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## Coordinated Entry: Confidentiality Requirements in Practice

This document provides guidance on coordinated entry model best practices. The guidance was developed based on feedback from practitioners in the victim services field who are currently participating in HUD Continuums of Care and are in compliance with the confidentiality related legal requirements of the Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA). These insights aim to both adhere to federal confidentiality requirements that were created to ensure safety by protecting the identities of victims of domestic violence, while simultaneously ensuring that those victims have access to the type of housing they need in their community of choice.

### Overview

The U.S. Department of Housing and Urban Development's (HUD) coordinated entry is a process *to increase the efficiency of local crisis response systems by improving fairness and ease of access to resources, including mainstream resources*. The [HUD Notice on Coordinated Entry](#) describes how the entry processes "are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources."<sup>1</sup> HUD Continuum of Care (CoC) grantees and HUD Emergency Solutions Grants (ESG) grantees across the country are in the process of developing coordinated entry policies and procedures to ensure compliance by HUD's required timeline of [January 23<sup>rd</sup>, 2018](#)

Creating a coordinated entry process to ensure that domestic violence survivors have access to homeless housing resources presents multiple challenges for the victim services field. Consistent with HUD guidance, homelessness systems are increasingly data-driven, using the federally mandated Homeless Management Information System (HMIS) database as a tool to help increase efficiency and effectiveness. Many HMIS databases include [by-name lists](#)<sup>2</sup> which are used to allocate housing resources to households, including emergency shelter, transitional housing, rapid re-housing and permanent supportive housing. This presents a significant challenge to victim service providers (VSPs) who are prohibited by law – the Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA) and McKinney-Vento\* – from entering the personally identifying information of the victims they serve into HMIS or any other by-name housing registries. Without a clear pathway for overcoming the conflict between VAWA prohibitions and the increasing use of by-name lists as a method of determining access to housing, many communities have struggled to reconcile how survivors can be prioritized for housing resources.

This document should be used as a start to a conversation and as a reference point. Each community will develop their own coordinated entry model based on the national guidelines. In order to enact the practices outlined in this document, communities must invest in the relationships necessary to develop and

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\* Please see Violence Against Women Act (VAWA) Section, 34 USC §12291(b)(2); The Family Violence Prevention and Services Act (FVPSA) 42 USC 10401 et seq; McKinney-Vento/HEARTH Act 42 U.S. Code § 11363. For further information, see [Confidentiality in VAWA FVPSA and VOCA](#).

implement a safe and confidential practice for survivors. The full collaboration and participation of VSPs in the development and implementation of coordinated entry is critical to meet the federal confidentiality and survivor-centered safety requirements.

## **Key Elements for Effective, Confidential Coordinated Entry**

A number of communities and states across the country have built effective coordinated entry processes that are in compliance with VAWA and FVPSA, prioritizing the safety and confidentiality of the survivors. While NNEDV does not endorse a specific model or models, this document highlights innovative coordinated entry practices that adhere to confidentiality requirements. HUD is encouraging CoCs to work with the victim service providers in their community to establish either a process for their participation in the CoC's coordinated entry process or to establish their own coordinated entry process outside of the HMIS. NNEDV encourages communities to create an aligned or parallel coordinated entry process that is both effective and responsive to the vulnerable populations and unique needs of individual communities. The examples highlighted below describe foundational elements of coordinated entry that are inclusive of confidentiality best practices and in compliance with VAWA and FVPSA.

The coordinated entry homelessness and VSP partners provided critical feedback for the purposes of creating this best practices document and shared with us key elements to their on-going success. These are outlined in the following subsections.

### **Partnership and collaboration across systems**

In order to create a homelessness system that is responsive and equitable in prioritizing the most vulnerable households across populations, the following strategies have been employed by communities demonstrating a strong coordinated entry process:

- Ongoing relationship building across agencies and systems, as demonstrated through:
  - A foundational commitment to continued communication and collaboration between CoCs, homeless service providers and VSPs;
  - Mutually agreed upon shared principles, goals, and values that ensure equitable cross-system access for survivors;
  - Agreed upon assessments specifically for survivors, and attention to trauma-informed approaches to assessment that includes safety planning
  - Coordinated housing protocols designed to prioritize ongoing investment in relationship building;
  - Shared leadership on Continuum of Care (CoC) boards with meaningful involvement across the VSP and homelessness systems;
  - State agencies, homeless coalitions, domestic violence and sexual assault coalitions, and local VSPs working together to develop coordinated entry processes;
  - Regular meetings between leadership of VSPs and homelessness and housing service providers; and
  - VSPs active investment and participation in CoC or BoS statewide coordinated entry.
  
- Prioritizing ongoing, cross-systems training for housing and victim service providers, including:
  - Training for victim advocates on administering coordinated entry screening tools; and
  - Training for housing advocates on the unique needs of domestic violence, sexual assault and stalking survivors and the complexities they face when rebuilding their lives.

- A commitment to prioritizing ongoing technical assistance for homeless and victim service providers.

### **Model coordinated entry practices regarding shared referrals**

How do we provide safety and protect a domestic violence survivor’s identity while also ensuring that the survivor has access to the type of housing they need, and in their community of choice? Here are a few coordinated entry protocols and models for consideration:

#### **Coordinated Entry Protocol Scenario:**

1. **Assessment:** A domestic violence survivor completes a trauma-informed and survivor-centered assessment, as determined by the community, with a domestic violence advocate.
2. **Scoring and data collection:** The result (often also known as a “score”) is collected and the completed screening tool is destroyed to protect the domestic violence survivor’s confidentiality. (It is considered best practice to keep as little information as necessary in a domestic violence survivor’s client file while they are accessing VSP services.)
3. **Referral:** According to VAWA and FVPSA, no personally identifying information can be shared outside of the referring VSP into a shared database such as an HMIS or an excel file or google document. As outlined below, only minimal information (and no personally identifiable information) should be provided to enable the survivor to be added to a **by-name list**. Drawing from the information received in the scoring and data collection stage, the domestic violence advocate completes a de-identified referral form without any personally identifying information included. The non-personally identifying data entry fields (see listed below) can be sent to the coordinated entry point of contact and entered into the by-name list. The following recommended data entry fields provide samples that are in compliance with VAWA and FVPSA requirements:

<b>Data Entry Field</b>	<b>Description of Field</b>
Referral Date (not program entry date)	Date the domestic violence survivor’s unidentified information was sent to coordinated entry. <i>A referral date could be identifiable information if an abuser has access to this information. It is necessary to change to referral date or leave it blank if the domestic violence survivor communicates safety and housing concerns related to documenting it.</i> A program entry date could potentially be personally identifiable if coupled with other demographic information.
Location where survivor seeks placement	Enter the geographic area(s) in which the domestic violence survivor is seeking housing.
Coordinated Entry Assessment Tool Result	The result the domestic violence survivor received from the coordinated entry screening conducted by the VSP.
Household Type	The number of bedrooms the domestic violence survivor will need given their family size. <i>This data field is very important, as number of bedrooms is not a personally identifying piece of information about a domestic violence survivor. <b><u>Do not capture number of children in this category</u></b>, because it is personally identifying information and would not be in compliance with VAWA/FVPSA.</i>

Chronically Homeless	Is the domestic violence survivor chronically homeless by HUD's definition? Yes/No
DV-specific vulnerability	Is the domestic violence survivor identified as having higher needs or higher vulnerabilities specifically associated with fleeing a domestic violence situation (i.e. serious danger, and other vulnerabilities related to the abuse such as housing insecurity, and polyvictimization)? Many communities have chosen to prioritize domestic violence survivors who are in high risk situations and in serious danger. Others have developed unique tools to specifically assess DV survivors' housing needs.
Point of Contact - DV advocate at VSP agency	The point of contact is the person who processes the domestic violence survivor's application. They should provide their email and phone number so that the designated homeless system lead can contact them when a unit becomes available.
Unique Client ID#	This number is assigned by the point of contact and given to the designated homeless system lead. This number is a unique client identification number that the stand alone VSP creates and is not in any way identifying and cannot be decoded by the designated homeless system lead.

**A note on assessments: some communities have developed a DV-specific assessment tool and some communities use their main assessment tool and use a separate tool to determine DV eligibility. There are pros and cons to both methods. More guidance is forth-coming on assessing vulnerability of DV survivors.**

**Alternative to using by-name referral lists:** To help facilitate the coordinated entry process, a live/shared list (which does not include personally identifying information) can be kept between two points of contact to ensure referrals are not missed. Below is an example of a shared live Excel document from a partnership between the Connecticut Coalition Against Domestic Violence and the Connecticut Coalition to End Homelessness (not entered into HMIS):

Client Unique ID#	Referral Submission Date	Housing Acceptance Date	Coordinated Entry Network Location	Notes
DVAgency1	12/21/2016	12/21/16	Lakeview	Score: 7 Household type:2 High Risk
DVAgency2	01/03/2017	1/5/17	Lakewood	Score: 10 Household Type:2 or 3 High Risk

**Case conferencing:** When housing becomes available, community agencies come together in a group case conferencing process to negotiate and advocate for their program's participants to receive housing placement and resources. During this process, a domestic violence survivor working with a VSP may choose to have the VSP share time-limited information with the group through the use of a time-limited consent to release their information. [Time-limited](#) is typically defined as the amount of time needed to achieve a DV survivor's goal in having the information released. This information would include information that the DV survivor consents to share related to their assessment, housing needs, including geographic location and preference (PHS, RRH, TH) and vulnerability tool results. However, if a domestic violence survivor chooses not to share their information due to safety or confidentiality reasons, it should not negatively impact their

access to housing resources during the group decision-making process and their assessment tool(s) results can assist in prioritizing their need.

### **Coordinated Entry Mainstream Access for Survivors:**

A domestic violence survivor who is receiving services from a VSP can also access the mainstream homelessness system's housing resources by being referred directly to the CoC's determined point of entry. If a DV survivor is referred directly and would like to receive mainstream homeless services through the CoC, VSPs should consider the following areas and work with the CoC and CE process to ensure that each area is addressed by the CE process.

- **Informed consent:** Through an informed consent process, the VSP should ensure the survivor understands the related risks and potential benefits of having their name listed in the system and how this may impact their safety plan. It is also important for the mainstream coordinated entry point to have cross-training from VSPs so that they can establish trauma-informed protocols that support domestic violence survivors who opt-in to mainstream coordinated entry and HMIS.
- **Training:** Mainstream agencies and CoCs can request trainings from VSPs or their state domestic violence coalitions on trauma-informed domestic violence screening and assessments, and safety planning while assisting DV survivors with their housing search. This is recommended to address any safety concerns that may arise for a domestic violence survivor who was referred by a VSP or who came directly from the community at large.
- **Opt-out Options:** Per continued guidance set forth by HUD, any individual has a right to refuse to share personally identifying information *and* must still have access to homelessness and housing resources. If the individual chooses this option, the CE should be able to work with the individual to enter an anonymous entry, similar to what is outlined in Model Coordinated Entry Practices listed above.

### **Recommended Resources**

- *SNAPS In Focus: [Addressing the Needs of Persons Fleeing Domestic Violence](#)*
- [CoC Contact Information](#)
- [Coordinated Entry Process: Frequently Asked Question for Domestic Violence and Sexual Assault Victim Service Providers](#)
- [HUD Exchange- Coordinated Entry CoC Responsibilities](#)
- [HUD Exchange- Coordinated Entry Notice](#)
- [HUD Exchange- Coordinated Entry Self Assessment](#)
- [HUD Exchange- Coordinated Entry Core Elements](#)
- [Safe Housing Partnerships](#)
- [Trauma-Informed Domestic Violence Services: Understanding the Framework and Approach](#)
- [Confidentiality in VAWA FVPSA and VOCA](#)
- [Confidentiality Templates for Agencies Working With Survivors](#)

### **Thanks to the following organizations for input on this document**

[Connecticut Coalition Against Domestic Violence](#), [Collaborative Solutions](#), [End Domestic Abuse Wisconsin](#), [Indiana Coalition Against Domestic Violence](#), [Multnomah County Domestic and Sexual Violence Coordination Office](#), and [Texas Council on Family Violence](#)

The National Network to End Domestic Violence (NNEDV), a social change organization, is dedicated to creating a social, political and economic environment in which violence against women no longer exists.

<http://www.nnedv.org>



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**More Questions?** The Consortium TA Team is available to provide individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can also provide support to domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.



SAFE HOUSING  
PARTNERSHIPS

Visit [SafeHousingPartnerships.org](http://SafeHousingPartnerships.org) to access a comprehensive collection of online resources and to request technical assistance and support.

### Domestic Violence and Housing Technical Assistance Consortium

The Consortium, launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development. This multi-year Consortium supports a collaborative TA Team that includes the National Alliance for Safe Housing (a project of the District Alliance for Safe Housing), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both housing/homelessness providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

<sup>1</sup> <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

<sup>2</sup> <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>