Coordinated Entry and Victim Service Providers

Coordinated entry is a process developed to ensure all people experiencing a housing crisis have fair and equal access to the community's housing and homeless assistance resources and are quickly identified, assessed for, and connected to flexible housing and service options, including financial/rental assistance, voluntary supportive services, and other mainstream resources based on their self-identified needs, strengths, and goals. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. Victim service providers play an integral part in their community's housing and homeless response system by providing permanent housing—including rapid rehousing, shelter, transitional housing, advocacy, and supportive services for victims of domestic violence. Therefore, it is critical that these providers be included as full partners in the community's coordinated entry process. This will ensure that regardless of where an individual or family presents for assistance, they will be able to access housing and services tailored to their unique circumstances and needs. This document answers several frequently asked questions around the integration of victim service providers in their community's coordinated entry process.

Note: In this document, HUD uses the shorthand term "victim of domestic violence" to ensure that the questions and answers are concise and easy to follow. However, when HUD uses the term "victim of domestic violence" in this document, it means all individuals and families who qualify under paragraph (4) of HUD's definition of homeless. This means any individual or family who:

> (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and
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> (2) Has no other residence; and
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> (3) Lacks the resources or support networks to obtain other permanent housing.

* This includes victims of human trafficking.

1. How does HUD define victim service provider?

HUD defines a victim service provider to mean 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.

2. Is it permissible for a victim service provider to participate in their Continuum of Care's coordinated entry process?

Yes–HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The form this integration takes will vary by community, but the overarching goal is for individuals and families presenting to the homeless and victim services system to have full and complete access to the housing and service resources available through both systems. Specifically, HUD encourages CoCs to work with victim service providers within the CoC's geographic area to establish client-driven, trauma-informed and culturally-relevant assessment and screening tools, as well as referral policies and procedures, to ensure that the coordinated entry process addresses the physical and emotional safety, and privacy and confidentiality needs of participants. This includes separate access points, if necessary and appropriate, and access to all available and appropriate housing options and related supportive services, regardless of whether the individual or family presents for intake at a victim services access point or at a more general access point.

3. **Is it permissible for households once served by a victim service provider who then enter a non-victim service provider project to withhold consent to have their data shared via HMIS?**

   Yes. <u>All</u> households, regardless of their DV status, have the right to refuse to share their information among providers within the CoC. In fact, all service providers are prohibited from denying assistance to program applicants and program participants if they refuse to permit the provider to share their information with other providers. However, some information may be required by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services, so it must be collected. In cases where a client does NOT consent to having their information shared, the information must still be collected by the service providers to determine whether the individual or family is eligible, but it must not be shared via the HMIS if the program participant objects. For instance, if a provider needs to verify the presence of a disability in the process of determining eligibility for PSH, the information itself must be collected but not shared via HMIS.

4. **How do coordinated entry staff determine when domestic violence or trauma experiences are best addressed by a victim service provider rather than a general homeless assistance provider?**

   Individuals and families fleeing or healing from domestic violence or trauma should have access to the full range of housing and service intervention options available in their community, including prevention, diversion, rapid re-housing, and other housing and mainstream services. However, special consideration must be given to their unique and often complex physical and emotional safety needs. In particular, they might benefit from participation in housing programs that offer trauma-informed and culturally-relevant services.

   All coordinated entry staff should be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point(s), whether a physical or virtual location. CoCs should also partner with their local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking. If a household is determined to be at risk of harm when an assessment is being conducted, then the coordinated entry staff should refer

the household to a victim service provider using referral criteria established for that community based on system design, program capacity, resource limitations, and placement and geography considerations. The coordinated entry process should also have a procedure to safely refer the household to the identified victim service provider, preferably with a warm hand-off including a phone call, transportation, or other transition to the victim service provider. Communities should consult with their local victim service providers or state coalitions against domestic violence to develop models for building a quality assessment process, including screening questions around domestic and sexual violence. Finally, coordinated entry staff should have up-to-date information on domestic violence shelters and general homeless shelters and housing options that are best equipped to serve households experiencing domestic violence based on their location, program model, and linkages to other supportive services.

5. **What safeguards must our CoC build into our coordinated entry process to protect victims of domestic violence?**

   Domestic violence is often very traumatic for households, including children exposed to domestic violence. It is imperative that coordinated entry processes be designed to prevent further trauma and to provide households with control over the process and referrals. 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 coordinated entry process. 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 coordinated entry 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 domestic violence will have safe and confidential access to the coordinated entry process along with safe and secure referrals to appropriate housing and services. Further, the process must include procedures for how referrals will be made to victim service providers that are not participating in the coordinated entry process. CoCs should work with victim service providers in their community to determine the most appropriate procedures to implement.

6. **How can our CoC serve victims of domestic violence when our coordinated entry location is known to the entire community, potentially endangering those victim households?**

   CoCs will find the victim service providers and state domestic and sexual violence coalitions in their communities to be excellent resources in developing a coordinated entry process that has protocols in place to ensure the safety of the individuals seeking assistance. CoCs should engage with these organizations as well as other experienced stakeholders and providers to determine the best options for victims fleeing domestic violence. Protocols to protect the safety of households seeking assistance should be in place for every phase of the coordinated entry process, including addressing safety concerns associated with the coordinated entry access point(s).

   Communities may choose to use the same coordinated entry access point or points for all populations or may choose to establish a separate access point or points for households fleeing domestic violence. Similarly, the domestic violence access point(s) can be one or

more physical location or virtual, such as a 211 line. Each scenario requires different protocols to ensure safety. For instance, if using a common access point that has a physical location, assessment staff should treat all persons presenting for assistance with strict confidentiality and privacy, conducting their assessments out of sight and ear shot of other persons at the physical location. If using a separate access point for households fleeing domestic violence, that access point should be a virtual or phone-based access point to protect the household's physical safety. Communities should strongly consider using a local domestic violence hotline as an access point, even if other access points are available, to ensure the safety of households fleeing domestic violence. In all cases, whether a common access point or a separate access point is used to assess victims of domestic violence, data must be collected in accordance with the confidentiality requirements established in the CoC and ESG Program interim rules (24 CFR 578.103(b) and 24 CFR 576.500(x)) and data collected by a victim service provider must be collected in accordance with VAWA, which prohibits victim service providers from entering client-level data into HMIS.

7. If our CoC chooses to create a separate coordinated entry process for victims of domestic violence, what should it look like?

If the CoC chooses to create a separate coordinated entry process for people fleeing domestic violence, including separate access points, that process must be developed in coordination with local victim service providers, adhere to the same requirements as the broader coordinated entry process, and be designed according to the qualities outlined in the Coordinated Entry Policy Brief, with the only difference being that it is targeted to individuals and families fleeing domestic violence. Any separate process must ensure that victims of domestic violence have equal access to homeless services and housing programs that are provided to those using the primary access point. One promising practice is to use a virtual domestic violence access point. Virtual access points include internet and phone-based systems (e.g. 211) that can quickly be accessed from any location where the household seeking assistance feels safe.

8. Does HUD require an assessment form or tool that our CoC can use?

Although HUD does not endorse or require the use of any specific assessment form, tool, or approach, it has described some universal qualities that should be incorporated into any form, tool, or approach used by a CoC for its coordinated entry process. See HUD's Coordinated Entry Policy Brief for a full description of these qualities and criteria.

HUD recognizes the need for further guidance as both the process and the tools continue to evolve; therefore, some of the qualities reflected in the Coordinated Entry Policy Brief may be modified over time to reflect HUD's evolving understanding of the assessment process and what is determined to be most effective. In February, 2015, HUD released a brief, "Assessment Tools for Allocating Homeless Assistance: State of the Evidence," which summarizes the observations of a panel of experts on existing assessment tools that are being used by communities to allocate homeless assistance, and considers the evidence base for the questions included in the tools. The brief provides helpful context concerning what we know about the power and limitations of assessment tools currently available for communities to employ.