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White paper

A framework for coordinated entry

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About the author

Candice Wiseman is WellSky's Product Analyst and Manager of Industry Compliance, focused on HUD and Federal Partner Industry Compliance. As the go-to expert for the HMIS used by 60% of the nation's continuums of care, she represents WellSky at HUD Software Solutions Provider meetings. Candice came to WellSky in 2012 after nearly 5 years of working with a metro continuum of care as an HMIS Coordinator. In that role, she assisted with various tasks ranging from training new users in HMIS, chairing the Project Review Workgroup, and leading sheltered PIT/HIC process to completing the HMIS/Performance sections of the CoC's annual application to HUD. Candice has a BA in Psychology from the University of California, Irvine, and a BS in Public Administration and Master of Public Administration, with an emphasis in Criminal Justice Administration, from the University of Arizona.

The Department of Housing & Urban Development (HUD) recently finalized a set of coordinated entry (CE) data elements to standardize data collection on access, assessment, referral, and prioritization of homelessness services. This new data will eventually help guide more informed strategies to strengthen your community's response to end homelessness.

The new CE elements have raised many questions among Continuums of Care (CoCs). This guide will help you design and enhance your coordinated entry system to meet the new requirements. It can also help improve your community's level of coordination in responding to the homelessness crisis.

HUD's formal definition of coordinated entry

A coordinated entry system is a centralized process for participant intake, assessment, and referral to services. It covers your CoC's entire geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive, standardized assessment.

HUD's guiding principles for coordinated entry include:

- Re-orient service provision to create a client-focused environment
- Identify strategies that best fit each household based on the data and the full array of services available
- Link each household to the most appropriate intervention that will help resolve the housing crisis

Why you should implement coordinated entry

Coordinated entry provides a blueprint for communities to assemble different homeless system components into a strategic response at the local level. This results in better outcomes for clients facing a housing crisis. The rationales for coordinated entry include:

- Eliminating homelessness in a community requires broad cooperation and data sharing.
- Coordinated entry brings efficiencies that help minimize the time that people experience a housing crisis.
- Each project can contribute to the common effort to decrease homelessness and shorten the length of stay for each client's housing crisis.
- Clients move in and out of the homeless system as quickly as possible, allowing them to achieve housing stability.

HUD requires CoCs with CoC-funded coordinated entry grants to use HMIS for their coordinated entry process. Other non-funded CoCs are strongly encouraged to use HMIS, as it is a natural fit. Once a client is served by a HUD-funded Emergency Solutions Grant (ESG) or CoC project, data about this client must be recorded in the HMIS. HMIS data collection allows you to track consent, data sharing, demand, and occupancy. It also has built-in metrics that allow for evaluation of outcomes.

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Implementing an effective planning process

Bringing an entire community together around coordinated entry requires proper preparation. Before you begin, follow these steps to plan how you want the process to flow.

1. Identify the group that will lead the implementation process.
2. Set a "go live" date to establish urgency.
3. Establish participation expectations for all providers.
4. Work with community members to document the current landscape and establish goals. This should include defining local priorities, guiding principles, and shared values.
5. Keep in mind that coordinated entry does not create additional resources or address capacity issues. However, it can help identify gaps in services over time and facilitate future reallocation of services.
6. Mid-course adjustments should be expected and planned into the process.

The components of a coordinated entry plan

In designing a coordinated entry system, it is helpful to consider the basic design of the process. HUD suggests that the primary function of a coordinated entry system is to make rapid, effective, and consistent housing and services matches, regardless of a client's location within a CoC's geographic area, by standardizing the access and assessment process and by coordinating referrals across the CoC.

You will need to make the following decisions in the planning process. Each of these decisions are steps that will lead you toward a fully developed coordinated entry plan.

1. **How will clients access the system?** A coordinated entry process must provide fair and equal access to anyone experiencing homelessness or in need of homelessness prevention services.
2. **How will you share data with providers and stakeholders in the CoC?** What reports will you need? Who needs to see them?
3. **How will you standardize assessment?** All coordinated entry locations and methods must use the same assessment approach and decision-making process.
4. **How will you ensure a fair referral process?** Your system cannot discriminate against people because of perceived barriers. Examples of perceived barriers include unemployment, poverty, substance use, or a criminal record. You must also maintain a Housing First approach to house people quickly without preconditions. Also, the referral process must be consistent. A person presenting at a specific coordinated entry location should not be steered toward a project simply because they presented at that location.
5. **How will you prioritize referrals?** As part of a fair referral process, the people with the most urgent needs should receive priority for any type of housing and homeless assistance available in the CoC. Also, assessments should not delay access to emergency services such as shelter.
6. **How will you manage prioritization lists and alternatives when there is a shortage of available resources?** Most communities do not have the resources to meet all the needs of people experiencing homelessness. This makes a waiting list necessary. However long wait lists are not desirable. Your community should also identify alternative services such as subsidies or food assistance that can help mitigate an episode of homelessness.

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Step 1: Standardizing access to the system

The access point is the location or method where people go to request services and begin the entry process into the CoC System of Care. HUD requires that the access point:

1. Covers the geographic region of the CoC
2. Is easily accessible by individuals and families seeking homelessness and/or prevention assistance
3. Is well advertised.

There are several different models for access that your community can consider.

Single point of access

This model utilizes a single physical location. The access site typically conducts assessments and assists with some services, like accessing mainstream benefits. It may also offer services onsite. Staff can be permanently assigned to the location or come from local service providers who share duties.

Multi-site centralized access (hubs)

This model utilizes multiple physical access points based on geography. Each site typically conducts assessments and may offer the services of a co-located provider. This type of model may have sites that are targeted to one of several subpopulations, such as children, Veterans, or victims of domestic violence. Staff can be permanently assigned to the location or may be shared staff of the co-located providers.

Assessment hotlines

This model utilizes a single call-in number for clients in need of housing or services. The contact center may do some assessment and provide information about accessing mainstream resources. Staff are typically employees of the local 2-1-1 or a designated hotline agency.

No Wrong Door

This model utilizes the approach that all existing providers are an access point. Each provider has the capability to conduct a standardized assessment and may also provide services. Staff are employees of each provider.

Dedicated access points and processes

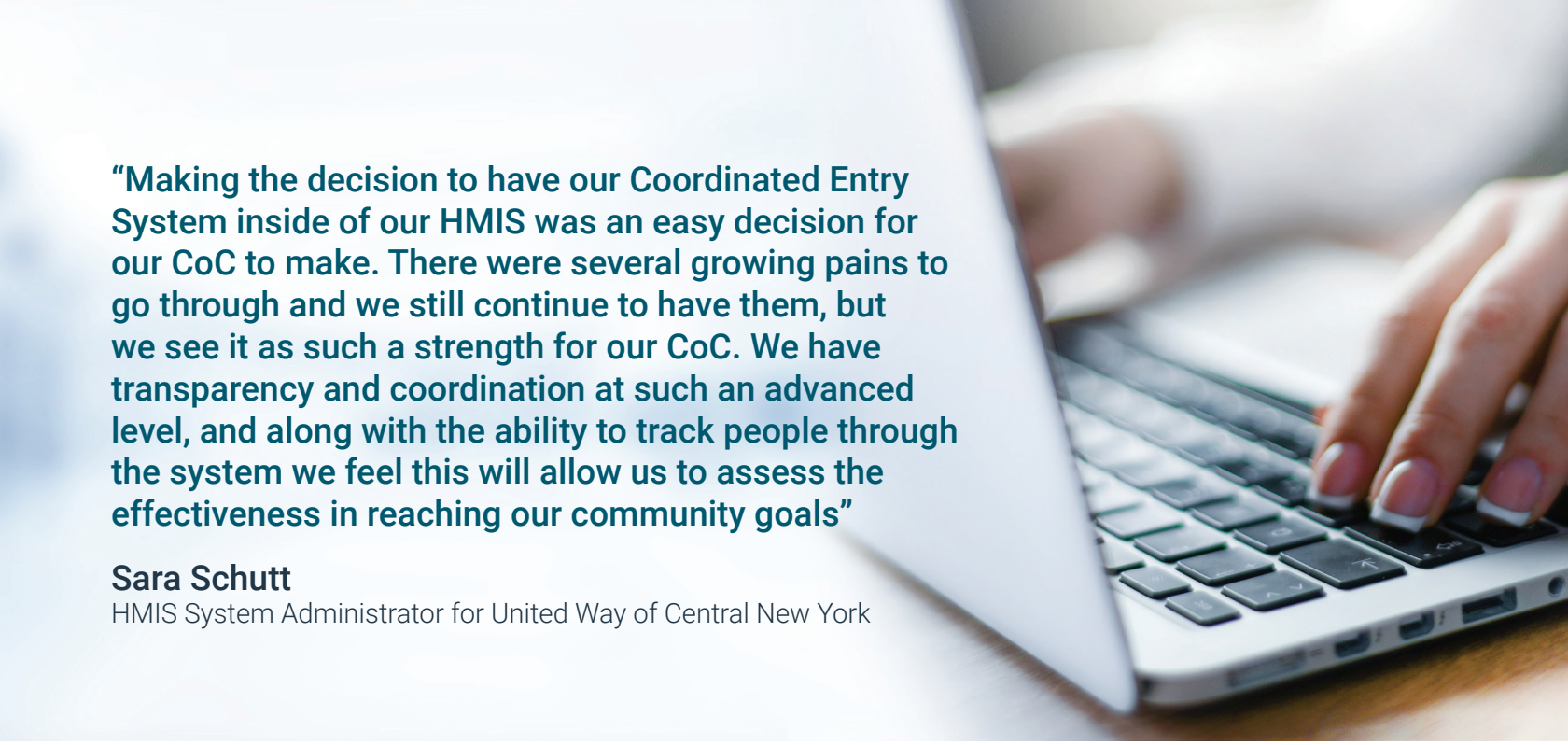
Your CoC may consider access points designed specifically for the needs of a subset of the population. Common examples are youth networks, Veteran sites, or domestic violence programs. These sites or hotlines can be staffed with people who have specific training and are located where the client segment may feel comfortable and safe. However, the same rules of standardized assessment and access to services still apply.

Hybrid

You may also create a coordinated entry approach suitable for your community that combines several of the models mentioned above.

As you consider each of these alternatives, you'll want to leverage current entry points and any other potential access points that already exist. Then, look at how you want to address these situations:

- Is your 2-1-1 active in the CoC, or might they join as a new partner?
- Will you have special access points for special populations like domestic violence victims?
- Will you have mobile staff who can be dispatched for clients that are unable or unwilling to utilize traditional access points? How will you handle data entry for clients served by outreach or mobile staff?
- Will prevention projects be a part of the system? How will you incorporate them?
- What is the projected demand for service? What is the technical capacity of staff to manage access services?
- How will you address non-participating providers? You can always proceed without them and hope to convince them to join later once the process is underway.
- How will you promote access to clients? Are there community leaders you can leverage?
- How will you document the level of demand? It is important to get an unduplicated count of the people seeking assistance. Keep in mind that not all clients will end up with an intervention.



"Making the decision to have our Coordinated Entry System inside of our HMIS was an easy decision for our CoC to make. There were several growing pains to go through and we still continue to have them, but we see it as such a strength for our CoC. We have transparency and coordination at such an advanced level, and along with the ability to track people through the system we feel this will allow us to assess the effectiveness in reaching our community goals"

Sara Schutt
HMIS System Administrator for United Way of Central New York

Step 2: Choose a data sharing model

HUD's latest guidance indicates that HMIS data sharing is a community decision and is not required by HUD. If a community elects to share data, they can share as much or as little as desired. Per these standards, if there is limited data sharing, a community should share at least the client's name, SSN, and date of birth to assist with de-duplication.

However, it should also be noted that HUD encourages data sharing and recommends operating as openly as possible. This maximizes benefits for the client by helping service providers to coordinate and deliver services offered to homeless clients. Use appropriate, secure, and relevant data sharing to meet the objective of assigning clients to an appropriate service intervention. WellSky recommends sharing:

- Basic demographics
- Project entries created by the coordinated entry provider
- Data about the service needs of the client
- Priority ranking tool data (if applicable)
- Coordinated Entry Assessment and Coordinated Entry Event data
- HUD universal data elements

Step 3: Design a standardized assessment tool

All your coordinated entry locations and methods must offer the same assessment and referral-making process. HUD does not endorse any specific assessment tool or approach. It does require that you document the needs of individuals and families seeking housing or services using a comprehensive and standardized assessment tool. Creating the assessment tool is a big part of the design process. This is how each community tailors the process to its specific needs.

Key considerations

1. The purpose of the assessment is to help link clients/households to the most appropriate intervention and then make a referral to that intervention.

2. When possible, the process should attempt to divert the client from the homeless system using either diversion or homelessness prevention to avoid the necessity for shelter as it is less disruptive for the client.

3. What should be documented?

    - **Client history.** If you gather verifiable documentation at intake, such as income verification or homelessness documentation, upload these documents as a file attachment for easy reference.

- **Housing barriers.** These may include credit history, criminal record, etc.
- **Client Needs.** The client may require counseling, handicapped access, etc.
- **Difference between the client needs and the available resources.** This can be tracked by recording a need, marking it unmet, and listing a reason.
- **Amount of service needed to resolve housing crisis.**

4. Once a person participates in an assessment at an entity funded by HUD, they become a client of the homeless system and thereby must be captured in HMIS.

5. Determine when/where you will collect the HUD Universal Data Elements (UDEs).

- Recommendation: Collect UDEs during the initial intake process to improve the CoC's overall data completeness and HUD compliance.

Information gathered during the assessment process should be used to determine the appropriate intervention (assignment/referral). The intervention selected should be based on the needs of the client and not simply on which projects have openings at a given time.

6. Be sure to include HUD's new Coordinated Entry data elements: "Coordinated Entry Assessment," "Coordinated Entry Event," and "Current Living Situation."

Phased assessment

The assessment process is rarely a single event. Especially in emergency situations, initial assessments should happen as quickly as possible to help an individual or family at that moment. Phased assessment involves asking only the information needed to make the referral at hand, capturing different sets of information about a client during different stages of the process to locate housing and services.

(In many cases, 30-40 percent of single adults come to shelter for a week or less, need no further intervention, and do not appear in the system again. In these cases, an in-depth assessment is neither necessary nor a good use of resources.)

A typical phased assessment process might look like this:

1. Crisis/triage. Does the client have an immediate safety concern or other emergency need such as shelter? If yes, what is the protocol? If no, what is the next step? Sample questions:

- Do you have a place to stay tonight?
- Are you in immediate danger?

2. Housing barriers. What are the barriers the client faces in obtaining permanent housing? Identify the barriers and figure out next steps. Sample questions:

- What are your current financial resources and debts?
- Do you have any pending legal issues that might pose an issue in securing a lease?

3. Program eligibility. What is the nature of the client's situation, and what targeted projects might they qualify for? Sample questions:

- Are you a Veteran?
- Are you fleeing a situation involving domestic violence?

4. Mainstreaming. This assessment contains questions that address the client's ability to maintain housing stability. This could include questions about employment, personal issues and parenting. Sample questions:

- What employment skills or training do you have?
- Do you have any health limitations?

Person-centered approach

Your assessment process should also be respectful of the client. Only collect the information needed. Remember that people receiving the assessment have the right to refuse to answer any question without retribution or limiting access to services. The process should guide and inform client choices, and not simply impose decisions. And your assessment tool and staff training should be culturally competent, to reflect an

understanding of issues such as LGBTQ concerns. Finally, you must have privacy protections in place to ensure proper consent and use of information.

User considerations

Your coordinated entry system will be used by people performing a wide range of functions, with differing needs to access data and varying technical abilities. Your assessment platform should be easy to use by non-technical staff. It should be governed by written standards published by the CoC. And it should generate referrals that clearly spell out what project a client is being referred to, what will be expected of them, and what they should expect from the project.

Step 4: Standardize assignments and referrals

HUD requires that a referral is provided for housing and/or services for individuals and families experiencing a housing crisis.

Determine which projects provide which services. Are there providers who are not using HMIS? How will you handle referrals to these providers? Placeholder providers can be created and labeled for the non-HMIS providers or to keep track of clients that are diverted from the system.

The referral should be made based on the needs of the client. Tracking the disposition of the referral is optional, but it will allow for better evaluative reporting in the future. Referrals can be ranked using data about the client.

What will you do for special referrals like Housing Opportunities for Persons With AIDS (HOPWA) and domestic violence providers? Consider privacy when making these referrals visible to all providers. Also consider a "warm hand-off" for referrals for domestic violence projects where the client is introduced to the staff of the provider in person or via phone.

How will you document the referral? HUD recommends that when you make a referral, track the length of time it takes to accept the referral, and document reasons if the referral was not accepted.

Explore the client's eligibility for projects and make an appropriate referral. Eligibility should be based on the rules set forth in the CoC standards. This can be a complicated process but important for making good referrals. Documenting each project's eligibility requirements may lead projects to relax their requirements as part of the discussion.

What happens when a referral is incompatible? Decide the next step that the project/client should take.

Step 5: Create a prioritization plan

HUD has indicated that referrals should not be done on a first come, first served basis. People experiencing chronic homelessness and those who are highly vulnerable or have the most severe service needs should be prioritized for housing and homeless assistance. Your community can decide what factors are most important in order to utilize its resources most effectively. HUD advises communities to consider the following criteria when creating a prioritization plan:

- Significant health, behavioral health, or functional impairments
- High utilization of crisis or emergency rooms, jails, and psychiatric facilities
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness, death, or victimization
- Risk of continued homelessness

Determine how you will measure these criteria first. Common tools used for priority ranking include:

- The Vulnerability Index (VI) & Service Prioritization Decision Assistance Tool (SPDAT), authored by Community Solutions and OrgCode Consulting, Inc., are intended to be used as an initial screening tool for clients. They generate a score that suggests the most beneficial intervention for the client and assists in the client prioritization process.
- The Self Sufficiency Outcome Matrix (SSOM) asks questions regarding a client's "self-sufficiency" in a project across multiple points in time, with the goal of being able to show change over time. Client scores can be used to assist with priority ranking for the purposes of making referrals and positioning on waiting lists.

- The Service Prioritization decision Assistance Tool (SPdAT) and SPdAT for Families (F-SPdAT) use 15 dimensions to determine an acuity score that will help inform professionals about the best intervention for a client based on their individual (or family) needs.

HUD recommends that your prioritization process should do more than get the most vulnerable people off the streets and into temporary shelters. If a person is assessed as being highly vulnerable, that person may be prioritized for permanent supportive housing (PSH), Rapid Rehousing (RRH), or transitional housing (TH).

Step 6: Formalize your prioritization list process

When your community faces a scarcity of needed resources, you will need to put clients on a prioritization list. However, placing people on lists for months or years is unproductive. Some suggested guidelines:

- Establish a clear policy for list development and maintenance.
- Prioritize the placement of people on the waiting list based on the acuity of need, and not simply first-in, first-out.
- Limit lists to the number of people that you can reasonably expect to serve soon, perhaps three months. Do not allow people to languish unserved on a list.
- Publish your prioritization list policy so that placement decisions are fair.
- Remember that a by-name list and a prioritization list are not the same thing.

Step 7: Establish an ongoing evaluation process

Coordinated entry is an iterative process that requires continuous learning and adaptation to your community's unique situation. You should plan to meet regularly (at least annually, according to HUD) with providers and other key stakeholders in the process.

1. Identify the party(s) responsible for review and evaluation.

2. Conduct evaluations annually at a minimum.

3. Determine which key outcomes will be measured. Some examples are:

    a) Length of time from referral to housing placement

    b) Returns to homelessness

    c) Diversion measures (financial assistance, conflict mediation, connection to services outside the homelessness system)

Conclusion

Coordinated entry is more than another HUD requirement. It is an opportunity to increase community cooperation, identify the best ways to employ scarce resources, serve those experiencing homelessness with a more compassionate, person-focused approach, and gain greater visibility into the state of homelessness in your community.

If you have questions about any of the topics mentioned in this guide, regardless of whether or not you are a WellSky client, please do not hesitate to email us at services@wellsky.com.

WellSky Community Services (formerly ServicePoint) is the Homeless Management Information System (HMIS) for 60% of HUD's Continuums of Care. Our unmatched experience in homelessness technology is enhanced by our active community of HMIS administrators. By leveraging WellSky's deep experience in healthcare, you can connect with a range of care providers and effectively address social determinants of health (SDoH). Learn more at www.wellsky.com