

## BOS CoC Coordinated Entry FAQ

### Coordinated Entry Screening and Referral Questions

#### **Who should be included in a referral?**

Only include the Head of Household in the referral, even if there is more than one person in the household. The person with the disability and longest length of homelessness should be considered the Head of Household for the purposes of the referral. If the child has a disability, then the child also needs to be included in the referral. Including the entire household in the referral may require extra work to accept/decline/cancel a referral in order to remove it from the prioritization list or the homepage.

#### **What is considered an underage child?**

Someone under the age of 18 is considered an underage child.

#### **What VI-SPDAT version should be used for a household with more than 1 adult but no underage children-the Single or Family?**

The Single VI-SPDAT should be used for each member of the household when the household is made up of more than 1 adult and no underage children. The person with the highest VI-SPDAT score should be the Head of Household and the person referred to the Coordinated Entry Prioritization List for Singles.

#### **To which prioritization list should households with more than 1 adult but no underage children be referred to-Single or Family?**

Households with more than 1 adult but no underage children should be referred to the singles list. The referring agency should use the need notes to explain the Household composition. The rationale behind this is that Family VI-SPDAT and Single VI-SPDAT do not have comparable scores. The creator of the VI-SPDAT, Orgcode, does not have a procedure to compare Family and Single scores. In addition, the Single VI-SPDAT scores will not be pulled into the Family Priority lists because they are not scored on the same matrix.

#### **If there are only children in the household who are 18 year old or older and no underage children, which VI-SPDAT version do I use-Single or Family?**

You would follow the same procedure as above for households with more than 1 adult with no underage children.

**Since a household with only adults is referred to the Singles prioritization list, does an agency that can take families with a makeup of only adults and no underage children have to run both Family and Single priority lists so they include everyone?**

Yes, they will need to run both lists so they can see who is the highest prioritized. Agencies will need to look at the “need notes” column on the Singles report to determine if there are any adult-only households referred to the list.

**How often can we do a new VI-SPDAT?**

The general policy is 6 months is appropriate to do a new VI-SPDAT, but first there should be a discussion with the person seeking assistance about what circumstances have changed and why they are requesting another VI-SPDAT assessment to be completed. As the service provider, you should know enough about the tool to assess if the changes the person is describing will alter the score. Remember, if you do a new VI-SPDAT you must update the score on the referral so it keeps the client’s situation accurate

**If I follow up with a referral and the person is no longer Category 1 but not permanently (or stably) housed, do they need a new VI-SPDAT?**

No, but you need to update the Coordinated Entry Assessment to reflect their current housing status (i.e. Category 2). This will adjust their prioritization. If there was a major change in the person’s circumstances that would alter their VI-SPDAT score, then you can re-do it.

**Within our community there are some agencies that are getting very different VI-SPDAT scores for the same clients.**

The way a VI-SPDAT is administered can affect how a person answers the questions. It is very important that a client is given the same script and it is administered in the same way no matter which agency they go to in a community. Many successful communities have sat down together to create a script and do a community-wide training on the tool beyond the Orgcode training. The Orgcode training is required to implement the tool but there should also be a community consensus on the opening script and how it is administered to create as much standardization as possible. There will be new VI-SPDAT training coming from the WI BOS in December so please watch for that!

**What if our community does not have any programs that assist households made up of more than one adult and no underage children, but clients in this type of household have been referred to our community priority list?**

One goal of Coordinated Entry is to help communities identify gaps in services. Coordinated Entry will not solve this issue for a community but it may bring gaps in resources to light which can foster a community discussion about the communities service needs.

**Is there a policy regarding when an agency cannot get in contact with a client and when you can take them off the list?**

There are two important policies that the WI Balance of State created regarding when you are allowed to take someone off the list:

- 1.) If you are a housing provider and are trying to contact the highest prioritized person on the list to offer them housing, you must try to contact them at least three times in a span of two weeks before you can move on to the next highest prioritized person on the list. The person you originally tried to contact remains on the list.
- 2.) If you are doing follow up for a client and have had no contact with them for 90 days you can remove them from the list.


**How do we change a VI-SPDAT score on a referral?**





If a client has redone a VI-SPDAT and gotten a different score, you should update the original referral with the new score.

First, put the new VI-SPDAT or VI-F-SPDAT in the system by going to the Coordinated Entry Assessment on the Assessments tab. Click on Add in the VI-SPDAT sub-assessment:

Finally, I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

**SINGLES**


 VI-SPDAT v2.0

	Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
	10/26/2016	0	0	0	0	0	0
	10/25/2016	0	2	1	3	5	11
	10/07/2016	0	0	0	0	0	0
	06/22/2016	1	0	0	0	0	1

Add Showing 1-4 of 4

Once that is in the system, go to Services→Entire Service History→Referrals and find the original referral.








Then, click on the pencil next to the referral:

	08/05/2016	08/05/2016	BoS Brown County Priority List - Families		Rent Payment Assistance	Identified	
---	------------	------------	---	--	-------------------------	------------	--

Once in the referral, go to Referral Data and click on the Search button next to the VI-SPDAT or VI-FSPDAT:

**Referral Data** [Send Summary](#)

---

Referred-To Provider	BoS Brown County Priority List - Families (9715)		
Needs Referral Date *	08 / 05 / 2016	  	1 : 34 : 40 PM
Referral Ranking	-Select-		
VI-SPDAT Score	0 Recorded using VI-SPDAT v2.0 on 10/07/2016 by Institute for Community Alliances - Wisconsin (2)		 
VI-FSPDAT Score	Please Select a VI-FSPDAT Score		 
Referral Outcome	-Select-		

You will see all the VI-SPDAT's that have been done in the system, and you will choose the new VI-SPDAT. This will update the VI-SPDAT score in the original referral.

### Should someone with a VI-SPDAT score between 0-3 be put on the Prioritization List?

Yes. Every VI-SPDAT score should be put in HMIS and a referral to the appropriate prioritization lists(s) should be done. If the client does not want their information shared, they should go through the Non-WISP process.

### If someone in a different LCAS does a VI-SPDAT can that score be transferred to our prioritization list? How does that work?

If the person is in Service Point and the VI-SPDAT is in Service Point, all you have to do is a referral to your local Prioritization List. When you do the referral, you choose which VI-SPDAT score to use, so you can just select the most recent one that was done by the other agency.

## Coordinated Entry HMIS Questions

### **Are we able to use the note section?**

Yes. In fact many agencies are using it to document follow up information or important information such as what county a client prefers to live in.

### **Can the Family Priority List and Single Priority List be run in the same report?**

No, you will not get correct data. You need to run the reports separately.

### **I accepted the referral and the client is housed, but they are still showing up as not being housed on the prioritization report.**

There are a couple of places there could be a data entry error.

1. Make sure the referral says accepted and a service transaction was done for Rent Payment Assistance. (See BOS CoC Coordinated Entry Guide)
2. Make sure the date of entry is after the date of referral and service transaction
3. If there are multiple people in the household, you will need to go into each person's referral and complete the action on each referral. Because of this issue, ICA asks that you only include the head of household in the referral to alleviate this step.
4. There may have been a duplicate referral to the priority list. If there is a duplicate open referral, it can be deleted by the service provider who made the referral to the list or your ICA System Administrator.

### **The prioritization report is showing missing data but when I check the head of household, the information is there.**

This happens when multiple people are attached to a referral. The information may be missing for another family member but show as missing under the head of household's ID in the prioritization report. Because of this ICA asks that only the head of household is included in the referral.

### **We operate an emergency shelter, and our clients are coming up as being on the bottom of the priority lists. Why is that?**

When a shelter does a referral to the Priority List, the homeless history and length of homelessness questions below MUST be changed to reflect the current status of the client now that they are in shelter:

Housing Status
Residence Prior to Project Entry
Length of Stay in Previous Place
Approximate date homelessness started:
Regardless of where they stayed last night - Number of times the client has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today
Total number of months homeless on the Street, in Emergency Shelter or Safe Haven in the past three years
If more than 12 Months homeless on the street, in emergency shelter, or safe haven, Enter Total Number of Months

These questions should be answered on the Coordinated Entry Assessment. With the Data Standards changes that went into effect 10/1/2016, those questions have changed to conditional logic questions, meaning the screen will only prompt you to answer those questions that are applicable to the client's situation. Emergency shelter projects do not have the conditional logic questions on their Client Profile or Entry pages, so you MUST go to the Coordinated Entry Assessment to change these answers when doing a referral into Coordinated Entry.

Emergency Shelter projects should do the referral to the Prioritization Lists the day after the client enters the shelter project. This way it reflects the client's current situation of homelessness. When updating these questions, the case worker will go to the Coordinated Entry Assessment and update the Residence Prior and Length of Homelessness there. Do NOT change the questions in the client's shelter Entry. The Entry into the shelter should remain the same as of the night prior to shelter entry, but once they are in shelter the client's situation has changed and these homeless status questions need to be updated so the client can be appropriately prioritized. If a shelter has a client that is in a category 2 situation prior to coming into shelter and they do not change the homeless questions to reflect that the client is now category 1, the client will be prioritized as category 2, which is the lowest prioritized.

### **What if a client tells us different information than what is already in the system regarding length and/or episodes of homelessness?**

This may happen when client's don't give all service providers consistent information regarding times and/or length of homelessness. HMIS collects historical data related to homeless services a person has received, so it is a resource when a client is telling a provider conflicting information. If Created by Balance of State Coordinated Entry Implementation Team  
January 2017







there is a shelter stay in the system, but the client is saying this is their first time homeless, you leave the record as accurate in HMIS. Never delete another agency's information. You should have a conversation with the client and use the information in HMIS to get the most accurate information from the client about their history and length of homelessness.

### Who should be pulling the WISP Prioritization Report in a community?

There has been some confusion between the WISP and Non-WISP List roles. Each Local Coordinated Assessment System (LCAS) must have a designated Non-WISP List Holder for the Non-WISP list. There is no such List Holder position for the WISP List. It is recommended that anyone entering data into the prioritization list has access to the list so they can double check if their data is entered correctly and completely. There is no set rule about who should run the reports (aside from that they need to have an ART license), but best practice is those who are entering referrals as well as those who are accepting referrals to fill housing opportunities should run the reports. The referring agencies should run the prioritization reports regularly to ensure their referrals are correct as well as to fix any missing data.

### How can we track Follow Up better?

ICA staff created a new CE Follow Up Sub-assessment that is part of the Coordinated Entry Assessment-WI BOS that should be the default when you go to the Assessments tab and needs to be completed whenever follow up is done with clients waiting on the prioritization list. This will track the outcome of when follow up is completed. Anytime follow up is done on the client, the follow up sub-assessment needs to be updated. This will help track those client's that have been taken off the list for no contact, or asked to taken off the list. Having a sub-assessment makes this information more reportable and/or trackable.

CE Referral Follow Up Information				
Follow Up Date *	Date of Original Referral	Outcome of Follow Up *	Notes	End Date (ignore)
  12/01/2016	09/01/2016	Client asked to be removed from list, secured housing on own	Client secured section 8 voucher and is in PH	
  11/01/2016	09/01/2016	90 day required follow up, still needs housing, remains on list		
  10/01/2016	09/01/2016	90 day required follow up, still needs housing, remains on list	Client still in shelter	

Add Showing 1-3 of 3

### Who should sign a ServicePoint Release of Information when doing the referral?

Any adult you are including in the referral needs to sign the ServicePoint release of information. Since the Head of Household is the only one included in the referral, they are the person who needs to sign the release.

## What do I do if I am a housing provider, have accepted someone off the list, but for some reason not housed them?

Please refer to the BOS COC Coordinated Entry Guide for the specific workflow for taking someone off the prioritization list when they have accepted but not gotten into housing. Remember you will need to email your System Administrator to delete the Service.

## How do I get the follow-up notification for the referral off my homepage?

In order to do this, you must go into the actual referral and change the Follow Up Information section:

**Follow Up Information**

<b>Projected Follow Up Date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Follow Up User</b>	<div style="display: flex; align-items: center;"> <div style="flex: 1;">           Institute for Community Alliances - Wisconsin (2)  <input type="text" value="Leigh Polodna"/> </div> <div style="margin-left: 10px;"> <input type="button" value="Search"/> <input type="button" value="My Provider"/> <input type="button" value="Clear"/> </div> </div>
<b>Follow Up Made</b>	<input type="text" value="Yes"/>
<b>Completed Follow Up Date</b>	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>

**Projected Follow Up Date:** There should be No date entered

**Follow Up User:** You should choose your name

**Follow Up Made:** Should be Yes

**Completed Follow Up Date:** Date that follow up was made (this is the date it will come off your homepage)

## Note: There is a question added to the WI BOS Coordinated Entry Assessment help further prioritize length of homelessness.

ICA added a question to get more information about length of homelessness to help with prioritization. You will find this question added to the Coordinated Entry Assessment with the other homeless history and length of time homeless questions. If the answer to Total Number of Months homeless is 12 months or more, then the question was added, **If more than 12 months homeless on the street, in emergency shelter, or safe have, Enter Total Number of Months:**



**To determine Chronic Homeless Status - HUD uses the following questions & the disability-related questions**

Housing Status	Category 1 - Homeless (HUD) <span>G</span>
Residence Prior to Project Entry	Place not meant for habitation (HUD) <span>G</span>
Length of Stay in Previous Place	Two to six nights <span>G</span>
Approximate date homelessness started:	11 / 02 / 2016 <span>G</span>
Regardless of where they stayed last night - Number of times the client has been on the Streets, in Emergency Shelter, or Safe Haven in the past three years including today	Four or more times (HUD) <span>G</span>
Total number of months homeless on the Street, in Emergency Shelter or Safe Haven in the past three years	12 <span>G</span>
If more than 12 Months homeless on the street, in emergency shelter, or safe haven, Enter Total Number of Months	15 <span>G</span>

This will be pulled into the report to give you a more exact number of months homeless so prioritization on length of time homeless can be accurate. Users will need to manually update this field, the system does not automatically populate the field.

## Coordinated Entry Policy Questions

### **If a request is made by a participant to be put on another Local Coordinated Assessment System's (LCAS) prioritization list, what should the provider do?**

If the client has consented to have their information shared in HMIS, the agency should make the HMIS referral to the other LCAS list. If the provider does not have access, they need to contact their HMIS System Administrator to give them access. If this is non-HMIS, then they should contact the List Holder in the other LCAS in order to complete the referral.

If the household is on multiple Prioritization Lists, it is the referring agency's responsibility to ensure that once the household is permanently housed they are removed from the other Prioritization Lists. This is done by cancelling the referral in Service Point to the other Prioritization Lists, and/or contact the List Holders in the other LCAS to have the referral cancelled.

### **How many different lists can a participant be able to request?**

The WI BOS is an open system. A participant can request to go on all 19 LCAS lists if they are willing to move to any of the 69 counties and have the resources to do that.

### **When should we be accepting referrals?**

The referral should be accepted once the client is deemed eligible and they accept the offer of the program.

### **Do agencies need to keep the pre-screen forms?**

Yes. If the household enters one of your programs, keep it with their file. If not, you can scan it and attach it to the Service Point file so you don't have to keep a paper copy. Or keep them in a binder or folder.

### **How should we be doing and keeping track of our due diligence in trying to contact clients to offer them housing assistance?**

The policy requires that agencies make 3 attempts to contact the clients within 2 weeks. The agencies should use a variety of methods when trying to contact the client, including phone calls, emails, going to the place they know the client may be, and contacting the referring agency to see if they can get in touch with the client or have more up to date information. When making phone calls, the agency staff should try calling at different times of the day. Also, spread the contact attempts out throughout the 2 weeks. See example below:

**Example Timeline:** 1<sup>st</sup> call on Monday – Phone disconnected, document in Needs notes ‘follow up call attempted, phone disconnected’. If you are not the referring agency, contact whoever that is to ask for any additional information they may have.

2<sup>nd</sup> call Thursday or Friday – Phone still disconnected, document in Needs notes. If referring agency has additional info try this day.

3<sup>rd</sup> call – following week, usually mid-week and document results in Needs notes (along with results from the additional information provided by the referring agency).

There should be notes in the client file that document your efforts when it comes to due diligence. Some agencies also use the Need Notes section in the referral so everyone accessing the Prioritization List can see and help update if they have more current information.

### **What if we have an opening for a 1 bedroom unit, should we only look at the single lists?**

No, you cannot limit based on family size like that because of Fair Housing issues. For example, if there was a mom & an infant who were prioritized higher than the single person, they should be offered the housing opportunity first. There are, of course, situations that wouldn't make sense for a 1 bedroom unit, like a family made up of 5 people, but you have to look at both single and family lists and find the highest prioritized first. Then you can look at the situation and see if it makes sense to offer the 1 bedroom unit to that household.

### **How long do we continue to hold out for a person who is having difficulty finding housing/landlord who will rent to them before we move on to the next person on the list?**

There are several options for a program that is having difficulty finding housing for a program participant. It is important that the program adopt a standard policy for the length of time allowed for housing search and placement, as well as in what circumstances extensions may be granted.

A program may set an initial 30 day deadline for finding housing. Then depending on the amount of contact the household is making with the case manager, as well as the difficulty of the barriers faced, that deadline can be extended.

A program may decline the referral after a certain length of time without finding housing. The household is then placed back on the Prioritization List. It is possible that the household will still be the highest prioritized, and the program will take them back off the list and look for housing again. However if other referrals have been made to the list, that household may have to wait before a housing program becomes available again. Always make sure they know they should continue to look for housing even if they are place back on the Prioritization List.

Another option is to ask the household if they want to be placed on a Prioritization List in any other community. Some households may be willing to relocate if it means they have an opportunity for permanent housing.