

HOUSING CONCEPTS FOR ANTI-TRAFFICKING PROGRAMS: COORDINATED ENTRY

There are different systems in place to address the needs of individuals experiencing homelessness. One of those systems is called Coordinated Entry (CE) which works hand in hand with Continuums of Care. [A Continuum of Care \(CoC\)](#) is a program through the U.S. Department of Housing and Urban Development (HUD) to coordinate local homeless services; it is the funding mechanism for federal HUD monies to be distributed at the local level based on population density. Continuums of Care work to reduce homelessness and promote long-term housing stability through:

- Community-wide planning;
- Coordination of resources and programs targeting people experiencing homelessness;
- Data collection and performance measurement

WHAT IS COORDINATED ENTRY?

Continuums of Care (CoCs) are required to establish a Coordinated Entry system as part of their community-wide planning mandate. CE is also required for all housing programs receiving the HUD CoC and Emergency Solutions Grants (ESG) funding and strongly recommended for all of a community's homelessness-dedicated resources.

The Coordinated Entry (CE) system enables communities to effectively and efficiently use resources to house those experiencing homelessness or who are at-risk of homelessness. This process makes it easier for persons experiencing homelessness to access the housing and service resources that are best suited for them. The Coordinated Entry system consists of four core elements: Access, Assessment, Prioritization, and Referral.

WHAT COORDINATED ENTRY IS NOT?

It is not a program - it is an entry point to determine an individual's housing eligibility and housing options. It does not increase housing inventory - it helps access and navigate the existing inventory more efficiently. It does not eliminate program eligibility - clients still need to meet program and landlord eligibility criteria.

Four Elements of Coordinated Entry

The Coordinated Entry (CE) process should never be a barrier to accessing emergency services, such as emergency shelter, respite, and crisis residential assistance; instead the concept of CE is to create one central process for accessing resources which is built by and designed for the specific needs of your community. Coordinated Entry processes differ greatly from community to community, so connect with your local Continuum of Care (CoC) to understand how they have implemented the four core elements within your community. For a list of CoCs, please visit HUD's official [website](#).

- 1. Access:** some communities have centralized intake process and bed assignment, while others have shared priorities and a shared evaluation tool at each site.
- 2. Assessment:** based on perceived “vulnerability” and need for services. Vulnerability indexes are the most common assessment tool in Coordinated Entry. Generally, the indexes evaluate who is the most likely to suffer if left without shelter. HUD does not recommend any particular assessment tool. The [VI-SPDAT](#) is a common tool used. Please note that the VI-SPDAT may have some shortcomings that should be examined and considered by your organization or CoC.
- 3. Prioritization:** helps to ensure that the highest need, most vulnerable youth, with the most risk factors and fewest protective factors across the community, are prioritized for housing services.
- 4. Referral:** A referral to a housing or service provider ensures that the client or survivor receives the services they request.

How does the Structure of a Coordinated Entry System work within Continuums of Care (CoC)?

Continuum of Care (CoC) providers may range from mental health providers, housing providers, social service agencies, education liaisons, and other entities providing services in the community. A diverse and comprehensive network of providers creates service connections to other local community providers, establishing a robust system to support people in need of housing services. CoCs are encouraged to use a Housing First, low barrier approach, only applying required eligibility criteria as set by funding entities. It is important to recognize the numerous barriers individuals may be facing that are outside of their control, and secure housing as quickly as possible.

When individuals are connected to housing programs it is crucial to know the requirements of the housing program before referring. This will minimize people not meeting those initial requirements and being referred back to the coordinated entry prioritization list (i.e.: single females, serving sex offenders, survivor of violence, specific criminal charges). To address the diverse needs and populations, communities may include access to other forms of housing and funding into the Coordinated Entry process as well as the CoC-funded programs.

As identified previously in the core components of the coordinated entry system, the VI-SPDAT is often used as the tool measuring and prioritizing the individual or families in need of housing. For survivors of violence, the use of the VI-SPDAT does not always capture vulnerabilities of each individual or family. More training and tools can be found on the Safe Housing Partnerships [website](#) regarding Coordinated Entry, the VI-SPDAT and survivors of violence. An alternative model that has been established to assess vulnerabilities for housing is located [here](#).

What opportunities does Coordinated Entry create for survivors of trafficking?

All Continuums of Care (CoC) must be coordinated through Coordinated Entry (CE). Human trafficking survivors may qualify for any number of HUD housing options based on their needs. HUD's homeless definition category 4 "Fleeing/Attempting to Flee Domestic Violence" includes survivors of human trafficking. Under category 4, human trafficking (HT) survivors may be eligible for transitional housing, permanent supportive housing (PSH), and rapid rehousing through Coordinated Entry.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS):

Several Coordinated Entry systems utilize [HMIS](#) to collect demographic and service data. The Violence Against Women's Act (VAWA) prohibits victim service providers from entering survivor information into HMIS, however, they are expected to have a comparable system to provide aggregate data. Runaway and Homeless Youth Act funded grantees are mandated to use Runaway and Homeless Youth Management Information System (RHYMIS) for data entry and tracking. These providers are then required to upload de-identified information to the HMIS system. Victim service providers using a comparable database must adhere to the same technology data standards as mainstream HMIS systems. Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in the [HMIS Data and Technical Standards](#).

Each CE system must include protocols to protect the safety of all individuals and families seeking housing, including protecting their confidentiality. Additionally, each CE system must include procedures for how referrals are made to and received from service providers that are not participating in the CE system. Traditionally, there may be specific "access points" that someone has to go to in order to be assessed and thus entered into the CE system. If that is not possible for the survivor, other options must be available so that the survivor can still participate in and have access to the CE housing opportunities. These options could include calling a CE central phone number with a housing advocate or navigator, accessing CE online, or having a skilled assessor come out to where the survivor is. If your CoC uses skilled assessors to complete the CE assessment, staff from the HT agency should inquire with their local CoC on the specific operating procedure. This could help prevent having to send survivors into the community or meet with multiple service providers in order to enter the CE system.

Are CoCs required to use HMIS as part of their Coordinated Entry?

CoCs are not required to use HMIS as part of coordinated entry but they must use some sort of data system. Anyone accessing CoC services has the right to refuse to have their data shared between service providers. Services providers are encouraged to add a clause or statement on their intake forms asking whether survivors would like their data shared or not. In addition, providers are prohibited from denying access to services because a client refused to have their information shared. Some information may need to be collected in order to determine eligibility but it should not be shared if the client does not consent.

Tips and recommendations for service providers navigating Coordinated Entry

1. Encourage all human trafficking survivors in need of housing to go through Coordinated Entry for access to a host of housing resources including homeless prevention, diversion, and/or referrals to affordable or non-subsidized housing.
2. Ensure your organization understands the typical timeline. There is no single waitlist for housing. Each type of housing has separate eligibility requirements. Plus, communities create prioritization criteria focusing on vulnerability, individuals who are chronically homeless, etc. Therefore, it is not possible to let anyone know where they are on the housing “list”, and their spot can move up or down depending on everyone else who is entering and exiting the system in real time. Most communities have a much higher need and demand for housing than available housing slots.
3. Encourage survivors to make sure their contact information is always kept up to date within the CE system. When survivors are matched to available housing, it is important that the provider can contact them quickly.
4. Use alternate contacts. Survivors may be able to list staff they are working with as an additional contact to protect their privacy. The case manager will then be contacted regarding next steps for housing.
5. Keep in mind that HUD does not require proof of citizenship or any specific immigration status to be eligible for emergency housing. As survivors access permanent housing options, different forms of identification may be required to sign a formal lease. Additional advocacy and housing support from the provider may be beneficial at this time. It is recommended that providers review their specific funding to confirm if there are citizenship requirements for housing assistance.
6. Proof of homelessness can be self-reported if the person is homeless due to being a victim of domestic violence or human trafficking (Category 4). Survivors cannot be required to obtain third party verification if verifying HUD Category 4.
7. Each head of household can define their family based on who they consider their family members to be. It is not based on marital status, sexual orientation, relationship, or having children.
8. Other (non-HUD) housing funders may have varying eligibility criteria so if they are part of the CE system, you should ask who the housing funder is to confirm what specific eligibility criteria exists.
9. Collaboration is key. While human trafficking (HT) service providers do not need to join every meeting or committee regarding Coordinated Entry, understanding when a survivor's voice should be at the table is valuable. Once HT providers understand how their community is addressing the needs of HT survivors (including specific outreach, entrance into the CE, and ensuring that housing providers are using Category 4 appropriately), there will be varying levels of advocacy needed. It is important that those who oversee CE implementation are appropriately educated on the unique needs and challenges that face HT survivors.