

Coordinated Entry (CE) Process

Frequently Asked Questions

A resource for domestic violence and sexual assault victim service providers

Domestic and sexual violence service providers have a critical role to play in the coordinated entry (CE) process in their communities. This FAQ has been developed by the Domestic Violence & Housing Technical Assistance Consortium to respond to questions we have received from domestic violence and sexual assault (DV/SA)¹ program advocates regarding CE. The target audience for the FAQ is DV/SA advocates who want to learn more about CE requirements and process, especially those interested in or currently working with the homeless programs in their community and collaborating with their Continuums of Care (CoC)² to help promote CE access for survivors. It will also be useful to organizations designated as Victim Service Providers (VSP)³ by the U.S. Department of Housing and Urban Development (HUD), which includes DV/SA organizations funded by HUD's CoC or Emergency Solutions Grants (ESG) Program.

The FAQ draws from regulations and other guidance from HUD and the U.S. Interagency Council on Homelessness (USICH) and offers strategies and resources for DV/SA providers who want to contribute to the creation and implementation of the CE process in their communities.⁴

1. What is coordinated entry (CE)?

Coordinated entry (CE) is meant to improve the collaborative efforts of CoCs to house persons experiencing homelessness. The primary goal of CE is to make sure that wherever a person enters the homeless system, they are given fair and equal access to resources and services offered by the homeless system and in ways that are culturally competent (responsive to individual cultural identities and reflecting an understanding of cultural differences) and person-centered (based on the needs and desires of the person in need of housing support).⁵

CE helps communities prioritize housing assistance based on vulnerability and intensity of service needs to ensure that people who most require assistance can receive it in a timely manner, including survivors fleeing DV/SA. Core elements of a CE process include: established access points using a standardized assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing; identification and prioritization of the most vulnerable people with the highest needs; and referral to appropriate and available housing and supportive services resources.⁶ CE also uses data shared by those entering the homeless system to identify gaps to help communities plan their assistance and service delivery as well as identify needed resources.

In its Requirements for a Continuum of Care Centralized or Coordinated Assessment System, published by Notice February 2017, HUD provides specific guidance to CoCs on CE response to DV/SA survivors. HUD notes that CoCs may also create unique access points and assessment protocols for survivors if doing so will "remove population-specific barriers to accessing the coordinated entry process and...account for the different needs, vulnerabilities, and risk factors...in assessment processes and prioritization,"⁷ However, whether survivors seek housing services at a VSP or an access point for the general homeless population, they must have access to all available and appropriate housing options and related supportive services.⁸

2. What if my community is in the process of making changes to our CE process?

That is all right as CoCs have until January 23, 2018 to establish or update their CE process to meet the new requirements in HUD's Coordinated Entry (CE Notice).⁹ DV/SA service providers, whether funded by HUD through its ESG or CoC Programs or not, are important participants in the planning, implementation, and evaluation processes to make sure the needs of survivors experiencing homelessness are addressed. See the [CE Notice](#) for a full list of requirements.

3. What opportunities does CE create for survivors and how can DV/SA providers maximize those opportunities?

By becoming active partners in local CoCs, organizations serving survivors can ensure that survivors have access to the community's full range of housing supports and resources. Supporting survivors' access to safe and stable housing and related services is a priority goal for DV/SA programs. Throughout HUD's CE Notice, there is emphasis on fair and equal access for survivors, CoC-wide safety protocols, and the implementation of trauma-informed and client-driven assessment tools. Each of these elements offers opportunities for CoCs and VSPs to partner to improve access to homeless service systems for survivors. DV/SA providers should be essential partners in CoCs processes and can play a significant role in informing local coordinated entry processes. As full partners in their community's CE process, DV/SA service providers can help ensure that survivors have a voice at the table and can share information on the housing barriers and challenges facing survivors, as well as the need to address survivor safety and confidentiality in all aspects of the CoC's approach.

As noted earlier (and discussed in more detail in later questions), CoCs may also create unique access points and assessment protocols for survivors if doing so will help remove barriers and increase access to housing options, although whether survivors seek housing services at a survivor-specific access point or an access point for the general homeless population, they must have access to all available and appropriate housing options and related supportive services.¹⁰ DV/SA service providers can help CoCs determine the best CE approach for their communities and advocate for survivor access to the array of housing options that they and other vulnerable populations need, including flexible funding, prevention services, rapid rehousing, emergency shelter, transitional housing, permanent housing, housing development, and supportive services.

DV/SA service providers can also provide critical input into the assessment tool used to identify individual and family housing need and guide placement into available housing options. Key considerations when thinking about the eligibility criteria and screening tools include:

- What questions are used to identify current or past domestic and sexual violence? Are they effective at determining relative levels of vulnerability or service needs? Are they trauma informed?
- Are CE participants notified of their rights not to share certain personally identifying information and still have access to housing options?
- Is the tool useful if a survivor chooses not to disclose current or past domestic and sexual violence?

Underscoring the importance of DV/SA program input in the process of CE design, HUD requires VSPs who receive CoC funding to participate in either the community's CE process or an alternative CE process designed specifically for victims of domestic violence, dating violence, sexual assault or stalking.¹¹

4. What models of CE may exist in a community?

Access points are the places – either virtual or physical – where an individual or family in need of assistance accesses the coordinated entry process, and can include the following models:¹²

- **Centralized** - one location or entry point of access for individuals and families receive homeless housing and services;
- **Multi-location, Hub, or Hybrid Locations** - several CE sites, which can be co-located and include a combination of physical and virtual access points;
- **Virtual** - a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers (these are often combined);
- **“No-wrong door “** - every provider in the community – or many providers – are trained and can conduct the standardized assessment process without deviation or special access; or
- **Specialized team of case workers** - provide assessment services at provider locations within the CoC.

In either of the first two models, other services might be co-located (shelter, food stamps, TANF, SSDI desk, etc.). See the [CE Notice](#) for more details about each model. As discussed in more detail below, separate access point(s) may be set up for DV/SA survivors if it is deemed necessary to provide safer or heightened trauma informed assessments, particularly in communities who are in the initial stages of implementing trauma informed practices in the CE process.

5. What requirements does the CE process need to meet when serving domestic violence and/or sexual assault survivors?

CE must address the needs of individuals and families experiencing homelessness, including those who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault or stalking.¹³ CE staff should screen and assess for domestic violence and sexual assault. The CE process must also include confidentiality and safety protocols for those who identify as survivors. Survivors must be provided referrals for survivor-centered services if desired by the survivor seeking assistance. Screening and assessment tools used should be able to assess for DV/SA and referrals to services should be provided as requested or needed by the household. Survivors should be able to access to the full range of housing and services, including homelessness prevention, rapid re-housing, permanent supportive housing, emergency shelter, and other housing and mainstream services (such as healthcare, public benefits, etc.) for which they are eligible where they exist.¹⁴

To facilitate an effective CE process for DV/SA survivors, CoC and CE staff should be trained on the dynamics and the impact of interpersonal violence, as well as the need for privacy, confidentiality and safety planning. DV/SA providers should be a part of the discussions in planning and implementing CE to bring the safety and confidentiality concerns of survivors are voiced and ensure that the process maintains privacy and confidentiality and that intake staff are trained in the unique needs of survivors.

A key strategy to help address the needs of survivors in CE and in homeless services overall is for DV/SA service providers (including those that are not VSP’s funded through HUD’s ESG or CoC Program) to build relationships with their CoCs. As described in more detail below, this can include attending CoC meetings, becoming familiar with how CoCs operate and what HUD asks the CoC CE process to do for survivors, joining CoC workgroups, and providing feedback and guidance whenever possible.

6. How should domestic violence and sexual assault service providers be included in the CE implementation process?

As noted above, local CoCs are required to address the needs of survivors in the CE process. DV/SA service providers are in the best position to inform those in the CoC responsible for implementing CE on the most effective ways to do this. DV/SA providers can attend CoC meetings, participate in workgroups, particularly those focused on implementing CE, and provide feedback and guidance whenever possible. For DV/SA providers finding it difficult to secure a seat at the CoC table or who are facing resistance in their efforts to fully participate in the CE process, pointing to HUD guidance in this area could be helpful.¹⁵

7. What is required of domestic violence and sexual assault providers in CE participation?

HUD calls for the full participation of CoC- and ESG-funded victim service providers in CE – either through an integrated CE process (where VSPs participate in the broader CoC CE process) or a parallel CE (a comparable process designed/operated by VSPs). If DV/SA providers do not receive HUD funds, they are not required to participate in the CE process, although there are many good reasons to do so.

As described in the [CE Notice](#), it may be appropriate, though not required, for communities to establish a comparable CE process “including different access points and screening and assessment tools,” for victims of DV and SA. If a community chooses to create a separate CE process for DV/SA survivors, including separate access points, the process must:

- Be developed in coordination with local VSPs;
- Adhere to the same requirements as the broader coordinated entry process; and
- Be designed according to the qualities outlined in the [CE Notice](#), with the only difference being that it is targeted to individuals and families fleeing DV and SA.

Some considerations for establishing a parallel CE process include:

- A comparable VSP CE process can provide survivors with safe and separate access point(s) designed to specifically address their needs relating to the DV/SA.
- VSPs can manage their program’s assessment and intake via the homeless CE, which can alleviate some of the challenges around safety planning and trauma-informed care.
- VSPs can help survivors obtain assistance through the homeless services system, and the parallel system can have one point of entry or several.

A parallel or separate process must follow the same rules as the broader CoC CE.¹⁶ For example, a parallel system must provide access for survivors to the broader homeless and housing services provided through the homeless CE process. Additionally, homeless service providers must give survivors – both those who are currently in shelter/transitional housing and those who approach the CE – access to mainstream homeless services. One promising practice is to use a phone-based access point such as citywide DV/SA crisis hotlines or 211 call centers with trained advocates that can quickly be accessed from any location where the household seeking assistance feels safe. Additional in-person entry points can include Domestic Violence Family Justice one-stop centers and outreach centers for screening and assessments.

Similar to the broader CE process, the CoC and VSPs will need to develop written policies specific to the comparable CE process that addresses the needs of people fleeing DV and SA and also identifies how referrals and coordination will occur between the two CE processes.

If a parallel DV/SA CE is developed, there are benefits for VSPs to also participate in the broader homeless CE process. Expedited access to a range of housing supports, improved coordination between the CoC and VSPs, and enhanced connectivity to mainstream resources all greatly impact survivors' choices and options. Similarly, DV/SA providers who are not funded by HUD can participate in the homeless CE or coordinate with VSPs who have established a parallel process to increase access for the survivors with whom they work. Your participation is the best way to ensure that survivors have access to the full range of housing options available in the community.

8. What can be done to ensure the CE process is client-centered and reflective of survivors needs?

At a minimum, the CE process for survivors of DV/SA, whether integrated or parallel, must:¹⁷

- Be built on shared tools and standards, and not reliant upon shared databases or other structures that inherently expose survivors to unnecessary danger;
- Meaningfully and significantly involve DV/SA service providers in their design and implementation;
- Proactively address safety and privacy concerns;
- Adhere to confidentiality and safety policies with regard to record-keeping or sharing and physical locations;
- Allow direct, immediate access to safe housing for survivors by including a question at the beginning of the interview that allows clients to safely disclose danger/fear and be referred to the appropriate VSP (if so chosen by the survivor); and
- Give the opportunity for survivors to opt-out of sharing their information in HMIS due to confidentiality and safety issues.

In their CE advocacy, DV/SA service providers can utilize language from HUD's [CE Notice](#) that describes key principles related to survivors' needs including: safety planning, person-centered services, fair and equal access, emergency services and inclusivity.

9. If the domestic and sexual violence CE is separate from the homeless CE, how do DV/SA service providers help survivors access the full range of the homeless system's housing and resources?

Ongoing communication and real-time recommendations from DV/SA community partners are essential to ensure the homeless CE design meets the safety and service needs of survivors.

Tips for informing the development of the CE to get housing support for survivors

- Learn how the CoC and CE process works so that you can better advocate for survivors;
- Provide training for the CoC and homeless service providers on DV/SA dynamics and on the parallel (or integrated) coordinated entry process;

- Ensure special consideration and application of trauma-informed assessment tools and techniques are afforded to victims of DV/SA to help reduce the chance of re-traumatization. A brief DV/SA risk assessment should be included for everyone requesting services through the CE process.
- Develop protocols for referral of survivors both to and from the homeless system that make safety and confidentiality considerations a priority; and
- Engage in ongoing cross-training (where DV/SA providers train homeless programs and vice versa) and collaboration to build partnerships and understanding of how each system works and overlaps with housing resources in the community and how HUD requirements to address survivor issues can best be met in parallel and integrated CE.

Tips for survivor advocacy within the CE

- Identify points within the CE where DV/SA advocacy can be institutionalized (i.e. regular practice), such as:
 - Co-location of staff person from a DV/SA agency at a CE intake location, 211 call center, at a homeless shelter, or street outreach team to assist with screening, safety planning and referrals for survivors;
 - DV/SA advocates attendance at CE intakes with the survivors they serve to help ensure survivor safety needs are addressed; and
 - DV/SA service providers serving as a point of entry for CE intakes and provide aggregate data and vulnerability scores for prioritization.
 - On-going training on safety planning and trauma-informed care is provided to all CE assessors and front line staff to build core competencies for working with survivors.
- Tell survivors about the CE and help them understand their rights when it comes to sharing and disclosing information and opting out of sharing information due to confidentiality and safety issues and still have access to mainstream housing resources
- Build relationships with coordinated entry staff, HMIS leads/administrators to ensure that issues can be addressed in a timely manner.

10. How can CoCs and the CE process prioritize survivors who do not or cannot consent to have their personal information collected or shared?

Safety issues and the threat of housing instability contribute greatly to victims experiencing a high degree of vulnerability. Survivors face numerous barriers to establishing safe housing, often forcing them to devise precarious and unsafe housing arrangements, or even to return to the abuser because of a lack of options. Sexual and intimate partner violence often compels survivors to flee their homes in order to escape the domestic abuse, or to distance themselves from the site of a sexual assault.

Coordinated entry processes “are intended to help communities prioritize people who are most in need of assistance.”¹⁸ Survivors of DV/SA make up a large percentage of the families and individuals who seek help from homeless and housing services. CoCs use any combination of the following factors to prioritize homeless persons:¹⁹

- Significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing;
- High utilization of crisis or emergency services, including but not limited to emergency rooms, jails, and psychiatric facilities;
- The extent to which people, especially youth and children, are unsheltered;
- Vulnerability to illness or death;
- Risk of continued homelessness;
- Vulnerability to victimization, including physical assault, trafficking or sex work; or
- Other factors determined by the community that are based on severity of needs.

However, prioritizing survivors for housing in the CE process can be a challenge since their level of vulnerability is often not accurately reflected in many of the CE assessment tools currently in use. Assessment tools play a key role in how individuals are identified and prioritized for services, resources and referrals. While a community's CE process is required to use a shared standardized assessment tool at all entry points, HUD has not endorsed a specific tool nor is there agreement in the field about the best tool to be used. Some communities are in the process of developing and testing tools that better assess survivors housing needs and vulnerability. See [Assessment Tools for Allocating Homelessness Assistance: State of the Evidence](#) for additional information.

CoCs can choose to prioritize a certain vulnerability factor over another, which would allow a survivor to be placed at a higher priority for the next available and appropriate resource than their assessment score dictates.²⁰ “In cases where the assessment tool does not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the CoC can allow case workers and others working with households to provide additional information through case conferencing or another method of case worker input.”²¹ It is important to note that prioritization policies must be documented in CE policies and procedures and must be consistent with CoC and ESG written standards established by HUD.²²

Prioritization of DV/SA survivors in the CE process can ensure that households with the most severe service needs and levels of vulnerability are prioritized for limited housing and homeless assistance resources that meet their needs and strengths. In addition, advocates can use the following promising practices to ensure that the chosen tools and process account for survivors’ unique experiences and needs:

- Be involved in your community’s decisions around tools and recommend changing tools and processes, as needed;
- Help your community understand survivor’s safety and trauma needs, as well as their unique vulnerabilities. Work to ensure such vulnerabilities are properly captured during the assessment process;
- Train or encourage training for intake workers on trauma-informed intake and confidentiality protections; and
- Ensure that assessments can address safety concerns and help direct survivors to specific services immediately *without having to complete the full assessment* – specifically assessment tools and processes should include a question(s) at the beginning of the intake process that help identify fear, danger or experiences of abuse.²³

11. What trauma informed practices should CoCs build into the CE to help increase the safety of survivors of domestic violence and sexual assault?

Trauma-informed practices that are sensitive to the lived experience of all people presenting for services should be incorporated into every aspect of the CE.²⁴ Domestic violence and sexual assault are often very traumatic for individuals and households, including children. The violence and harassment can continue, and often escalates, when a survivor is leaving their relationship and reaching out for housing resources. Continued harm after leaving the relationship is common and must be taken into consideration when creating intake and program policies and procedures. The CE process should be designed to prevent further trauma and prioritize safety to provide households with control over the process and referrals. Because of this, trauma-informed practices that are sensitive to the lived experience of all people presenting for services need to be incorporated into every aspect of the CE. The assessment tool and process should not re-traumatize the individual or family, must inform the person up-front about how the information will be used, and must allow them the option to refuse to answer questions or choose not to disclose personal information.

The CE must also include practices to ensure the safety of all individuals and families seeking assistance. These protocols must specifically address *how* individuals and families fleeing DV/SA will have safe and confidential entrance to the CE and:

- Provide a safe and confidential location or process for conducting assessments;
- A process for providing immediate confidential referrals; and
- A confidential data collection process consistent with federal, state and local laws.

Further, the process must describe how referrals will be made to DV/SA service providers that are not participating in the homeless CE. CoCs should work with service providers in their community to determine the approach to ensure that appropriate referrals are made. As highlighted above, trauma informed practices should be incorporated into every aspect of CE. Creating safety for ALL who enter the CE process is a best practice. CoCs and VSPs working together to optimize the implementation of trauma-informed practices will be beneficial not only to survivors of DV/SA, but to everyone accessing the CE process. See HUD's [CE Notice](#) for specific requirements around safety planning and trauma-informed care in the CE.

12. If a community has a separate CE for its victim service providers, how do CE staff determine when DV/SA or trauma experiences are best addressed by a VSP rather than a general homeless assistance provider?

The survivor should be given the choice of which CE process to access for assessment and prioritization and recommendations to a survivors should be survivor-centered (or survivor-driven). CE assessors and intake workers should be trained to clearly communicate the services and expertise offered by DV/SA service provider organizations and the services and resources provided by other partners in the CE. The survivor should be given the choice as to which service to pursue, once she or he is given all of the options.

- Survivors should be informed of their choices and should choose which process to access where there is more than one AND
- Both processes should have the ability to refer to housing and service supports in the DV/SA provider space and in the regular homeless assistance space.

All CE staff should be trained on the complex dynamics of DV/SA, privacy and confidentiality, and safety planning, including how to handle emergency situations at access point(s), whether a physical or virtual location and how to safely refer a victim of DV/SA to the VSP. CoCs should also partner with their local VSP agencies to ensure that trainings for relevant staff are provided by informed experts in the field of DV/SA.

13. How can we keep survivor information safe while increasing survivor access to the full range of housing resources the community has to offer?

CE processes must be designed to prevent further trauma to survivors and to provide households with control over the CE process and referrals. The CE process must also include protocols to ensure the safety of all individuals and families seeking assistance, and these protocols must specifically address how individuals and families fleeing DV/SA will have safe and confidential access to the CE process along with safe and secure referrals to appropriate housing and services.

HUD does not require CoCs to use their HMIS as part of their CE; however, many communities recognize the benefit of using HMIS and active, master, priority or by-name lists to complement the CE process. As DV/SA programs are prohibited by federal law from entering data into HMIS, communities must ensure safe alternatives for survivors to access CE and be assessed, prioritized, and referred for appropriate housing services – including options for maintaining a priority list for survivors which protects personally identifiable information from being shared and thus, potentially causing harm to DV/SA survivors if the protected data were inappropriately disclosed or unintentionally breached. VSPs can help CoCs identify and implement data handling protocols to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data.

Questions? The Consortium TA Team is available to provide individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can also provide support to domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.



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Visit SafeHousingPartnerships.org to access a comprehensive collection of online resources and to request technical assistance and support.

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Domestic Violence and Housing Technical Assistance Consortium

The Consortium, launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development. This multi-year Consortium supports a collaborative TA Team that includes the National Alliance for Safe Housing (a project of the District Alliance for Safe Housing), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both housing/homelessness providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

Recommended Resources

From The HUD Exchange - <https://www.hudexchange.info>

- A Federal Notice outlining the new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grants (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system (January 2017)
<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>
- A coordinated entry guidebook that the four core elements of Access, Assessment, Prioritization, and Referral. The guidebook covers basic requirements and advanced considerations for each core element and is intended to be a comprehensive tool for CoCs that are designing and implementing coordinated entry. (June 2017)
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>
- A toolkit providing an overview of CoCs (what are they, how do they work, etc.) as well as an outline of regulations, laws, and policies.
<https://www.hudexchange.info/programs/coc/toolkit/introduction-to-the-coc-program/#coc-program-law-regulations-and-notices>
- A document outlining HUDs primary CE goals as well as addressing the qualities needed for an effective CE
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- An FAQ that focuses on common questions about victim service providers and the CE
<https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf>
- A document outlining a range of areas that are required and recommended in CE including planning, process, prioritization, referral and evaluation
<https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>

From the National Alliance to End Homelessness (NAEH) - <http://www.endhomelessness.org>

- A document describing decentralized and centralized CE models
http://www.endhomelessness.org/page/-/files/3974_file_Coordinated_Entry_5_25_2011.pdf
- A toolkit providing a range of information regarding CE from planning to community examples
<http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit>

ENDNOTES

¹ This document shortens “domestic violence and sexual assault” to DV/SA and will refer to DV/SA service providers whether they are funded through HUD or not. “Victim Service Provider (VSP)” will be used only when a clear reference is being made to DV/SA programs that are funded through HUD.

² CoCs are community-level or regional coalitions of housing and homelessness service providers, homeless or formerly homeless individuals, agencies serving subpopulations (veterans; youth; domestic and sexual violence; those with serious mental illness and persons with substance use disorders), government agencies, public housing agencies, housing developers, and organizations responsible for designing, implementing, and overseeing the coordinated entry system and the homelessness response in their respective communities. By requiring communities to submit a single application for certain homeless assistance grants, HUD encourages communities to strategically coordinate resources and services through their CoCs. <http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care>.

³ HUD defines a victim services provider (VSP) as “a private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence. This term includes permanent housing providers—including rapid rehousing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.” <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf>, p.1.

⁴ CoC coordinators are given significant leeway to interpret and implement HUD guidance related to accommodating “subpopulations” such as DV/SA survivors.

⁵ See HUD <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf> and NAEH http://www.endhomelessness.org/page/-/files/3974_file_Coordinated_Entry_5_25_2011.pdf.

⁶ HUD <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>, p. 12.

⁷ HUD <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>, p. 8.

⁸ Ibid., 9.

⁹ HUD <https://www.hudexchange.info/news/hud-publishes-coordinated-entry-requirements-and-checklist-of-essential-elements>.

¹⁰ HUD <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>, p. 9.

¹¹ Ibid.,13.

¹² Ibid., 4.

¹³ Ibid.,13-14.

¹⁴ Ibid, and HUD <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-Victim-Service-Providers-FAQs.pdf>.

¹⁵ HUD <https://www.hudexchange.info/faqs/1546/what-is-a-coc-board/>

¹⁶ HUD <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>, p. 13.

¹⁷ Ibid.

¹⁸ Ibid., 2.

¹⁹ Ibid., 10.

²⁰ HUD <https://www.hudexchange.info/faqs/2935/how-does-prioritization-account-for-the-unique-experiences-and>.

²¹ HUD <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>, p. 10.

²² Ibid., 9.

²³ National Alliance for Safe Housing (NASH) will be releasing a Survivor Safety Toolkit for Homeless Programs in the fall of 2017. NASH is also providing training on Survivor Safety and CES and Survivor Safety and Homeless Programs. The Toolkit and related training materials will be posted on <http://safehousingpartnerships.org>.

²⁴ Trauma informed practice means approaches that responsive to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment.