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**WIBOSCOC**

# Coordinated Entry System

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## Policy and Procedure Manual



# Coordinated Entry Policy and Procedure Manual

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Wisconsin Balance of State Continuum of Care  
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**This document replaces all previously approved Coordinated Entry policies.  
This document shall be incorporated into the WI Balance of State  
Continuum of Care's Governance Charter. Any changes to the Appendices shall not impact the body  
of this document.**

**The development of this document was done in partnership and collaboration with the following  
partners:**

WI BOSCO Board of Directors

WI BOSCO Coordinated Entry Committee

WI BOSCO Coordinated Entry Implementation Team

WI BOSCO Member Agencies

WI BOSCO Youth Advisory Board

Institute for Community Alliances, as the Wisconsin HMIS Lead

State of Wisconsin, Department of Administration, Department of Energy, Housing, and Community  
Resources (DEHCR), as the ESG Recipient

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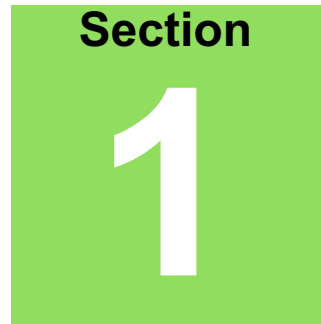
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## Key Terms and Definitions

Coordinated Entry System staff need to understand several concepts and terms as part of operating the WI BOSCOG Coordinated Entry System. Terms used throughout this document are defined below.

### Key Terms and Definitions

**Access** – The engagement point for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System.

**After-Hours Plan** – Outlines the process for connecting people experiencing homelessness to emergency services and the Coordinated Entry System outside of the operating hours of participating agencies in the LCES.

**Assessment** – Progressive gathering of information at various phases in the coordinated entry process, for different purposes, by one or more staff

**Chronically Homeless** – An individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
- (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in

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section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility;

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3)

**Client Rights and Responsibilities** – A document provided to all persons accessing the Coordinated Entry System that outlines his/her rights as a participant in the Coordinated Entry System, as well as his/her responsibilities to maintain his/her placement on the Prioritization List.

**Coordinated Entry** – An approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

**Crisis Response System** – All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless.

**Department of Housing and Urban Development (HUD)** – The Federal Agency that oversees the CoC and ESG Programs. HUD is the principal Federal agency responsible for programs concerned with the Nation's housing needs, fair housing opportunities, and improvement and development of the Nation's communities.

**Department of Energy, Housing, and Community Resources (DEHCR)** – The recipient of ESG funds from HUD and administrator of several supportive housing program funds.

**Emergency Services** – Services typically accessed by a person experiencing a housing crisis, they include, but are not limited to, homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters and motel voucher programs, and other shortterm crisis residential programs.

**Emergency Shelter** – A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to

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persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

**Emergency Solutions Grant (ESG)** – A Federal grant program that funds street outreach, homelessness prevention, emergency shelter, and rapid re-housing activities.

**ETH** – The combined grant programs of the Emergency Solutions Grant, State of Wisconsin Transitional Housing, and Homeless Prevention Program.

**Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)** - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or lifethreatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3)

**Homeless Management Information System (HMIS)** - The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in Wisconsin is Service Point.

**Homeless System** – All of the services and housing available to persons who are literally homeless.

**Household** – Covers any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles, couples or multiple adults; with or without children).

**HMIS Lead** – The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. Institute for Community Alliances (ICA) is the HMIS Lead for the State of Wisconsin.

**Housing Interventions** – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

**Imminently at Risk of Homelessness (HUD Homeless Definition Category 2)** – An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3)



## KEY TERMS AND DEFINITIONS

**Literally Homeless (HUD Homeless Definition Category 1)** – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- (iii) An individual who is exiting an institution where he or she 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 (24 CFR 578.3)

**Local Coordinated Entry Lead** – The person chosen by the local homeless coalition to serve as the point of contact for the WI BOSCO Board of Directors, the COC Director, and other entities as designated by the Board of Directors.

**Local Coordinated Entry System (LCES)** – A geographic area represented by one or more local homeless coalitions that implements the WI BOSCO Coordinated Entry System.

**Non-HMIS List** – A Prioritization List powered by Google Docs that uses anonymous, unique identifiers in order to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS.

**Non-HMIS List Holder** – The person designated by the local homeless coalition to manage the Non-HMIS Prioritization List for the LCES.

**No Wrong Door** – An approach to Coordinated Entry that ensures people experiencing homelessness can access services regardless of how they enter the Coordinated Entry System.

**Person or Persons** – Someone who accesses the Coordinated Entry System.

**Personally Identifiable Information (PII)** – Any information about an individual, maintained by an agency, which can be used to distinguish, trace, or identify an individual's identity, including personal information which is linked or linkable to an individual.

**Pre-Screen Form** – A WI BOSCO-approved document that is completed at the beginning of the Coordinated Entry process that gathers the minimum information needed to make a referral to the Prioritization List.

## KEY TERMS AND DEFINITIONS

**Prevention Services** – Financial assistance and supportive services designed to prevent homelessness for an otherwise housed household.

**Prioritization** – Ensures that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

**Program Standards** – A set of expectations for a project type, based on HUD guidance and best practices, and approved by the WI BOSCOB Board of Directors, that CoC-funded and ETH-funded agencies are required to follow.

**Project** – Housing and/or supportive services intended to help people exit homelessness.

**Provider** – Organizations that serve program participants in projects funded by CoC Program or ESG Program grants. This includes recipients and sub-recipients.

*Ex: St. Vincent de Paul (Provider) operates House of Hope (Project) and Rapid ReHousing (Project).*

**Rapid Re-Housing** – A housing intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

**Permanent Supportive Housing** – A housing intervention that combines housing assistance with voluntary support services to address the needs of chronically homeless people.

**Street Outreach** – A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

**Transitional Housing** – A time-limited housing intervention that combines housing assistance with support services to address the needs of people experiencing homelessness.

**VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT** – Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; and Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool are the standardized assessment tools used in the Coordinated Entry System. The VI-SPDAT series is a set of triage tools that are designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.

## Overview of the Coordinated Entry System

*Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region. Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.*

Opening Doors, p. 57

### Background

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8)). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area. This centralized or coordinated assessment system 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 non-victim service providers. This system must comply with any requirements established by HUD through Notice.

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Another responsibility of the Continuum of Care, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, is to establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

HUD defines the coordinated entry process as “. . . a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. . .” HUD considers the terms “Centralized or Coordinated Assessment System” and “Coordinated Entry Process” to be interchangeable (HUD Notice: CPD-17-01).

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**Timeline of WI BOSCOG activities related to Coordinated Entry System implementation**

<b>Coordinated Assessment Activity</b>	<b>Date</b>
Development of Standard Forms	
<i>Homelessness Verification</i>	June 2013
<i>Certification of Disabling Condition</i>	October 2013
Regional roundtable discussions at Balance of State meeting	November 2013
Local CoCs complete coordinated assessment questionnaires	March 2014
Development & Approval of Initial Program Standards	
<i>Transitional Housing</i>	August 2014
<i>Permanent Supportive Housing</i>	August 2014
<i>ESG-Funded Rapid Re-Housing</i>	November 2014
Presentation of draft Coordinated Assessment System Policies & Procedures	February 2015
Feedback period from BOS membership	February-May 2015
Presentation of BOSCOG Coordinated Assessment System	August 2015
Comment period from BOS membership	August-September 2015
BOSCOG Membership vote to approve Coordinated Assessment System	November 2015
Implementation of BOSCOG Coordinated Assessment System	January 1, 2016
Development and Approval of Initial Program Standards for CoC-funded Rapid Re-Housing	May 2016
Agency Agreement and Staff Agreement approved for use	March 2017
Client Rights and Responsibilities form approved for use	March 2017
First evaluation of BOSCOG Coordinated Assessment System	January – March 2017
Implementation of TAY-VI-SPDAT as standardized assessment for Homeless Youth	April 2016
Coordinated Entry System update to comply with HUD Notice CPD-17-01	February-July 2017
Presentation of updated BOSCOG Coordinated Entry System	August 2017
Comment period from BOS membership	August-September 2017
BOSCOG Membership vote to approve updated Coordinated Entry System	November 2017

## Governing Documents

### CoC Program Interim Rule

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 non-victim service providers. This system must comply with any requirements established by HUD by Notice.

### ESG Program Interim Rule

24 CFR 576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipients must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

### Key HUD Documents

HUD Prioritization Notice CPD-14-012 - Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (2014)

Coordinated Entry Policy Brief (2015)

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing People Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (July 2016)

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Entry System (January 2017)

HUD Equal Access Rule 24 CFR 5.105(a) (2) and 5.106(b)

### WI Balance of State Continuum of Care Bylaws

*Article II, Section 3* The responsibilities of the Corporation include, but are not limited to:

- a. Those responsibilities outlined and defined by relevant federal law;
- b. Coordinate, or be involved in the coordination of, all housing and services for persons experiencing homelessness within the Corporation's geographic area;
- c. Establish and operate the HMIS within the Corporation's geographic area;

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- d. Establish and operate, or designate, the centralized and coordinated assessment to be used within the Corporation's geographic area.

### **State of Wisconsin ETH Program Desk Guide**

Each local continuum of care is required to develop and/or operate a centralized or coordinated intake or assessment system if any agencies in the continuum of care receive ETH funding. Recipients and subrecipients must participate in the centralized intake for their continuum of care. If there is not yet a centralized intake, a recipient or sub-recipient must participate in its implementation and eventually its use.

Recipients and subrecipients must use the CoC's centralized or coordinated assessment system to evaluate client eligibility. ETH recipients must ensure the CoC's system is consistent with the written standards for determining ETH assistance. Note that victim service providers that receive ETH funds may opt to not use the CoC's system.

## **Purpose**

Coordinated entry systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, resulted in severe hardships for people experiencing homelessness. They often faced long waiting times to receive assistance or are screened out of needed assistance. A Coordinated Entry System helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The Coordinated Entry System also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The Coordinated Entry System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:

1. Assistance will be allocated as effectively as possible.
2. Assistance is easily accessible no matter where or how people present.
- 3.

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WI BOSCO members identified the following common goals for the Coordinated Entry System:

1. The process will be easy for the client, and provide quick and seamless entry into homelessness services.
2. Individuals and families will be referred to the most appropriate resource(s) for their individual situation.
3. The process will prevent duplication of services.
4. The process will reduce length of homelessness.
5. The process will improve communication among agencies.

## Non-Discrimination

All recipients of Federal and state funds are required to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program funding must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 CFR 5.15(a), including, but not limited to, the following:

**Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;

**Section 504 of the Rehabilitation Act** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;

**Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance;

**Title II of the Americans with Disabilities Act** prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability; and

**HUD's Equal Access Rule** at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.



## Grievance Policies

### Participant Grievances

This policy refers to participant grievances regarding the Coordinated Entry System only. If a participant has a grievance regarding a particular agency or representative of that agency, they should follow that agency's grievance procedure.

The provider completing the Pre-Screen, assessment, and referral should address any complaints by participants as best as they can in the moment. Ideally, the person and the provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.

The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CoC Director can contact him/her to discuss the issues.

There are two levels of review available for each grievance:

**Level 1** The first person to review the grievance is the CoC Director. The person with the grievance should contact the WI Balance of State CoC Director with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and any actions taken on behalf of the person or agency to resolve the issue. The CoC Director will contact the agency in question to request a response to the grievance. Once the CoC Director has gathered relevant information about the situation, s/he will decide if the grievance is valid and determine what, if any, action needs to be taken.

If both the person and the provider agree, the process ends and the resolution is implemented.

If the person or the provider disagrees, the grievance moves to the next level.

**Level 2** The WI BOSCO Board of Directors President reviews the grievance if there is dissatisfaction with the Director's resolution. The Board President may designate one or more Board members or other entity to review the situation. After gathering relevant information, the Board President or designated Board member(s) or other entity will inform the person and provider what will happen to resolve the grievance. This is the final step in the process and the decision of the Board of Directors is final.

### Provider Grievances

It is the responsibility of all boards, staff, and volunteers of CoC-funded and ETH-funded projects to comply with the rules and regulations of the WI BOSCO Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

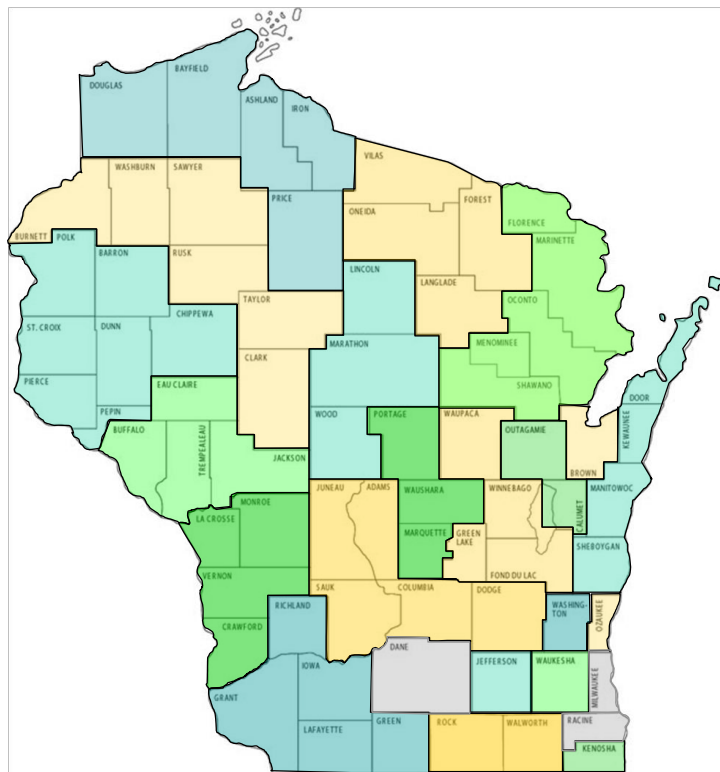
## OVERVIEW

To file a grievance regarding the actions of an agency, contact the WI BOSCO Director with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. The CoC Director will contact the agency in question to request a response to the grievance. Once the CoC Director has received all documentation s/he will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the Balance of State Board of Directors President. This must be done by providing a written statement regarding the reasons for the appeal. The Board President will bring the matter to the Board of Directors for discussion and a final decision.

## Geographic Area

The Wisconsin Balance of State Continuum of Care covers 69 of Wisconsin's 72 counties and extends from the shores of Lake Superior in the northwest to portions of the Chicago metro area in the southeast. The population for the continuum is 3.8 million and it covers an area of 52,533 square miles. This geographic area includes urban, suburban, and rural areas.

The WI Balance of State CoC is divided into 21 local homeless coalitions. These local homeless coalitions are responsible for carrying out the WI Balance of State CoC Coordinated Entry System at the local level. Local homeless coalitions may choose to combine with one another to form a larger Local Coordinated Entry System (LCES).



## Marketing and Outreach

All marketing materials and outreach strategies utilized by the LCES must ensure that all people in different populations and subpopulations in the WI BOSCOG's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

Each LCES is required to advertise, conduct outreach activities, and provide appropriate accommodations to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Each agency that participates in the WI BOSCOG Coordinated Entry System must prominently post the "No Wrong Door" agency sign (Appendix R) so it is visible to persons accessing services.

### Marketing

Marketing materials must be consistent across the WI BOSCOG (see Appendix S for approved materials). Flyers, postcards, brochures, and other written materials are available from the WI BOSCOG. If an LCES is in need of additional types of marketing materials, or needs marketing materials translated into other languages, the Local Coordinated Entry Lead can contact the Coordinated Entry Committee Chair, or other entity designated by the WI BOSCOG Board of Directors, to make the request. All marketing materials must be targeted to individuals and families meeting the HUD definitions of "homeless." Marketing materials must clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria.

### Outreach

Each LCES is required to contact private and public agencies including those in the local homeless coalition, 2-1-1, veteran-serving agencies, social service agencies, and state and/or local government agencies to educate and provide information on accessing the coordinated entry system. Outreach activities are required to be done a minimum of twice per year. These activities can be done in conjunction with the Point-In-Time Count, or at another time as determined by the LCES. Each LCES is required to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping in unsheltered locations, and those not actively seeking services, are prioritized for assistance in the same manner as any other person assessed through the coordinated entry system. All outreach efforts must cover the entire geographic area of the LCES.

Each LCES is required to provide resources/information about the WI BOSCOG coordinated entry system in areas known to be frequented by people experiencing homelessness. This includes, but is not limited to, 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools, and check cashing locations. In addition, each LCES is encouraged to explore various

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outreach activities such as hosting a booth at local community events, resource fairs, festivals, and county fairs. Each LCES is encouraged to outreach through social media as well as print media in order to provide information and resources to the broadest group of people.

### **Accessibility**

Each LCES is required to take the following steps to ensure effective communication with, and coordinated entry system accessibility by, individuals with disabilities:

- Advertising must be accessible by using large font, audio, and Braille.
- Coordinated Entry materials must include auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters.
- Access points must be made accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the LCES who are least likely to access homeless assistance.

Each LCAS is required to take the following steps to ensure effective communication with, and Coordinated Entry System accessibility by, persons with Limited English Proficiency (LEP):

- Each LCES must evaluate the extent of its obligation to provide LEP services in their community by using the following four-step process:
  1. The number or proportion of LEP persons served or encountered in the eligible service area
  2. The frequency with which LEP individuals come in contact with the program
  3. The nature and importance of the program, activity, or service provided by the program
  4. The resources available to the recipient and costs
- After the four questions above have been answered and evaluated in accordance with the *HUD Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, each LCES must determine and select which language services are appropriate for the needs of the community and the population served. Typical language services include, but are not limited to, oral language services through interpretive services, bilingual staff, telephone interpreter lines, and written language services through document translation.

## Accessing the Coordinated Entry System

Because of the diversity and size of the BOSCOG, access to the Coordinated Entry System follows a “No Wrong Door” approach. The principles of this approach are:

- All people experiencing homelessness can access the Coordinated Entry System regardless of which participating agency they initially contact.
- Each participating agency will use the same assessment tools and use the same assessment approach.
- Staff of participating agencies will connect persons experiencing homelessness to the Coordinated Entry System and provide appropriate referrals to emergency services, even if that service is not available at their agency.
- Participating providers have a responsibility to respond to the range of service needs pertaining to homelessness and housing, and act as the primary contact for persons who apply for assistance through their project unless or until another provider assumes that role.
- People will have equal access to information 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 housing providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for people, particularly for those with high, complex or urgent needs.

### Street Outreach

All CoC-funded and ETH-funded street outreach projects must participate in the WI BOSCOG Coordinated Entry System. Street outreach staff must ensure persons living in unsheltered locations are offered access to the Coordinated Entry System through the same process as persons who have contact with site-based programs. The local homeless coalition will decide, through majority vote, if street outreach projects in the LCES will act as an access point for Coordinated Entry (i.e. conducting assessments and referring to the Prioritization List), or will refer all willing persons to another agency participating in the LCES. If the local homeless coalition chooses the latter, an MOU must be signed between the street outreach project and the other participating agency outlining the responsibilities of each agency for obtaining consent, completing the Pre-Screen process, conducting the assessment, referring to the Prioritization List, and follow-up. This MOU must be submitted to the WI BOSCOG Board of Directors or other designated entity for approval.

## **Safety Planning**

All providers, including non-victim service providers, must provide safe and confidential access to the Coordinated Entry System for all people, including those who are fleeing, or attempting to flee, domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). This includes providing a private space for data collection and referral to the Non-HMIS Prioritization List if requested.

All persons accessing the Coordinated Entry System are asked, via the Pre-Screen Form, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services, such as domestic violence hotlines and shelters. The person or persons has the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person's access to the Coordinated Entry System.

The LCES will maintain a resource list of domestic violence resources in the community, including, but not limited to, contact information for hotlines, advocates, and shelters. This resource list will be made available to all persons accessing the Coordinated Entry System, regardless of whether they identify as a survivor of domestic violence. The resource list must be updated, at minimum, annually.

## **Accessing Emergency Services**

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and motel voucher programs, or other short-term crisis residential programs, is not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

### *After-Hours Plan*

Each LCES must develop an After-Hours Plan that outlines the process for connecting people experiencing homelessness to emergency services and the Coordinated Entry System. The plan should be reasonable given the geographic area and availability of emergency services, and ensure persons experiencing homelessness are able to access the Coordinated Entry System during the operating hours of participating agencies in the LCES.

The After-Hours Plan must cover the entire geographic area of the LCES. If the LCES covers multiple counties, there can be several county-specific plans, as long as each is approved by the whole homeless coalition.

The After-Hours Plan must be communicated to all emergency service providers and crisis response systems, including shelters, law enforcement, emergency rooms, crisis lines, and any other agencies involved in the plan.

The After-Hours Plan must be voted on and approved by the local homeless coalition. The plan must be reviewed and updated at minimum annually and voted on and approved

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by the local homeless coalition. The After-Hours Plan must be submitted to the WI BOSCOB Board of Directors, or other designated entity. All After-Hours Plans are included in the Appendices of this Policy and Procedure Manual (Appendix F).

### **Prevention Services**

Agencies that receive ETH funds for a Homeless Prevention project are required to participate in Coordinated Entry (HUD Notice CPD-17-01). Agencies that have Homeless Prevention projects that are not ETH-funded are encouraged to use the Coordinated Entry System to prioritize their Prevention funding. There is a separate process for assessment and determining eligibility for homelessness prevention services, which is outlined in Section 4.

### **Connection to Mainstream Resources**

Providers are encouraged to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services, such as Food Share, Emergency Assistance, and applications for income assistance. Staff should be aware of all mainstream benefits available in the community in order to make appropriate referrals.

Local Coordinated Entry Systems should encourage providers of mainstream resources to become access points for the Coordinated Entry System.

### **Privacy Protections**

Maintaining the confidentiality of a person's sensitive information is an important way of gaining the trust of those accessing the Coordinated Entry System, and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating agencies and staff are expected to adhere to the following privacy protocols:

- Participant consent will be obtained in order to share and store information for the purposes of assessing and referring through the coordinated entry process. Verbal or written consent is obtained through the Pre-Screen Form, the WI Service Point Release of Information, and prior to administering the VISPDAT/VI-F-SPDAT/TAY-VI-SPDAT.
- Participants are free to decide what information they provide during the coordinated entry process.
- Providers and projects are prohibited from denying assessment or services to a participant if s/he refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
- Providers and projects are prohibited from denying services if the person refuses to allow their data to be shared unless Federal statute requires collection, use,

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storage, and reporting of personally identifying information as a condition of program participation.

- A person may not be denied access to the coordinated entry process on the basis of the person’s status or history as a victim of domestic violence.
- Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.
- The WI BOSCOG Coordinated Entry System does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility.
- Participants must be informed of the ability to file a nondiscrimination complaint.

### **Data Security Protections**

The WI BOSCOG coordinated entry system uses both HMIS and a non-HMIS database to operate its referral process.

#### *HMIS Data Security Protections*

The Wisconsin HMIS is a collaborative project of the four Wisconsin Continua of Care (CoC) – Balance of State (BOS), Dane, Milwaukee, and Racine – the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS is an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. The decision to use WI HMIS as the primary tool for Coordinated Entry was approved by WI BOSCOG. The “By Name” or “Prioritization” List that is created for each LCES is generated and reported from HMIS, and in order to access that list, a license is required.

Along with this Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter, Agency Partnership Agreement, WISP User Agreement and the most recently updated version of the HMIS Policies and Procedures Manual, with particular attention paid to any sections relating to data privacy and security. The Data Security and Privacy extends to those who may not have an HMIS license as well. It is the responsibility of those with an HMIS license to protect the data coming out of the system and not share any personally identifying information (PII) with those who do not have an HMIS license. This includes information from the Prioritization Lists. See the Data Security Policy in the HMIS Policies and Procedures Manual for more detailed information regarding the protection of client data and PII.

To see the entire data security and privacy policies for HMIS, please refer to the Institute for Community Alliances HMIS Policies and Procedures Manual. This manual is updated annually and approved by the HMIS Advisory Board. Any individual who consents to



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have his or her information shared in HMIS must sign the most recently updated version of the HMIS Release of Information.

### *Non-HMIS Data Security Protections*

To accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS, coordinated entry referrals can be made to the Non-HMIS Prioritization List.

The Non-HMIS Prioritization List is a Google Doc that has two parts, a link to refer a person, and the prioritization list for each LCES. Each LCES has its own referral link and its own prioritization list. Any agency staff person that has signed the staff agreement and completed required coordinated entry trainings can receive the link to the referral survey. The questions on the survey mirror the questions asked in HMIS, and the staff person will choose a unique identifier for the individual or family, ensuring the Non-HMIS list contains no names. Once the survey is complete, the referral is generated in the Non-HMIS Prioritization List. The referral agency will not have access to the prioritization list to maintain the privacy of all persons on the list.

The Non-HMIS list is only accessible to the WI BOSCOB Director or other entity designated by the WI BOSCOB Board of Directors, and the Non-HMIS List Holder for the LCES. Each LCES is required to have a List Holder who will be the only person in the LCES able to access the non-HMIS list for the LCES. An LCES can designate a back-up List Holder who can also access the non-HMIS list when the List Holder is unavailable for long periods of time. The List Holder and back-up List Holder must attend all required trainings and complete any homework that is assigned by the trainer. The List Holder is responsible for giving the link to the non-HMIS survey to participating agency staff after training requirements have been successfully completed. The List Holder is not allowed to give the link to the non-HMIS list to anyone else. The back-up List Holder can only access the non-HMIS list when the List Holder is unavailable.

When a housing provider has an opening, the appropriate staff person will identify the highest-prioritized individual or family for the program on the HMIS Prioritization List. The provider will then contact the Non-HMIS List Holder to determine if there is an individual or family that is prioritized higher than the individual or family in HMIS. If the individual or family on the Non-HMIS List is highest prioritized, the List Holder will contact the referring agency to inform them of a program opening. The referring agency will have the individual or family sign a Release of Information to share information with the housing provider in order to facilitate the move to permanent housing.

**Section****3**

## Establishing the Local Coordinated Entry System

### Geographic Area

The default Local Coordinated Entry System will cover the same geographic footprint as the local homeless coalition that is a member of the WI BOSCOB. If two or more local homeless coalitions want to combine to form a larger LCES, each coalition must hold a vote with the majority of members agreeing to combine. The LCES must obtain written approval from the WI BOSCOB Board of Directors or other designated entity as determined by the Board of Directors and inform the Regional HMIS System Administrator of the name of the LCES and the geographic area it covers.

If the LCES wants to split into two or more smaller systems, the local homeless coalition(s) must hold a vote with the majority of members agreeing to split. The LCES then must obtain written approval from the WI BOSCOB Board of Directors or other designated entity as determined by the Board of Directors, and inform the Regional HMIS System Administrator of the name of the new systems and the geographic area they cover.

### Local Coordinated Entry Lead

Each local homeless coalition will choose a Local Coordinated Entry Lead to serve as the point of contact for the WI BOSCOB Board of Directors, the COC Director, and other entities as designated by the Board of Directors. The Lead is chosen by a majority vote of the LCES members. The Local CE Lead is subject to approval of the WI BOSCOB Board of Directors or other designated entity.

If the LCES wants to change Local CE Leads, it must hold a vote with the majority of members agreeing to the new Local CE Lead.

The Local CE Lead will serve as the conduit of information between the WI BOSCOB and the participating agencies in the LCES.

**Expectations of the Local CE Lead**

Duties include but are not limited to:

1. Serves as the Coordinated Entry expert in the LCES.
2. Ensures a consistent and accurate flow of information between the WI BOSCOB Board of Directors, or other designated entity, and the LCES and local homeless coalition(s).
3. Must be able to run reports in HMIS.
4. Ensures all participating agency staff within the LCES have completed the required trainings.
5. Attends all Coordinated Entry and CE Lead trainings.
6. Provides updates on Coordinated Entry System updates, changes, etc. to the local homeless coalition(s).
7. Works collaboratively with the Non-HMIS List Holder.
8. Maintains copies of all Agency Agreements and Staff Agreements for the LCES.
9. Updates the BOSCOB training spreadsheet for participating agencies in the LCES.
10. Ensures participating staff and agencies are complying with WI BOSCOB Coordinated Entry System policies and procedures.
11. Ensures marketing and outreach activities are occurring within the LCES, as required by WI BOSCOB policy.
12. Ensures the LCES has established an after-hour plan for accessing emergency services. Ensures all relevant stakeholders are aware of the plan.
13. Complies with all HMIS policies and procedures.

The Local CE Lead is not responsible for changing data for other HMIS-using agencies or pulling reports for other HMIS-using agencies, unless there is an MOU between the agencies that is submitted to, and approved by, the HMIS Lead and the WI BOSCOB Board of Directors.

## **Non-HMIS List Holder**

Each local homeless coalition will choose a Non-HMIS List Holder to manage the non-HMIS prioritization list. The List Holder is chosen by a majority vote of the LCES members. If the LCES wants to change the Non-HMIS List Holder, it must hold a vote with the majority of members agreeing to the new Non-HMIS List

Holder. The Non-HMIS List Holder is subject to approval of the WI BOSCO Board of Directors or other designated entity.

**Expectations of the Non-HMIS List Holder**

Duties include but are not limited to:

1. Maintains the Non-HMIS List in Google Docs, including trouble-shooting problems, identifying and communicating issues and concerns with the Google Form and Non-HMIS Prioritization List.
2. Upon request from a housing project, provides the highest prioritized person's unique identifier, prioritization information (VI-SPDAT score, length of time homeless, chronic homeless status), and the referring agency contact information.
3. Responds to requests from participating agencies and staff in a timely manner.
4. Attends all Coordinated Entry and List Holder trainings.
5. Works collaboratively with the Local Coordinated Entry Lead.

The Non-HMIS List Holder cannot provide access to the non-HMIS List to other agencies, projects, or staff. S/he cannot download the non-HMIS list to share, or email information about the individuals/families on the list.

**Section****4**

## The Coordinated Entry Process

The Coordinated Entry Process can be divided into two distinct phases: placing persons on the Prioritization List and removing persons from the Prioritization List. Within these phases there are several distinct elements. Pre-Screen, Assessment, and Referral occur prior to placing people on the Prioritization List. Follow-Up occurs while people are on the Prioritization List. Determining Eligibility and Program Enrollment occur to remove people from the Prioritization List. Each element is described in detail in this section.

### Participant Consent and Pre-Screen

When an individual or family contacts a service provider for housing assistance, several documents are completed. First, a Pre-Screen Form is completed to gather sufficient information to determine if referral to the Prioritization List is appropriate (e.g. person or persons are homeless and unable to secure housing on their own). The Pre-Screen Form gathers the minimum information needed to make a referral to the Prioritization List. At the bottom of the second page is a short statement to obtain the person's consent to share information for the purposes of referral. This form can be completed in person or over the phone (Appendix H).

If the individual or family is appropriate to refer to the Prioritization List, the provider reviews the Coordinated Entry Client Rights and Responsibilities with the person(s), and obtains written or verbal confirmation of his/her understanding of these rights and responsibilities (Appendix C).

The provider asks the person(s) if they would like to be referred to the HMIS or Non-HMIS Prioritization List. If the person chooses to be referred to the HMIS Prioritization List, the provider will review the WI Service Point Release of Information and obtain written or verbal consent to share data in HMIS. The most recent version of the WI Service Point Release of Information can be downloaded from the ICA website at [www.icalliances.org](http://www.icalliances.org). If the person chooses to be referred to the Non-HMIS Prioritization List, no additional Release of Information is necessary.

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If the person(s) declines a referral to either Prioritization List, this must be noted on the Pre-Screen Form and kept on file with the agency. The agency must inform the person(s) of their right to ask to be referred to the Prioritization List in the future.

It is recommended that the Pre-Screen Form, Client Rights and Responsibilities, and WI Service Point Release of Information be uploaded into HMIS.

## Assessment

HUD allows a CoC to customize its assessment processes and tools for only five designated subpopulations – single adults, adults with children, unaccompanied youth, households fleeing or attempting to flee domestic violence, and persons at imminent risk of literal homelessness. The WI BOSCO uses different assessment tools for single adults, adults with children, and unaccompanied youth (see below). The WI BOSCO uses a different referral process for households fleeing or attempting to flee domestic violence (Non-HMIS Prioritization List).

All staff should be trained in using a trauma-informed approach to conduct assessments to reduce the risk of re-traumatization. The assessment space and manner of conducting the assessment should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering information from each adult in the household separately, if appropriate.

### Standardized Assessment Tool

The WI BOSCO Coordinated Entry System utilizes three tools for the purposes of prioritizing individuals and families for housing services. These tools are:

- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) *Appendix I*
- *Used for single adults and households without children under age 18*
- Family Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-F-SPDAT) *Appendix J*
- *Used for households with at least one adult and one child under age 18*
- Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT) *Appendix K*
- *Used for youth aged 24 years and younger*

The VI-SPDAT Series was created through a collaboration between OrgCode Consulting, creators of the SPDAT, and Community Solutions, creators of the Vulnerability Index. It is a brief survey that quickly assesses the health and social needs of persons experiencing homelessness. It assists in matching people with the

## COORDINATED ENTRY PROCESS

most appropriate support and housing interventions that are available in the community.

The VI-SPDAT is designed and structured to only use self-report. The person being surveyed should be able to complete it with anyone, not just the staff or agency that knows his/her case history or has other information from other circumstances or sources.

### Opening Script

Every staff person completing a VI-SPDAT must use the same introductory script.

My name is [interviewer name] and I work for [organization name]. I have a short survey that I would like to complete with you. The answers will help us determine how we can best go about supporting you and helping you with housing. Most questions only require a Yes or No. Some questions require a one-word answer. Some of the questions are personal in nature, but you can choose to skip or refuse to answer any question.

*For HMIS Prioritization List:* The information collected will go into a database called Wisconsin Service Point. This is a secure, web-based database that is utilized by homeless service providers in Wisconsin.

*For Non-HMIS Prioritization List:* The information collected will result in a number that will be entered into an anonymous Prioritization List, along with a unique identifier that only our agency knows. Your specific answers will not be saved in this List.

If you do not understand a question, let me know and I will be happy to clarify. If it seems to me that you don't understand a question, I will also do my best to explain it to you without you needing to ask for clarification.

Finally, it is important that you are honest with your answers. You do not need to embellish or keep information from me in order to get a program. This survey is just one factor we use in figuring out how to best support you. So please answer as honestly as you feel comfortable doing.

Whether the VI-SPDAT is first conducted on paper or directly inputted within HMIS, all VI-SPDAT assessments must be recorded in either the HMIS Prioritization List or the Non-HMIS Prioritization List within 2 business days of when the information was first collected.

If the individual/family is not prioritized for any interventions, the provider administering the VI-SPDAT should explain why the household will not be referred to the Prioritization List. The provider should refer the household to other

## COORDINATED ENTRY PROCESS

supports/services that are available, such as emergency shelter, mainstream resources, or help connect him/her with family or friends. The provider should inform the person(s) that they should contact a Coordinated Entry provider if their circumstances change in order to be re-assessed. The Coordinated Entry process ends for the person(s) at this point.

### **Pre-Screen and Assessment of Domestic Violence Survivors**

Domestic violence service providers (DVSP) can choose to conduct the Pre-Screen and Assessment processes for those accessing the Coordinated Entry System through their agency or refer to another agency within the LCES for these activities. If the DVSP chooses to refer to another agency, an MOU must be signed by both agencies outlining the responsibilities of each agency for obtaining consent, completing the Pre-Screen process, conducting the assessment, referring to the Prioritization List, and follow-up. This MOU must be submitted to the WI BOSCO Board of Directors or other designated entity.

If the DVSP(s) elect to conduct the Pre-Screen and assessment processes, they will follow this procedure:

When an individual or family contacts the DVSP for housing assistance, several documents are completed. First, a Pre-Screen Form is completed to gather sufficient information to determine if referral to the Prioritization List is appropriate (e.g. person or persons are homeless and unable to secure housing on their own). The Pre-Screen Form gathers the minimum information needed to make a referral to the Prioritization List. At the bottom of the second page is a short statement to obtain the person's consent to share information for the purposes of referral. This form can be completed in person or over the phone (Appendix H).

If the individual or family is appropriate to refer to the Prioritization List, the provider reviews the Coordinated Entry Client Rights and Responsibilities with the person(s), and obtains written or verbal confirmation of his/her understanding of these rights and responsibilities (Appendix C).

After obtaining consent and completing the Pre-Screen Form, staff will complete the VI-SPDAT either in person or over the phone. Once referral to the Non-HMIS Prioritization List is complete, the DVSP can destroy the VI-SPDAT paperwork.

If the individual/family is not prioritized for any interventions, the provider administering the VI-SPDAT should explain why the household will not be referred to the Prioritization List. The provider should refer the household to other supports/services that are available, such as emergency shelter, mainstream resources, or help connect him/her with family or friends. The provider should inform the person(s) that they should contact a Coordinated Entry provider if their circumstances change in order to be re-assessed. The Coordinated Entry process ends for the person(s) at this point.



## Scoring

If the VI-SPDAT is completed in HMIS, the score will be automatically calculated. If the VI-SPDAT is completed on paper to be entered into the Non-HMIS Prioritization List, the staff person will have to calculate the score. The method for calculating the score is written into the VI-SPDAT itself. Directions for scoring can also be found on [orgcode.nationbuilder.com](http://orgcode.nationbuilder.com).

VI-SPDAT scores are only one factor used to identify which people will be referred to specific housing interventions. Other factors include length of time homeless, presence of a disabling condition, and chronic homelessness.

## Referral

The WI BOSCOE Coordinated Entry System ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible. The Coordinated Entry System utilizes the written program standards and Orders of Priority established by the WI BOSCOE Board of Directors.

The WI BOSCOE Coordinated Entry System divides the Prioritization List into two lists, one for households without children under 18 (single adults and adult-only households), and one for households with at least one adult and one child under age 18. Throughout this manual these lists are referred to jointly as a Prioritization List.

A referral to the Prioritization List can be done in one of two ways, through HMIS or through the Non-HMIS Referral Form. Both methods result in a household being placed on a prioritization list for housing projects. Both methods require the collection of certain information for appropriate prioritization to occur.

### **HMIS Prioritization List**

The HMIS Lead, Institute for Community Alliances, has created a “How To” Guide called, *Wisconsin Balance of State CoC Coordinated Entry and Referral Process* (Appendix D). This guide provides instructions for completing the VI-SPDAT in HMIS, adding individuals and households to the Prioritization List in HMIS, updating referrals, viewing the Prioritization List, cancelling referrals, and returning someone to the Priority List.

### **Non-HMIS Prioritization List**

Each LCES has its own link for the Non-HMIS Referral Form, a Google Form. This link can be used by anyone that wants to refer households to the Non-HMIS List, but only after the staff has completed the appropriate training. This training provides instructions for completing the Non-HMIS Referral Form. The link to the Non-HMIS Referral Form will be provided by the Non-HMIS Prioritization List Holder once the staff person has satisfactorily completed the required training(s).

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### Multiple Referrals

Persons accessing the Coordinated Entry System can be referred to multiple Prioritization Lists throughout the WI BOSCO. If a person or persons want to be referred to more than one Prioritization List, it is the responsibility of the referring provider to make those referrals.

If a person or persons has accepted a housing intervention with a specific housing project, it is that agency's responsibility to take the person off all Prioritization Lists. The provider should have access to see what referrals to priority lists have been made in HMIS by looking on the Service Transactions tab under Referrals. The housing provider will accept the referral off all lists. There should be communication between the housing provider, the referring agency staff, and the Local Coordinated Entry Lead for each LCES to whose Prioritization List the client has been referred, to ensure all providers are aware of the person(s) movement through the Coordinated Entry System into housing. If the household was accepted off the Non-HMIS Prioritization List, the housing provider must contact the referring agency so that agency can ensure the household is removed from any other Non-HMIS Prioritization Lists to which it has been referred.

If the person(s) does not enroll in the housing opportunity, it is the responsibility of the housing provider that accepted the referral to put the person(s) back on any Prioritization Lists they had been placed previously, assuming they want to be placed back on the Prioritization Lists.

All persons that meet the acuity threshold for housing projects should be referred to the Prioritization List if the person wants. The LCES can decide if persons falling below the acuity threshold should also be referred to the priority list, by a majority vote of the LCES members. An LCES may choose to refer persons falling below the acuity threshold to the Prioritization List because a non-CoC or ETH-funded project is also using the Prioritization List for referrals, or to gather data on all persons experiencing homelessness within the LCES. However, including persons that will not be prioritized for housing assistance will make the Prioritization List longer and potentially unwieldy.

Prioritization is a separate process from determining project eligibility. No one should be denied referral to the Prioritization List because they lack verification or documentation of eligibility for any or all projects in the LCES. It is recommended that participating agencies in the LCES work together to help persons on the Prioritization List become "document ready," i.e. obtaining disability verification and documenting homeless episodes. This will ensure a quick and seamless move into permanent housing when it becomes available.

### Follow-Up

Agencies making referrals to the Prioritization List will be responsible for following up with the persons they refer in order to determine whether the individual or family

## COORDINATED ENTRY PROCESS

is still in need of permanent or transitional housing. Follow-up contact must occur every 30 days at a minimum. The staff should gather the following information:

1. Confirm or update contact information
2. Confirm or update homeless situation including months homeless
3. Confirm the person(s) still need housing assistance
4. Confirm the person(s) wish to remain on the Prioritization List

If the household is no longer in need of housing assistance, the referring agency or SSO for CE staff can close the referral to remove the individual or family from the Prioritization List. Instructions for closing a referral in HMIS are available through the document, *Wisconsin Balance of State CoC Coordinated Entry and Referral Process* (Appendix D). To close a referral in the Non-HMIS Prioritization List, the staff person contacts the Non-HMIS List Holder and provides the unique identifier and the reason for cancelling the referral. Providers that contact a referral to offer services and find out the household is no longer in need, should close the referral in HMIS, or contact the Non-HMIS List Holder to close the referral, even if that provider did not make the original referral.

If the referring agency, SSO for CE staff, or housing provider are unable to contact a person on the Prioritization List after three attempts with 24 hour gaps, this should be documented in the follow-up assessment in HMIS or communicated to the Non-HMIS List Holder. After 30 days of no contact, the referral should be cancelled from the Prioritization List. If the person makes contact with a participating agency, s/he can request to be placed back on the Prioritization List. This should be done by the agency that receives the request from the person.

All persons referred to the Prioritization List should be given as much support as possible in securing permanent housing.

## Prioritization

All households referred to the HMIS and Non-HMIS Prioritization Lists are automatically prioritized for each project type based on the Order of Priority for each project type established by the WI BOSCOB Board of Directors. At the writing of this manual, the following project types have an established Order of Priority:

Permanent Supportive Housing *Appendix M*

Rapid Re-Housing (CoC-funded and ETH-funded) *Appendix N*

Transitional Housing *Appendix O*

The WI BOSCOB Board of Directors, in consultation with stakeholders, may develop and implement Orders of Priority for additional project types, which will be included in the Appendices of this manual.

## Determining Eligibility

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the Prioritization List is made. Individual projects have the ultimate responsibility for determining the eligibility of prospective participants, and collecting and maintaining eligibility documentation.

When a project has an opening, the responsible staff person must consult the HMIS Prioritization List and contact the Non-HMIS List Holder to inquire about individuals/families listed on the Non-HMIS Prioritization List. Using the Order of Priority established for the program, and program-specific requirements (e.g. single, youth, specific disability, etc.), the project will offer housing and supportive services to the highest prioritized person(s).

When contacting a person on the Prioritization List, the provider must attempt contact at least three times with a minimum of 24 hours between each attempt. If the provider is unable to contact the person in those three attempts, it may move on to the next prioritized person 24 hours after the third attempt.

Providers should take into account how a person's enrollment in certain projects might affect that person's eligibility status for future assistance. For example, enrollment in a transitional housing project can result in the loss of "chronically homeless" status, which will prevent a person's future eligibility for PSH. However, openings for PSH projects can be infrequent, and the person may spend additional time in emergency shelter or on the streets waiting for a PSH project opening. Therefore, project staff should talk to the person(s) about potential eligibility considerations, timeliness of availability, and other relevant factors of each project, assisting the potential participant in making an informed and careful decision about where to enroll.

The person(s) makes the final decision of which project or project type in which to enroll. For enrollment to be final, the project must establish that the prospective participant meets its eligibility requirements. If the project has an application for entry into the project, it cannot be a barrier to enrollment and should not collect any information beyond what is necessary to ensure eligibility for the project.

If the person(s) does not meet the project's eligibility requirements, the person(s) retain his/her priority placement on the Prioritization List.

### **Documentation Requirements**

CoC-funded and ETH-funded housing projects are required to maintain documentation showing adherence to the established Order of Priority for the project type and use of the Coordinated Entry System.

In order to document this appropriately, every client that entered a project after April 1, 2016 should have a Pre-Screen Form in the file. It must be signed by both the client and the Coordinated Entry staff person.

## COORDINATED ENTRY PROCESS

To document the person(s) enrolled in the program was the highest prioritized household, there should be a copy of the Prioritization List from the day assistance was offered in the file, highlighting the household. If the household offered housing assistance is not the highest prioritized, there needs to be an explanation as to why the households who were prioritized higher were not given the housing opportunity. The prioritization lists should not have any Personally Identifying Information (PII) on them when they go into the client file. If there is PII in the Notes section for any household on the list, this must be redacted before adding to the client file.

If the client is on multiple lists, the Housing Provider does not need to include the Priority List for the other LCES Prioritization Lists they may be on. They only need to include the Priority List for their own LCES.

If the potential participant was prioritized on the Non-HMIS List, there should be a statement in the client file, signed by the Non-HMIS List Holder, that states the household came from the Non-HMIS list and explain if there were others prioritized higher and what the circumstances were that they were not given the housing opportunity.

### **Rejected Referrals**

If a project does not take the highest prioritized person or persons from the Prioritization List to fill an available spot, that project must document the reason for not accepting that referral in either the HMIS client file, or by providing a written explanation to the Non-HMIS List Holder. It is the responsibility of the project not taking the highest prioritized person or persons to ensure that the household has a new referral to the Prioritization List, if needed. The household remains on the Prioritization List in order to access the next available program spot, as long as the household is in need of permanent or transitional housing.

### **Declined Referrals**

One of the guiding principles of the WI BOSCOE Coordinated Entry System is participant autonomy. Coordinated Entry staff should inform the person(s) about the project that has the opening, other project types for which the person(s) are eligible, and other relevant factors of each project, assisting the person(s) in making an informed and careful decision about where to enroll. If a person declines a referral to a housing project, their name remains on the Prioritization List until the next housing opportunity is available.

## **Project Enrollment**

It is prohibited for any CoC-funded or ESG-funded housing project 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.

Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of housing assistance and supportive services, the project can enroll the household.

## Homelessness Prevention Services

The Coordinated Entry process for Homelessness Prevention Services is similar to the process for homeless assistance. Initial forms are the same, but the assessment tool differs. There is also a different Prioritization List for Homeless Prevention Services.

### Participant Consent and Pre-Screen

When an individual or family contacts a service provider for Homelessness Prevention Services, several documents are completed. First, a Pre-Screen Form is completed to gather sufficient information to determine if referral to the Prevention Prioritization List is appropriate. The Pre-Screen Form gathers the minimum information needed to make a referral to the Prevention Prioritization List. At the bottom of the second page is a short statement to obtain the person's consent to share information for the purposes of referral. This form can be completed in person or over the phone (Appendix H).

If the individual or family is appropriate to refer to the Prevention Prioritization List, the provider reviews the Coordinated Entry Client Rights and Responsibilities with the person(s), and obtains written or verbal confirmation of his/her understanding of these rights and responsibilities (Appendix C). The provider will also review the WI Service Point Release of Information and obtain written or verbal consent to share data in HMIS. The most recent version of the WI Service Point Release of Information can be downloaded from the ICA website at [www.icalliances.org](http://www.icalliances.org).

If the person(s) declines a referral to the Prevention Prioritization List, this must be noted on the Pre-Screen Form and kept on file with the agency. The agency must inform the person(s) of their right to ask to be referred to the Prevention Prioritization List in the future.

It is recommended that the Pre-Screen Form, Client Rights and Responsibilities, and WI Service Point Release of Information be uploaded into HMIS.

### Assessment

HUD allows a CoC to customize its assessment processes and tools for only five designated subpopulations – single adults, adults with children, unaccompanied youth, households fleeing or attempting to flee domestic violence, and persons at imminent risk of literal homelessness.

All staff should be trained in using a trauma-informed approach to conduct assessments to reduce the risk of re-traumatization. The assessment space and manner of conducting the assessment should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering information from each adult in the household separately, if appropriate.

## COORDINATED ENTRY PROCESS

### *Standardized Assessment Tool*

The WI BOSCOG, in collaboration with ICA, developed an assessment tool for the purposes of prioritizing individuals and families for Homelessness Prevention Services (Appendix L). The *WI BOS Coordinated Entry Prevention Prioritization Assessment* was created by comparing national prevention screening tools, prevention screening tools already in use by WI BOSCOG agencies receiving ETH Prevention dollars, SSVF prevention models, and nationally recognized best practices regarding homelessness prevention prioritization.

### **Scoring**

The Prevention Assessment is completed in HMIS. If it is completed on paper, the responses must be entered into HMIS. The Prevention Prioritization Report will calculate the points and determine a score. The provider does not need to calculate the score manually, as the report will do the scoring for the user. Agency staff will be able to see the points available per question, total points, and the thresholds for who should be served with ETH Homeless Prevention funds on the paper assessment.

### **Referral**

Once the Prevention Assessment is complete a referral to the LCES Prevention Prioritization List will be completed in HMIS. The HMIS Lead has created a “How To” Guide called, *Wisconsin Balance of State CoC Coordinated Entry and Referral Process for Prevention* (Appendix E).

### **Follow-Up**

Agencies making referrals to the Prioritization List will be responsible for following up with the persons they refer in order to determine whether the individual or family is still in need of Homeless Prevention Services. Follow-up contact must occur every 90 days at a minimum. The staff should gather the following information:

1. Confirm or update contact information
2. Confirm or update housing situation
3. Confirm the person(s) still need housing assistance
4. Confirm the person(s) desire to remain on the Prevention Prioritization List

If the household is no longer in need of homeless prevention assistance, the agency can close the referral to remove the individual or family from the Prioritization List. Instructions for closing a referral in HMIS are available through the document, *Wisconsin Balance of State CoC Coordinated Entry and Referral Process for Prevention* (Appendix E). Providers that contact a referral to offer services and find out the household is no longer in need, should close the referral in HMIS, even if that provider did not make the original referral.

## COORDINATED ENTRY PROCESS

If the referring agency or housing provider is unable to contact a person on the Prevention Prioritization List after three attempts, this should be documented in the follow-up assessment in HMIS. After 90 days of no contact, the referral should be cancelled from the Prioritization List. If the person makes contact with a participating agency, s/he can request to be placed back on the Prioritization List. This should be done by the agency that receives the request from the person.

### **Determining Eligibility**

When a project has an opening, the responsible staff person must consult the HMIS Prioritization List. Using the Order of Priority established for the program, and any program-specific requirements (e.g. single, youth, specific disability, etc.), the project will offer homeless prevention assistance to the highest prioritized person(s).

When contacting a person on the Prioritization List, the provider must attempt contact at least three times with a minimum of 24 hours between each attempt. If the provider is unable to contact the person in those three attempts, it may move on to the next prioritized person 24 hours after the third attempt.

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the Prevention Prioritization List is made. Individual projects have the ultimate responsibility for determining the eligibility of prospective participants, and collecting and maintaining eligibility documentation.

In collaboration with DEHCR (ETH Grant Administrator), the WI BOSCO has established these basic criteria for Homeless Prevention Services eligibility:

- ✓ Score of 7 or higher on the Prevention Prioritization Assessment
- ✓ The person or persons served meet the criteria in paragraph (2), (3), or (4) of the homeless definition in § 576.2. This includes people who will imminently lose their primary nighttime residence, unaccompanied youths under 25 years of age who do not otherwise qualify as homeless, families with children and youths who do not otherwise qualify as homeless, and people fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions which relate to violence. There must also be documentation of an annual income below 30% of county median income for the household at admission for both ESG and HPP funds as well as documentation of a lack of sufficient resources or support networks to sustain housing without assistance.
- ✓ The unit to be assisted must pass Habitability Standards and meet Fair Market Rent and Rent Reasonableness standards.
- ✓ There must be a legally binding, written lease between the tenant and landlord.



## COORDINATED ENTRY PROCESS

- ✓ The unit must be affordable for the person(s) requesting assistance. An affordable unit is one in which the rent is no more than 50% of the household's adjusted gross income. However, if the rent is more than 50% of the household's adjusted gross income, the agency can still determine the unit is affordable after completing a detailed budget with the person(s) demonstrating they are able to maintain the monthly housing expenses.

If the person(s) does not meet the project's eligibility requirements, the person(s) retain his/her priority placement on the Prevention Prioritization List.

Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of housing assistance and supportive services, the project can enroll the household.

### *Documentation Requirements*

ETH-funded homeless prevention projects are required to maintain documentation showing adherence to the established Order of Priority for the project type and use of the Coordinated Entry System.

In order to document this appropriately, every client that entered a project after January 1, 2018 should have a Pre-Screen Form in the file. It needs to be signed by both the client and the intake worker from the agency.

To document the person(s) enrolled in the program was the highest prioritized Household, there should be a copy of the Prevention Prioritization List from the day assistance was offered in the file, highlighting the household. If the household offered prevention assistance is not the highest prioritized, there needs to be an explanation as to why the households who were prioritized higher were not given the housing opportunity. The prioritization lists should not have any Personally Identifying Information (PII) on them when they go into the participant's file. If there is PII in the Notes section for any household on the list, this must be redacted before adding to the client file.

Additionally, all files must contain documentation that the assisted unit meets Fair Market Rent and Rent Reasonableness Standards, the household income is at or below 30% CMI, and the unit is affordable for the household.

### *Rejected Referrals*

If a project does not take the highest prioritized person or persons from the Prevention Prioritization List to fill an available spot, that project must document the reason for not accepting that referral in the HMIS client file. It is the responsibility of the project not taking the highest prioritized person or persons to ensure that the household has a new referral to the Prevention Prioritization List, if needed. The household remains on the Prevention Prioritization List in order to access the next available program spot, as long as the household is in need of homeless prevention assistance.

## COORDINATED ENTRY PROCESS

### *Declined Referrals*

One of the guiding principles of the WI BOSCOE Coordinated Entry System is participant autonomy. Coordinated Entry staff should inform the person(s) about the homeless prevention project that has the opening, other project types for which the person(s) are eligible, and other relevant factors of each project, assisting the person(s) in making an informed and careful decision about whether or not to accept assistance. If a person declines a referral to a homeless prevention project, s/he name remains on the Prevention Prioritization List until the next housing opportunity is available.

### **Project Enrollment**

It is prohibited for any CoC-funded or ESG-funded housing project 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.

Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of homeless prevention assistance, the project can enroll the household.

## Training

### Initial Training

Staff who are new to the WI BOSCOG Coordinated Entry System are required to successfully complete several trainings prior to conducting assessments, making referrals to the Prioritization List, and accepting referrals from the Prioritization List. The specific trainings are listed in *Appendix G*, however topics covered in the initial training series are:

- Overview of the WI BOSCOG Coordinated Entry System
- How to conduct Coordinated Entry assessments to fidelity
- Prioritization Standards for each project type
- Making referrals to the HMIS and Non-HMIS Prioritization Lists
- Conducting follow-up with referrals
- Accepting referrals from the Prioritization Lists

Upon successful completion of the initial training series, the staff person will sign the Participating Staff Agreement (Appendix B). This will be kept on file with the participating agency and a copy will be sent to the Local Coordinated Entry Lead.

The Local Coordinated Entry Lead and Non-HMIS List Holder for each LCES are required to successfully complete additional training in order to perform the expected duties of these positions (Appendix G).

### On-Going Training

The WI BOSCOG will provide training at least annually that reviews any updates or changes to the WI BOSCOG Coordinated Entry System. All Coordinated Entry Staff are required to successfully complete the annual training, in addition to any other trainings required by the WI BOSCOG Board of Directors or designated entity.

## EVALUATION

## TRAINING

The Local Coordinated Entry Lead and Non-HMIS List Holder for each LCES are required to successfully complete any other trainings required by the WI BOSCOB Board of Directors or designated entity.

A current list of available trainings, including who is required to complete them, is located in *Appendix G*.

### HMIS-Specific Training

Since HMIS is the primary tool of the WI BOSCOB Coordinated Entry System, there are several trainings regarding the workflow for Coordinated Entry. All of these trainings can be found at the Institute for Community Alliances (ICA) website, [www.icalliances.org/wisconsin](http://www.icalliances.org/wisconsin). There are recorded trainings that can be found on the website, and this is where users can register for these training. The ICA website also is home to How-To Guides for Coordinated Entry in HMIS, which can be found under the How-To Guides section.

## **Evaluation of the Coordinated Entry System**

Evaluation of the WI BOSCOG Coordinated Entry System will be completed using objective data reported on by the HMIS Lead, and information gathered from users and staff of the Coordinated Entry System.

### **HMIS Component**

The Coordinated Entry Evaluation will utilize HMIS to determine if Coordinated Entry is meeting the goals of moving persons experiencing homelessness into housing quickly, and matching households with the best housing intervention for their needs. The HMIS component will consist of three parts, including (1) Point in Time review of the Prioritization Lists, (2) The VI-SPDAT Score Reports, and (3) the System Performance Measures. All of the data will be evaluated annually, with the Prioritization Reports being reviewed quarterly as well. The evaluation by the WI BOSCOG Board of Directors, or other designated entity, will take place annually. The evaluation will look at each LCES individually and the Coordinated Entry System as a whole. Each LCES will be compared to itself to evaluate change over time, and/or compared with other similarly sized LCES as appropriate.

### **Point in Time Prioritization Lists**

Institute for Community Alliances (ICA) staff will run both Prioritization Lists (households without children and households with children) for each LCES on a quarterly basis, or the last Wednesday in January, April, July and October. This will coincide with collection of the Point in Time data. The reports will be reviewed by the WI BOSCOG Board of Directors, or other designated entity, annually to evaluate patterns over time. In addition, the Prioritization Reports will be reviewed quarterly to determine if Coordinated Entry is having an impact on matching households with the appropriate project type and reducing the length of time people are homeless. Reviewing the trends in the lists four times a year is necessary due to the dynamic nature of the Prioritization Lists. The quarterly reports will be accessible to the CoC Director and ICA staff.

## APPENDICES

The Summary page of the Prioritization Report contains key information that will be used for the review of the Prioritization Lists, including but not limited to:

- Total referrals to the list
- Count of current referrals to the list
- Average length of time on the list
- Longest length of time on the list
- Count of households accepted off the list
- Clients who were removed from the list
- Basic demographic information

A copy of the Summary Page of the Prioritization Report can be found in *Appendix P*.

### **VI-SPDAT Score Information Reports**

In order to determine appropriate matching of housing interventions with a household's level of need, the VI-SPDAT score and housing placement information will be reviewed. There are two reports that provide information on the VI-SPDAT score for the LCES and housing placements:

1. LCES Housing Placement Assessment
2. LCES Acuity Assessment by Provider

These reports contain information for each LCES and its participating providers about the acuity of those being accepted into each project type and if those who are the most vulnerable and have the highest acuity are prioritized. These reports will be reviewed by the WI BOSCOB Board of Directors, or other designated entity, to determine if Coordinated Entry is effectively matching households with the appropriate housing intervention. ICA staff will run the reports on an annual basis to the BOSCOB Board of Directors, or other designated entity.

The information gathered will be used to determine the acuity of those households experiencing homelessness in the LCES and where they are being housed. This will assist in determining if households are being matched to the most appropriate housing intervention and can help identify service gaps in the LCES.

A copy of the VI-SPDAT Score Report can be found in *Appendix Q*.

### **System Performance Measures**

System Performance measures help CoCs understand how their system works, and if they are moving in the right direction to end homelessness. As Coordinated Entry is a key component to getting households quickly out of homelessness and matching those households with the right housing intervention, it is logical to use System

Performance Measures to evaluate how Coordinated Entry is working in the WI BOSCOB. The following System Performance Measures will be included in reporting:

**Measure 1.** Length of time persons remain homeless

**Measure 2.** The extent to which persons who exit homelessness to permanent housing destinations return to homelessness

**Measure 3.** Number of homeless persons

**Measure 5.** Number of persons who become homeless for the first time

**Measure 7.** Successful housing placement

These reports will be run by ICA staff for each LCES on an annual basis coinciding with the Federal Fiscal Year October 1 through September 30 and will be provided annually to the WI BOSCOB Board of Directors, or other designated entity for review. Each LCES will be compared to itself to evaluate change over time, and/or compared with other similarly sized LCES as appropriate.

### **Stakeholder Information**

The WI BOSCOB will solicit feedback from participating agencies, Local Coordinated Entry Leads, Non-HMIS List Holders, and persons who participated in the Coordinated Entry System during the period of time being evaluated. Information will be gathered through surveys and/or individual interviews.

Specific information to be gathered from stakeholders may vary from year to year, but at a minimum will include information about the quality and effectiveness of the Coordinated Entry experience.

All Local Coordinated Entry Leads and Non-HMIS List Holders will be asked to provide feedback. A sample of staff of participating agencies and persons who participated in Coordinated Entry will be selected to provide feedback. The sample size will be determined based on the number of persons utilizing the Coordinated Entry System in the LCES and the number of participating staff in the LCES.

### **Ongoing Planning**

All information gathered from the evaluation process will be used to guide the review and updating of the WI BOSCOB Coordinated Entry System Policies and Procedures on an annual basis.

## Section

## 7

## Appendices

A change to the Appendices may be approved by the majority of the WI BOSCOB Board and does not necessitate a full review or approval of the Coordinated Entry System Policies and Procedures. The Appendices will otherwise be updated annually.

### **Coordinated Entry Process Documents**

Agency Partnership Agreement	Appendix A
Participating Staff Agreement	Appendix B
Client Rights and Responsibilities	Appendix C
Wisconsin Balance of State CoC Coordinated Entry and Referral Process	Appendix D
Wisconsin Balance of State CoC Coordinated Entry and Referral Process for Prevention	Appendix E
Emergency Services After-Hours Plans	Appendix F
Coordinated Entry Training Requirements	Appendix G

### **Assessment Tools**

Pre-Screen Form	Appendix H
VI-SPDAT	Appendix I
VI-F-SPDAT	Appendix J
TAY-VI-SPDAT	Appendix K
Prevention Prioritization Assessment	Appendix L

### **Order of Priority**

Permanent Supportive Housing Order of Priority	Appendix M
Rapid Re-Housing Program Standards	Appendix N



Order of Priority for Transitional Housing Beds

Appendix O

**Coordinated Entry Report Examples**

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HMIS Prioritization Report Summary Page (copy) Appendix P

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VI-SPDAT Score Report Summary Page (copy) Appendix Q

**Marketing and Outreach Materials**

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*No Wrong Door* Agency Sign Appendix R

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Coordinated Entry Marketing Materials Appendix S