Coordinated Entry
CORE ELEMENTS

Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region. Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.

Opening Doors, p. 57

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About This Guidebook

About This Guidebook

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoCs) establish and operate a coordinated entry process. Most recently, HUD's Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CPD-17-01) established new requirements for coordinated entry that CoCs and projects funded by either the CoC Program or the Emergency Solutions Grants (ESG) Program must meet. Ideally, any local organization providing housing and services to households experiencing homelessness, regardless of funding source(s) supporting that organization, will participate.

Designing and implementing a coordinated entry process that complies with the requirements established in this Notice can seem like an overwhelming challenge to a CoC. Many choices need to be considered. Some new approaches will require changes to the CoC's governance and potentially can include significant changes to projects serving people experiencing a housing crisis. HUD acknowledges these challenges and supports CoCs in the transition to a housing crisis response system that ends current homelessness for all households and ensures that future homelessness is rare, brief, and non-recurring.

Purpose of This Guidebook

This Guidebook and related coordinated entry tools and materials are designed to help CoCs:

- Understand the core components of coordinated entry by outlining what HUD requires
- Plan and implement a coordinated entry process appropriate to their needs, resources, and the vision of the CoC's membership
- Consider implementing additional elements beyond basic requirements

Coordinated entry's core concepts make practical sense to persons experiencing a housing crisis. Those concepts also promote more efficient and effective systems of care. HUD recommends that CoCs review this Guidebook as they begin planning for coordinated entry, look to improve the local system they have begun building, or as a check that their existing coordinated entry process complies with updated HUD requirements.

Key Coordinated Entry Documents

In addition to this Guidebook, HUD has issued several documents that provide information about requirements and recommendations for designing and implementing coordinated entry. Some of these are referenced throughout the Guidebook by the names indicated below. CoCs and other stakeholders involved in planning, implementing, and operating a coordinated entry process should be familiar with each of them.

- CoC Program interim rule
- Coordinated Entry Notice
- Coordinated Entry Policy Brief
- ESG Program interim rule

- 2014 Prioritization Notice / 2016 Prioritization Notice
- Assessment Tools (Expert Convenings Report)

Note that this Guidebook references and provides hyperlinks to both the 2014 and the 2016 Prioritization Notices. The 2016 Prioritization Notice updates the 2014 version with clarifications and additional guidance related to HUD's revised definition of ***chronically homeless persons.*** The 2014 Prioritization Notice identifies qualities of effective assessment tools in an appendix. Both are important; this Guidebook might reference one or the other separately depending on the context.

Examples of how to apply the information contained in these resources in community-specific settings, as well as answers to more complicated questions, are provided in additional coordinated entry tools, products, and technical assistance materials. Full bibliographic information for all of these useful resources, including a link to each document online when available, is provided in Appendix A.

Understanding Key Terms

CoCs need to understand several concepts and terms as part of their planning, implementing, and operating a coordinated entry process.

Definition of "Coordinated Entry"

Over the last few years, the coordinated entry process has been described variously using some combination of the words ***centralized*** or ***coordinated; intake, assessment,*** or ***entry;*** and ***process*** or ***system***. Some of these names have emphasized just one aspect—such as intake or assessment—or have seemed to imply that coordinated entry can only be conducted in one central place.

In HUD's vision, the coordinated entry process is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

In the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, HUD indicated that although the regulatory term is "centralized and coordinated assessment system," for policy reasons HUD and other federal partners refer to it as the "coordinated entry process"—and to the document itself as the "Coordinated Entry Notice." This change emphasizes that the process is not just about assessment but also about facilitating entry into the crisis response system and exit into housing. This Guidebook uses the term "coordinated entry" throughout.

More Terms

The Guidebook uses the following other definitions:

- **Crisis response system** denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas **homeless system** refers specifically to the services and housing available only to persons who are literally homeless.
- People in a housing crisis who are accessing or being assessed by coordinated entry are referred to as **people** or **persons**; once they are referred to and enroll in housing or supportive services, they are **program participants**.

- The term **household** is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).
- Housing or supportive services intended to help a program participant to rapidly exit homelessness are called **projects**.
- Organizations that serve program participants in projects funded by CoC Program or ESG Program grants are called **recipients** or **subrecipients**.

How to Use This Guidebook

This Guidebook is intended to be a comprehensive tool for CoCs that are designing and implementing coordinated entry. The Guidebook and the related tools can be used as a roadmap for CoC discussions during planning. Over the course of a few months, the CoC's coordinated entry planning group might review and discuss every chapter of the Guidebook and begin to gather information, develop policy and processes, and select entities to perform various roles in the coordinated entry process.

This Guidebook also is intended for CoCs that have already made significant progress in planning coordinated entry, as well as those that have already implemented it. They can use it as a reference to ensure that their coordinated entry process complies with all of HUD's requirements. They also can learn from the advanced approaches discussed throughout.

Guidebook Icons

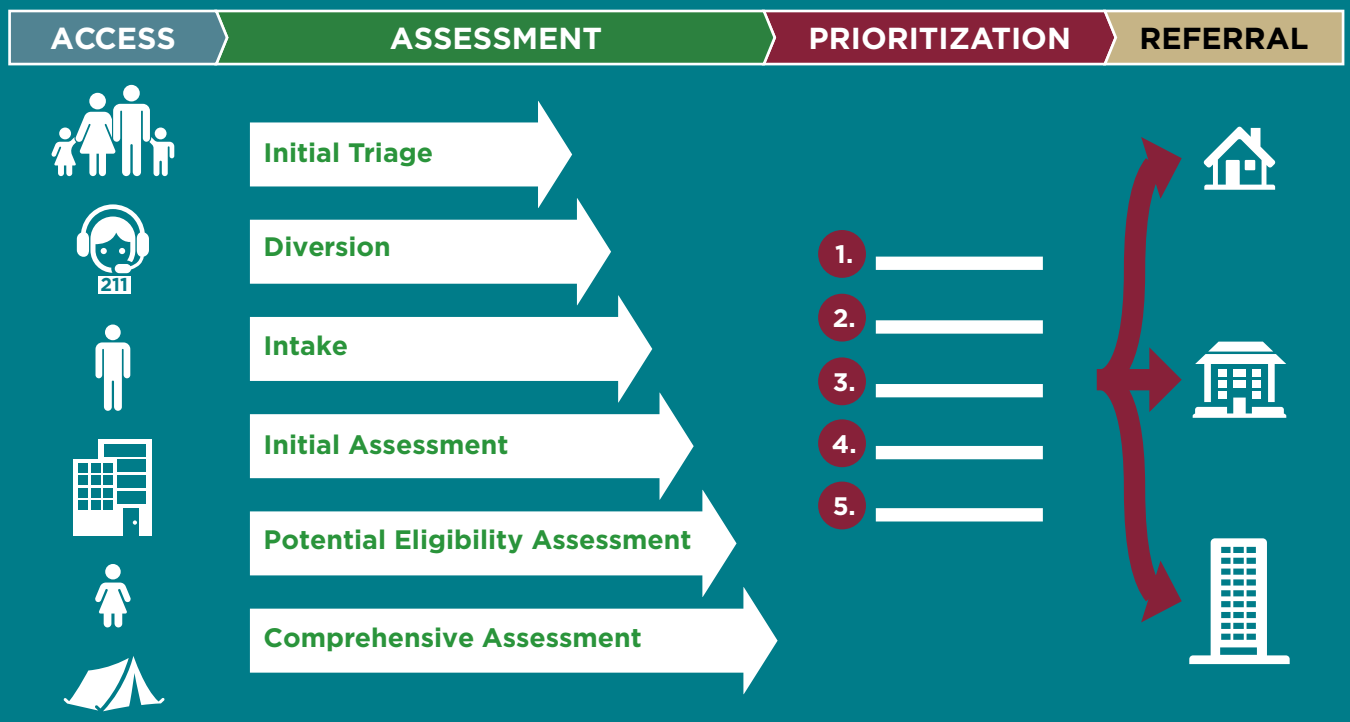
Text throughout the Guidebook is marked with icons to help readers quickly find information:

Guidebook Structure

Each of the Guidebook's chapters discusses one of the four core elements of the coordinated entry process.

- **Introduction**—Provides an overview of coordinated entry concepts and establishes coordinated entry as a framework for achieving CoC systems change.
- **Chapter 1: Access**—Different access models, core components, and planning and implementation.
- **Chapter 2: Assessment**—Elements included in assessment; core components, including the assessment tool; and planning and implementation.
- **Chapter 3: Prioritization**—Elements included in prioritization; core components, including how to identify the most vulnerable or highest priority people; and planning and implementation.
- **Chapter 4: Referral**—Elements included in a referral; core components, including policies for managing referrals; and planning and implementation.

Coordinated Entry Core Elements



The figure above shows how coordinated entry's core elements might relate to one another.

- **Access**, the engagement point for persons experiencing a housing crisis, could look and function differently depending on the specific community. Persons (families, single adults, youth) might initially access the crisis response system by calling a crisis hotline or other information and referral resource, walking into an access point facility, or being engaged through outreach efforts.

- Upon initial access, CoC providers associated with coordinated entry likely will begin assessing the person's housing needs, preferences, and vulnerability. This coordinated entry element is referred to as **Assessment**. It is progressive; that is, potentially multiple layers of sequential information gathering occurring at various phases in the coordinated entry process, for different purposes, by one or more staff.

- During assessment, the person's needs and level of vulnerability may be documented for purposes of determining **Prioritization**. Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

- The final element is **Referral**. Persons are referred to available CoC housing resources and services in accordance with the CoC's documented prioritization guidelines.

Introduction

This chapter of the Guidebook focuses on the historical context of coordinated entry development and describes the regulatory role of the U.S. Department of Housing and Urban Development (HUD) in establishing requirements that Continuums of Care (CoCs) must adopt and follow for coordinated entry planning and implementation. The chapter also provides an overview of key elements of coordinated entry and describes some of the benefits CoCs will likely experience upon successful implementation and operation of their reconfigured crisis response system.

Purpose of Coordinated Entry

Coordinated entry changes a CoC from a project-focused system to a person-focused system by asking that ***"communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources"*** (Coordinated Entry Notice, p. 2).

Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project? • Project-centric • Different forms and assessment for each organization or small subgroup of projects • Project-specific decision-making • Ad hoc referral process between projects • Uneven knowledge about available housing and service interventions in the CoC's geographic area	*What housing and service assistance strategy among all available is best for this household?* • Person-centric • Standard forms and assessment used by every project for every participant • Community agreement on how to triage based on the household's needs • Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance

Historically, CoCs allowed each project to develop and implement its admission criteria and processes, which were usually focused on identifying the people it perceived to be most likely to succeed in that project, and to manage its own waiting list. This approach meant that people in a housing crisis often had to find projects on their own, without knowing which projects they were eligible for or which projects were appropriate for their situation. Once people were on a project's waiting list, they were usually served on a first-come, first-served basis without regard to their level of vulnerability.

As a result, some program participants received assistance that was more extensive than they needed, some participants received less assistance than they needed, and many people, often those with the highest needs, received no assistance at all because they were screened out by exclusionary admission criteria or preferences set by the projects.

Instead, coordinated entry aims 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" (Coordinated Entry Policy Brief, p. 4). These principles should focus the coordinated entry process on prioritizing people who are most likely to need assistance because of physical or behavioral health issues, vulnerability to death or victimization while homeless, or the circumstances of their homelessness. These prioritization approaches ensure that across all subpopulations and people with various types of disabilities, those most vulnerable, at highest risk of continued homelessness, or with the most severe service needs will be prioritized for assistance.

When resources are scarce, the coordinated entry process can prioritize who will receive assistance based on need. Coordinated entry should not result in prolonged stays on waiting lists for housing assistance. When many more people are assessed as needing a particular intervention than there are openings for that intervention, the CoC should adjust prioritization standards to more precisely differentiate and identify resources for those persons with the greatest needs and highest vulnerability.

Rules and Guidance on Implementing Coordinated Entry

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD's separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The Act also codified into law the CoC planning process.

The CoC Program interim rule requires that CoCs establish and operate a "***centralized or coordinated assessment system***," hereafter referred to as

> ***a coordinated entry process.***[1] ***The rule defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC's] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)***

1 Though "centralized or coordinated assessment system" remains the regulatory term, HUD has since substituted "coordinated entry" or "coordinated entry process" as its preferred descriptor—according to the Coordinated Entry Notice, for ***"purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials"*** (p. 2). Accordingly, this Guidebook and related coordinated entry tools and materials follow that preference.

Both the CoC Program interim rule and the Emergency Solutions Grants (ESG) Program interim rule require that projects operated by recipients and subrecipients of CoC Program or ESG Program grant funds must participate in the established coordinated entry process.

To hasten the "retooling" called for in the *Opening Doors* report and to apply lessons learned since 2012 about what makes a coordinated entry system most effective, in 2017 HUD published the Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CPD-17-01). The Coordinated Entry Notice establishes new requirements for coordinated entry that CoCs and recipients and subrecipients of CoC Program or ESG Program grants must meet as of January 23, 2018. It also describes practice approaches and principles ("elements") that HUD strongly encourages CoCs to incorporate into their written coordinated entry policies and procedures.

> The Coordinated Entry Notice establishes new requirements for coordinated entry that CoCs and recipients and subrecipients of CoC Program or ESG Program grants must meet as of January 23, 2018.

Additional related guidance is provided in HUD's 2014 Prioritization Notice and 2016 Prioritization Notice, which provide guidance to CoCs about prioritizing persons for permanent supportive housing (PSH) in a coordinated entry process, and HUD's Coordinated Entry Policy Brief, which provides additional considerations for CoCs as they develop a coordinated entry process. Various FAQs addressing coordinated entry and specific subpopulations (e.g., youth, survivors of domestic violence) or topics (e.g., HMIS) also have been released or are in development (see Appendix A).

How Coordinated Entry Works

Coordinated entry works by establishing a common process to assess the situation of all households who request help through the housing crisis response system.

Core Elements

Established (1) **access** points use a standardized (2) **assessment** process to gather information on people's needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows established policies and procedures to (3) **prioritize** households for (4) **referral** to appropriate and available housing and supportive services resources ("projects"). The rest of this Guidebook provides more detail about each of these four system functions.

Roles and Responsibilities

Numerous stakeholders have roles and responsibilities in designing and implementing, and then once it is operating, in ensuring the crisis response system is functioning well. The CoC must establish policies and procedures governing the operation of coordinated entry and ensure that those policies and procedures align with CoC Program and ESG Program written standards for the administration of CoC and ESG Program-funded projects. The CoC should designate some entity or working group to support the planning of the coordinated entry process itself and to ensure alignment of coordinated entry policies and procedures with ESG Program and CoC Program written standards. Once the coordinated entry process is established, the planning group or another entity should also be responsible for overseeing it, including reporting on its effectiveness to the CoC and to HUD.

Another important role associated with a coordinated entry process is the ongoing **management**, including ongoing **data collection** and the annual **evaluation** of the coordinated entry process required by HUD. Perhaps most critically, CoC Program- and ESG Program-funded housing and supportive services projects in the CoC are required by the terms of their grant to accept referrals only from the CoC's designated coordinated entry process. All other homeless assistance projects are strongly encouraged to accept coordinated entry referrals for vacancies in their projects, as well. The CoC also will need to consider a resource development plan to ensure adequate **funding** is available for coordinated entry development and provide ongoing financial support to operate the coordinated entry process.

A secondary set of HUD guides, planned for publication in 2017, will address the roles and responsibilities associated with coordinated entry infrastructure, including management, technology, evaluation, and funding.

Benefits of Coordinated Entry

Coordinated entry changes the way people experiencing a housing crisis access resources in the crisis response system, resulting in benefits for all of the system's stakeholder groups:

- Persons at risk of or experiencing homelessness are able to
  - locate housing or services they need faster;
  - be referred only to projects that they are likely eligible for;
  - get access to projects once referred; and
  - appeal rejections by projects through a transparent procedure.
- Housing and supportive services projects are able to
  - avoid inappropriate or ineligible referrals for their projects;
  - better manage prospective project participants through a centralized prioritization list; and
  - comply with CoC Program and ESG Program requirements.
- Public and private funders are able to
  - be confident that housing and supportive services projects are serving the intended people ("side doors" to projects are closed);
  - see increased compliance with eligibility requirements;
  - have access to better data for system and project planning; and
  - experience improved reporting.
- CoC or homeless system planners are able to
  - identify areas for improvement and take action on better outcomes specific to McKinney-Vento Act system performance measures;
  - comply with CoC Program and ESG Program requirements;
  - identify areas for improvement and take action on increased efficiency of local crisis response activities;
  - improve fair access and ease of access to resources, including mainstream resources (mainstream housing and service providers include public housing

agencies; affordable housing operators; Veterans Affairs (VA) Medical Centers; public child welfare agencies; providers of mental, physical, or behavioral health services; schools; out-of-school care providers; hospitals; correctional facilities; and workforce investment programs);

- improve data for system and project planning and resource allocation to facilitate system change; and
- standardize understanding of who will be served, which will help system and project monitoring.

Coordinated Entry and System Change

Implementing coordinated entry is a requirement under the CoC Program interim rule and an essential strategy for HUD, other federal partners, and CoCs to use in achieving the national strategic goals of the *Opening Doors* report.

Unrealistic expectations for coordinated entry should be managed throughout the CoC's planning and implementation of a coordinated entry process. That is, increasing the effectiveness of referrals in the crisis response system alone will not increase housing, services, or other resources, nor will it reduce the challenges of serving households who have multiple barriers to obtaining and maintaining housing.

CoC working groups and other community stakeholders should approach the development of coordinated entry as just one element in the transformation of the crisis response system. The other elements are increased performance measurement, strategic resource allocation and reallocation, and development of collaborative partnerships with mainstream systems. Once these other elements are in place, coordinated entry can ensure that the resources in the homeless system are used as effectively as possible.

Coordinated entry is an evolving practice. New research, models, and assessment tools are continually being created. A CoC's coordinated entry process must be flexible and responsive to new information about more effective approaches. It must incorporate the changes and improvements recommended through its annual evaluation and consider additional guidance from public and private funders.

Chapter 1: Access

Access

Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services. The first contact that most people experiencing a housing crisis will have with the crisis response system is through a coordinated entry access point. Access points play a critical role in engaging people in order to address their most immediate needs through referral to emergency services. Access points also play a critical role in beginning to determine (through assessment; see Chapter 2: Assessment) which intervention might be most appropriate to rapidly connect those people to housing.

When adopting an access model for its coordinated entry process, a CoC's planning group must ensure that the model meets the HUD requirements for access, as well as consider the local geography, service patterns, and capacity of its crisis response system. The purpose of designating access points is to ensure that all people in a community have equal access to all crisis response system resources in the CoC. Equal access is an important part of the overall strategy of coordinated entry, which shifts the system from a project-centric focus to a person-centric focus.

This chapter explains the planning and implementing of the access element of coordinated entry and provides an overview of key considerations and common challenges that CoCs could encounter when selecting an access model.

1.1 Access Fundamentals

The coordinated entry process must cover the CoC's entire geographic area with access points that are accessible and well advertised to the people living there. In addition, the Coordinated Entry Notice provides new and more specific requirements for these access points.

1.1.1 Full Coverage

The CoC must ensure that the crisis response system is accessible throughout its geographic area. Where that area is large, this could mean that a CoC's coordinated entry process uses multiple points of access to achieve the full coverage required. CoCs that cover smaller areas might join together to share a regional coordinated entry process to achieve both efficiencies and full geographic coverage.

Required: Written policies and procedures must describe the relationship of the CoC(s) to the coordinated entry process, addressing at a minimum how the core elements of ensuring access, standardizing assessments, and implementing uniform referral will operate in situations where the geographic boundaries of the CoC(s) and the boundaries of the crisis response system do not exactly align.

1.1.2 Outreach

CoC Program- and ESG Program-funded street outreach efforts must be linked to the coordinated entry process. A CoC might decide whether to incorporate assessment in part or whole into its street outreach or to separate its assessment element so that process is conducted only by assessment workers who are not part of street outreach efforts. Additionally, a CoC might decide to meet HUD's requirement that coordinated entry reach the CoC's entire geographic area by designating outreach as a defined access point, one that can flexibly navigate to reach homeless persons wherever they reside.

However, not all outreach services are defined as mobile teams whose primary goal is to reach and engage the unsheltered population. Some communities might define outreach more broadly as any combination of programs, services, or staff likely to encounter persons who are experiencing a housing crisis, but whose regular focus is much broader than homelessness. This broader definition of outreach could include homeless liaison staff associated with public schools, workers at social service offices, fire protection staff, or police and other first responders, for example. A broad and flexible network of outreach services can serve an effective access point function for many coordinated entry systems.

Required: Written policies and procedures must detail a process by which street outreach staff ensure that persons experiencing a housing crisis who are encountered on the streets are prioritized for assistance in the same manner as any other person who accesses and is assessed through coordinated entry.

1.1.3 Emergency Services

The coordinated entry process must allow for people experiencing a housing crisis to access emergency services with as few barriers as possible. HUD expects CoC-designated coordinated entry access points to provide "unqualified" emergency access, meaning access is not limited to certain populations. Emergency access point service providers could include all types of emergency services such as homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, and other short-term crisis residential programs. Persons must be able to access emergency services independent of the operating hours of the CoC's coordinated entry processes for intake and assessment.

Required: Written policies and procedures must document how persons are ensured access to emergency services during hours when coordinated entry's intake and assessment processes are not operating. Additionally, written policies and procedures must describe the process by which persons will be prioritized for referrals to homelessness prevention services.

1.1.4 Standardized Access and Assessment

The coordinated entry process must use the same assessment process at all access points. A CoC is prohibited from using multiple and different assessment processes, including completely different assessment questions or scoring criteria.

A CoC may, however, operate multiple access points—as long as all of them provide equal access to emergency services, use common assessment approaches and tools, and prioritize persons for available resources using the standardized approach as determined by the CoC in its coordinated entry policies and procedures. Among its multiple access points, a CoC is allowed to designate separate access points for all households within the given subpopulations identified below (again, as long as the same assessment process is used at each access point). Only the following five subpopulations may have access points that are separate and distinct from the general access points:

- Adults without children
- Adults accompanied by children
- Unaccompanied youth
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

- Persons at imminent risk of literal homelessness, for purposes of administering homelessness prevention assistance

HUD has partnered with the U.S. Department of Veterans Affairs to define designated access points for homeless veterans, but only if the access points are operated by VA or VA partners and the methods for providing access are documented in the CoC's coordinated entry policies and procedures.

HUD recognizes that many CoCs might have access points with specialized services or proficiency in addressing the needs of special populations. Specialization among individual access points is allowable as long as those access points with specialized services are also able to provide access to the coordinated entry process for persons who do not need specialized assistance. For example, many CoCs are partnering with community mental health clinics that provide specialized assistance for persons living with a mental illness. Access points that are mental health clinics certainly offer specialized assistance to mentally ill persons, but as coordinated entry access points, they must also ensure access to the coordinated entry process regardless of a person's mental health status.

That is, CoCs must ensure that households who present at any access point, regardless of whether the location provides specialized services, must have access to the standard functions of access, such as offering places—either virtual or physical—where persons in need of assistance can access available housing and services via the CoC's coordinated entry process.

HUD expects access points to develop and promote effective diversion strategies and approaches. Diversion is itself an important part of coordinated entry, helping potential program participants to explore all safe and appropriate alternative housing options and only enroll in crisis housing projects such as emergency shelter after all other alternatives have been exhausted.

Required: Written policies and procedures must detail the CoC's standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and across staff conducting assessments. If the CoC is differentiating access points for any of the HUD-designated subpopulations listed above, written policies and procedures must separately document the criteria for uniform decision-making for each subpopulation.

1.1.5 Marketing and Non-Discriminatory Access

CoCs and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting this requirement, a CoC must develop an affirmative marketing strategy for its coordinated entry process as evidenced by written policies and procedures.

Required: Written policies and procedures must include guidelines for how the CoC will ensure that all populations and subpopulations in the CoC's geographic area have non-discriminatory access to the coordinated entry process. This applies to people experiencing chronic homelessness, veterans, adults with children, youth, and survivors of domestic violence, and regardless of the location or method by which they access the crisis response system. Written policies and procedures must also document steps taken to ensure that access points are accessible to people with disabilities as well as those people in the CoC who are least likely to access homeless system assistance.

CoCs and recipients of federal funds must provide appropriate auxiliary aids and services necessary to ensure effective communication with persons accessing the homeless response system, which includes ensuring that information is provided in appropriate accessible formats as needed, such as Braille, audio, large type, assistive listening devices, and sign language interpreters, as well as accommodation for persons with limited English proficiency.

1.1.6 Safety Planning

The CoC's access process must ensure the safety of persons who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking).

The ESG Program and CoC Program rules provide several safeguards and exceptions to using coordinated entry for victims of domestic violence, dating violence, sexual assault, and stalking. The ESG Program rule does not require ESG-funded victim service providers to use the CoC's coordinated entry process, but allows them to do so. The CoC Program rule does not require CoC-funded victim service providers to use the CoC's coordinated entry process, if they use an alternative coordinated entry process for victim service providers in the area that meets all HUD requirements for coordinated entry.

Required: Written policies and procedures must establish protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence have safe and confidential access to coordinated entry and that data collection conforms to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards. Written policies and procedures must also describe the CoC's protocol for extending coordinated entry safety planning and protections to victims of domestic violence who are staying at non victim service provider projects. In addition, written policies and procedures for coordinated entry must include protocols that ensure at a minimum that people fleeing, or attempting to flee, domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.

1.1.7 Privacy

The coordinated entry process must ensure adequate privacy protections are extended to and enforced for all participants from the first point of access, through assessment and prioritization, and after participants have been offered permanent housing and even exited CoC projects. Collecting and sharing participants' personal protected information is often a necessary aspect of helping persons to resolve their housing crisis. However, the collection and disclosure of participant data among CoC providers affiliated with the coordinated entry process must always be managed in a manner that ensures privacy, provides participants choice about what and how to share their information, and does not result in repercussions when participants decide not to disclose or share data.

Maintaining the confidentiality of participants' sensitive information is an important way of gaining trust from project participants and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives.

Required: Written policies and procedures must include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. Written policies and procedures must also

ensure participants can freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal. Certain funders might require disclosure of certain pieces of information for purposes of establishing or documenting program eligibility.

1.2 Components of an Access Process

The four most common access models for coordinated entry are described in Exhibit 1-1. Coordinated Entry Access Models. In some CoCs, the assessment hotline is used for initial triage and initial referrals and then other access approaches are used in later stages of the coordinated entry process.

Exhibit 1-1. Coordinated Entry Access Models

	SINGLE POINT OF ACCESS	MULTISITE CENTRALIZED ACCESS	NO WRONG DOOR	ASSESSMENT HOTLINE
Site Location	Centralized	Located at population centers, high-volume providers, and possibly separated by subpopulation	All existing provider locations	Telephone based or Internet
Number of Access Points	1	Variable, based on geography (2 to 4)	Many	1 telephone number or website access through Internet
Services Offered	Primarily access and assessment; may include triage services, emergency services, or other mainstream services	Primarily access and assessment; may include the services of a co-located provider; may be targeted to one of several subpopulations	Access, at least limited assessment, referrals, and the standard services of each provider	Access to the homeless system, often includes access to mainstream services; limited assessment capability
Operating Entity, Staffing	Permanent independent access specialists; may be shared staff of a central shelter or other organization	Mobile or permanent independent access specialists or shared staff of co-located providers	Independently operated by each provider	Local 211 or other designated hotline agency
Hours of Operation	Hours of the central location	Hours of each access site	Hours depend on and vary with each provider	Typically 24-hour operation, 7 days a week

	SINGLE POINT OF ACCESS	MULTISITE CENTRALIZED ACCESS	NO WRONG DOOR	ASSESSMENT HOTLINE
Considerations	Highest level of control over implementation and compliance for the CoC; also known as "centralized" intake or assessment	Moderate level of control over implementation and compliance for the CoC; the most adaptable model, sometimes called a "hybrid" system	Lowest level of control over implementation and compliance for the CoC; however, still requires standardized forms and coordinated referrals for all	211 is the most popular example; sometimes combined as an initial triage tool with any of the other models; often must build a relationship with an outside provider

1.3 Planning for an Access Process

Access planning requires careful consideration of the CoC's geography, resources, and capacity in order to select an approach that will be most accessible for people facing a housing crisis. Effective planning requires a clear and formal decision-making process that is inclusive, well documented, and responsive to new information learned through implementation.

1.3.1 Planning Decisions

The coordinated entry planning group should address the following steps and decisions. However, not all of these pieces need to be in place for implementation to begin. Many CoCs opt to implement their coordinated entry process in stages.

Identify access points

Considering the geography of the CoC, the planning group should select the location(s), type of organization, hours, and other descriptive traits of the access point(s) the CoC will use for coordinated entry. Depending on the needs of the CoC, any of the access models shown in Exhibit 1-1. Coordinated Entry Access Models could be appropriate, or a combination of approaches to form a hybrid access model.

Determine whether specialized access points will be developed

The planning group should consider whether any specialized access points for subpopulations would be beneficial for the coordinated entry process. A CoC must keep in mind that HUD's Coordinated Entry Notice allows for separately designated access points for only certain subpopulations—single adults, adults with children, unaccompanied youth, persons accessing homelessness prevention assistance, and domestic violence survivors—and only after the CoC has carefully considered the benefits of establishing and maintaining separate access for those subpopulations.

Considerations for Separate Access Points:

- The CoC might want to have different access points for those HUD-designated subpopulations, with staff conducting assessments in a culturally sensitive and informed manner but making referrals according to the standards established by the CoC.
- If the community has pre-existing networks for subpopulation groups, the CoC might want to choose to have a partially separated coordinated entry process with a separate access point. CoC policies and standards would still apply. Examples might be a youth drop-in center or a domestic violence hotline.
- Multiple access points or methods (e.g., crisis hotline) can be safer for domestic violence survivors, as a single, well-known location can put them at risk.
- The CoC might want to offer mobile access to people in subpopulations who might resist going to a centralized access point. This mobile access might be through trained outreach staff who are prepared to assess people in phases.

Coordinate with outreach teams

How outreach teams will best interface with the access points depends on the access model selected. A CoC should incorporate outreach projects in its planning. This includes developing a strategy for communicating requirements to outreach staff throughout the CoC.

Define staffing needs for access points

A CoC often determines that it will need additional staff capacity to ensure that the access point can handle demand at full capacity. The planning group should consider whether staff need additional training or skills in areas such as the assessment process, language proficiency, cultural competency, and crisis intervention. Specialized training needs could also be a factor of the subpopulation focus of the access point. For example, access points dedicated to youth or to persons fleeing, or attempting to flee, domestic violence could require specialized staff with training in trauma-informed care, safety needs, or other population-specific care coordination considerations.

Design a supervision and feedback loop

The coordinated entry planning group should consider how the access point staff will be supervised, particularly if more than one agency's staff will be used. How will the CoC ensure that every access point is using a standardized approach? Can representatives from all access point agencies participate in case conferencing or case file review, to share what they are learning?

Map flow of people through the system

The planning group should consider mapping the ideal flow and volume of how persons will access the CoC's crisis response services. Mapping the intended flow into and through the crisis response system ensures all participating coordinated entry partners understand their role and can ensure that all access points share expectations for timeliness of appointments and follow-up, needs during the process (such as childcare during assessment), and the hours/availability of the access points.

Develop a communications plan

The CoC should create a strategy to share information about the access points with stakeholders, providers, community referral sources, and people experiencing a housing crisis who are likely to seek crisis response services from the CoC. CoCs are required to ensure coordinated entry services are well advertised; for example, through print media, signage in public spaces, public transportation, Internet, radio, television, etc. The CoC must also create an affirmative marketing plan for coordinated entry that ensures that all persons experiencing a housing crisis, regardless of their protected class status as defined in Fair Housing or other applicable civil rights laws (e.g., sex, disability status, familial status, etc.), receive information about the coordinated entry process and its related resources.

Classes Protected by Fair Housing and Related Rules:

- Race
- Color
- Religion
- Sex
- National Origin
- Disability
- Familial Status
- Marital Status
- Sexual Orientation
- Gender Identity

The coordinated entry planning group should inventory all possible referral sources by category and develop specific strategies for each that ensure communications and referral processes are well defined and understood by everyone involved. This communications plan could include potential referral sources such as public schools, hospitals, public libraries, first responders, and homeless assistance providers within the CoC.

So they know where to refer someone who is homeless, information from the coordinated entry communications plan should be shared with mainstream resource providers serving people who might experience a housing crisis or who are at risk of experiencing a housing crisis. During initial implementation, the communications strategy should include information about how existing waiting lists at housing and supportive services projects will be transitioned to the coordinated entry process.

Document requirements for access points

The CoC should document in its coordinated entry policies and procedures the operational and programmatic practices of the access points.

1.3.2 Key Questions

Some key planning questions can include the following:

- What types of access points are already in place? Should they be retained? Are they accessible to all persons throughout the geography of the CoC?
- Are there variations within the geographic area of the CoC that inform how the access points are set up, how they operate, or whom they target?
- What are the most frequently used points of entry into the crisis response system? How are prevention resources coordinated with these access points?
- How do access points interact with outreach projects? With shelter intake?
- How are shelter diversion and prevention activities incorporated into the CoC?

- What agencies and/or staff will operate the access points? What qualities or qualifications do they need to have to be designated as an access point?
- What are the staffing needs of each access point, and how much will it cost to operate the access points?
- What training is required for staff at access points?
- How will frequent users of crisis services (e.g., jails, hospitals, detox facilities, and other institutional settings) be integrated into coordinated entry?
- Do local factors support centralized intake?
- What is the extent and scope of homelessness, and what are the characteristics of people experiencing a housing crisis in the local community?
- How will the access strategies and protocols reflect current conditions documented during coordinated entry planning, and then be updated after coordinated entry is operational?
- Do any special subpopulations have access points that only they can access?
- Do any of five subpopulations allowed by HUD to have a separate access point need to have one established because of safety or other concerns?

1.4 Recommended Access Approaches

1.4.1 Accessibility to Local Subpopulations

Language

Marketing materials should be written to be sensitive to minority racial and ethnic groups in the community. For example, if the CoC provides housing and supportive services to individuals from a tribal nation near its jurisdiction, it can be important to have brochures in the language of the majority of people in the community ***and*** in the language of the tribal nation. If possible, materials should be translated by someone who is local and fluent in the language, as culture and language can differ across communities within the same racial or ethnic group.

Literacy

Coordinated entry materials should be written at a literacy level that is appropriate for people seeking services. If available, a local literacy expert should review them.

1.4.2 Physical Accessibility

A key consideration when a CoC selects access points is to choose locations that are physically accessible or are able to make modifications such as adding ramps or elevators for persons who require them. The CoC should also consider the availability of public transportation and the proximity of access points to other frequently used resources such as local emergency shelters, drop-in centers, soup kitchens, and other crisis response service locations.

1.4.3 Connection to Mainstream Resources

Access points also can provide critical connections to mainstream and community-based emergency assistance services (e.g., supplemental food assistance programs). The most effective coordinated entry systems will facilitate these resource connections for persons experiencing homelessness. It might even be feasible, certainly advantageous, for mainstream resource providers to also serve as coordinated entry access points.

1.4.4 Understanding the Needs of Persons Not Served

Access points in the most effective coordinated entry systems gather information about persons requesting homeless system services who do not enroll in a CoC project (e.g., persons diverted from the crisis response system). The reasons for persons not enrolling are tracked in HMIS or another database selected by the CoC for coordinated entry. Over time, the CoC can analyze this information against any subsequent entries by these same people into the homeless system in order to determine whether the CoC needs to adjust its system or its coordinated entry process.

1.5 Common Implementation Challenge: Coordinated Entry in Rural and Suburban CoCs

CoCs can be grouped by geographic composition—primarily urban; urban centers surrounded by a large suburban area; primarily rural; and large areas comprising a mix of rural, suburban, and urban areas (e.g., Balance of State CoCs). Compositional mix can present unique access challenges when a CoC is developing and implementing a coordinated entry process. Homelessness in rural and suburban communities can look very different from homelessness in urban communities. For example, research shows that compared with urban populations, the rural homeless population:

- Often has a higher proportion of families
- Is more likely to be working, experiencing homelessness for the first time, and already receiving government assistance
- Tends to be less "visible" and more transient
- More likely to live in vehicles or structures not meant for human habitation such as sheds or garages

In rural communities, their expansive geography and the hidden nature of their homeless population often make it hard to get an accurate count or understanding of the extent of the needs. A rural-serving CoC also can have natural barriers such as mountains or bodies of water that can create challenges both to people experiencing a housing crisis in accessing services and to staff coordinating services.

The crisis response systems in suburban and rural communities also tend to be different from those in urban communities. There are often fewer homeless system providers, particularly agencies that serve exclusively people experiencing homelessness; and providers can be isolated and very spread out geographically. In some communities, the only resources available might be informal assistance from churches or food pantries. In rural communities spanning large geographic areas, characteristics and needs of the people experiencing a housing crisis could critically differ from one locale to another.

The CoC must consider the geographic characteristics of the community when planning coordinated entry. Exhibit 1-2. Common Challenges for CoCs by Geographic Composition lists some of the most common challenges.

RURAL AND BALANCE OF STATE COCS	SURBURBAN	MIX OF URBAN, SUBURBAN, AND RURAL
• Fewer homeless service providers and resources • Wide distances between providers • Lack of connectedness or collaboration between providers • Limited visibility of homeless populations • Limited public transportation • Limited jobs and affordable housing • Lack of awareness about issue of homelessness	• Fewer homeless service providers and resources • Limited visibility of homeless population • Limited public transportation • Lack of awareness about issue of homelessness	• Variation in availability of homeless service providers and resources • Variation in needs of homeless population(s) in different areas of the CoC • Variation in key stakeholders and access points across the CoC • Lack of awareness about issue of homelessness outside urban areas

Exhibit 1-2. Common Challenges for CoCs by Geographic Composition

Some CoCs that cover large geographic areas where available resources vary (including Balance of State CoCs) choose to adopt a regional approach to address these challenges. They design access to allow for multiple sites or multiple access technologies to save prospective participants from traveling long distances to access crisis services. Such a CoC must define common requirements and standardized assessment tools, but within those standards allow locales to develop different protocols for implementing coordinated entry access points in their part of the CoC. The approach can increase stakeholder buy-in and provider collaboration within the region because it feels more local.

In implementing a regional approach, the CoC's leadership and planning group should clearly identify how each locale will ensure consistency of access to resources. For example, some CoCs have established CoC-wide committees to review and approve regional plans and to handle any complaints about local processes.

Chapter 2: Assessment

Assessment

Assessment is the process of gathering information about a person presenting to the crisis response system. Assessment includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless.

Historically, assessment of persons experiencing a housing crisis included inordinately long and intrusive interviews, even if they were only seeking temporary emergency assistance. Persons might have to undergo the assessment process multiple times, at every place they accessed. With coordinated entry, assessment can collect information in phases—initially collecting only the information essential to ascertaining the person's immediate needs and to connecting that person to appropriate interventions.

The assessment practice a CoC implements is critical to that CoC's overall coordinated entry process because assessment determines how people are prioritized and referred to housing and supportive services projects. In addition to identifying a person's overall needs and preferences, the assessment also must appropriately triage the person by asking about immediate needs (e.g., "Are you safe where you are right now?" "Do you need medical services?"), accurately evaluating his or her vulnerability and barriers to housing, and providing information to support accurate referrals.

2.1 Assessment Fundamentals

HUD requires that each CoC incorporate a standardized assessment practice across its coordinated entry process. Different assessment tools and approaches use different methodologies for collecting information and documenting people's needs. What approach the CoC planning group chooses depends on the structure of the CoC, its goals for coordinated entry, the capacity of its staff to administer the assessment, and the resources available to support its assessment practice. Regardless of the specifics of the CoC's assessment, its coordinated entry process must collect sufficient information to make prioritization decisions consistently and facilitate access to housing and supportive services across the CoC's coverage area.

2.1.1 Assessment Requirements

The Coordinated Entry Notice details several specific requirements relating to the assessment process:

Standardized access and assessment tool

A CoC's coordinated entry process must use the same assessment process at all access points. A CoC is prohibited from using different assessment processes and scoring criteria for any subpopulation(s) other than the five HUD-designated subpopulations:

- Adults without children
- Adults accompanied by children
- Unaccompanied youth
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

- Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance

This means a CoC may, for example, use a youth-specific assessment tool and process that differs from an adult-only tool and process. An assessment tool and process may include some questions or categories of questions that are applicable only to certain subpopulations, such as questions about armed services participation for veterans. Because a young person under the age of 18 would not be eligible for veteran services, the CoC's assessment process may use skip logic to avoid asking questions that are not applicable. However, the CoC, for example, may not use a female-only tool or a veterans-only tool.

A CoC's coordinated entry process may allow Veterans Affairs partners to conduct assessments and make direct placements into homeless assistance programs, including those funded by the CoC and ESG Programs, provided (1) that the method for doing so is a collaboration between those VA partners and the CoC and (2) that the method is included in the CoC's coordinated entry policies and procedures and in the written standards for the affected programs.

Required: Written policies and procedures must detail the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. If the CoC is differentiating access points and assessment tools for any of the five HUD-designated subpopulations, written policies and procedures must separately document the criteria for uniform decision-making for each subpopulation. The criteria must be based on the prioritization standards adopted by the CoC that are used for its different access points and assessment processes.

Participant autonomy

The coordinated entry process must allow people presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance. Assessment staff should always engage participants in an appropriate and respectful manner to collect only necessary assessment information, but some participants might choose not to answer some questions or could be unable to provide complete answers in some circumstances. The lack of a response to some questions potentially can limit the variety of referral options. When this is the case, coordinated entry staff should communicate to those participants the impact of incomplete assessment responses. Assessment staff should still make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions no matter how limited those responses. A participant's unresponsiveness may not affect future assessments or referral options.

Required: Written policies and procedures must outline a process whereby necessary information may be obtained when a person being assessed refuses to answer one or more assessment questions. (Similarly, during referral, there also must be a policy that allows the person to maintain his or her place in the priority list after rejecting service options that are offered. See Section 4.5.4.)

Assessor training

The CoC must provide training protocols and at least one annual training opportunity to organizations that serve as access points or otherwise conduct assessments. The training may be in person, a live or recorded online session, or self-administered. It must provide all assessors with materials that clearly describe how assessments are

to be administered with fidelity to the written policies and procedures of the CoC's coordinated entry process. The training protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals.

Required: After staff receive initial training on the CoC's assessment protocols, further training is required once annually.

2.1.2 Additional Considerations for Assessment

The Coordinated Entry Notice suggests several additional considerations related to the assessment element of the coordinated entry process. HUD's Coordinated Entry Policy Brief and 2016 Prioritization Notice also describe key considerations and recommended qualities for assessment tools (see Appendix C). These are not requirements; rather they provide some guidance related to HUD's intent for a coordinated entry process and best practices in the field.

Use a person-centered approach

Ways to incorporate a person-centered approach into policies and procedures include the following:

- Design assessments based in part on people's strengths, goals, risks, and protective factors
- Show sensitivity to people's lived experiences, including developing assessment tools and administration protocols that minimize risk and harm and address potential psychological impacts
- Use tools and processes that the people being assessed (and referred) can easily understand

Incorporate cultural and linguistic competencies

All staff administering assessments should use culturally and linguistically competent practices. HUD strongly encourages CoCs to incorporate cultural and linguistic competency training into the required annual assessor training. Assessments should include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBTQ persons.

Use community-specific assessment processes and tools

Although the CoC must use standardized assessment tools across its access points, the actual tools can be locally developed or selected from among the many publicly available tools. Whatever tool the CoC implements, if the CoC differentiates among the five HUD-designated subpopulations, the language and questions in the assessment should be tailored accordingly (e.g., include questions about school enrollment for adults with children).

A community-specific assessment tool should be valid and reliable, and the assessment process should only gather information necessary to determine the person's severity of need and potential match for housing and supportive services. That is, the assessment can be conducted in phases, to capture information as needed and limit how frequently the person being assessed must repeat his or her personal story. (Once the person is referred to housing and supportive services, project staff may conduct more-

sophisticated assessments to evaluate that participant's specialized needs.) This phased approach to assessment is intended not to replace more-specialized assessments but rather to connect people to the appropriate housing solution as quickly as possible.

Assessment tools may be customized to reflect an assessment approach and prioritization process specific to each subpopulation. For example, a CoC may establish one assessment tool for all youth, another for all families, and still another for single adults. Or a CoC might have a single tool that is used consistently across all subpopulations. Either approach is acceptable. The goal is to ensure the most vulnerable or needy within each subpopulation rise to a common level of prioritization across all subpopulations. Note that vulnerability scores and level of need as determined by a subpopulation-specific assessment process can more readily support consistent prioritization within each subpopulation while allowing CoCs to ensure common prioritization approaches across subpopulations. For example, youth might not have had the opportunity to experience long bouts of homelessness simply due to their young age. A CoC that factors length of time homeless into its prioritization process should not consistently prioritize chronically homeless adults over youth. A customized assessment process for youth will account for the lived experience of young persons, consider their particular vulnerabilities and needs, and prioritize accordingly.

2.2 Components of an Assessment Process

What a person encountering the coordinated entry process is assessed for and ***with what tool,*** as well as ***when*** that assessment occurs, can vary depending on the coordinated entry access model selected by the CoC (see Exhibit 1-1. Coordinated Entry Access Models). For example, a multisite centralized access model might collect more in-depth information at the point of access. A no-wrong-door model might collect limited information at access, due to limited resources and a focus on resolving an immediate housing crisis; then, if the person is unable to resolve his or her homelessness independently, a more comprehensive assessment might be conducted.

2.2.1 Assessment Tools

HUD requires that a CoC use a standardized assessment tool(s) across all access points, but HUD does not endorse any specific tool or assessment approach. At the meeting described in the Assessment Tools: Expert Convenings Report, attendees agreed that existing assessment tools are limited in their ability to definitely select the best intervention for a person experiencing a housing crisis or to predict who would be most successful in which intervention.

Though untested for their predictive value, several off-the-shelf tools are in use in the field, and a CoC could elect to employ one of them as is. Many CoCs are already using these assessment tools quite successfully and do not necessarily need to change approaches now. However, a CoC's probability of success with the assessment element of coordinated entry improves when locally specific assessment approaches and protocols are used. These approaches and protocols should reflect the design considerations and standards for assistance and prioritization that a CoC formalizes when developing its written standards during initial planning for coordinated entry.

Each CoC should consider an assessment tool(s) and approach that acknowledges its unique system configuration, capacity, and goals in relation to the needs, risks, and vulnerabilities of different populations such as families, single adults, youth, persons fleeing, or attempting to flee, domestic violence, and people at imminent risk of literal homelessness. Thus, assessment tools should reflect local needs, including the CoC's prioritization criteria,

written standards for CoC Program and ESG Program assistance, and the goals and preferences of the person being assessed. Tools should focus on collecting the information appropriate for identifying the person's housing and supportive services needs, determining the person's level of vulnerability or need, and referral criteria for project enrollment.

As outlined in the 2016 Prioritization Notice and reinforced in the Coordinated Entry Notice, any tool used by a CoC for its coordinated entry process should have, to the greatest extent possible, the following qualities:

- Tested, valid, and appropriate
- Reliable (provide consistent results)
- Comprehensive (provide access to all housing and supportive services within the CoC)
- Person-centered (focused on resolving the person's needs, instead of filling project vacancies)
- User-friendly for both the person being assessed and the assessor
- Strengths-based (focused on the person's barriers to and strengths for obtaining sustainable housing)
- Housing First–oriented (focused on rapidly housing participants without preconditions)
- Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm)
- Transparent in the relationship between the questions being asked and the potential options for housing and supportive services

Note that a prioritization tool is not the same thing as an assessment tool. Some prioritization tools and approaches might be incorporated into the CoC's assessment process, but no single universal assessment tool or process has emerged as the de facto model for every CoC. See Chapter 3: Prioritization for more discussion about prioritization and the relationship between assessment and prioritization elements.

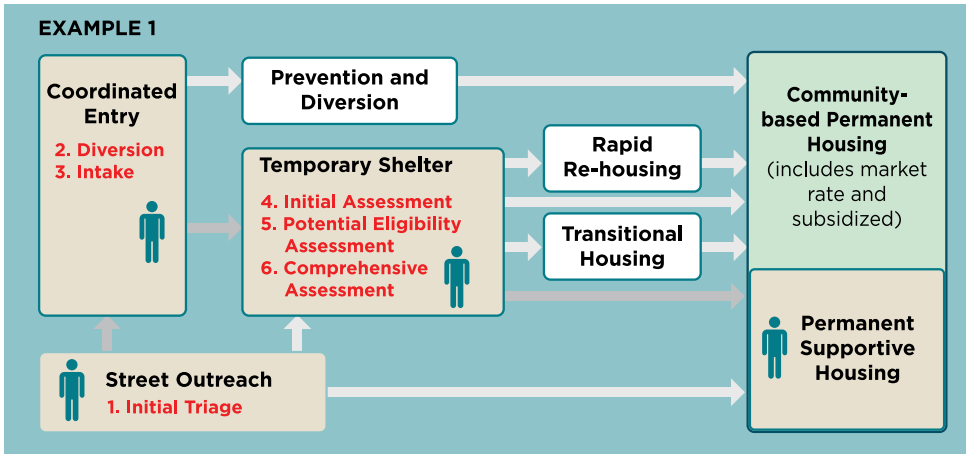
2.2.2 Assessment across Stages of Coordinated Entry

A CoC can incorporate assessment tools and activities at any of several stages throughout a person's interaction with the coordinated entry process. The goal is to build an accurate and concise picture of that person's needs and preferences in order to connect him or her to an appropriate intervention. Assessment completed in phases may be most efficient and effective in achieving this goal.

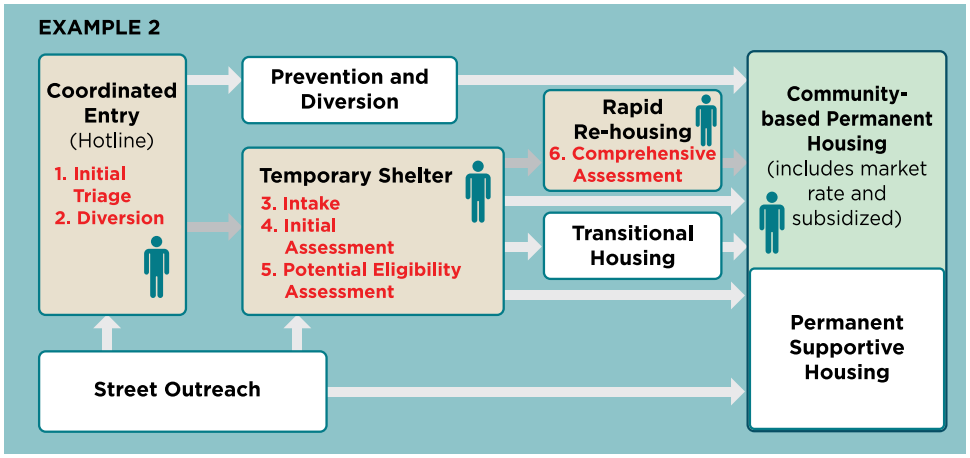
Note that a data-sharing agreement among homeless assistance agencies conducting assessments is required when the CoC's protocols allow for phased assessment (i.e., when one homeless assistance provider initiates the assessment with only the most pertinent questions relative to the immediate needs of the participant, and then staff at different agencies subsequently collect additional information that builds on and complements the previous responses). Sharing of assessment data (only when necessary, and always accompanied by the proper system security and data protections) can play a critical role in a CoC designing an effective assessment process.

Exhibit 2-1. Assessment across Stages: 3 Examples

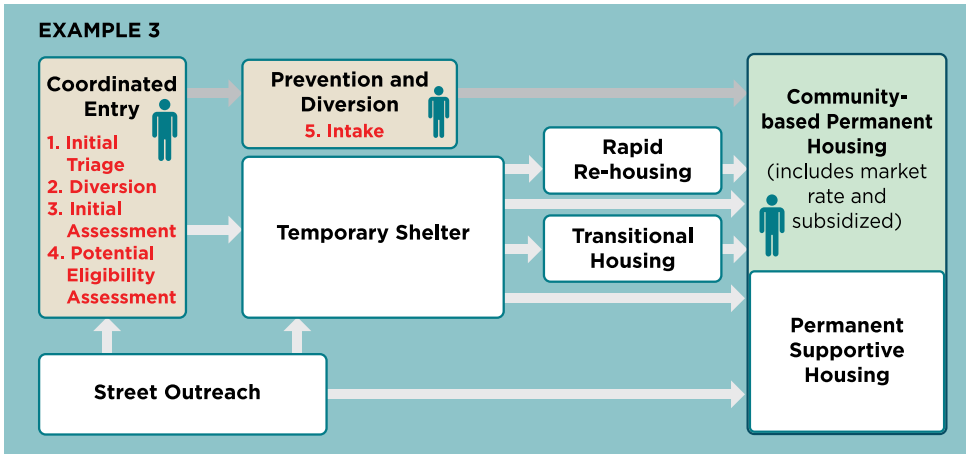
Three possible assessment combinations and approaches:



Participant receives an (1) initial triage assessment through street outreach and, from identified and trained coordinated entry staff, an attempt at (2) diversion, followed by (3) intake into coordinated entry. While in temporary shelter, participant receives an (4) initial assessment, perhaps (5) eligibility assessment, and (6) comprehensive assessment, before being referred to permanent supportive housing.



Participant follows a similar assessment pathway as Example 1, but first engagement is a call to the CoC's hotline and referral is to rapid rehousing, where (6) a comprehensive assessment is conducted before the participant is final-exited into permanent housing.



Participant engages in the coordinated entry process, before enrolling in a residential-based CoC project. Through (2) diversion, (3) initial assessment, and (4) eligibility assessment, the participant is identified as a candidate for homelessness prevention assistance.

Conducting assessment at various stages of coordinated entry is designed to limit data collection to only the information necessary to assist a person to resolve his or her immediate housing crisis. At any stage among those listed below, the coordinated entry process might have enough assessment information to connect or refer a participant to a permanent housing placement. A phased approach does not presuppose that assessment must occur at ***every*** stage nor be completed in ***sequence*** before a person is able to resolve the housing crisis, although at each progressive stage, completion might be appropriate depending on the person's individual circumstances.

Note that some CoCs combine or completely integrate some of the stages described separately below into a single assessment stage or a single participant interaction within the coordinated entry process. Collapsing or integrating stages in assessment can be appropriate depending on the design of the CoC's access points and roles defined for assessors.

- **Initial triage.** Likely focused on defining the nature of the current crisis and ensuring the person's immediate safety.
- **Diversion.** Can occur as part of initial triage or separately; is likely focused on assisting the person to examine his or her resources and options other than entering the homeless system.
- **Intake.** Likely occurs when the person accepts crisis assistance, such as emergency shelter. Assessment is likely limited to collecting information necessary to enroll the person in a homeless assistance project (i.e., the homeless assistance project could be coordinated entry itself or an emergency shelter, depending on how the CoC has structured and defined crisis response interventions).
- **Initial assessment.** The initial assessment might incorporate a prioritization component that indicates the level of risk, vulnerability, and the person's barriers, goals and preferences, or need based on the responses to the assessment questions. The person's responses to initial assessment can be used to help define risk and prioritize the person for further CoC Program or ESG Program assistance such as street outreach, emergency shelter, rapid rehousing (RRH), and PSH.

  Note that some of the initial assessment questions might be asked multiple times throughout project enrollment, as the person's barriers, goals, and preferences evolve as a result of his or her immediate crisis needs being addressed.
- **Potential eligibility assessment.** Eligibility screening (predetermination) considers the potential participant's likelihood of being eligible for admission to a project based on its specific eligibility requirements and the CoC's written standards for prioritizing assistance.

  Collecting required information and documentation regarding eligibility can occur at any assessment stage, but ***determining*** eligibility occurs separately from the prioritization process. Responsibility for collecting and maintaining eligibility documentation rests with the specific homeless assistance project.
- **Comprehensive assessment.** Typically a follow-on to initial assessment. Refines, clarifies, and verifies the person's history, barriers, goals, and preferences. Together, staff and the person develop a housing and services plan, including a strategy for exiting homelessness. Comprehensive assessments often involve some level of case conferencing, which includes conversations with staff from multiple

projects and agencies and the participant himself/herself to ensure the outcomes of the assessment align with the CoC's prioritization process. Case conferencing allows for consideration of unique, person-specific vulnerabilities and risk factors to be included in the participant's housing plan.

- **Next-step / moving on assessment.** Re-evaluates program participants who have been stably housed for some time and who are ready for less intensive housing or services, perhaps even an exit to self-sufficiency. Can also be used when new information about a person is revealed during enrollment in a project and the new information suggests a different service strategy might be warranted.

2.3 Planning for an Assessment Process

Planning for the assessment process requires the CoC to consider its written standards, as well as those of ESG Program recipients operating projects within its geographic area, for assistance and prioritization, needs and preferences of persons experiencing a housing crisis, and availability of resources. Additionally, if the CoC is implementing coordinated entry in stages, it might need to develop more than one assessment tool or to use an existing tool strategically and compartmentally. Effective planning requires clear and formal decision-making that is inclusive, well documented, and responsive to new information learned through implementation.

2.3.1 Planning Decisions

The coordinated entry planning group charged with planning the assessment element should make decisions about the following aspects of assessment. Not all of these pieces need to be in place for implementation to begin, however. Many CoCs opt to implement coordinated entry in stages.

Information collected through assessment

The assessment practices of a CoC can differ based on its prioritization standards, but those CoCs that have successfully implemented coordinated entry tend to collect information in several major categories:

- Identifiers, characteristics, and attributes
- Family members and dependents
- Housing and homeless history
- Employment history
- Legal history
- Physical and behavioral health considerations that can indicate vulnerability
- Goals and preferences

These categories focus on identifying and documenting the person's housing crisis, as well as the person's barriers to being rapidly housed and their level of vulnerability. Coordinated entry being implemented in stages might collect this information over a series of assessments, as the information is needed to make decisions about referrals.

Selection of assessor

In tandem with deciding which access model to use (recall Exhibit 1-1. Coordinated Entry Access Models-1), the CoC must decide which agency or agencies are best positioned to conduct its assessment. Where assessment occurs in phases, one agency potentially could conduct the assessments across all phases, or a host of agencies could participate to varying degrees with each phase.

In evaluating any agency's fitness for conducting any phase of assessment, the CoC should examine the following characteristics:

- Staffing capacity
- Financial capacity
- Accessibility (physical location and hours of operation)
- Experience serving specific populations
- Knowledge of community resources
- Ability to collaborate with stakeholders throughout the community
- Reputation for fairness and transparency
- Cultural and linguistic competency with specific populations (e.g., LGBTQ, members of Native American tribal nations, etc.)
- Fair and objective application of the CoC's defined assessment and prioritization standards

Selection or development of assessment tool

A good first step in deciding whether to use an existing assessment tool or to develop one would be for the CoC to examine the many intake and assessment forms already in use by providers in its community and those used by other CoCs. Most important, the assessment tool must be able to collect information to establish the person's priority within the CoC's prioritization structure, as well as identify the person's needs and preferences.

Note, as stated previously, the assessment and documentation process for purposes of prioritization must occur separately from the eligibility determination. Eligibility determinations are a project-level activity and must occur independently from prioritization.

Assessor training

As described in Section , HUD requires that all staff conducting assessments be trained at least annually on how to conduct the assessment, including what questions to ask. Each phase of assessment might entail unique training protocols, such as mediation training for staff conducting diversion assessments. (CoCs should consider instituting conflict resolution or de-escalation training for any staff involved in coordinated entry.) Skilled assessors should be able to identify signs of trauma and stress among persons entering the crisis response system and then work to mitigate those conditions by conducting assessments in the most sensitive and respectful manner possible.

Staffing levels

Each assessment phase can have a unique staffing requirement. A quality diversion assessment might require a skilled clinician and take 20 to 30 minutes, whereas a

basic shelter intake assessment typically does not require clinical skills and might take only 5 to 10 minutes. To identify the staffing levels needed to meet demand, the CoC should examine the average length of time needed to complete each assessment phase and estimate the number of assessments to be done each day.

Staff background requirements

Each assessment phase could require a different level of staff education and experience. Frontline shelter staff might need less education and experience to adequately triage people experiencing a housing crisis than might case managers who are identifying a person's housing resources and barriers, who in turn might be less skilled than clinicians who are conducting behavioral health assessments in a later assessment phase.

Peer counselors (i.e., people formerly homeless) can play a valuable role in certain aspects of phased assessment because of their shared experiences with the persons undergoing coordinated entry. However, peer counselors also require rigorous training and oversight.

CoCs might want to consider having highly skilled and experienced staff involved in the early phases of assessment. Having more-accurate assessments up front could result in providers being less resistant to referrals they receive later.

Data management

Because each phase of assessment potentially builds on the previous phase, CoCs need to decide what information to collect at each, as well as how or whether the data collected at one phase will be passed along to staff at the next. Data management processes should balance a person's right to privacy with the benefit to the CoC of sharing important information.

Budget

CoCs should estimate costs for each phase of assessment. Costs to consider include staffing, assessment tools, augmenting or developing a data management system, operational costs associated with facilities where coordinated entry activities are conducted or managed, and training staff (e.g., on the assessment processes, data management processes, and conflict resolution).

2.3.2 Key Questions

Some key planning questions can include the following:

- How many phases of assessment does the CoC need?
- What is the focus of each phase, and what does that phase expect to achieve?
- How does having multiple phases of assessment affect engagement?
- How does having multiple phases of assessment affect data accuracy?
- Does any data need to be re-asked/confirmed?
- How will inconsistent data be identified and reconciled during a multiple-phase assessment process?
- Who will have authority to verify and update inconsistent or incorrect data?
- What changes might be needed for HMIS or data collection and sharing protocols to support multi-phase assessments?

2.4 Recommended Assessment Approaches

HUD allows a CoC to customize its assessment processes and tools for five designated subpopulations—single adults, adults with children, unaccompanied youth, households fleeing, or attempting to flee, domestic violence, and persons at imminent risk of literal homelessness (which, as described in Section 2.1.1, may also include veterans). The purpose is to remove population-specific barriers to accessing the coordinated entry process and to account for the different needs, vulnerabilities, and risk factors of these subpopulations in assessment processes and prioritization. Any customizations should begin with the standardized assessment process that the CoC is using and that already reflects the CoC's values and standardized approach. For other subpopulations not explicitly designated, the CoC must use its standardized assessment; however, the wording or order of its questions can change to reflect the experiences or perspectives of those other subpopulations.

The following adaptations to the assessment process can address negative impacts experienced by some subpopulations:

- **Progressive and phased assessment.** Some subpopulations might benefit from being assessed in phases, as engagement could be difficult because such persons are reluctant to share information (e.g., substance abuse disorders, health status). Their reluctance could be a result of trauma, and building their trust can take time.
- **Trauma-informed assessment protocols.** A trauma-informed assessment approach is a best practice that should be used universally with all subpopulations regardless of the participant's history.
- **Trauma-informed training for assessors.** All assessors should be trained in how to conduct assessments with victims of domestic violence or sexual assault to reduce the chance of re-traumatization.
- **Safety planning.** Assessors should be trained on safety planning and other next-step procedures if the assessment uncovers safety issues in situations such as domestic violence, sexual assault, child abuse or neglect, stalking, and trafficking.
- **Private space for assessments.** The assessment space and experience should be designed to allow people to safely reveal sensitive information or safety issues. The space should allow for both visual and auditory privacy, and the CoC's policies and procedures should allow assessors to gather information from each adult in the household in separate interviews, if appropriate. Sensitive information might include the disclosure of mental illness, physical disabilities, gender identity, or abuse.
- **Skip-logic for unnecessary or irrelevant assessment questions.** Assessment questions should be adjusted to be appropriate for specific subpopulations; for example:
  - For unaccompanied youth aged 17 or younger, questions for veterans can be eliminated.
  - For men, questions regarding pregnancy and prenatal care can be eliminated.

- **Accessible language.** Assessment instructions and questions for children and youth should reflect their level of development and be administered in a culturally competent manner.
- **Translation services.** Multiple language options should be available. The CoC might want to use confidential phone interpreters or translators if face-to-face language options are limited.

2.5 Common Implementation Challenges

2.5.1 Provider Concerns

Coordinated entry represents significant system change for CoCs. Providers of housing and supportive services might be understandably apprehensive about giving up their accustomed methods of assessment. The CoC planning group should establish a strong monitoring and evaluation team to regularly review assessment processes and staff conducting assessments. The monitoring team should be especially vigilant during the initial implementation, because early failures can erode confidence in the new system and further inhibit providers from actively participating and adopting coordinated entry.

Monitoring assessment should include checking assessment results for accuracy and their predictive value against program participant files and the data management system to see whether the results are supported. The monitoring team also should examine assessment decisions, program participant admission rates, and project outcomes to identify and then remedy any assessment failures. Assessment process failures should be documented to support ongoing analysis of gaps, inform systems change efforts, and identify opportunities for system improvements.

2.5.2 The Right Amount of Information

The purpose of assessment in coordinated entry is to gather only the information necessary to connect a person experiencing a housing crisis to a service strategy and housing plan that best meets the person's needs as rapidly as possible. The amount and type of information collected through the assessment will vary depending on the coordinated entry access model a CoC has selected (recall Exhibit 1-1. Coordinated Entry Access Models). When developing its standardized assessment, the CoC should focus on limiting the intrusiveness of the assessment and on gathering only what information is necessary for prioritization and referral. Remember, for many persons, diversion from the crisis response system is an appropriate and successful service strategy.

Once program participants have enrolled in a project, however, that provider might need to collect additional information to assist participants in obtaining and maintaining housing—but that additional information might not be needed for coordinated entry itself. For example, the funding guidelines for permanent supportive housing projects require that program participants have a documented disability to qualify—but PSH project staff are responsible for documenting the disability of program participants; that is not the responsibility of coordinated entry staff. Coordinated entry staff do not need to conduct a full psychosocial assessment to determine whether a person is likely to have a PSH-qualifying disability. As described below, the focus of the assessment process in coordinated entry is the matching of persons to housing they are likely to qualify for, rather than predetermining eligibility. After the person is referred to and enrolls in a PSH project, then that project's staff might conduct a psychosocial assessment, if psychosocial support is part of the services the project offers.

2.5.3 Assessments and Eligibility Determination Combined

Coordinated entry assessment (for prioritization and referral) and project eligibility determination are two different processes with different purposes and requirements. As discussed above, assessment conducted under coordinated entry collects only enough information to see whether a person is likely to qualify for housing and supportive services projects. The assessment especially checks for significant barriers to eligibility, such as sex offender status. It is not the purpose of coordinated entry assessment to determine a person's eligibility for each project.

Some CoCs, however, choose to combine the assessment process and eligibility determination process to increase efficiency or to ensure compliance. A CoC should do this, however, only after considering the impact on coordinated entry of adding the time-consuming task of obtaining documentation to establish eligibility.

If a CoC decides to include eligibility determination within coordinated entry, then eligibility determination might be more appropriately carried out during referral (rather than assessment), when the specific project the person might enroll in has been identified. For more information, see Chapter 4: Referral.

Chapter 3: Prioritization

Prioritization

Once a person experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining his or her priority for housing and supportive services. The person's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the CoC's prioritization standards. It is the person's prioritization status (and other information from the assessment) that determines where the person will be referred in the next coordinated entry step. In referral, the group of persons with the highest priority is offered housing and supportive services projects first.

This chapter provides a brief overview of the prioritization requirements, discusses approaches to establishing and managing priority lists, and describes the prioritization planning process.

3.1 Prioritization Fundamentals

HUD requires that CoCs use the coordinated entry process to prioritize homeless persons for referral to housing and services. Policies documenting the prioritization process must align with existing CoC Program and ESG Program written standards established under HUD regulations 24 CFR 578(a)(9) and 24 CFR 576.400(e). The CoC's coordinated entry policies and procedures must describe the factors and assessment information with which prioritization decisions are made for all homeless assistance in the CoC.

3.1.1 Prioritization Requirements

The Coordinated Entry Notice establishes several requirements for the prioritization process.

The CoC must use the coordinated entry process to prioritize homeless persons within the CoC's geographic area for access to housing and supportive services. Prioritization must be based on a specific and definable set of criteria that are made publicly available through the CoC's written prioritization standards and that must be applied consistently throughout the CoC. CoCs should refer to the 2016 Prioritization Notice for detailed guidance on prioritizing in PSH projects.

A CoC's prioritization criteria may include any of the following factors:

- Significant health or behavioral health challenges or functional impairments that require a significant level of support for the person to maintain permanent housing
- High use of crisis or emergency services to meet basic needs, including emergency rooms, jails, and psychiatric facilities
- 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, trafficking, or sex work
- Other factors determined by the community and based on severity of needs

Required: Written policies and procedures must include the process by which the CoC staff will make prioritization decisions for each project type (e.g., PSH, RRH) and the criteria used for prioritization decisions.

3.2 Components of a Prioritization Process

The prioritization process is the coordinated entry step before working with a person to determine the most appropriate referral(s). Using the prioritization standards and coordinated entry policies and procedures the CoC developed, the entity charged with prioritizing reviews information collected during assessment and determines the person's priority level. Often this determination uses criteria that relate the person's service intensity needs and vulnerability to a score, which is then used to inform a referral.

The scoring and other processes used by CoCs to establish a person's level of priority based on his or her vulnerability most often use multiple considerations such as length of time homeless, number of times homeless, number and severity of behavioral and/or medical problems, age, and other factors that vary by community.

Like the untested predictive value of existing assessment tools, no single scoring or other prioritization method has been proven to reliably predict what housing and supportive services project(s) will end homelessness for a specific person. Assessment tools that generate a prioritization score are a good place to start, but additional factors need to be considered such as individual participant circumstances and the manner in which individuals respond to challenges and circumstances of their lived experience. For example, a particular person might be eligible for PSH but actually prefer, and in fact respond just as successfully to, a less intensive intervention such as RRH.

3.2.1 Determining a Priority Level

When reviewing existing or new assessment tools that have a scoring component, a CoC must review the prioritization recommendations made by the tools against the CoC's prioritization and assistance standards. This review should continue during implementation to ensure the prioritization process is functioning as planned and not routinely leaving out any one category of people in crisis (e.g., women as a whole scoring "too low" to be identified for PSH). The CoC should consider how other information, including assessor judgement, can be included in its prioritization process without jeopardizing the integrity of that process.

HUD has strongly encouraged CoCs to adopt the prioritization approach for PSH in the 2016 Prioritization Notice. This approach ensures that PSH resources are made available to the highest need people in the CoC.

3.2.2 Managing the Priority List

When a CoC faces a scarcity of needed housing and services resources, it is especially important that it use coordinated entry to prioritize people for assistance. A CoC's prioritization approach has to be balanced with HUD's recommendation to avoid creating long waiting lists of potential program participants for resources that do not exist or are not available. How a CoC might reduce long wait times and avoid overly populated waiting lists is discussed in Section .

In order to manage prioritization for referral and placement in CoC resources, many CoCs maintain a priority list. The priority list generally lists persons by name or identification code, and it serves as the basis for coordinated entry's referral process. People on the priority list have already been assigned scores (if the CoC is one that assigns scores); perhaps a

This Guidebook uses the term "priority list," but HUD considers "priority list," "master list," and "by-name list" as interchangeable terms, and no distinction or merit is suggested in this use of one term over the others.

placement ranking level (if applicable) and/or placement date; and perhaps an indication of their priority condition, such as high risk of mortality or heavy use of emergency health services. Thus, the CoC can provide people in its coordinated entry system with accurate and timely referrals, in order of priority, to the project(s) they need and prefer.

Some CoCs will choose to maintain a single priority list with all known homeless persons throughout the CoC included on that centralized list. Other CoCs will maintain separate priority lists by subpopulation or by CoC component type. HUD allows both approaches; however, CoCs can gain efficiencies by maintaining a single priority list, thereby streamlining coordination of the prioritization and referral management processes. If the CoC maintains separate priority lists for different subpopulations or different CoC component types, the CoC should enable persons to be cross-referenced among all prioritization processes to ensure maximum flexibility and consideration of referral options.

Some CoCs manage priority lists of veterans and persons who are chronically homeless by creating flags or notations for them within existing single adult and/or adult with children priority lists. This is an appropriate strategy for managing a CoC's veterans resources and beds or units designated for veterans or those experiencing chronic homelessness.

3.2.3 Using the Priority List to Fill All Vacancies

In addition to making sure persons with the highest priority are offered housing and supportive services projects first, the priority list also is meant to ensure that all project vacancies are filled through coordinated entry's prioritization and referral processes. Agreement by providers in the CoC to follow prioritization in making and accepting referrals ensures fairness, transparency, and consistency in providing services to all people in need. It closes the side doors to the homeless system that people might have used in the past to enter from "non-homeless locations," and it establishes norms for equitable referrals across providers.

3.3 Planning for a Prioritization Process

The coordinated entry prioritization process combines the individual person's assessment results with the CoC's prioritization policies and procedures to determine that person's level of vulnerability. The person's assessed vulnerability will establish his or her level of priority for resources in the homeless system and lead to identification of vacancies at housing and supportive services projects that the person can be referred to.

Applying the CoC prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The best strategy for managing this complex and dynamic process is often "case conferencing"—a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals. As the priority list grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available.

The prioritization process involves several steps and can be challenging to plan and implement because it is the heart of the system change work to be accomplished by establishing coordinated entry. Effective planning requires

clear and formal decision-making that is inclusive, well documented, and responsive to new information learned through implementation.

3.3.1 Planning Decisions

The coordinated entry planning group charged with planning the prioritization process should make decisions about the following aspects of prioritization. Not all of these pieces need to be in place for implementation to begin, however. Many CoCs might opt to implement coordinated entry in stages.

The prioritizing entity

This entity will be responsible for determining the level of priority for a household requesting assistance through coordinated entry and for managing the priority list. Using information gathered through the assessment and from other sources, the prioritizing agency will determine the level of vulnerability of each household. Other sources of information include mainstream service providers (e.g., hospitals, criminal justice system, Medicaid), if their data are part of the CoC's coordinated entry assessment process.

In some CoCs, prioritization is performed by the same entity that conducts the assessment; in others, prioritization is performed by the CoC or another coordinated entry workgroup. If referrals will be made by an entity different from the prioritizing agency, the prioritizing agency must transmit information about the household to the referring agency, including the household's level of priority, housing needs and barriers, preferences, and other information as appropriate.

Establishing the prioritization method

A clear process will need to be established for translating assessment data into a priority list, to be based on the assessment tool selected and the CoC's prioritization standards. The planning group also will need to consider how provider input, in addition to assessment data, will be incorporated into the prioritization process.

3.3.2 Key Questions

Some key planning questions can include the following:

- What types of prioritization decisions are already being made? Are they based on level of need, time spent waiting for available resources, or provider agency preferences?
- Do variations in housing and supportive services availability and accessibility throughout the CoC's geography require varied prioritization strategies?
- Can prioritization be scored, quantified, or valued such that the priority list can be regularly reviewed and updated?
- How will prioritization determinations be documented and communicated among CoC housing and services providers?
- How will a person's priority level be updated when new information is revealed or becomes available after the initial assessment?
- Will frequent users of CoC resources and/or mainstream resources be prioritized differently; and if so, how?

- How will multiple existing and independently maintained waiting lists be consolidated into a centralized priority list?
- What are the potentially different prioritization requirements established by funders (e.g., VA prioritization expectations for the Supportive Services for Veteran Families program) that must be accommodated during the referral process?

3.4 Common Implementation Challenge: List Conversion

A CoC's transition from project-level waiting lists to coordinated entry's centralized prioritization and referral process and priority list will likely involve several of the following elements:

- An in-depth overview and comparison of the people on the existing waiting lists
- Business rules and agreements on what information is put on the priority list and which staff at which provider are authorized to do so
- Agreement by individual providers to discontinue agency-specific waiting lists
- A consistent and fair process to reevaluate the people on existing waiting lists to determine their placement on the new centralized priority list
- Negotiation with and amended contract language associated with certain funders that might anticipate that use of agency-specific or project-specific waiting lists would continue
- A full assessment of the privacy and security implications of participant information collected and managed in a centralized manner that could be accessible to multiple CoC partners

Case conferencing is a useful strategy for merging multiple waiting lists maintained by multiple projects into a centralized priority list managed inside the coordinated entry process.

Chapter 4: Referral

Referral

Once a person experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining his or her priority for housing and supportive services. The person's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the CoC's prioritization standards. It is the person's prioritization status (and other information from the assessment) that determines where the person will be referred in the next coordinated entry step.

In referral, the group of persons with the highest priority is offered housing and supportive services projects first. As required by the Coordinated Entry Notice, that referral process must be guided by an intentional protocol that follows the CoC's prioritization standards as documented in its written policies and procedures. This chapter outlines requirements established in the Notice, describes the components of a referral process, and provides an overview of referral management—eligibility screening, monitoring project availability, enrollment coordination, managing referral rejections, and tracking the status of the referral throughout the referral process.

4.1 Referral Fundamentals

The group of persons with the highest priority must be offered housing and supportive services projects first. To make an efficient and effective referral requires information about the person's history, barriers to housing, and level of vulnerability, as well as data about the availability of projects of various types in the CoC.

To be consistent with HUD's policy priorities in recent Notices of Funding Availability, providers should remove barriers to entry into projects. Likewise, coordinated entry operators may not use the coordinated entry process to screen people out due to perceived barriers related to housing or services. Such barriers could include, but are not limited to,

- too little or no income
- active or a history of substance use disorders
- domestic violence history
- resistance to receiving services
- the type or extent of disability-related services or supports needed
- history of evictions or poor credit
- lease violations or history of not being a leaseholder
- a criminal record

Referral can occur at various points in the coordinated entry process, depending on which approach to coordinated entry the CoC chooses to implement. Depending on the type of project, referrals can occur at initial triage, after initial assessment, while enrolled in emergency shelter, or even after enrollment in a CoC project. Referral can occur throughout the person's involvement with the homeless system. How and when referrals occur depend on many factors, such as the person's needs and preferences, local priorities, and available resources.

Based on the person's priority level, referrals to available housing and supportive services projects are suggested, with the prospective participant making the final decision of which intervention to enroll in. For enrollment to be final, however, the project must establish that the referred person meets its entry requirements; if not, the person retains his or her priority placement on the priority list while other housing and service options are explored.

4.1.1 Referral Requirements

The Coordinated Entry Notice establishes several requirements for the referral process:

Lowering barriers / Housing First

To be consistent with HUD's expectations, the CoC's coordinated entry process and participating projects must continually strive to identify and lower barriers to project entry. The coordinated entry process is prohibited from screening people out based on perceived barriers. Perceived barriers could include those listed above, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.

Referrals to projects

The CoC must implement a referral process that applies to all beds and services available at participating projects funded by the CoC Program or ESG Program. The process should also apply to housing and supportive services projects operated by entities not funded by HUD and those that do not actively participate in coordinated entry but receive and accept a CoC's referrals.

Required: Written policies and procedures must document the uniform referral process for all participating projects, including allowable entry requirements and protocol for a project rejecting a referral.

List of referral resources

HUD strongly encourages CoCs to maintain an inventory list, updated at least annually, of all housing and supportive services projects that can be accessed through referrals from the coordinated entry process.

Nondiscrimination

Through the coordinated entry process, the CoC must continue to comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex

- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

4.1.2 Additional Considerations for Referral and Prioritization

Impacts on eligibility status

The CoC's referral process should take into account how a person's enrollment in certain projects might affect that person's eligibility status for future assistance. For example, enrollment into a transitional housing (TH) project generally results in the loss of "chronically homeless" status, which can limit a person's future eligibility for PSH that is dedicated to persons experiencing chronic homelessness. Therefore, the coordinated entry process should identify potential eligibility considerations of each referral project and assist the potential participant in making an informed and careful decision about where to enroll.

Wait times and coordinated entry

PSH is almost always the most effective resource for highly vulnerable people with high service needs, including those experiencing chronic homelessness. But the lack of available PSH, for example, should not result in people languishing in shelters or on the streets without other assistance. If no PSH resources are available, the highest need or highest prioritized persons should be offered other appropriate resources the CoC has available. The CoC should apply this dynamic approach to inventory monitoring and referral management to all its component types, including TH and RRH.

Person-centered approach

The CoC should incorporate a person-centered approach into its referral policies and procedures, which can include the following:

- Ensuring potential program participants have choices regarding location and type of housing, level and type of services, and other project characteristics. This includes ensuring that assessment processes provide options and recommendations that guide and inform participants' choosing and don't make rigid decisions about what households need.
- Setting clear expectations concerning where program participants are being referred, entry requirements, and services provided.
- In the rare instance when a person is rejected by a project, having a process to support the person in identifying and accessing another suitable project.

Fair Housing

Some CoCs have raised concerns about their ability to make referrals through a coordinated entry process in a manner that also complies with Fair Housing laws. The CoC should closely review federal, state, and local Fair Housing laws and regulations as it plans and implements its coordinated entry process and incorporate Fair Housing principles into its assessment processes and trainings. The CoC should be aware that local laws can vary within its geographic area.

In general, the law prohibits people from being "steered" toward any particular housing facility or neighborhood because of their race, color, national origin, religion, sex, disability, or the presence of children. As such, the most common practice is for the CoC's referral process to provide potential participants with a list of all available units and projects for which they likely are eligible and then support them in making their own choices about which options to pursue.

Staff making referrals also can be well positioned to notice any potential housing discrimination among participating providers, and they should be prepared to note and report such activity. More information about Fair Housing issues can be found on HUD's website "Fair Housing–It's Your Right."

4.2 Components of a Referral Process

The Coordinated Entry Notice (p. 2) states:

> ***Coordinated entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources.***

The referral process consists of the critical components discussed below.

4.2.1 Eligibility Screening and Determination

The coordinated entry process may initiate the collection of required eligibility documentation—but it is not required to, nor is the coordinated entry process responsible for determining project eligibility or maintaining eligibility documentation after a referral has been made. As described in Section 2.5.3, the focus of the assessment process in coordinated entry is the matching of persons to housing they are likely to qualify for, rather than predetermining their eligibility.

Individual CoC ***projects*** have ultimate responsibility for determining the eligibility of prospective participants in their programs and for collecting and maintaining eligibility documentation. From a practical perspective, however, the coordinated entry process is often well positioned to screen preliminarily for presumptive eligibility. In fact, it may do so by design of the CoC's coordinated entry process. Presumptive eligibility screening is often necessary to inform a referral process that adequately considers the likelihood of a prospective participant's eligibility before making a referral. Note that some funders establish specific prioritization requirements for their funded programs (e.g., VA's Supportive Services for Veteran Families program) that can differ from the prioritization standards established by the CoC. If funders institute their own prioritization standards and preferences, the CoC's coordinated entry process must accommodate these potential differences at the point of referral.

The coordinated entry system ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible, and for which a vacancy exists. An effective and efficient referral process will consider the written standards for prioritizing assistance developed by the CoC and the ESG Program recipients and individual project eligibility requirements, such as those established by funders other than HUD, or the requirements of nontraditional service providers that are participating in the coordinated entry process.

Eligibility determination can be incorporated into the coordinated entry process in various ways:

- The assessment process might presumptively determine eligibility for housing and supportive services. In such cases, receiving projects can be required to accept the referral regardless of the person's past history or other factors.
- Eligibility might be presumed during assessment as highly likely, but actual eligibility is not documented until the person is being enrolled in the receiving project. Eligibility then is verified through project-specific verification requirements and processes.

It is critical to note that documentation collected for purposes of eligibility determination, if collected earlier during assessment, may not be used in prioritizing persons or in screening persons out of the coordinated entry process. Additionally, persons during assessment should not have to wait to be prioritized while project-level eligibility documentation is compiled or verified.

- Collection of documents to determine eligibility might be ongoing, starting at initial triage and building over time as more in-depth assessments are completed as needed. In this third model, eligibility might be determined as part of the assessment process and/or by the agency receiving the referral. In these instances, documentation and eligibility might be initially determined, but would need to be re-established at the point of project entry, especially if a long period of time has passed between assessment and project entry.

Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking must have access to referrals to the CoC's coordinated entry system and to an alternative coordinated entry system operated by victim service providers if both exist in the CoC.

4.2.2 Participating Project List

The organization selected by the CoC to manage the referral process should have a list of all the resources accessible and currently available through referral. This means that a mechanism will need to be established for service providers to regularly update their information, including geographic area covered, entry requirements, service model, and preferences for specific subpopulations.

The CoC needs to develop a process by which projects notify the referring entity about housing and supportive services availability when a vacancy opens (i.e., when a current program participant leaves) or new resources are brought online. This can be accomplished through real-time tracking in HMIS or another data system, by electronic communications, or by other means.

4.2.3 Referral Rejection Protocols

The CoC's referral process should also account for occasions when a referral is rejected by the potential participant, or when the housing or supportive services provider rejects a referral under the criteria established by the CoC in its coordinated entry policies and procedures. Many factors or issues can precipitate a rejection.

Sometimes potential participants perceive the referral as representing a housing or services option that does not address their immediate housing goals and

preferences. In those instances, the coordinated entry process should make every effort to identify other referral options. If none exists, the CoC should document such limitations of the currently available housing and services options for system planning purposes. Meanwhile, coordinated entry staff should continue to work with the potential participant to find alternative accommodations.

Sometimes the project receiving the referral through the coordinated entry process is the source of the referral rejection. For example, a project might be experiencing situational staffing constraints. Programmatic changes or funding issues might necessitate a temporary hold on accepting referrals. Or after considering the unique housing barriers and attributes of a particular referral, the project receiving the referral might decide the project does not have sufficient programmatic capacity or expertise to provide the housing and services necessary to resolve the person's housing crisis.

Regardless of the specific circumstances of the project's rejection, in all situations the project should communicate the decision clearly and quickly to the entity making the referral. This communication should include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and actually accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant's referral standing at other CoC housing and services projects.

Many CoCs with advanced coordinated entry experience have realized significant success with a case conferencing approach to referral rejections. HUD encourages all CoCs to explore this approach and determine whether referral rejections could be managed with a case conferencing protocol in which the entity making the referral, the project rejecting the referral, and potentially the participant meet to share information and collectively consider alternative referral options. The goal of the referral process is to quickly and successfully connect persons experiencing a housing crisis to available CoC housing and services. A case conferencing meeting among all parties concerned is often the most effective way to achieve this goal when the standard referral process breaks down.

4.2.4 Referral Data Management and Efficiency Tracking

The amount and type of client data accompanying a referral from one provider to another depends on specific data-sharing agreements between the referring agency and the receiving project. In general, referral of a person experiencing a crisis for housing and services requires the following:

- Referral date/time
- Identity of the agency currently serving the person, including contact information (name, phone)
- Identity of the receiving project, including follow-up contact information (name, phone)
- Person's name
- List of services the person is being referred for
- Person's prioritization score, if applicable
- Project eligibility or entry requirements
- Person's preferences

- Special considerations, including housing-related information such as desired location, unit size needed, and restrictions on housing
- Verification documentation, as appropriate and if applicable
- Expectations for follow-up

Often the referral is transmitted electronically, with information provided both to the entity in contact with the potential participant (the assessor or another agency) and to the receiving project that has the vacancy. HMIS often provides an existing CoC resource that enables management of electronic referrals. (More discussion and guidance about the use of HMIS in managing coordinated entry referral information is discussed in a separate HUD guidebook on coordinated entry infrastructure elements.)

The CoC's coordinated entry planning group should develop timeliness targets for each of the referral, project enrollment, and move-in stages. A strong referral process will keep these stages as short as possible to facilitate rapidly rehousing people who are homeless, including diversion where possible.

The coordinated entry process also should have established protocols for the level and duration of effort a receiving agency must make to locate a person who has been referred before it can request a new referral.

4.3 Planning for the Referral Process

The referral process is essentially a match that coordinated entry makes between the needs and prioritization level of the person experiencing the housing crisis and the housing and supportive services projects that are available in the crisis response system. Implementing a referral process can take time and often requires complex planning. Effective planning requires clear and formal decision-making that is inclusive, well documented, and responsive to new information learned through implementation.

4.3.1 Planning Decisions

The coordinated entry planning group should address the following planning steps and decisions. Not all of these pieces need to be in place for implementation to begin; many CoCs opt to implement their coordinated entry system, including the referral element, in stages.

Creating a list of project resources and entry requirements

The initial steps in developing a referral process include conducting an inventory of the housing and supportive services projects available in the CoC for persons experiencing a housing crisis and determining each project's level of participation in the coordinated entry process. This initial scan of CoC projects can be done in conjunction with examining the entry requirements for each of the projects.

The CoC planning group should collect information from each provider on its entry requirements (including targeting, income, disability, and household size or characteristics), as well as its location, services, and expectations of program participants. Each provider might also identify any special capacity it has to serve certain subpopulations (e.g., youth, LGBTQ persons, parents, or Native Americans).

This inventory will help the CoC establish a list of referral resources available through coordinated entry. It also will identify resources that do not participate in coordinated

entry but should receive active CoC marketing to participate as providers who will accept referrals from the coordinated entry process. The CoC will need to create a process for regularly reviewing entry requirements and updating the inventory of projects.

Prioritization and referral roles and responsibilities

As part of prioritization and referral planning, the CoC should consider which entity or entities should perform each task described below, how information will be communicated between the entities, and what other expectations it will place on the entities and processes. In many communities, the CoC itself performs some or all of these roles; other CoCs formally consider and select an entity or entities for each task.

Interactions between referring and receiving entities should be transparent, documented, and easy to understand. Expectations for each step in the prioritization and referral processes should be described in the CoC's coordinated entry policies and procedures. The CoC should also develop protocols to address conflicts of interest. It might want to develop a Memorandum of Understanding with the entity or entities.

- **Referring agency.** This is the entity responsible for referring a person experiencing a housing crisis to available housing and supportive services, based on the person's priority level or score and the CoC's prioritization and assistance standards. In some CoCs, the referring agency is the Collaborative Applicant or another central entity responsible for coordinating information about people needing referrals with information about project vacancies. In other CoCs, referrals occur virtually, with prioritizing agencies posting information about people needing housing and supportive services, and receiving agencies selecting from among the postings when they have vacancies in their projects. Whatever approach the CoC uses to structure the referral process must be documented in its coordinated entry policies and procedures.
- **Receiving agency.** All housing and supportive services providers participating in coordinated entry must fill vacancies that have been committed to coordinated entry with people referred through the coordinated entry referral process. To receive an appropriate referral, the receiving agency must have a process for identifying and communicating its vacancies to the referring agency. Usually the receiving agency must notify the referring agency or some other entity whenever it has enrolled a program participant and its vacancy has been filled.
- **Housing Navigator (or Housing Locator).** Some CoCs have implemented a Housing Navigator function to ensure efficient and effective enrollment and subsequent movement of program participants from crisis response to stable housing. Specific staff duties might vary, but a Housing Navigator can perform a variety of functions to reduce the time it takes persons in crisis to obtain housing. Examples of Housing Navigator functions follow:
  - Work closely with referring agencies to determine a person's likely eligibility
  - Develop a Housing Stability Plan
  - Assist the program participant with completing housing applications
  - Perform housing search and enrollment
  - Perform outreach to and negotiate with landlords
  - Assist the program participant with submitting rental applications and understanding leases

- Address barriers to project entry
- Collect documentation for housing eligibility determinations
- Assist the program participant with obtaining utilities and making moving arrangements
- Coordinate resources such as federal, state, and local benefits
- Assist with mediation between the program participant and owner/landlord
- Assist the program participant with credit/budget counseling
- Provide renter education (e.g., landlord/tenant rights, maintenance, care of the home)

Expectations for referrals

The referral process must ensure that program participants receive clear information about the project they have been referred to, what the project will expect of them, and what they can expect from the project. The coordinated entry management entity should ensure that the referral agency is familiar with all the projects in the crisis response system; the management entity might want to develop written material about each of the projects to ensure that consistent information is provided with each referral.

Alternate referrals

Coordinated entry requires that the CoC plan for alternative referral options, and it should have an alternate referral ready if a project rejects a referral. Likewise, the CoC should have a process in place for identifying suitable alternatives if a potential program participant rejects a referral.

4.3.2 Key Questions

Some key planning questions can include the following:

- Which entity or entities will manage the referral process? What resources will be needed to ensure consistency and uniformity in the application of referral decisions?
- How will the CoC's change-management culture affect the complexity of the coordinated entry referral system and its accuracy?
- How will providers handle letting go of paper and other manual processes associated with the referral process? Will "backup" manual systems be tolerated; if so, for how long?
- What are the expectations if the receiving agency takes too long to make a final eligibility determination about a potential program participant? Will there be exceptions for projects that are bound by eligibility verification requirements that cannot be quickly facilitated?
- What happens when the accepted referral ends up not being the best service strategy for that participant? Can the receiving agency send the program participant back to the referral entity or even back to assessment? And how will this process be documented?

- Do scenarios and protocols need to be put in place for making referrals to agencies that operate outside the CoC? What concessions on oversight, quality assurance, acceptance policies and timeframes, and the use of data might be needed in order to accommodate these additional resources? How will these protocols and exceptions be documented in policies and procedures?
- How might the referral process need to respond to assessment that collected inaccurate data about a potential participant, or to additional data disclosed by the program participant late in the process?

4.4 Recommended Referral Approaches

4.4.1 "Warm Handoff" Referrals

A promising practice is assisted referral, also known as "warm handoff" referral. In this model, the CoC approaches referral as more than just handing people off or providing them a list of places to go and providers to contact. Some CoCs require that referrals be made directly between the referring agency and the receiving agency, with the former providing the latter with the information the receiving agency needs to take action on the referral. In some cases, follow-up might be required to help the person connect with the receiving agency and/or complete necessary paperwork.

Often, this "warm handoff" model of referral is accompanied by a Housing Navigator function, which identifies staff to support people experiencing a housing crisis throughout the process, including ensuring their applications are completed and submitted and barriers to enrollment are reduced.

4.4.2 Referral Considerations for Subpopulations

If a CoC chooses to develop a separate access and assessment process for one or more of the five HUD-designated subpopulations, it should ensure those agencies know about and can refer to the full array of housing and supportive services projects available in the CoC.

- Victim service provider staff can assess which resources are likely to be safe and appropriate based on the person's need and level of risk.
- Youth providers in consultation with youth participants can determine which housing and service projects are best suited for young people and youth who are transitioning into adulthood.

It can be important to adjust referral criteria to reflect the life experiences of those subpopulations.

4.5 Common Implementation Challenges

4.5.1 Provider Concerns

Understandably, some housing and supportive services providers express concern about relinquishing control of referral to and enrollment in their programs as coordinated entry shifts a CoC from a project-centric focus to a person-centric one. Before coordinated entry, a provider usually made decisions about which people to enroll in its project based on its best judgement about who would succeed there. To screen out people it did not expect to be successful, the provider usually unnecessarily added eligibility criteria other than those required by the project's funders.

Coordinated entry, with the requirement that all vacancies be filled with referrals from its process, can mean that projects must enroll program participants who often are more challenging to serve than before. The CoC needs to support providers in capacity building to ensure that participating projects can meet program participants' needs, as it also reinforces the benefits and requirements of coordinated entry.

4.5.2 Different Referral Strategies within the Same CoC

Large, rural, or suburban jurisdictions often fund housing and supportive services projects through a patchwork of sources tied to local geography. These local differences might translate to referral options or service strategies that differ from one part of the CoC to another. Different locales in a single CoC's area might have very different referral strategies based on available resources and housing options. Forming a more integrated network of diverse service providers in rural and large CoC geographies will ensure persons are considered for as many possible service options as feasible.

4.5.3 Lack of Appropriate Housing or Services

In some cases, resources in a CoC are insufficient to meet the level of need for a particular type of housing or supportive service; in other cases, no resources are available and such projects need to be developed. Regardless, the coordinated entry process still should focus on prioritizing the highest need people for whatever resources are available and on developing alternative referral strategies until new resources are added. Coordinated entry can play a critical role in helping to document these gaps in the crisis response system and justify increased funding to meet the need.

People in a housing crisis who are not likely to be rapidly housed by a project should not be put on a waiting list and told that it is the resource they are waiting for that will end their homelessness. Instead, case managers at shelters and in the community should work with people on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the person's personal support network. Alternatively, if a person is prioritized for PSH but only RRH resources are available, coordinated entry should have that person access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

4.5.4 Preference- and Circumstance-Based Incompatibilities

Sometimes potential program participants might feel strongly that they want to be referred to one type of project, but their assessment results suggest a different type. Similarly, assessment protocols might send a provider referrals it does not feel able or well suited to accommodate. Coordinated entry requires the referral system to include a mechanism for addressing such incompatibility concerns. CoCs use various approaches to resolve them, including the following:

Case counseling and reconciliation

This approach allows both program participants and providers to voice concerns and to request an alternative referral. Some CoCs mediate program participant or provider differences through an inclusive counseling session organized by the referring agency. Such a counseling session proceeds like mediation and aims to specify the best service outcome to which both the program participant and provider are amenable.

Program participant's right to reject

Coordinated entry requires that potential program participants have the right to reject housing and services for which they are eligible. In these cases, the referring agency should explore alternative service strategies and identify new referrals.

Provider's right to refuse

As an interim solution to circumstance-based compatibility concerns, some CoCs allow receiving agencies the right to refuse housing or services to a person referred to them. HUD requires the CoC to have written policies and procedures for determining whether the agency's rejection of the referral is appropriate and how the referring agency will integrate the person's choice for services into the referral process to ensure that he or she is afforded the next-best referral. The CoC should document evidence of the conditions to support the rejection.

Allowing providers the right to reject referrals could allay their concerns about relinquishing control and expedite their early adoption of the coordinated entry process. As implementation proceeds and the referral process is refined, and providers are comfortable with its use, the CoC could either replace the rejection procedure with case counseling or eliminate it.

Appendix A. Key Coordinated Entry Regulations and Resources

RESOURCE TYPE	NAME	FULL CITATION, WITH URL IF AVAILABLE
Regulation	CoC Program interim rule	Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR part 578. HUD, July 2012. http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=e4f06ab361471f8aaaec25cc35a236be&ty=HTML&h=L&r=PART&n=pt24.3.578#se24.3.578_17
Notice, Implementing Regulation	Coordinated Entry Notice	Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. HUD January 2017. https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/
Regulation	Emergency Solutions Grants (ESG) Program interim rule	Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 76 FR part 75953. HUD, December 2011. https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf
Guidance, Notice	HMIS Proposed Rule	Homeless Management Information Systems Requirements, 24 CFR Parts 91, 576,580, and 583. HUD, December 2011. https://www.hudexchange.info/resources/documents/HEARTH_HMISRequirementsProposedRule.pdf

RESOURCE TYPE	NAME	FULL CITATION, WITH URL IF AVAILABLE
Guidance, Notice	**Prioritization Notice, 2016**	Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Notice CPD-16-11. HUD, November 2016. https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/
Guidance, Notice	**Prioritization Notice, 2014**	Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homelessness Status, Notice CPD-14-012. HUD, July 2014. https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf
Guidance, Report	**Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks**	United States Interagency Council on Homelessness. 2015. Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks (Ver. 3, October 1, 2015). Washington, DC: Author. https://www.usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf
Guidance, Report	**Assessment Tools (Expert Convenings Report)**	Assessment Tools for Allocating Homelessness Assistance: State of the Evidence. February 2015. PD&R Expert Convenings, Summary Report. Washington, DC: U.S. Department of Housing and Urban Development, Office of Policy Development and Research. https://www.huduser.gov/portal/publications/reports/Assessment_tools_Convening_Rpt.html
Guidance, Report	**Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness**	United States Interagency Council on Homelessness. 2016. Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness (Ver. 1, June 2016). Washington, DC: Author. https://www.usich.gov/resources/uploads/asset_library/Chronic_Homelessness_Criteria_and_Benchmark_June16.pdf
Guidance, Report	**Opening Doors report**	U.S. Interagency Council on Homelessness. 2015. Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. As Amended in 2015. Washington, DC: Author. https://www.usich.gov/opening-doors

RESOURCE TYPE	NAME	FULL CITATION, WITH URL IF AVAILABLE
TA Materials	Coordinated Entry and HMIS FAQs	Coordinated Entry and Homeless Management Information System (HMIS). HUD, March 2015. https://www.hudexchange.info/resource/4430/coordinated-entry-and-hmis-faqs/
TA Materials	Coordinated Entry and Victim Service Providers FAQs	Coordinated Entry and Victim Service Providers. HUD, November 2015. https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/
TA Materials	Coordinated Entry and Youth FAQs	Youth Specific FAQs for Coordinated Entry. HUD, August 2016. https://www.hudexchange.info/resource/5135/coordinated-entry-and-youth-faqs/
TA Materials	Coordinated Entry Policy Brief	Coordinated Entry Policy Brief. HUD, February 2015. https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf
TA Materials	Prioritization FAQs	Frequently Asked Questions on the Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. HUD, March 2015. https://www.hudexchange.info/resources/documents/FAQs-Notice-CPD-14-012.pdf
TA Materials	System Performance Measures	U.S. Department of Housing and Urban Development. May 2015. System Performance Measures: An Introductory Guide to Understanding System-Level Performance Measures (Ver. 2). Washington, DC: Author. https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf
Website	Opening Doors	U.S. Interagency Council on Homelessness. "Opening Doors" [website]. https://www.usich.gov/opening-doors
Website	System Performance Measures	U.S. Department of Housing and Urban Development. "System Performance Measures" [website]. https://www.hudexchange.info/programs/coc/system-performance-measures/

Appendix B. Recommended Qualities of a Good Standardized Assessment Tool

As described in the 2014 Prioritization Notice:

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

1. **Valid** — Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
2. **Reliable** — The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
3. **Inclusive** — The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
4. **Person-centered** — Common assessment tools put people — not programs — at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.
5. **User-friendly** — The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
6. **Strengths-based** — The tool should assess both barriers and strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
7. **Housing First–orientation** — The tool should use a Housing First frame. The tool should not be used to determine "housing readiness" or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
8. **Sensitive to lived experiences** — Providers should 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 should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people

experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, e.g., deaf or hard of hearing, blind or low vision, mobility impairments

9. **Transparent** — The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a "black box" such that it is unclear why a question is asked and how it relates to the recommendations or options provided.