

Coordinated Entry Fact Sheet

The VA Deputy Under Secretary for Health for Operations and Management published a [memo](#) in the fall of 2017, issuing guidance to VA medical center staff and staff of VA funded homeless assistance programs regarding their roles in supporting local Continuum of Care (CoC) coordinated entry (CE) systems, [which are required](#) by the U.S. Department of Housing and Urban Development. This guidance from the VA to the VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement.

In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity and framework for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in the collective and continued efforts to end Veteran homelessness and homelessness for all populations. The memo identified several key components of a successful coordinated entry system and responsibilities of key VA staff, in addition to all CoC partners, in supporting those components. Responsibilities include active participation in case conferencing meetings, providing necessary data to maintain up-to-date By-Name-Lists (BNL), consistent use of common assessment protocols defined by the CoC, dedication of a VA resources (housing units and service slots) to eligible veterans referred through the CoC's coordinated entry process, and data sharing of veterans' information for purposes of coordinated entry assessment, prioritization and referral. Refer to the memo and [check list](#), published concurrently with the memo, for more details about CES roles, responsibilities and compliance expectations.

What is Coordinated Entry?

The coordinated entry (CE) process is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to housing and service interventions that will rapidly end their homelessness. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for housing and services first.

How does it work?

Ideally, coordinated entry is a framework that transforms a CoC from a network of homeless assistance *projects* (similar to individual CoC programs) making individual decisions about whom to serve, into a fully integrated crisis response *system*. By gathering information through a standardized assessment process, coordinated entry provides a CoC and community partners, including VA, with data that can be used for client-level service linkages, system and project planning, and resource allocation. Historically, CoCs allowed each project to operate individually by developing and implementing their own admission criteria, assessment and eligibility screening, prioritization processes and enrollment decisions. CE orients the community to a standard set of prioritizing principles by which the community is able to make consistent decisions about how to utilize its resources most effectively. By having standardized processes, the system increases accessibility for clients; it is no longer about who the person happens to speak with on a given day or making a person fit into a program. Rather, it is about understanding and responding to the person's individualized needs so that veteran homelessness can be rare, brief, and nonrecurring.

What are the core elements of CE?

A CE process includes four core operational elements:

1. *Access* – the initial engagement point (virtual or site-based, including multiple access sites) for persons experiencing a housing crisis.
2. *Assessment* – process of documenting a participant's housing needs, preferences, and vulnerability.
3. *Prioritization* – process of assigning level of need or vulnerability to persons seeking assistance so that housing and services can be allocated to those persons with the greatest need.
4. *Referral* – matching persons to available community resources, housing and services.

What's the benefit of coordinated ACCESS?

Coordinated access ensures all people, including Veterans, in a community have a defined way of accessing crisis response services such as emergency shelter or HCHV contract beds. Identifying access points and defining the role of access providers ensures clients have a clear and direct pathway to engage in crisis housing and emergency services; it ensures community service partners know where to send someone who is experiencing a housing crisis; and it promotes fair and equal access to all crisis response system resources in the CoC. Communities are able to establish specialized access points to address the specific needs of certain populations such as families, single adults, persons fleeing domestic violence and youth.

- ★ *Veterans at risk of or experiencing homelessness are able to access housing or services they need faster.*

What's the benefit of standardized ASSESSMENT?

The assessment process gathers information about a person presenting to the crisis response system and uses that information to understand what factors contributed to the housing crisis and what types of interventions might help resolve the crisis. Structuring assessment processes in a standardized way ensures only necessary information is collected; clients are not subject to inordinately long and intrusive interviews that get repeated by different providers at each stage of engagement; and determinations of service priority order and referral are consistently applied.

- ★ *Veterans at risk of or experiencing homelessness are only referred to services for which they are eligible.*

What's the benefit of centralized PRIORITIZATION?

No CoC or community has enough housing and services to immediately serve every person at the exact moment they experience homelessness. Additionally, no community partner has enough resources for every person that they encounter. Communities have always had to prioritize persons for enrollment. These waiting lists have historically been managed separately for each project and are ordered by who had been waiting the longest or who was considered “ready” for housing, not based on who needed it the most within a housing first framework. Coordinated entry requires CoCs to establish a single, standardized prioritization list and define a set of community-wide prioritization criteria to ensure persons with the greatest need, most barriers or highest vulnerability are prioritized before others with less pressing needs.

- ★ *Housing and supportive services projects are able to better manage prospective Veteran participants through a centralized prioritization list.*
- ★ *Public and private funders are able to be confident that housing and supportive services projects are serving the intended people, including Veterans (“side doors” to projects are closed).*
- ★ *Focus remains on most vulnerable or highest need Veteran households as opposed to leaving that population in homelessness.*

What's the benefit of coordinated REFERRAL management?

Persons with the highest priority are offered housing and supportive services projects first. Coordinated entry enables CoC systems to make the referral process more efficient and effective by maintaining an inventory list of all CoC projects with information about those projects’ services, eligibility and availability. Projects publicly disclose eligibility requirements and announce bed/unit availability to CE managers who only refer potential participants who meet eligibility criteria.

- ★ *Veterans at risk of or experiencing homelessness are able to be referred to projects for which they are likely eligible and prioritized.*
- ★ *Housing and supportive services projects avoid inappropriate or ineligible referrals for their projects.*
- ★ *Public and private funders are able to have access to better data about system demand and service gaps to inform system and project planning.*
- ★ *Those Veterans who are most in need or vulnerable are prioritized for housing and service options first.*

Coordinated entry requires concerted effort and engaged participation from all system partners, including VA homeless programs. Although initially challenging, transitioning the crisis response system from a set of independent agencies, including VA, and providers making project-specific decisions to one that puts participants first and ensures standardization in processes and consistency in decision-making ultimately results in more efficient and effective housing and service outcomes for everyone.