



March 17, 2015

Hi all,

We wanted to make sure you had a copy of this policy brief on Coordinated Entry from the U.S. Department of Housing and Urban Development (HUD) (see below my notes, click the link for the brief). There are a number of useful pieces in the document that may help DV coalitions and programs advocate for survivors in their local Continuums of Care. Please feel free to forward to local programs.

Those involved in housing advocacy should read the entire brief and I am happy to discuss questions. Here are a number of highlights:

### **Qualities of Effective Coordinated Entry**

The policy brief outlines 17 qualities of an effective coordinated entry process. Please see particularly relevant qualities below.

- **Safety planning.** The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Inclusive:** “CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used.
- **Using HMIS and others systems for coordinated entry:** This section outlines how HMIS may be used in coordinated entry and refers to a forthcoming paper that will provide more information. For now, communities can refer to this linked document <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf> (Excerpted relevant section: *4. Is it permissible to include Domestic Violence providers in the coordinated entry process if the CoC uses HMIS as a tool? Yes—While victim service providers are prohibited from entering personally identifying information into HMIS, HUD is encouraging CoCs to work with their victim services providers to establish either a process for their participation in the CoC’s coordinated entry process or establish their own coordinated entry process outside of the HMIS. It is important that this process provides access to all available housing and services regardless of whether the individual or family presents for intake at a victim-specific access point or a mainstream homeless service access point.*). Advocacy note: We know a number of communities are struggling with the data collection issue in implementation. Please reach out to NNEDV for further individual guidance as you work with your communities to ensure VAWA confidentiality is preserved and that survivors have access to housing.

A number of other sections are relevant for DV survivors – including “person-centered” and “emergency services”.

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

The policy brief lists a number of categories of prioritization and includes “Vulnerability to victimization, including physical assault or engaging in trafficking or sex work”. Advocacy note: Communities can use this section to reiterate HUD’s position that resources can be prioritized for those vulnerable to victimization.

### **Implementing effective assessment tools and processes**

We recommend that everyone involved in coordinated entry/HEARTH Act implementation read this section carefully. It reiterates that HUD has not endorsed any specific assessment tool to be used in coordinated entry. Many of the qualities outlined in this section could be useful in advocacy to increase the victim-centered-ness of these assessment processes. The section on “Sensitive to lived experiences” is particularly relevant to survivors. This section reiterates that there is flexibility in designing, tailoring and using assessment tools.

### **Serving people fleeing domestic violence** (Entire section excerpted – emphasis ours)

*CoCs **must work with domestic violence programs in their communities** to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with the Violence Against Women Act. If the CoC’s coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence, and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.*

### **Note on Future Guidance/Ongoing TA**

This section highlights the future guidance HUD intends to circulate and current TA provided on specific topics. A few highlights:

- Special Considerations for people fleeing domestic violence
- Compliance and monitoring
- Data sharing
- Options for funding coordinated entry

Please let us know if you have any questions.

Thanks,

Monica McLaughlin  
Senior Public Policy Specialist  
National Network to End Domestic Violence  
Work: 202.543.5566 ext 144 and Cell: 312.316.7238  
[mmclaughlin@nnev.org](mailto:mmclaughlin@nnev.org) and [www.nnev.org](http://www.nnev.org)