



# Building a Stronger Kentucky

2016 KENTUCKY AFFORDABLE HOUSING CONFERENCE

PRESENTED BY



**Homeless & Housing  
Coalition of Kentucky**



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2016 KENTUCKY AFFORDABLE HOUSING CONFERENCE



## The WV Balance of State Continuum of Care

**Coordinated Entry in the Balance of State Context**

**#KAHC16**

# Interwebs

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[www.wvceh.org](http://www.wvceh.org)

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# Realities

- Rural issues such as distance and uneven resources make coordination difficult.
- Technology (HMIS) is key.
- Lists are great; but lists are lists.
- Standardization good. Chaos bad.

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# Who We Are

- State Coalition
- Balance of State CoC
- HMIS for Balance of State CoC
- SOAR State Lead
- ESG Rapid Re-housing and PATH Street Outreach in 22 counties



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# What We Believe

- Homelessness is incredibly costly and housing is much less so.
- Anyone can be housed.
- Limited resources must be focused on those who require it the most.
- Homelessness is not a punishment and housing is not a reward.
- The only solution to homelessness is housing.

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# Coordinated Entry

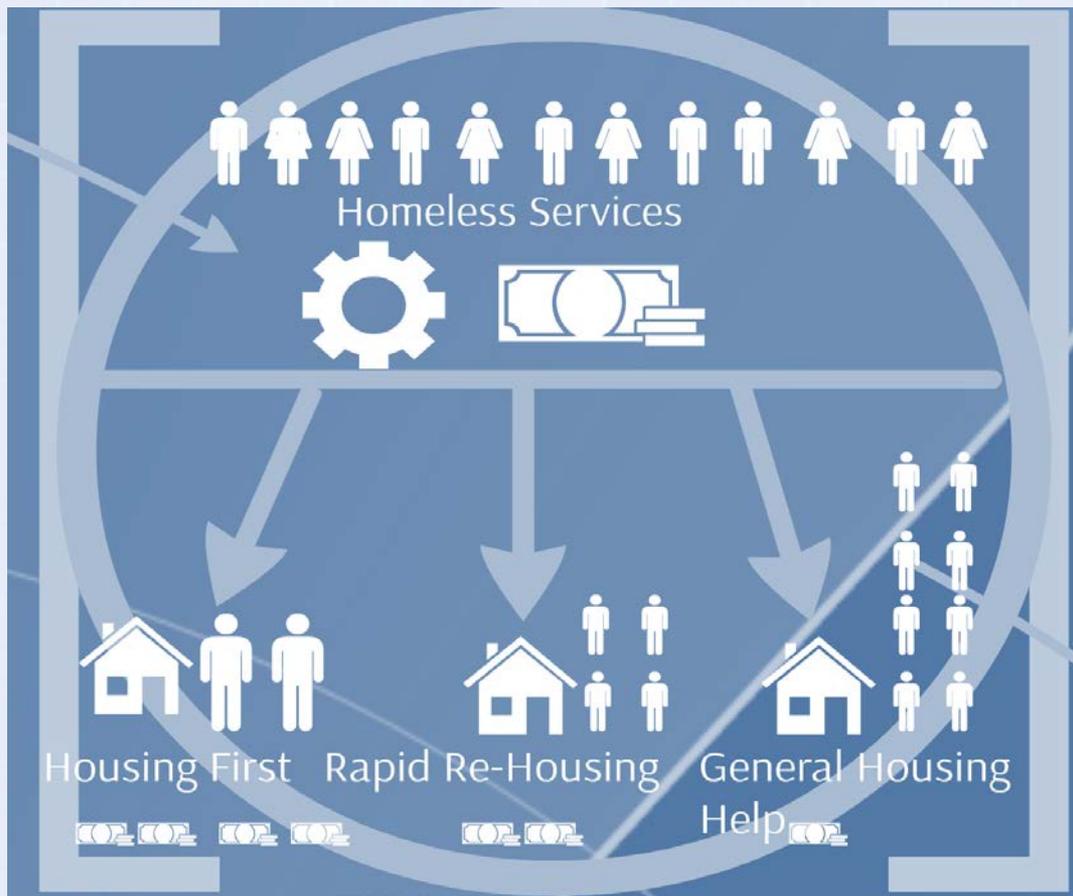
- Trying to shift from funding-driven, independent program an integrated system that is outcome-based and predicated on housing stability.
- Formalizing collaboration across a system to eliminate redundancy and ensure homelessness is brief.

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# Typology of Homelessness

- About 80% of people are homeless once, solve their own homelessness and are never homeless again.
- 15% need only short intervention, such as Rapid Re-Housing.
- 5% need the most intensive, long-term interventions, such as Housing First and Permanent Supportive Housing.

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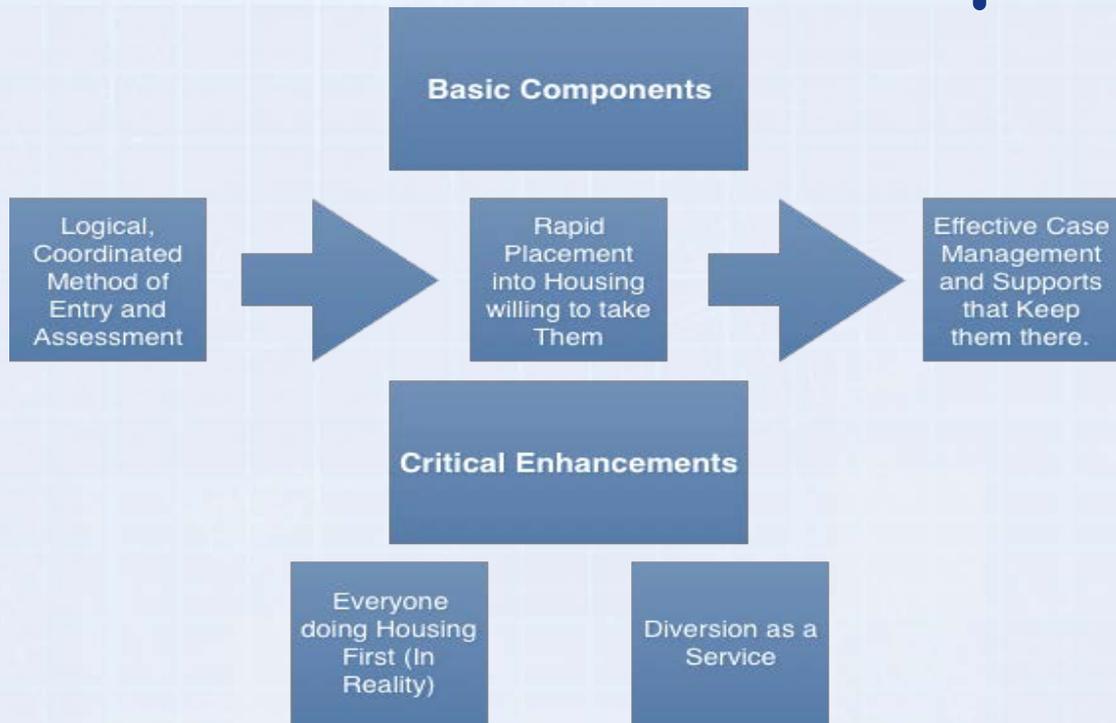
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# Unpacking Myths

- Substance users need to achieve sobriety to be successful in housing.
- People with mental illness all need medication and treatment.
- People need to be “housing ready”.
- Chronically homeless people (or all people) choose to be homeless.
- Shelters need a lot of programming and CM to get people ready for housing.

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# Coordinated Response



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# Coordinated Entry

- Does not happen in a vacuum.
- If you're "entering" then there has to be some place to go (collision with housing first).
- "We don't have enough..." is the entire reason you do CE.
- CE is not a program...it is a realignment of systems.
- Requires Common Assessment.

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# VI-SPDAT

- The tool we use to determine acuity based on:
  - History of Housing and Homelessness, Risks, Socialization and Daily Functions and Wellness
- Helps identify the best type of support and housing intervention:
  - Permanent Supportive Housing
  - Rapid Re-Housing
  - Diversion (no homeless services)
- Three separate tools:
  - Individual
  - Family
  - Youth

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Individual, family, or youth presents for shelter, or encountered during outreach.

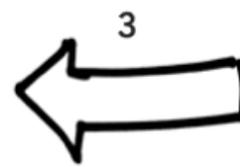


Individual VI-SPDAT, Family VI-SPDAT or TAY Youth VI-SPDAT is performed (in HMIS)

A CoC-wide prioritization list is sent out to all users in HMIS on Monday. Users can then drill down to their community. Family and Individual Scores are together, Youth will be separate.



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Based on client choice, client is then placed into housing based on VI-SPDAT Acuity (V.2)

Single  
0-3: Diversion  
4-7: RRH  
9+: PSH/Housing First

Family  
0-3: Diversion  
4-8: RRH  
9+: PSH/Housing First

Youth  
0-3: Diversion  
4-7: Time-Limited, Moderate Intensity  
8+: Long-Term housing w/ High Service Intensity



1. Referral.
2. Move-In.
3. Back to List.

# Magic List

Document - View - [Icons] | 1 / 1+ | Edit | Refresh Data

Input Controls - Prioritization List- Most...  
 Map | Reset

County ⤴

- Select (All)
- 01 - Barbour
- 02 - Berkeley
- 04 - Braxton
- 10 - Fayette

Client Inactive? ⤴

- All values
- Yes
- No

Veteran Status ⤴

- Select (All)
- Client doesn't know (HUD)
- Client refused (HUD)
- Data not collected (HUD)
- No (HUD)
- Yes (HUD)

Chronically Homeless? ⤴

- All values
- No
- Yes

### Housing Prioritization List Based on VI-SPDAT Score

#### Client Score and By Name List Detail

# of Client Surveyed	1,554	Housing Interventions for Individuals		Surveys Completed	Housing Intervention for Families		Surveys Completed
Average Prescreen Score for Individuals	6.88	PSH / Housing First Assessment		644	PSH / Housing First Assessment		41
		RRH Assessment		684	RRH Assessment		30
Average Prescreen Score for Families	6.79	No Housing or Support Assessment		226	No Housing or Support Assessment		7

ID #	Client Name	County	Income	Vet?	CH	LOH In Days	VI Date	VI Score	VI Type	VI-SPDAT Agency	# of PH Interactions	In PH?	Inactive?
69592		02 - Berkeley	1,489	No	No	56	05/13/16	16	Family	Telamon	1	No	No
53915		12 - Grant	0	No	Yes	939	02/11/15	15	v1	Telamon	0	No	No
54324		33 - Morgan	0	No	Yes	893	02/19/15	15	v1	Null	0	No	No
22330		41 - Raleigh	781	No	No	Null	01/28/16	15	v1	Null	0	No	No
54021		17 - Harrison	731	No	Yes	238	05/12/16	15	v2	CHRHA	1	No	No
56625		25 - Marion	0	No	No	182	02/02/16	15	v2	Bartlett House, Inc	1	No	No
15731		31 - Monongalia	0	No	Yes	614	04/27/16	15	v2	Bartlett House, Inc	0	No	No
68863		02 - Berkeley	162	No	No	157	04/15/16	15	Family	Telamon	1	No	No
60923		10 - Fayette	1,308	Yes	Yes	1,226	08/27/15	14	v1	Null	0	No	No
63136		14 - Hampshire	0	No	Yes	770	10/27/15	14	v1	Telamon	1	No	No
3047		19 - Jefferson	0	No	Yes	190	02/01/16	14	v1	Telamon	2	No	No
54187		25 - Marion	0	Yes	No	Null	08/11/15	14	v1	Null	0	No	No
59321		25 - Marion	733	No	Yes	Null	07/24/15	14	v1	Null	0	Null	No
1092		27 - Mason	733	No	Yes	Null	02/10/15	14	v1	Other	0	No	No
54458		27 - Mason	0	Yes	Yes	Null	02/26/15	14	v1	Null	0	No	No
22603		41 - Raleigh	0	No	No	105	09/04/15	14	v1	RCCAA	1	No	No

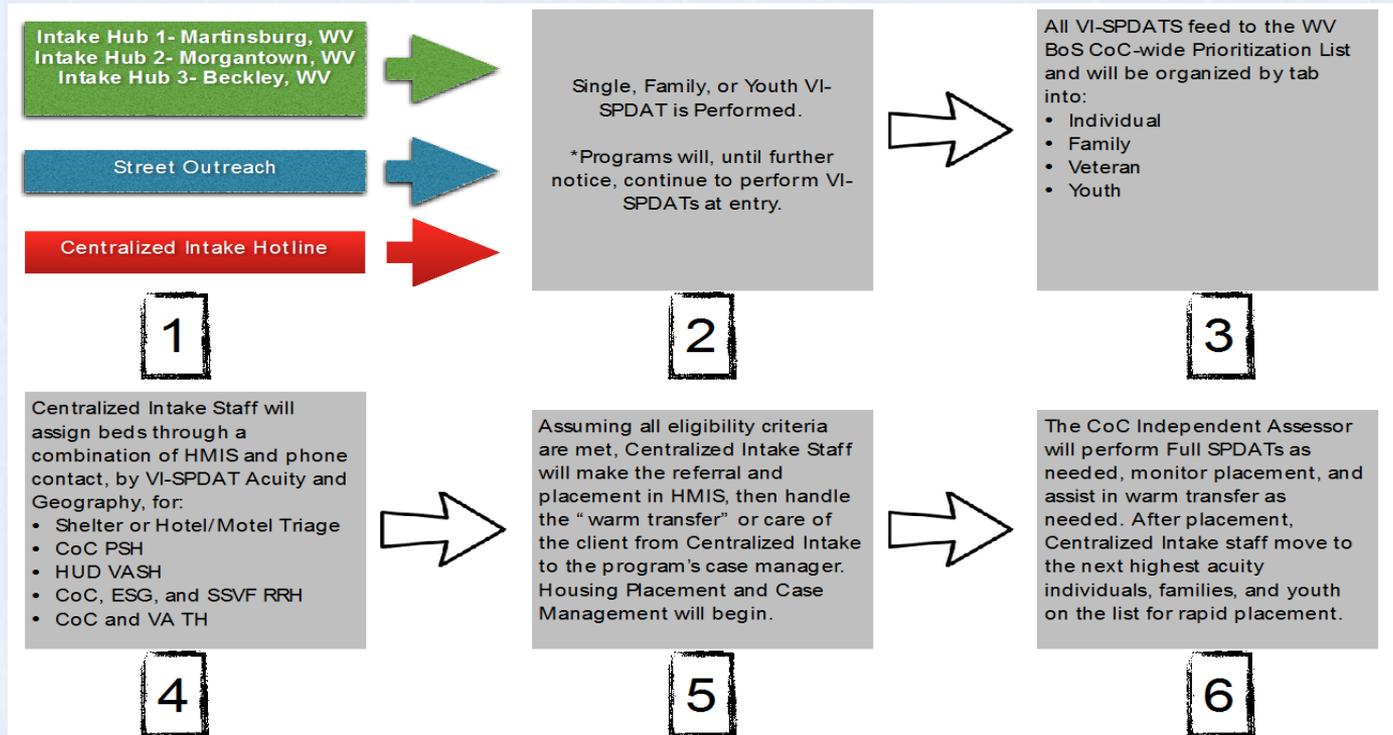
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# What we found at the beginning

- A lot more mid-acuity (think Rapid Re-housing folks) than first anticipated.
- We had a lot of low acuity folks in PSH.
- End Users loved using the VI-SPDAT! So much that they sometime prescreen the same people several times per day!
- A single community can't have a "list-keeper."
- Coordinated Access policies needed to wait until the process was flushed out.
- Distractions were everywhere.

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# What the Future Holds



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# Coordinated Entry- It's the Law!

- 24 CFR 578.7 (a)(8): "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."

# HUD Coordinated Entry Policy Brief

## *Qualities of Effective Coordinated Entry*

- **Prioritization**-ensure those with greatest needs served first by appropriate housing and service intervention
- **Low Barrier**-does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- **Housing First**- people are housed quickly without preconditions or service participation requirements.
- **Person-Centered**- gives participants choice in decisions. Is client-centered, not program-centered.
- **Standardized Access and Assessment**-- All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision making processes. Kentucky has selected the VI-SPDAT as its assessment tool.
- **Inclusive**- A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.

# More Qualities of Effective Coordinated Entry

## *From HUD Coordinated Entry Brief*

- **Referral to projects**-The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.
- **Referral protocols**- programs accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare
- **Outreach**- coordinated entry process is linked to street outreach efforts
- **HMIS**- use to collect and manage data associated with assessments and referrals
- **Prioritize** people who are most vulnerable or have the most severe service needs

# HUD Notice CPD16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

- For beds designated for persons experiencing chronic homelessness, for Permanent Supportive Housing is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs
- For Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness
  - First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs
  - Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
  - Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
  - Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

# Challenges Faced In Rural Balance of State Coordinated Entry Implementation

- Planning across large geography
- limited emergency shelter services
- Support services minimal or very difficult to access
- Challenges implementing a case review/conferencing process
- Difficult to engage providers who are not participants in Continuum of Care
- Lack of access to housing
- Challenges hiring program staff
- By-name List prioritization development is difficult; often fragmented
- Challenges in implementing Housing First policies across the system

# Success and Challenges in Balance of State Coordinated Entry Implementation

- Zack Brown and Amanda Sisson, West Virginia Coalition to End Homelessness
- Carrie Poser, Wisconsin Balance of State Continuum of Care
- Kenzie Strubank, Homeless & Housing Coalition of Kentucky
- Adrienne Bush, Hazard-Perry County Community Ministries

# WI Balance of State COC Coordinated Entry System

Carrie Poser, COC Director

Wisconsin Balance of State COC

October 2016

# Overview of the Presentation



- Introduction
- WI Balance of State COC
  - Structure
  - Leadership
  - Numbers
- Coordinated Entry System
  - Written Standards
  - Order of Priority
  - Coordinated Entry
- Lessons Learned

# Wisconsin's COC Layout

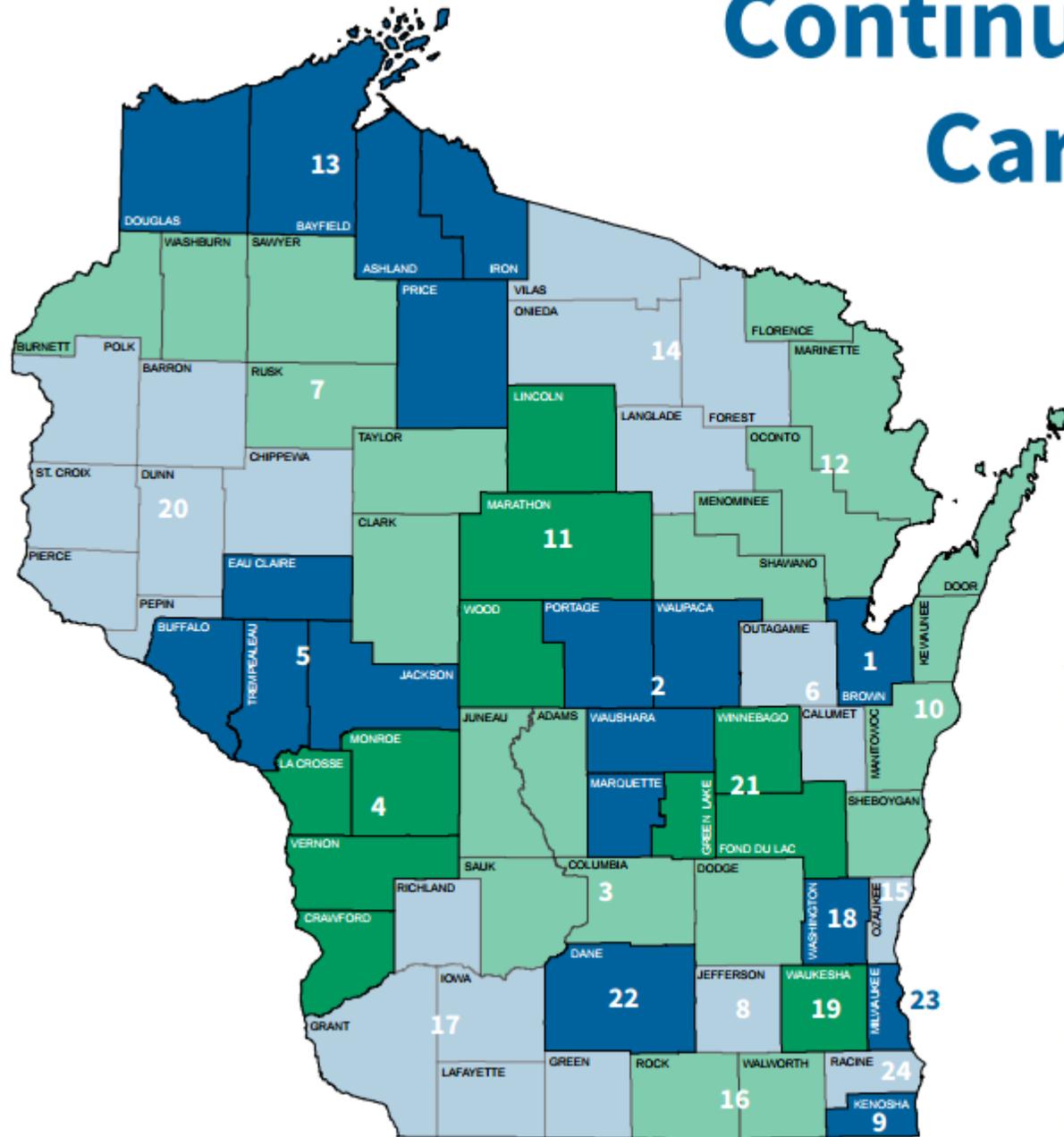
- The State of Wisconsin is divided into 4 separate HUD-recognized continua.
  - Milwaukee ([www.milwaukeeecoc.org](http://www.milwaukeeecoc.org))
  - Racine ([www.racinecoc.org](http://www.racinecoc.org))
  - Dane ([www.unitedwaydanecounty.org](http://www.unitedwaydanecounty.org))
  - Balance of State – remaining 69 counties ([www.wiboscoc.org](http://www.wiboscoc.org))
- Each continua has its own geography, leadership, governance structure, committees/workgroups, coordinated assessment system, policies, and funding.
- Each continua shares the same statewide HMIS system, HMIS governance, and HMIS lead organization.

# Balance of State COC Structure



- The Balance of State Continuum of Care is a 501(c)3 organization.
- Membership of the organization is comprised of 21 local continua.
  - Each local continua is responsible for having at least quarterly meetings.
  - Select a COC Lead and PIT Lead
  - Attend Balance of State quarterly meetings
- The geography includes:
  - Over 62,000 square miles
  - It takes approximately 6 hours to travel north to south, 4 hours to travel east to west
  - Bordered by the Mississippi River, Lake Superior, and Lake Michigan
  - 69 different counties
  - 15 consolidated plan jurisdictions
  - 11 Native American tribes
  - Largest city – Green Bay (population 105,000)

# Continuum of Care Map



A Continuum of Care (CoC) is a community planning body working to deliver services and housing to individuals experiencing homelessness. Many Wisconsin housing programs for homeless and formerly homeless persons are funded through HUD Continuum of Care Program grants. HUD collects and reports data on the Dane, Milwaukee, Racine, and Balance of State CoCs in Wisconsin.

# 21 Local Continua



- (1) Brown
- (2) CAP
- (3) Central
- (4) Coulee
- (5) Dairyland
- (6) Fox Cities
- (7) Indianhead
- (8) Jefferson
- (9) Kenosha
- (10) Lakeshore
- (11) North Central
- (12) Northeast
- (13) Northwest
- (14) NWISH
- (15) Ozaukee
- (16) Rock-Walworth
- (17) Southwest
- (18) Washington
- (19) Waukesha
- (20) West Central
- (21) WinnebagoLand

# Balance of State COC Leadership



- **Board of Directors**

- Balance of State overall governance is done by a volunteer board, minimum of 11 members and maximum of 15.
- Two year staggered terms, annual officer selection
- Members include:
  - 8 regional positions (north, east, west, south),
  - two specific (HMIS lead and homeless/formerly homeless), and
  - a possibility of 5 additional special populations (i.e. agencies that work with DV, youth, veteran, chronic, HIV/AIDS, substance use).

- **Paid Staff**

- On May 1, 2015, a new full-time paid position was added in order to assist with HUD requirements. Started as COC Coordinator, became COC Director in May 2016.
- In 2017, the Balance of State will add an additional paid position – Monitoring & Compliance.

## • Committees & Workgroups

- Much of the policy work is done through committees and workgroups. Items are developed by the committee, approved by the Board, and then voted on by the membership.
- Each Board member is required to chair a committee or workgroup. Anyone is welcome to join a group. COC funded & ESG funded agencies are required to actively participate in committee work.
- These include:
  - Executive Committee
  - Project Evaluation & Assistance
  - Discharge Planning
  - 10 Year Plan and Gaps & Needs
  - HMIS/PIT COC workgroup
  - HMIS/PIT ETH workgroup
  - HMIS/PIT PIT workgroup
  - Public Awareness
  - Standards
  - Youth Advisory Council
  - **Coordinated Entry**

# Coordinated Entry Committee



- Where to begin?
  - Created to develop the coordinated entry policy & system for the Balance of State
  - Spent 1 year reviewing, talking, researching, discussing, etc.
  - Split off a group to work specifically on written standards for PSH, TH, and RRH
  - Once the standards were passed by the membership, the system became easier to manage.
  - HMIS Lead heavily involved in entire process
- Committee Members were a diverse group that included:
  - Housing providers – DV and non-DV
  - Emergency Shelters – DV and non-DV
  - Mixture of funding
  - Shelter staff, case managers, program managers
- Currently operates to review policy issues and has multiple teams working on different tasks:
  - Implementation Team
  - Grievance Team
  - DV Team
  - Youth Team
  - Marketing – works with Public Awareness Committee
  - Evaluation Team

# WI Homelessness by the Numbers



- During the calendar year 2015, there were **27,532 adults and children** that experienced homelessness (reported by providers who use HMIS).
  - 18% increase since 2010
  - 7-14% clients are chronically homeless
  - 53% clients served by HMIS projects in 2015 were single adults
  - 13% clients served by HMIS projects in 2015 were youth 18-24
  
- This means 1 in 209 Wisconsin residents experienced homelessness in 2015.
  - Coulee = 1 in 129 residents
  - Brown = 1 in 132 residents

**Note:** this data comes from HMIS and does not include victim service providers

<http://www.icalliances.org/wisconsin-annual-report-dashboard>

# Point-in-Time



- During the January 2016 point-in-time count in Wisconsin, there were **5,685 people** experiencing homelessness on 1 night. Of this total:
  - **61% were in the Balance of State**
  - 25% were in Milwaukee
  - 11% were in Dane
  - 3% were in Racine
- In the Balance of State, there were 3,445 people homeless on 1 night:

Provider Type*	# of People	Household Composition	# of People	Sub-population	# of People
Emergency Shelter	1,939	Household with children	1,898	Chronic Homelessness	183
Transitional Housing	1,367	Household without children	1,538	Veterans	236
Unsheltered	132	Household with only children	2	Adult victims of DV	736

\*This does not include the 7 people who were in Safe Haven projects the night of the PIT.

# Types of Projects & Funding

- **COC funded (2016) ARD was \$8,521,973.**
  - Permanent Supportive Housing 14 projects
  - Transitional Housing 18 projects
  - Rapid Re-Housing 6 projects
  - Safe Haven 1 project
  - Shelter Plus Care 1 project
  - HMIS 1 project
  
- **ETH funded (2016) – Federal ESG + State HPP + State THP**
  - Federal ESG + State HPP = ETH project
    - Communities fund rapid re-housing, emergency shelter, and prevention. Local flexibility.
    - Required minimum amount of funding that must be used on rapid re-housing.
  - State THP = only eligible applicants are HUD recognized COC's

# Coordinated Entry – Written Standards

- Developed in committee, approved by Board, voted on by the membership:
  - COC funded Permanent Supportive Housing in 2014\*
  - COC funded Transitional Housing in 2014\*
  - ESG funded Rapid Re-housing in 2014 and revised in 2016
  - COC funded Rapid Re-housing standards passed in 2016.

\*Permanent Supportive Housing and Transitional Housing standards out for comment currently

- Standards cover a variety of areas:
  - Personnel, evaluation & planning
  - Client intake process and files, housing, case management services
  - Service coordination, termination, follow-up

## **This is not a simple process!**

- First time our organization made specific decisions about what was happening within individual projects
- A lot of debate around:
  - Under whose authority can the Balance of State dictate process to an agency that signs an independent contract directly with HUD?
  - Effectiveness of housing first philosophy and screening process
  - Effectiveness of housing first philosophy and maintaining housing program
  - VI-SPDAT as the required assessment tool for housing providers
- However, in the COC Competition (2014), each COC funded project voluntarily elected to check the “housing first” boxes. This rendered much of the debate and arguments moot.

# Housing First



- **Key Principles:**

- Everyone is housing ready!
- Safe and affordable housing
- All people can achieve housing stability in permanent housing; supports may look different
- Right to self-determination, dignity, & respect
- Configuration of housing & services based on participant's needs & preferences

- **Core Components:**

- Supportive services are voluntary, but offered.
- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid & streamlined entry into housing
- Practices and policies to prevent lease violations and evictions

- **Programs using a housing first model show:**

- Increased housing retention rates
- Lower returns to homelessness
- Significantly reduces the use of crisis services and institutions

# Housing First is NOT:

- A program
- “Housing Only”
- Contingent on compliance
- Optional for many federal and state funded programs
- Designed to harm clients or remove choice
- A good fit for all agencies
- Removing the need for shelters in the Homeless Crisis Response System

# Coordinated Entry – Order of Priority

- Following the passage of the written standards in 2014, the Board realized an oversight – no Order of Priority was approved!
- Shortly thereafter, the Board approved an order of priority for each of the programs: PSH, TH, and RRH.
- In 2016, with the revision of the ESG funded RRH written standards, the order of priority was re-authorized.
- In 2016, with the release of HUD’s new Chronic Homeless definition and then order of priority, the Board approved the HUD notice as the PSH order of priority.
  - <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

# Order of Priority



- **Prioritization for Permanent Supportive Housing (PSH) – as of August 2016**
  - Chronic homeless and most severe service need (VI-SPDAT)
  - Chronic homeless and longest history of homelessness
  - Homeless with disability with longest periods of episodic homelessness and most severe service need
  - Homeless with disability and most severe service need
  - Homeless with disability and came from place not meant for human habitation, safe haven, or emergency shelter
  - Homeless with disability and came from transitional housing
- **Prioritization for Transitional Housing (TH) – as of August 2015**
  - Category 1 or 4, Homeless with disability and most severe service need (VI-SPDAT)
  - Category 1 or 4, Homeless without disability and most severe service need (VI-SPDAT)
  - Category 2, Homeless with disability
  - Category 2, Homeless without disability
- **Prioritization for Rapid Re-housing (RRH) – as of May 2016**
  - Category 1, Most severe service need (VI-SPDAT)

# Permanent Supportive Housing (PSH)

- Chronic status priority – 12 month consecutive or 4 times in 3 years totaling 12 months or more (new definition)
- VI-SPDAT score (must be 8+) or VI-F-SPDAT score (must be 9+)
- Length of homelessness used as a “tie-breaker”

# Transitional Housing (TH)

- Priority: Category 1 or 4 homeless status
- Disability (adult)
- VI-SPDAT score (must be 8+) or VI-F-SPDAT score (must be 9+)
- Length of homelessness used as a “tie-breaker”

# Rapid Re-Housing (RRH)

- VI-SPDAT score & VI-F-Score (must be at least 4)
- Requirements – Category 1
- Length of homelessness used as a “tie-breaker”

# Coordinated Entry

- Requirement under the COC & ESG Interim Rule
  - Each HUD-recognized COC must create their own system
  - Implemented January 1, 2016.
  - Participation deadline April 1, 2016.
- The Balance of State COC has identified the following Coordinated Entry goals:
  - The process will be easy for the client, and provide quick and seamless entry into homelessness services.
  - Individuals and families will be referred to the most appropriate resource(s) for their individual situation.
  - The process will prevent duplication of services.
  - The process will reduce length of homelessness.
  - The process will improve communication among agencies.

## Coordinated Entry is Not:

- A specific tool
- What you have already been doing
- One agency's responsibility
- About putting your clients into your program
- A fix for lack of resources
- A wait list

## Coordinated Entry is:

- A system
- A method of prioritizing clients based on need
- An entire local continua's responsibility
- About housing people with the greatest need into any eligible program
- An opportunity to discuss community needs and resources
- An active list of people in need of housing services

# Key Principles



- The key components of the Balance of State Coordinated Entry process includes:
  - ✓ No wrong door approach
  - ✓ Designated lead agency (DLA)
  - ✓ VI-SPDAT and VI-F-SPDAT
    - Vulnerability Index-Service Prioritization Decision Assistance Tool and Vulnerability Index-Service Prioritization Decision Assistance Tool for Families
    - Pre-screening or triage tools
    - Standardized Assessment
  - ✓ Prioritization list (HMIS)
  - ✓ Prioritization list (Non-HMIS) & List Holder

In the Balance of State, it is prohibited for any HUD-funded homelessness assistance programs to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List.

# Access to Coordinated Entry



Because of the diversity and size of the WI Balance of State COC, access to the Coordinated Assessment System follows a “No Wrong Door” approach.

The principles of this approach are:

- A client can seek housing assistance through **any of the participating coordinated entry providers** and will receive integrated services.
- Clients should have **equal access to information and advice** about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs.
- Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the **primary contact for clients** who apply for assistance through their service unless or until another provider assumes that role.
- Participating providers will guide the client in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting client.
- Participating housing providers **will work collaboratively** to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for clients, particularly for those with high, complex or urgent needs.

# DLA & List Holder

- The **Designated Lead Agency (DLA)** does not have to receive any particular type of funding. The only requirement is that the agency agrees to be the conduit of information and Coordinated Entry “expert” in the community.
- The **Designated Lead Agency Contact** must be a person from the DLA who agrees to be that point of contact, the “expert,” the “go-to person.” The DLA contact will communicate with the Coordinated Entry committee, implementation team, COC Director, etc. as the representative of a particular community. The DLA contact is required to attend all Coordinated Entry-related trainings.
- The **List Holder** is the person selected to manage the HMIS Prioritization List. S/he does not have to be the DLA Contact, come from the DLA, or be able to access HMIS.

# Coordinated Entry Process

- There are 4 key elements of coordinated entry:
  - Pre-Screen Form
  - VI-SPDAT or VI-F-SPDAT
  - Referral to Prioritization List
  - Ongoing assistance to secure housing

# Pre-Screen Form

- When an individual or family enters shelter or contacts a housing provider, a Pre-Screen Form is completed as an initial screen to establish basic eligibility and provide consent
  - [http://www.wiboscoc.org/uploads/3/7/2/4/37244219/balance\\_of\\_state\\_pre-screen\\_form\\_-\\_rev\\_3\\_11\\_16.pdf](http://www.wiboscoc.org/uploads/3/7/2/4/37244219/balance_of_state_pre-screen_form_-_rev_3_11_16.pdf)
- The Pre-Screen Form should be retained in the client file.
  - If the client refuses to complete the Pre-Screen Form, the refusal should be documented on the form.
- If the individual or family agrees to complete the assessment, then the VI-SPDAT or VI-F-SPDAT is completed.
  - If the client refuses to complete the VI-SPDAT, the refusal should be documented on the form.
- If the individual or family wants to be placed on the Prioritization list, a referral is made in HMIS or Non-HMIS Referral form.

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment in order to provide referral to other services?

Yes       No       **VERBAL**

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this form does not guarantee that I will receive assistance.       **VERBAL**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Rep \_\_\_\_\_ Date: \_\_\_\_\_

# VI-SPDAT or VI-F-SPDAT



- Whether the VI-SPDAT is first conducted on paper and then entered in HMIS or the results are directly inputted into HMIS, the assessment should be completed within 48 business hours of when the information was first collected.
- If the individual/family is not prioritized for any interventions either because they chose not to be referred to the list or the scored below a 4 on the assessment tool\*:
  - Explain why they will not be placed on the prioritization list
  - Refer to other supports/services that are available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends).
  - Ideally, referrals are “warm referrals”
    - You contact the agencies to determine availability/eligibility & inform them of your referral
    - Client has a name of a contact person and knows s/he will be prepared to meet with him/her
  - The assessment process ends for the client at this point.

***\*\*Note: some communities are referring all clients that complete the VI-SPDAT assessment tool regardless of score as long as they meet the homeless criteria.***

# Referral to Prioritization List

- The referring agency is responsible for following up with the individuals and families they refer in order to determine whether the individual or family is still in need of permanent or transitional housing.
- Follow-up contact must occur every 90 days at a minimum.
- If the individual or family is still in need of housing, the agency should update contact information if necessary.
- The HMIS process and training on updating the prioritization list, making referrals, and managing those referrals is done by the HMIS Lead organization (Institute for Community Alliances – ICA).

# The Non-HMIS Prioritization List

- The Non-HMIS Prioritization List collects information submitted through the Non-HMIS Referral Form powered by Google Forms.
- The Non-HMIS Prioritization List was designed to mimic the HMIS Prioritization list.
- On the Non-HMIS Prioritization List, you are able to:
  - See the answers submitted through the Non-HMIS Referral Form powered by Google Forms
  - Make a decision to accept or decline a referral
  - See the prioritization of persons referred to the list for each of the project types based on the Balance of State prioritization policies for PSH, TH, and RRH
  - See the answers used to determine chronic homeless “yes or no”
  - See all persons accepted and declined

# Referrals

- A referral can be done in one of two ways:
  - Through HMIS
  - Through the Non-HMIS Referral Form
- Either method results in a person or family placed on a prioritization list for housing options
- Either method requires certain information in order for the prioritization to occur
- Once the referral is made to either list, the referral must be accepted or denied in order to remove the person from the prioritization list.

# What Happens After a Referral is Made?



1. The referring person/agency is responsible for maintaining contact with the person/family.
2. Because the Prioritization list (whether in HMIS or Non-HMIS) is not just a wait list, each person should be given as much support as possible to secure permanent housing. This will include other non-COC funded or ESG funded programs.
3. After 90 days on the List, the referring person/agency is responsible for follow-up with the person/family.
  1. Confirm contact information
  2. Confirm homeless situation
  3. Confirm need
  4. Confirm desire to remain on list

# Ongoing Assistance

- As the referring entity, you are responsible for helping the client secure permanent housing.
- This can include:
  - Through placement on the prioritization list
  - Through friends or families
  - Accessing Section 8 or public housing
  - Enrolling in SSVF program
  - Securing HUD-VASH voucher
  - Enrolling in TBRA
  - Moving to a different community
  - Finding a roommate

# Role of Emergency Shelters

- **Every** ESG-funded Emergency Shelter and Homeless Motel Voucher program is required to **participate** in the Coordinated Entry process.
- **To participate means:**
  - You are completing a Pre-Screen Form on all households (or unaccompanied youth) in the shelter or motel voucher program and retaining the form in a client file.
  - You are completing the VI-SPDAT or VI-F-SPDAT assessment tool with all willing clients and documenting any refusals.
  - You are referring all of those clients to the prioritization list in HMIS (or the Non-HMIS list if applicable).
  - You are the point of contact for those clients whether they remain in your shelter or not.
  - You are actively helping clients to secure housing.
  - You will conduct follow-ups on those clients remaining on the prioritization list for 90 days or more

# “I have an opening. Now what?”



- Housing Provider Type
  - If the housing provider is an agency that does not use HMIS, they must contact a partner agency that uses HMIS to run the HMIS Prioritization List for families & singles.
  - If the housing provider is an agency that uses HMIS, they must run the Prioritization List for singles and families.
- Based on the project type (PSH, TH, RRH), the staff will take the first person off the HMIS list and note their “numbers” or “information.”
- Then, the staff person must contact the List Holder (Non-HMIS Prioritization List) for their continua.
- Based on the project type (PSH, TH, RRH), the List Holder will be asked if the highest person is higher in priority than the HMIS person.
  - This will involve asking about VI-SPDAT score, length of homelessness, disability, chronic status, etc.

- If the person on the HMIS list has higher priority scores, then the opening is offered to that person.
  - To document, staff should follow the HMIS Lead instructions and process for accepting referrals in HMIS.
- If the person on the Non-HMIS list has higher priority scores, then the opening is offered to that person.
  - To document, staff should contact the List Holder and get the referring agency contact information and unique ID for the person and let the List Holder know that the referral is “accepted.”
  - List Holder should following the instructions and process for completing the “Housing Action” tab on the Non-HMIS Prioritization List.

# “I have the name. Now what?”

- The Housing Provider must contact the actual person or referring agency to get contact information for the person.
- When talking to the potential client, the client could:
  - Accept
  - Refuse the project or agency offering the service
  - Decline because they have already found a solution to their situation
- Each situation requires action on the part of the Housing Provider.

# Things We Are Working on Now



- Retraining the VI-SPDAT and trauma informed care
- Roll out the TAY-VI-SPDAT for unaccompanied youth under the age of 24
- Implement the grievance policy and procedure for clients and providers
- Roll out the standardized brochure, posters, and other advertisement for the coordinated entry system
- Update the website – map and contacts
- Beginning stages of evaluation

# Lessons Learned



- Develop written standards & order of priority first
- Keep domestic violence providers involved
- Emphasize that coordinated entry is not a program, it is a process
- HMIS vs. Non-HMIS plan
- You cannot please everyone
- Set up a grievance policy and procedure within the first 3 months of implementation
- Don't assume people will ask questions
- But when they do, you need a group to turn to for questions: *Implementation Team*
- Provide lots of opportunities for training

# Contact Information

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