: Technical Assistance products
 - Meeting HUD expectations and requirements
 - Special considerations for youth
 - Special considerations for people fleeing domestic violence
 - Compliance and monitoring
 - Options for funding coordinated entry
 - Advanced approaches for coordinated entry processes and systems
 - Deciding on community-specific assessment tools
 - Planning and implementation
 - Data sharing
 - CoC written standards
 - Using progressive engagement

Additionally, HUD intends to release the Emergency Solutions Grant (ESG) and CoC Program interim rules for public comment in 2015. During this time, HUD encourages CoCs, ESG recipients and subrecipients, and CoC Program recipients to submit comments on the requirements contained in the interim rules related to coordinated entry.

Resources on Coordinated Assessment

HUD's Office of Policy Development & Research February 2015 Summary Report: [Assessment Tools for Allocating Homelessness Assistance: State of the Evidence](#)

HUD's requirements for a *Centralized or Coordinated Assessment System* in CoC Program Interim Rule ([24 CFR 578.7\(a\)\(8\)](#)).

HUD's Office of Special Needs Assistance Programs (SNAPS) July 2013 [Weekly Focus on Coordinated Assessment](#)

HUD's [Overview of Coordinated Assessment Systems Prezi](#) and [Video](#)

Community Solutions' [recorded one hour conference call with slide deck: Overview of Coordinated Assessment and Housing Placement System.](#)

Community's Solutions' [CAHP System Overview - Zero: 2016](#)

Corporation for Supportive Housing's January 2015 Report: [Improving Community-wide Targeting of Supportive Housing to End Chronic Homelessness: The Promise of Coordinated Assessment](#)

National Alliance to End Homelessness [Coordinated Assessment Toolkit](#)

United States Interagency Council on Homelessness [Coordinated Assessment: Putting the Key Pieces in Place](#)