



**Policy Title:** Coordinated Entry

**Committee Creating:** Needs Assessment

**Last Approved:** 08/10/2016, Leadership Committee

**Policy Statement:** It is the policy of the DuPage Homeless Continuum of Care (CoC) to have a Coordinated Entry System (CES) to prioritize placement in CoC housing programs to result in better outcomes for those experiencing a housing crisis. The Coordinated Entry Process is intended to ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner, to target HUD funded programs to those who are most in need of assistance and to prioritize those with the highest needs and the greatest barriers to the most appropriate program. The CES will not delay access to Emergency Shelter to the extent that shelter is available.

To this end, the Coordinated Entry System will incorporate the CoC's expectations of community-wide standardization of assessment, placement, and prioritization. The CES will be well coordinated amongst COC agencies with respect to private client information; agencies will secure client consent to participate in a standard fashion. Access to system will be fair, equal and appropriately marketed to all persons especially those least likely to apply. The CES will utilize the COC Homeless Management Information System and data driven methods. DuPage County CoC will evaluate community-wide needs and HUD priorities annually. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing CoC Prioritization.

The CoC's Coordinated Entry System will: 1. Target Permanent Supportive Housing resources to those who are the most vulnerable with the most intensive needs and longest length of literal homelessness<sup>1</sup>; 2. Minimize the time one experiences a housing crisis; 3. Link clients to the most appropriate housing intervention; and 4. Provide system level outcomes and reporting. The CES will apply to placement of homeless persons within the entire DuPage County geographic area into DuPage County Continuum of Care (CoC) housing programs.

The CoC will record adoption of this policy within Leadership Committee Minutes. This policy will include the date of acceptance as the most recent revision date. This policy is an attachment to the DuPage County Homeless Continuum of Care Governance Charter.

**Related Policies:** This policy will comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

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<sup>1</sup> Literal Homelessness- Lacking a fixed, regular, and adequate nighttime residence meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation; is living in a publically, or privately operated shelter designated to provide temporary living arrangements, or safe haven, or is exiting an institution where s(he) has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.



**Related Documents:** HMIS Privacy Plan, Security Plan and Data Quality Plan

**DuPage Homeless Continuum Coordinated Entry System (CES)**

- A. Access** to CES will be fair, equal and appropriately marketed to all persons especially those least likely to apply. Access may occur through the request for housing services or presentation of a homeless condition to a COC agency providing street outreach or other homeless services. Street outreach and person centered engagement efforts are coordinated and strategic, actively seeking individuals across the entire Continuum geography. These efforts ensure that all persons experiencing chronic homelessness are engaged, even if they repeatedly decline housing and services. To the best of the outreach team and the CoC's ability, these individuals are connected to Coordinated Entry and connected with some form of assistance or intervention. In the CES, the initial assessment will be brief, asking only information necessary to make the referral at hand. The assessment is intended to be progressive, capturing different information about the client in different stages of homelessness. This system will not delay access to Emergency Shelter to the extent that shelter is available.

Direct referrals will be provided to those who need access to Homeless Prevention Services, Emergency Shelter Services, Domestic Violence, and supportive housing for youth. Some clients will progress to a more in-depth assessment to gain access to rapid re-housing services, transitional housing, and Permanent Supportive Housing. Need for these more intensive services outweigh the supply; access will be determined by a prioritization process.

At this time, agencies providing Permanent Housing Services will be the only agencies completing this progressive assessment and prioritization process. The target population will be those with the highest needs and the greatest barriers. This attempt to address the most vulnerable with the most intensive needs and longest lengths of homelessness, will serve as the groundwork and prototype for a full Coordinated Entry system addressing all continuum housing programs.

- B. DuPage County CoC agencies will use **community-wide standard processes** and **standardized assessment tools** for assessment and recording of eligibility factors and severity of need.**
- a. Timely assessments will be complete for persons who are literally homeless; staying in an Emergency Shelter, a place not meant for human habitation, a motel paid for by a charitable source, an institutional setting for fewer than 90 days, where they were previously staying in an emergency shelter or a place not meant for human habitation. Assessment may be completed either by phone or in-person, based on the policies and procedures established by each participating agency.
  - b. Agencies will respect private information and secure client consent to participate in a standard fashion.
    1. Agency will review the *Authorization to Use or Disclose Protected Confidential Health Information* with the client and clearly document client consent, or the refusal to share data. Agencies will attach a copy of the signed authorization to the client's Release of Information record in HMIS when applicable. If



consent is not granted, agencies will contact the HMIS Help Desk for further support before entering any program Entry/Exit data into HMIS.

- c. Agencies will collect and record uniform data to determine Chronic Homelessness ( as defined in the Chronically Homeless Final Rule 24 CFR 578.3 published December 2015, and comply with the regulations promulgated by this rule as of January 5, 2016) or other housing status as established by the US Department of Housing and Urban Development (HUD). i
- d. Agencies will use a common, standardized assessment tool to determine those with the highest needs and greatest barriers toward obtaining and maintaining housing.
  - 1. The Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) is the standard assessment tool to evaluate and determine severity of need for homeless housing. The VI-SPDAT has scoring applicable to either individuals or families (Family VI-SPDAT). The VI-SPDAT may be re-administered and subsequent score may be updated as needed. Prior to completing the VI-SPDAT v2.0 or VI-FSPDAT v2.0, it is necessary to complete training to ensure that the tool is properly administered.ii
  - 2. The VI-SPDAT and VI-FSDPAT can be completed directly in HMIS where scoring is automated. Read the script, directions, and questions to the client exactly as written. Clients may refuse to answer and responses are marked accordingly. The Pre-Screen Total score helps to determine the appropriate housing intervention. Recommendations are as follows –

	No Housing Intervention	Rapid Re-Housing	Permanent Supportive Housing
Individual	0-3	4-7	8+
Family	0-3	4-8	9+

- e. All agencies’ client case files must show sufficient documentation of eligibility and determination of priority placement for assistance. Documentation should meet the highest standard reasonable.iii
- f. Each agency is responsible to train and monitor staff completing these standard processes. As a support, the DuPage County CoC will provide resources and conduct periodic trainings on components of the standard process. Quality control within HMIS will be monitored by DuPage Community Services.

**C. Identification of Severity of Service Needs will be identified and verified through data-driven methods** such as the standardized assessment tool described above. The process will be documented in a program participant’s case file. The determination is based on severity of need rather than a specific diagnosis or disability type, and will not be based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements see 24 C.F.R. § 5.105(a). Agencies will maintain documentation of information pertinent to how the determination was made, including notes associated with case-conferencing decisions.



Persons assessed for Permanent Supportive Housing will be those identified as having the most severe service needs. These persons will have at least one of the following conditions:

- a. A history of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- d. When applicable, CoC's and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

**D. Assessment data will be maintained in the Homeless Management Information System (HMIS)<sup>iv</sup>**

- a. Agencies will follow their standard privacy practices.
- b. Agencies will enter client data using the Coordinated Entry entry/exit workflow within HMIS.
- c. HMIS System Admin and the HMIS Policy Committee will develop and update training and workflow document for users. Current workflow document will be located as an addendum to this document and will be stored at [www.dupageco.org/HMIS](http://www.dupageco.org/HMIS).
- d. Authorizations to share information will be completed during the coordinated entry assessment and PSH prioritization process and will be entered and stored in the HMIS system.

- E. Using the assessment data, the DuPage County CoC will rank severity of need and prioritize candidates to fill Continuum funded housing vacancies in both PSH dedicated and PSH non-dedicated beds** using the priorities below. The prioritization for Permanent Supportive Housing (PSH) programs emphasizes housing those who have been homeless the longest and have the most severe service needs<sup>2</sup>. Those with the highest scores combining length of homelessness and the VI-SPDAT score including applicable portions used to determine severity of service needs will be candidates for Permanent Supportive Housing. The DuPage CoC will follow HUD's guidance for prioritizing as found in [CPD-16-11 Issued July 25th, 2016](#).

Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1 of this Notice to the extent in which persons with serious mental illness meet the criteria. In this

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<sup>2</sup> Specifically Scores from Sections B. Risks and D. Wellness of the Individual and Family VI-SPDAT will be used for prioritizing based on Severity of Service Needs. Scores from Section A. History of Housing and Homelessness of the Individual and Family VI-SPDAT will be used for prioritizing based on length of homelessness, [Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)



example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

**First Priority - Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

**Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

**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**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

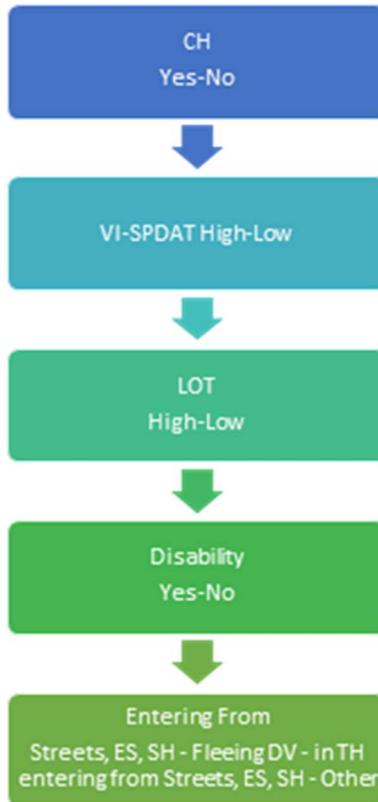
**Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing



project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

- F. The DuPage County CoC Coordinated Entry Ad-hoc Committee will define length the process and priorities for **ranking need and prioritizing** candidates **to fill beds for Veterans, Transitional Housing Beds for Family and for Youth**. Other households will be assessed for assistance under the Rapid Rehousing Program.
- G. As **vacancies** arise, an agency will use a current HMIS generated priority list to find candidates as sorted in the diagram below. An agency may use pre-defined criteria for project or dedicated beds to select their top candidate from the list.



- a. Projects may have additional eligibility criteria. These criteria may be updated during the continuum's annual project review process. Additional eligibility criteria typically includes special populations based on facility or best practice standards for specialty programs such as veterans, mentally ill, families or single adults.
- b. Approved Additional Eligibility Criteria can be used by projects to determine suitability but not to give preference to households.



- c. Agencies must maintain detailed eligibility and suitability criteria used to determine appropriate placement within their programs. Criteria must adhere to applicable HUD guidelines for their program type.
- H. The agency with the vacancy must make suitable effort to complete **outreach** to the candidates in order of priority.
  - a. Outreach should involve the original assessing agency to the extent possible
  - b. Due diligence will be exercised when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in the CPD-16-11 and adopted by the DuPage CoC.
  - c. An agency is not required to maintain a vacancy in an unoccupied unit indefinitely as a result of not being able to contact the top candidate. Agencies are encouraged to follow a Housing First approach to the maximum extent practicable. Subsequent candidates may be contacted for housing.
- I. Candidates must complete the **application** process and prove eligible for placement.
  - a. The candidate will be required to provide documentation that meets HUD and project specific requirements to enter a DuPage CoC housing program.
- J. Candidates will remain **active in the prioritization list until housed**, otherwise removed, or determined inactive. All candidates have the option to not apply or decline the housing which is offered. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting PSH and where the CoC has adopted these Orders of Priority into their written standards, these individuals and families must continue to be prioritized until housed. Evaluation of those who remain unhoused will be used to guide homeless assistance planning and system change efforts.
- K. The CoC, as well as recipients of CoC Program-funded PSH, will maintain **evidence of implementing CoC Prioritization through Recordkeeping**. 24 CFR 578.103(a)(4) outlines documentation requirements for recordkeeping for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. Evidence of following these orders of priority may be demonstrated by:
  - a. Evidence that the recipient is able to determine the severity of needs as defined in this policy using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
  - b. Evidence that the recipient is following CoC's written standards for prioritizing assistance as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's



intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

The CoC will maintain evidence there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

- L. DuPage County CoC will **evaluate community-wide needs and HUD priorities annually**, to determine a list of housing priorities for the year. Priorities may differ based on type of housing. The DuPage Homeless Continuum of Care will give priority to those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service. The CoC will establish an order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.
  
- M. DuPage County CoC will create and maintain written Standard Procedures applicable to all participating agencies for the Coordinated Entry Process and PSH Prioritization List

Client Presenting Circumstances	Emergency Shelter	Transitional Housing	Permanent Supportive Housing	Rapid Re-Housing	Homeless Prevention	Supportive Services Only
<b>Housing Status</b>						
Homeless						
At Risk of Homelessness						
<b>Disability</b>						
<b>Other</b>						
Need for Supportive Services (SA, MI, Credit, Legal, Criminal justice Involvement)						
<b>Future ability to maintain housing stability</b>						
Short-term Crisis						
Employable or has Ability to regain Self-Sufficiency						
DuPage Residency-living in or moving to DuPage						



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<sup>i</sup> HUD's current definition of homelessness may be found at <https://www.onecpd.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>.

<sup>ii</sup> Training and free downloads of the tool is available through, OrgCode Consulting Inc., [www.orgcode.com/course/vi-spdat-v2-training](http://www.orgcode.com/course/vi-spdat-v2-training)

<sup>iii</sup> Guidance on acceptable documentation may be found at [www.OneCPD.info](http://www.OneCPD.info) (Refer to HUD's issued guidance. Homeless Status: Recordkeeping Requirements and At-Risk Status and Income: Recordkeeping Requirements). Based on this guidance, our continuum has developed a *Homeless Eligibility & Verification Form* to select housing status and the documents necessary to verify this status.

<sup>iv</sup> **Severity of Service Needs** refers to persons who have been identified as having the most severe service needs. This means an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing. Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. (b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined above. However, such determination must not be based on a specific diagnosis or disability type.

<sup>v</sup> Specifically Scores from Sections B. Risks and D. Wellness of the Individual and Family VI-SPDAT will be used for prioritizing based Severity of Service Needs. Scores from Section A. History of Housing and Homelessness of the Individual and Family VI-SPDAT will be used for prioritizing in combination with length of homelessness, [Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)

<sup>v</sup> **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

### **CES Update Summary**

Created: 11/15/2013

Approved: 1/15/2014

Approved: 4/22/2015

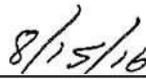


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Approved 08/10/2016 - This policy reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" and accepts the orders of priority established in prior notice CPD-16-011.

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Mary A. Keating, Director  
DuPage County Community Services

  
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Date