

## **What is the bare minimum for marketing to subpopulations and what does best practices entail with marketing? Examples?**

CoCs and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting this requirement, a CoC must develop an affirmative marketing strategy for its coordinated entry process as evidenced by written policies and procedures.

Required: Written policies and procedures must include guidelines for how the CoC will ensure that all populations and subpopulations in the CoC's geographic area have non-discriminatory access to the coordinated entry process. This applies to people experiencing chronic homelessness, veterans, adults with children, youth, and survivors of domestic violence, and regardless of the location or method by which they access the crisis response system.

Written policies and procedures must also document steps taken to ensure that access points are accessible to people with disabilities as well as those people in the CoC who are least likely to access homeless system assistance. CoCs and recipients of federal funds must provide appropriate auxiliary aids and services necessary to ensure effective communication with persons accessing the homeless response system, which includes ensuring that information is provided in appropriate accessible formats as needed, such as Braille, audio, large type, assistive listening devices, and sign language interpreters, as well as accommodation for persons with limited English proficiency.

### **24 CFR 578.93(c) - Fair Housing and Equal Opportunity.**

### **24 CFR 5.105(a)(2) - Other Federal requirements.**

**Notice CPD-17-01** <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

**Coordinated Entry Core Elements** <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>

Recommendations: CoC's access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of Federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered. CoC has a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area.

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## **Stakeholder consultation: who should this involve and what does documentation/record keeping look like?**

The CoC must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry.

CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:

Surveys designed to reach either the entire population or a representative sample of participating providers and households; Focus groups of five or more participants that approximate the diversity of the participating providers and households; and Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

CoCs may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.

The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

Written policies and procedures must describe the frequency and method by which the evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

#### **24 CFR 578.7(a)(8) Responsibilities of the Continuum of Care.**

**Notice CPD-17-01** <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

Recommendations: CoCs employ multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following: Surveys designed to reach either the entire population or a representative sample of participating providers and households; Focus groups of five or more participants that approximate the diversity of the participating providers and households; and Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

Evaluators can elicit feedback on the CE system in one-on-one interviews with CoC leadership, key advisors, participating providers, and non-participating providers. The interviews can be conducted by telephone or in person. They can be used to determine the reach of system participation, adherence to policies and procedures, quality of collaboration, quality of referrals, and functioning of the referral process and to collect recommendations for system improvement.

**Coordinated Entry Self-Assessment** <https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>  
**Coordinated Entry Data and Management Guide** <https://www.hudexchange.info/resource/5758/coordinated-entry-management-and-data-guide/>

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#### **What is the extent to which HUD will monitor Coordinated Entry grievance process?**

The CoC's written policies and procedures must include a process by which individuals and families may appeal coordinated entry decisions and participants must be informed of the ability to file a nondiscrimination complaint.

The HUD Guide for Review of CoC Recipient Overall Grant Management found [here](#) currently asks two questions pertaining to Coordinated Entry: Did a review of the centralized or coordinated assessment system confirm it meets the requirements established in 24 CFR 578.7(a)(8)? Did a review confirm the recipient used the centralized or coordinated assessment system established by the CoC that meets the requirements in 24 CFR 578.7(a)(8)?

Per 24 CFR 578.7(a)(8), the Continuum of Care must, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements established by HUD by Notice, including Notice CPD-17-01.

**Notice CPD-17-01** <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

Recommendations: Monitoring should focus on the question of whether the CE is being implemented in the way it was designed, and whether individual agencies (recipients) are appropriately engaging with and participating in the system as established by the CoC.

Applying the CoC prioritization standards and managing the priority list often require a management approach that considers multiple factors, reconciles competing interests, and makes difficult choices about who should receive referrals first. The best strategy for managing this complex and dynamic process is often “case conferencing”—a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals.

The activities performed by the Coordinated Entry management entity should be described in the policies and procedures for the coordinated entry process. Management activities may include administering the grievance and appeal process for situations that are not resolved at the provider level.

Additionally, the CoC and participating providers must both establish procedures for accepting and considering questions or complaints about data privacy and security policies and practices. Further, a participating provider must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with that Privacy Notice.

For sample policy and procedure text, see HUD’s Outline for a Continuum of Care’s Coordinated Entry.

**Coordinated Entry Core Elements** <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>  
**Coordinated Entry Data and Management Guide** <https://www.hudexchange.info/resource/5758/coordinated-entry-management-and-data-guide/>

**Coordinated Entry Self-Assessment** <https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>  
**Outline for a Continuum of Care’s Coordinated Entry** <https://www.hudexchange.info/resource/5690/outline-for-a-continuum-of-cares-coordinated-entry-policies-procedures-document/>

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### **Should PSH-PSH transfer be approved through Coordinated Entry? What does this look like?**

The CoC Interim Rule at 24 CFR 578 and Notice CPD-17-01 do not specify a requirement for transfers of participants between program types to be prioritized by Coordinated Entry except as specified under an Emergency Transfer Plan. Per 24 CFR 578.7(a)(9), the CoC must, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance.

These written standards must include policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing (TH) assistance; policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing (RRH) assistance; and, policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing (PSH) assistance. All of these policies must include the emergency transfer priority required under 24 CFR 578.99(j)(8).

#### **24 CFR 578.7(a)(8) Responsibilities of the Continuum of Care.**

#### **24 CFR 578.99(j)(8) Applicability of other federal requirements.**

Recommendations: A CoC’s Coordinated Entry System should take into account the need for transfers between program types to better meet the preferences and needs of a household. A key component to any transfer process is an on-going assessment of a household to determine whether the levels of service are appropriate or need to be increased or reduced.

A household may need to transfer to another program within the CES for a myriad of reasons including, though not limited to, changes to family composition, the defunding of an agency or program, or criminal record for state-mandated restrictions. Moreover, a successful CES will engage in ongoing assessment focused on ensuring that the levels of assistance are most appropriate for the need. Providers are often confronted with scenarios in which a household may wish to move from permanent supportive housing to a less-intensive service oriented housing or a household that requires a move from rapid re-housing to permanent supportive housing. The CoC's policies and procedures should meet the requirements referenced above and detail when and how internal or external transfers will move.

As in the referral process, CoCs should consider use of a 'Housing Navigator' function to ensure efficient and effective enrollment and subsequent movement from one CoC project to another. CoCs may also consider a phased approach to assessment which includes a Next Step/Move On Assessment phase whereby information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy, and/or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies.

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Additional Resources may be found on the HUD Exchange

**CoC Program Toolkit - CoC Responsibilities and Duties – Coordinated Entry**  
<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>

**Coordinated Entry Community Samples Toolkit** <https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/coordinated-entry-samples-toolkit/>