



**SYSTEM COORDINATION AND ENTRY
POLICIES AND PROCEDURES**

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OVERVIEW

The System Coordination and Entry Committee was convened by the Lake County Coalition for the Homeless to achieve the following goals:

1. To bring Lake County in compliance with Federal Regulations regarding coordinated assessment/entry that require “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.” Per the Regulations, this definition established the basic minimum requirements for the system that must be established within Lake County.
2. Minimize barriers faced by individuals who are homeless in accessing the most appropriate and effective housing services to address their needs.
3. Incorporate a “housing first” philosophy in matching homeless individuals with services.
4. Use ServicePoint (also known as the Homeless Management Information System) to maximize existing resources and simplify implementation.

The System Coordination and Entry Committee was created to meet these goals and to develop an appropriate process for coordinated entry for Lake County. As part of this work, the System Coordination and Entry Committee did the following:

- Reviewed best practices research and promising practices from other homeless systems.
- Reviewed assessment tools for service prioritization and shelter diversion.
- Developed a Map of the Homeless Service System based on input from service providers and data from ServicePoint to identify entry points to the homeless system and where best to initiate assessments and diversion.

Through its work the committee developed the following board recommendations which were approved by the Board of Directors on January 28, 2015, and by the full coalition membership on February 3rd, 2015:

1. Lake County will use the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) for prioritizing referrals of homeless individuals into permanent supportive housing and rapid rehousing. The committee selected this tool for the following key reasons:
 - It is an evidence-based tool that has been successfully adopted in many communities to determine the need intensity of individuals who are homeless.
 - The tool is designed to be a triage tool that can be completed in 10 to 15 minutes.
 - The tool can be administered with minimal staff training, at no cost.
 - The tool is available in ServicePoint at no cost and ServicePoint will calculate scores automatically.
2. Lake County will use the VI-SPDAT in conjunction with the 2015 Point in Time Count in order to kick start the Zero: 2016 campaign.
3. Coordinated Entry Sites will administer the VI-SPDAT to individuals who are homeless. Every participant of these homeless programs will be assessed within the first seven days of their stay.
4. Vacancies in Permanent Supportive Housing and Rapid Re-housing funded through the Lake County Continuum of Care will be filled using information from a centralized list of eligible clientele prioritized based on vulnerability.

5. Lake County will incorporate diversion into the Shelter process. This will incorporate the best practice of shelter diversion as a tool to more appropriately target individuals when it comes to the shelter system. The diversion assessment is attached as Appendix H.

These recommendations exist in service to the larger goals of the Lake County Coalition for the Homeless to reduce the number of homeless in Lake County and shorten the amount of time that individuals and families experience homelessness. Accomplishing these larger goals will require incorporating processes such as Coordinated Entry and the following policies and procedures related to this process.

On July 15th, 2015 the Coordinated Entry Policies and Procedures were approved by the Board of the Lake County Coalition for the Homeless and subsequently distributed to members of the Lake County Coalition for the Homeless, which is also the Lake County Continuum of Care, and is the body charged with implementing this process in Lake County. These policies and procedures are effective as of July 15th, 2015.

KEY COMPONENTS OF THE COORDINATED ENTRY PROCESS

The Coordinated Entry Process established by the Lake County Coalition for the Homeless/CoC is the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG Programs.

Performance – Driven Decision Making

Decisions about the coordinated entry process, including modifications, will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

Housing First

Housing first is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Coordinated entry will support a housing first approach, and thus will work to connect individuals and families with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

Diversion and Homeless Prevention

The Coordinated Entry process includes those who are experiencing a housing crisis but have not yet experienced literal homelessness. The CoC's strategy is to coordinate homeless prevention resources through a Homeless Prevention Entry Point at Catholic Charities. Catholic Charities coordinates and prioritizes homeless prevention assistance based on eligibility and funding availability.

LCCH incorporates diversion into the coordinated entry system to assure that emergency shelter is provided only when necessary. LCCH requires all shelter providers to incorporate the diversion questions in Appendix G into their intake process. Based on the responses to these questions, the shelter provider may choose to make referrals to homeless prevention or other community resources as an alternative to shelter.

PADS Lake County offers some services to households at-risk of homelessness in their Diversion Program. LCCH supports referrals to this program to divert households from shelter.

Marketing

The Homeless Coalition and its member organizations will work to broadly market homeless assistance and the coordinated entry process to those least likely to apply, including all people regardless of race, color, national origin, religion, sex, age, familial status, or handicap. The System Coordination and Entry Committee will be responsible for developing a marketing plan to meet these goals. This marketing plan will offer CE process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency. The marketing plan is attached as an Appendix.

Prioritizing the Most Vulnerable and Chronically Homeless

Coordinated entry referrals will prioritize all individuals and families who are the most vulnerable according to the VI-SPDAT, as well as those identified as meeting the HUD definition of chronically homeless. These individuals and families can have the most difficulty becoming housed and are often the biggest users of community resources. This approach is likely to reduce the average length of episodes of homelessness among this population and result in better housing outcomes for all. Additionally, by ending the homelessness of harder to serve vulnerable populations, resources will be freed up within the homeless services system to address the needs of more people.

The prioritization process which is based on severity of service need or vulnerability, will not target participants who are in need of entry to an emergency shelter or who need an immediate crisis response. Participants encountering such issues, will be linked to the appropriate community resource to immediately address their situation.

Privacy and Security

Individuals/families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe and confidential access to the coordinated entry process and victim services. Assessments will be collected in HMIS. The HMIS system, ServicePoint, further ensures client privacy and confidentiality by complying with all HMIS regulations including the HMIS Data and Technical Standards. Identified information will be treated in a confidential manner and in compliance with federal and local regulations.

DESIGNATED COORDINATED ENTRY SITES

The designated Coordinated Entry Sites will assess people experiencing homelessness within the Continuum of Care's geography using the VI-SPDAT and placed on the centralized waiting list. The centralized waiting list will be maintained by and kept by the Housing Placement Workgroup.

No additional locations may be designated as Coordinated Entry Sites without going through an approval process with the Lake County Coalition for the Homeless, which includes filling out the Coordinated Entry Site Application (see Appendix), being approved by the System Coordination and Entry Committee and signing a Memorandum of Understanding (MOU) agreeing to the operational guidelines of the coordinated entry process. A separate MOU will also be signed by housing programs.

GOVERNANCE

Roles and Responsibilities

The coordinated entry process will be governed by the System Coordination and Entry Committee of the Homeless Coalition. This group will be responsible for:

- Providing general oversight and management of coordinated entry.
- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals.
- Providing information and feedback to the Steering Council and the Homeless Coalition, Homeless Coalition Board, and the community at-large regarding the coordinated entry process.
- Evaluating the efficiency and effectiveness of the coordinated entry process.
- Reviewing performance data from the coordinated entry process.
- Recommending changes or improvements to the process, based on performance data, to the Homeless Coalition Board.

COORDINATED ENTRY ASSESSMENT PROCESS

Coordinated Entry Assessment refers to the process of utilizing the VI-SPDAT to assess all individuals experiencing homelessness, even those included in more than one of the populations for which an access point is dedicated, in order to determine their level of vulnerability and to determine which housing programs or services are most appropriate to meet their needs and prioritize them for these programs and services. Coordinated Entry Site staff completing the VI-SPDAT will be trained on administering and scoring this tool, as well as the average amount of time each assessment should take.

There are three versions of the VI-SPDAT used in Lake County: the VI-FSPDAT for families with children, the TAY-SPDAT for youth ages 18-24, and the VI-SPDAT for couples and single adults. These have been added to capture additional vulnerabilities that specific populations face.

Assessments will be administered all throughout Lake County by Coordinated Entry Sites approved by the System Coordination and Entry Committee.

All the approved Coordinated Entry Sites, including street outreach providers, may have a different assessment process based on their agency's intake policies and procedures, but all VI-SPDAT assessments should be completed **within seven days** of the initial intake into shelter. The assessment is not a prerequisite for emergency services. Individuals experiencing homelessness should receive the VI-SPDAT at the first Coordinated Entry Site they arrive at, even if that site may not be able to provide them with other services. The Coordinated Entry Site would complete the VI-SPDAT and then refer the individual to other agencies for the appropriate services.

The VI-SPDAT will only be provided to people who meet the following HUD definition of "literally homeless"

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a 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 and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

- (iv) Is exiting a permanent destination where (s)he has resided for less than 7 days and who resided in an emergency shelter or place not meant for human habitation immediately before entering that permanent location.

Other requirements and restrictions:

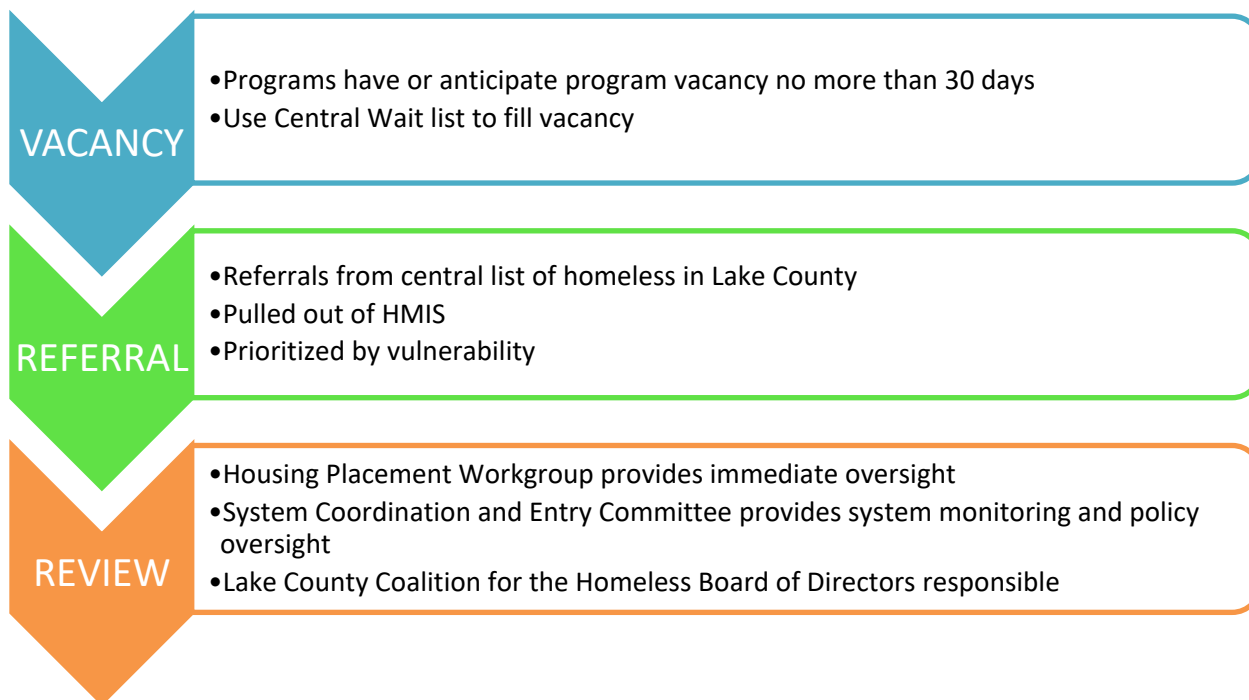
- The VI-SPDAT will be administered with a standardized set of information being provided to each individual being assessed. While there is no prescribed script, Coordinated Entry Sites, including street outreach providers, should utilize the Required Talking Points included in the Appendix for this document.
- All individuals being assessed by the VI-SPDAT must sign a consent form (included in the Appendix). If the client refuses to sign the consent form the Coordinated Entry Site will contact the HMIS Administrator to anonymously add the client to the Centralized Wait List.
- Data on the questions collected through the VI-SPDAT will be shared only with authorized staff at the designated Coordinated Entry Sites.
- Only questions related to eligibility and housing placement, not the contents of the VI-SPDAT, will be shared with housing providers for the purposes of housing placement. Total VI-SPDAT scores will be shared but not individual responses to questions.
- The client reserves the right to refuse to answer any question on the VI-SPDAT, including questions regarding disabilities and diagnoses.
- The VI-SPDAT should only be completed once, unless the household has been housed and become homeless again, or has had a major change in their life circumstances.
- Each access point allows for immediate linkage to the appropriate subpopulation access point
- Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking
- Coordinated Entry Centers must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters) for all participants.
- Coordinated Entry Centers must offer to participants, coordinated entry process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency
- All providers (Coordinated Entry Centers and Housing Programs) must comply with the equal access and nondiscrimination provisions of Federal civil rights law.

Refusal of VI-SPDAT:

If client refuses the VI-SPDAT, the case manager's observation and assessment of the client will be taken into consideration. The client will be given a score of an "8" for benchmark purposes to determine if the client is appropriate for permanent supportive housing. Client will then be presented to the Housing Placement Workgroup for review. Even if the client has refused the VI-SPDAT they will be able to sign the consent form agreeing to release specific information to assist the Workgroup in making their determination. The client's current situation and the perceived score will all be considered by the Workgroup.

REFERRAL PROCESS

The following provides an overview of the referral process to be used throughout the Lake County Coalition for the Homeless when assessing homeless individuals, matching them to interventions, and prioritizing their placement into housing.



The following criteria are how homeless individuals/families will be prioritized for housing programs: The VI-SPDAT will be the only tool used by the Coordinated Entry Sites to assess individuals experiencing homeless. The VI-SPDAT will be one of the prioritization criteria in determining housing placement. The following criteria will be used to prioritize placement, with the first two serving as the primary methods of ranking individuals and the remaining three prioritizations serving as tie breakers if the first two prioritization methods result in tied rankings.

1. *Chronic Status*: This first prioritization criteria focuses on those individuals who have experienced multiple episodes of homelessness and are generally those with the highest need and vulnerability. In addition, this population has been identified as being the largest user of homeless system resources.
2. *VI-SPDAT Score*: This second prioritization targets the most vulnerable clients in the homeless system as determined by their total VI-SPDAT score.
3. *Length of Time Homeless*: The third prioritization method is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest.
4. *Overall Wellness*: The fourth prioritization factor targets individuals with medical needs who will be prioritized when they have behavioral health conditions or histories of substance use which may either mask or exacerbate medical conditions.
5. *Date of VI-SPDAT Assessment*: The final prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

Referrals will be based on each housing program's current eligibility criteria, including populations served. Agencies participating in coordinated entry must submit all of their eligibility criteria to the System Coordination and Entry Committee before they can participate in the coordinated entry process. Any changes to a program's eligibility criteria or target population must be sent immediately to the System Coordination and Entry Committee Chair, who will then forward the update to the HMIS Administrator. Eligibility criteria that agencies may have that are not bound to local law or funder requirements will be reviewed by the System Coordination and Entry Committee. If the Committee has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Committee may request to

meet with the provider to discuss their criteria. If the Committee can clearly show a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Committee may recommend to the Lake County Coalition for the Homeless Board of Directors that the provider be de-prioritized for Continuum of Care or other funding.

The referral process will be standard across all Coordinated Entry Sites and housing programs:

1. When housing programs have an opening in their Permanent Supportive Housing program, they will contact the HMIS administrator and Coordinated Entry Chair no more than 30 days prior to their known vacancy. If not known, contact information for both individuals can be accessed through the Lake County Coalition for the Homeless.
2. The housing program will receive contact information on three individuals/families fitting their eligibility criteria and meeting the prioritization for placement criteria from the HMIS Administrator.
3. The agency will make a concerted effort (defined further under Post-Referral Procedure) to contact the individuals/families in order to begin their intake process. When the housing program receives the referrals, they will inform the agency which referred the homeless individual/family they are attempting to schedule intake appointments.
4. The housing program will communicate with the Housing Placement Workgroup if they deny all three referrals for program entry, providing the reasons for each denial.
5. The housing program will communicate with the Housing Placement Workgroup when they successfully accept an individual/family into their program and provide the date the individual/family moves into housing.

POST-REFERRAL PROCEDURE

Housing programs will make a concerted effort to contact the individuals/families referred for current openings and will do the following:

1. Attempt initial contact with the highest priority individual within 3 business days of receiving the list of referrals.
2. Attempt to contact ALL of the client's contacts that are listed in the referral paperwork if contacting the client directly has been unsuccessful.
3. Contact the agency which completed the VI-SPDAT for assistance with locating the client within 3 business days of when the first attempts to contact the client directly have failed.
4. The housing program will then go through steps 1-4 with the next highest prioritized individual/family on their referral list, and if still unsuccessful, move on to the final and third individual/family on their list.
5. The housing program will continue all attempts to contact individuals/families for a period of 2 weeks from the original referrals.
6. If the housing program is unable to contact clients directly, other contacts for clients, or the referring agency after 2 weeks, they will inform the HMIS Administrator and Housing Placement Workgroup Chair who will then request assistance from the Housing Placement Workgroup.
7. If the housing program is able to contact a referral, then the interview process for that housing program would begin with the individual/family whom they were able to contact first.
8. The housing program would also contact the referring agency, after contact has been made with the individual/family, in order to obtain necessary HUD documentation which would include: disability documentation, homeless history, and self-certification.

9. If the first individual/family who interviews with the housing program refuses the program, the housing program would move to the next individual/family on their list they were able to contact. This process would continue for the third referral as well.
10. Entry into the housing program is a client's choice, therefore clients have the right to refuse acceptance into the program and will then remain in ServicePoint as open under Coordinated Entry.
11. Once a referral is accepted into the program, the housing program has a responsibility to inform the Coordinated Entry Committee Chair, HMIS administrator, and referring agency of the acceptance within 24 hours or 1 business day of the acceptance into the program. This can be accomplished through phone or e-mail contact only using the client's Service Point ID.
12. It is prohibited to "steer" participants toward any housing facility or neighborhood because of race, color, national origin, religion, gender, disability, or the presence of children.

If there are multiple agencies with an opening in their Permanent Supportive Housing program, the HMIS administrator will provide each agency with three referrals; all referrals will be a combination of the most vulnerable (i.e. Agency #1 will receive clients: 1, 4, and 7; Agency #2 will receive clients: 2, 5, and 8; Agency #3 will receive clients: 3, 6, and 9).

This process will ensure that the most vulnerable clients will be more likely to receive services before the lesser vulnerable.

Once an individual is accepted into a Permanent Supportive Housing program, the program will maintain contact with the referring agency's case manager, along with the client. This includes receiving updates on where the individual stands on the priority list if they are waiting for longer-term intervention.

An individual/family will be exited from the Coordinated Entry if/when they meet the following conditions:

1. They moved to a permanent destination without utilizing the Coordinated Entry system
2. They left to a long term institutional setting
3. They were accepted into a permanent housing program
4. They had no contact with any homeless agencies in the last ninety days of entering into the Coordinated Entry system
5. Their name was given to one homeless agency provider, were unable to be located by that provider and the referring agency, and the Housing Placement Workgroup's assistance was requested and was unable to locate the client.

Coordinated Entry Sites may exit individuals/families in scenarios 1-3. The Housing Placement Work Group will discuss and agree to exit clients in scenarios 4 and 5. The HMIS Administrator will exit the clients deemed appropriate by the Housing Placement Work Group.

Expiration of Release of Information:

Releases of information have a -year term. If an individual/families' release of information expires the Coordinated Entry Site will have 30 days to obtain a new release. If a new release is not obtained, the client will be exited from Coordinated Entry at the end of those 30 days.

HOUSING PLACEMENT WORKGROUP

Guiding Principles for Housing Placement Workgroup:

- Use data and evidence to make decisions, not anecdotes.

- Prioritize people for housing with the highest acuity first.
- Make housing decisions at the community level, not at the project level.
- Embrace the principles of housing first.

Project Goals:

1. Place people experiencing homelessness in housing based on the approved prioritization criteria.
2. Maximize the use of housing resources while ensuring that our clients enter those projects that are the most appropriate and effective services to address their needs.
3. Incorporate a housing first philosophy in matching clients with services.
4. Comply with Federal Regulations requiring “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. This definition establishes basic minimum requirements for the Continuum’s centralized or coordinated assessment system.”

Purpose/Expected Outcomes:

- Implement procedures of housing placement through the coordinated entry system.
- Monitor housing placements, including those not eligible for housing projects.
- Monitor progress toward ending chronic homelessness in Lake County.

Activities:

- Meet monthly.

Membership and Roles:

- Membership of the committee will be open to any staff member from organizations participating in the coordinated entry system. This includes organizations who assess and those that receive referrals for housing.
- Chaired by the Chair of the System Coordination and Entry Committee
- The HMIS Administrator will be present or provide coordinated entry data for the meetings.

Relationship to other Groups:

- Accountable to the Lake County Coalition for the Homeless Board of Directors
- Housing Placements will be evaluated by the System Coordination and Entry Committee

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

Provider Declines Referral

There will be times when programs will not accept a referral after interviewing the individual. Refusals are acceptable only in certain situations, including:

- The referred individual/family does not meet the program’s eligibility criteria
- The referred individual/family would be a danger to others or themselves if allowed to stay at this particular housing program.

- The housing program must not screen potential participants out for assistance based on perceived barriers related to housing services

If a housing program declines one referral, this will result in a case conference with the Housing Placement Workgroup to discuss the issue that caused the decline.

If a program is consistently declining referrals (more than 3 out of every 4) they will need to meet with the System Coordination and Entry Committee to discuss the issue(s) that is causing the declines.

The HMIS administrator and the System Coordination and Entry Chair will be informed of declines within 24 hours or 1 business day of the decision.

Individual Declines Referral

Individuals or families being referred have the right to refuse acceptance into any program. These individuals/families will remain on ServicePoint as open under Coordinated Entry. There will not be a limit to the amount of times a referred individual/family can refuse to enter into programs.

If the referred individual/family has already gone through a program or does not want to work with the program/agency, the housing program can still contact the referred individual/family by phone and the individual is able to decline the interview. The individual/family will still remain on the waiting list and if the housing program, as a result, needs another individual/family to contact, the housing program will follow up with the HMIS administrator to request an additional name.

Agency Grievances

If an agency has concerns regarding the Coordinated Entry process, they will inform the System Coordination and Entry Committee Chair of their concerns via e-mail. The Chair will then schedule a representative of the agency to meet with the System Coordination and Entry Committee in order to discuss and resolve the concern. If the agency is not satisfied with the decision of the System Coordination and Entry Committee, they will be able to file a grievance with the Lake County Coalition for the Homeless Board of Directors. The Board of Directors decision will stand and the decision will be passed to the System Coordination and Entry Committee Chair and changes made, if necessary, to comply with the Board's decision.

Consumer Grievances

Referred individuals/families have the right to file a grievance if they feel their rights have been violated. If the grievance is with the Coordinated Entry Site that has completed the VI-SPDAT assessment, the individual would be directed to that agency's grievance policy. If the grievance is against the housing program who denied the individual entry into housing, the individual is able to file a grievance with that housing program using their agency's grievance policy. If the grievance is regarding the coordinated entry process as a whole, the individual is able to file a grievance which would then be directed to the Lake County Coalition for the Homeless System Coordination and Entry Committee to hear the grievance and respond. Anyone who is on the System Coordination and Entry Committee who would have had direct contact with the coordinated entry process would not be able to provide input regarding the grievance. If the referred individual is not satisfied with the decision of the System Coordination and Entry Committee, they will be able to file a grievance with the Lake County Coalition for the Homeless Board of Directors. The decision of the Board of Directors will stand and the decision will be passed to the System Coordination and Entry Committee Chair and the individual who filed the grievance.

EVALUATION

The coordinated entry process will be evaluated on a regular basis to ensure that it is meeting the needs of the homeless, participant organizations, and the larger community. Particular emphasis will be on efficiency and effectiveness of the process, including the impact on those homeless individuals deemed most vulnerable. Evaluation will be carried out primarily through the System Coordination and Entry Committee and any third parties they engage to help them.

The coordinated entry process will be evaluated through the following methods:

1. Brief bi-monthly updates will be provided by the Housing Placement Workgroup to the Board of Directors of the Lake County Coalition for the Homeless. These updates will contain the following information and will be provided in time for the bi-monthly meeting in order for the Board to provide ongoing oversight and assistance when necessary:
 - a. The number of individuals assessed through VI-SPDAT.
 - b. The number of individuals housed through the coordinated assessment process.
 - c. Number of individuals declined for housing.
 - d. Successes/barriers encountered during the reporting period.
2. Quarterly reports will be provided to the System Coordination and Entry Committee consisting of the information provided in the bi-monthly reports to the Board of the Lake County Coalition for the Homeless. The quarterly report will be presented during meetings of the System Coordination and Entry Committee and the information within the report will be used as a basis for changes or enhancements to the coordinated entry process.
3. In the first year of the coordinated entry process, an in-depth assessment report will be completed six months after the launch of the process and at the conclusion of the first year of coordinated entry in order to more thoroughly evaluate the success of the coordinated entry process. Following the first year, this process will be conducted annually. The report will be de-identified and compiled by the Housing Placement Workgroup, in partnership with the System Coordination and Entry Committee, and presented to the Lake County Coalition for the Homeless every year in the Fall. A framework for the possible format of that annual report is included in the Appendix and should also include a brief satisfaction survey administered to participating agencies and households, a suggested template for which is also included in the Appendix. The Housing Placement Work Group will select the households to provide feedback. The feedback will be given to System Coordination and Entry Committee. The feedback will be studied and used during the policy review.

Appendix

Appendix A

Required Talking Points for VI-SPDAT

The VI-SPDAT will be administered with a standardized set of information being provided to each individual being assessed. While there is no prescribed script, Coordinated Entry Sites should utilize the Required Talking Points below:

- Introduce self and ask for permission to complete assessment (VI-SPDAT).
- Note that answers will help to determine how best you and your organization can support and house the individual/family.
- Introduce format of VI-SPDAT, including that most questions only require a Yes or No answer, and that some questions require a one-word answer.
- Explain that answers will go into ServicePoint, a shared database (explain consent and privacy).
- Offer to clarify questions that individuals do not understand.
- Emphasize that the more honest and open the individual is, the better this assessment and the organization can help them.

Appendix B

Memorandum of Understanding (MOU) Between Designated Coordinated Entry Centers and the Lake County Coalition for the Homeless/Continuum of Care (CoC)

This Memorandum of Understanding is entered into as of the _____.

For the purposes of this agreement, the relationship of the parties shall not be construed or interpreted to be a partnership, association, joint venture, or agency. The relationship of _____ to Lake County Homeless Coalition is that of independent contractor, performing services pro bono publico, and neither party is the agent, representative, or employee of the other party. No party shall have the authority to make any statements, representation, or commitments of any kind or to take any action that shall be binding on the other party

WHEREAS, the parties to this agreement agree to implement a Coordinated Entry Process for the purposes of ending homelessness in Lake County;

NOW THEREFORE, the parties will provide services and resources upon the following conditions:

1. The Coordinated Entry Center will administer the VI-SPDAT to individuals who are homeless at their “open door” shelter.
2. The Coordinated Entry Center will administer the VI-SPDAT to individuals who meet the following HUD definition of “literally homeless” (also referred to as Category 1 Homeless):
Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - b. Is living in a 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 and local government programs); or
 - c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
3. A VI-SPDAT assessment will be conducted on each eligible homeless individual within the first seven days of their intake into shelter and at the conclusion of the assessment, placed on the on the Centralized Waiting List, maintained and monitored by the Housing Placement Workgroup.
4. The Coordinated Entry Center will conduct the VI-SPDAT assessment process based on their agency’s intake policies and procedures.
5. The Coordinated Entry Center is encouraged to utilize the Required Talking Points, included in the LCCH System Coordination and Entry Policies and Procedures Appendix, when administrating the assessment.
6. The Coordinated Entry Center must ensure all individuals assessed by the VI-SPDAT sign and date consent form (Appendix D).
7. The Coordinated Entry Center completes all VI-SPDAT assessments in ServicePoint. Any paper copies of the VI-SPDAT assessments are shredded, after data has been entered into ServicePoint, to destroy confidential information.
8. With a valid signed client consent form, the Coordinated Entry Center is allowed to share the total VI-SPDAT score, but not the responses to each individual question.

9. Coordinated Entry clients are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance.
10. If client refuses the VI-SPDAT and has signed/dated a consent form, the case manager's observation and assessment of the client will be taken into consideration for the purposes of assignment to a PSH/RRH Program. The client's name will be placed on a separate by name list and presented to the Housing Placement Workgroup for review.
11. The Coordinated Entry Center must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).
12. The Coordinated Entry Center is to take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.
13. The Coordinated Entry Center must offer safe and confidential access to the coordinated entry process and victim services, including access to comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters.
14. The Coordinated Entry Center may not deny a person access to the Coordinated Entry process on the basis that the client is or has been a victim of domestic violence, dating violence, sexual assault or stalking.
15. If applicable, persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.
16. The Coordinated Entry Center staff administering the SPDAT will participate in the annual CoC Coordinated Entry training. The purpose of the training is to provide access to materials that clearly describe the methods by which assessments are to be conducted.
17. All clients accessing the Coordinated Entry must be informed of the ability to file a nondiscrimination complaint.

Termination of MOU

This MOU becomes effective upon execution of all parties and will remain in effect unless sooner terminated by either of the following:

1. Upon 30 days written notice by one party to the others;
2. Upon mutual consent of all parties;
3. Upon good cause of any party if the other parties fail to comply with the terms of the MOU. However, prior to any such unilateral termination of good cause, the party wishing to terminate must give the other parties written notice of the alleged non-compliance and a 30 day opportunity to cure;
4. Upon filing of bankruptcy or liquidation of any party.

Miscellaneous

A. Severability

The invalidity or unenforceability of any particular provision of this Memorandum of Understanding shall not affect the provisions hereof, and the Memorandum of Understanding shall be construed in all respects as if such invalid or enforceable provision were omitted.

B. Amendments

This Memorandum of Understanding may be amended only in writing signed by applicable parties. The parties agree to make a good faith effort to agree on any amendments as may be necessary to achieve the goals and commitments set forth herein.

C. Notices

All notices provided herein shall be in writing and served upon the parties via certified mail to the mailing address listed below:

Name of Agency

Mailing Address of Agency

D. Non-exclusive

All parties agree that this Memorandum of Understanding is non-exclusive in that each party shall have the right to provide services to other entities and receive services from other entities independent of the Coordinated Assessment Process.

E. Indemnification and Hold Harmless

Each party will be responsible for its own acts or omissions and any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to be caused by that party, its employees, or representatives in the performance of omission of any act or responsibility of that party under this Agreement. In the event that a claim is made against multiple parties, it is the intent of the two parties to cooperate in the defense of said claim and to cause the insurers to do likewise.

F. Confidentiality

- a. All parties hereto agree to comply with any and all applicable laws and regulations concerning the confidentiality of client records, files or communications in addition to the terms of this agreement.
- b. All parties agree to secure privacy, confidentiality and integrity of customer, employee and administrative data on automated systems and install antivirus protection and a firewall.

The Agency signatory is authorized by the Agency to sign for the agency and acknowledge having read and understood all of the terms and provisions of the Agreement, and agrees to be bound by all the terms and provisions contained herein upon the execution of this Agreement.

Coordinated Entry Center:

Name of Agency _____

Representative Signature _____ Date _____

Title _____

Lake County Coalition for the Homeless/CoC:

Representative Signature _____ Date _____

Title _____

Appendix C

Memorandum of Understanding (MOU) Between Housing Providers and the Lake County Coalition for the Homeless/Continuum of Care (CoC)

This Memorandum of Understanding is entered into as of the _____.

For the purposes of this agreement, the relationship of the parties shall not be construed or interpreted to be a partnership, association, joint venture, or agency. The relationship of _____ to Lake County Homeless Coalition is that of independent contractor, performing services pro bono publico, and neither party is the agent, representative, or employee of the other party. No party shall have the authority to make any statements, representation, or commitments of any kind or to take any action that shall be binding on the other party

WHEREAS, the parties to this agreement agree to receive referrals from the Coordinated Entry Process for the purposes of ending homelessness in Lake County;

NOW THEREFORE, the parties will receive program referrals and provide services and resources upon the following conditions:

18. The Coordinated Entry Center will administer the VI-SPDAT to individuals who meet the following HUD definition of “literally homeless” (also referred to as Category 1 Homeless):
Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - b. Is living in a 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 and local government programs); or
 - c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
19. The Provider must submit their eligibility criteria to the System Coordination and Entry Committee before they can participate in the coordinated entry process
20. The Provider must submit any changes to a program’s eligibility criteria or target population to the System Coordination and Entry Committee Chair, who will then forward the update to the HMIS Administrator.
21. If the System Coordination and Entry Committee has a concern that a Provider’s requirements may be contributing to “screening out” or excluding households from needed services, the System Coordination and Entry Committee may request to meet with the Provider to discuss their criteria.
22. If the System Coordination and Entry Committee can clearly show a link between underserved populations and a Provider’s eligibility criteria, and the Provider is unwilling to modify the criteria, the System Coordination and Entry Committee may recommend to the Lake County Coalition for the Homeless Board of Directors that the Provider be de-prioritized for Continuum of Care or other funding.
23. When a Provider has a client opening in their program, they will contact the HMIS Administrator and System Coordination and Entry Chair no more than 30 days prior to their known vacancy and request referral names.

24. After a Provider receives their referral names, the Provider is to attempt initial contact with the highest priority individual within three business days for receiving the list of names.
25. The Provider will attempt to contact all of the client's contacts that are listed in the referral. If contacting the client directly has been unsuccessful, the Provider will contact the agency which completed the VI-SPDAT for assistance with locating the client within three business days of when the first attempts to contact the client directly have failed.
26. The Provider will maintain documentation of all attempts to contact candidate(s).
27. The Provider will continue all attempts to contact the client for a period of two weeks from receipt of the original referral.
28. The Provider will inform the HMIS Administrator and Housing Placement Workgroup Chair (workgroup of the System Coordination and Entry Committee) if unable to contact clients or the referring agency within two weeks of receipt of the referral.
29. If the Provider is able to contact a referral, then the interview process for that housing program would begin with the individual/family whom they were able to contact first.
30. The Provider will contact the referring agency, after contact has been made with the individual/family, in order to obtain necessary HUD documentation which would include: disability documentation, homeless history, and self-certification.
31. If the referring client refuses housing services, the Provider will move to the next individual/family on their list.
32. The Provider will acknowledge, entry into the housing program is the referring client's choice, therefore clients have the right to refuse acceptance into the program and will then remain in ServicePoint as open under Coordinated Entry.
33. The Provider will inform the System Coordinated Entry Committee Chair, HMIS Administrator, and the referring agency within 24 hours or one business day, when a referral is accepted into their housing program.
34. Providers agree to case conference with the Housing Work Group prior to client's termination from Housing Program or eviction from leased unit.
35. If the System Coordinated Entry Committee can clearly show a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Committee may recommend to the Lake County Coalition for the Homeless Board of Directors that the provider be de-prioritized for Continuum of Care or other funding.

Termination of MOU

This MOU becomes effective upon execution of all parties and will remain in effect unless sooner terminated by either of the following:

5. Upon 30 days written notice by one party to the others;
6. Upon mutual consent of all parties;
7. Upon good cause of any party if the other parties fail to comply with the terms of the MOU. However, prior to any such unilateral termination of good cause, the party wishing to terminate must give the other parties written notice of the alleged non-compliance and a 30 day opportunity to cure;
8. Upon filing of bankruptcy or liquidation of any party.

Miscellaneous

G. Severability

The invalidity or unenforceability of any particular provision of this Memorandum of Understanding shall not affect the provisions hereof, and the Memorandum of Understanding shall be construed in all respects as if such invalid or enforceable provision were omitted.

H. Amendments

This Memorandum of Understanding may be amended only in writing signed by applicable parties. The parties agree to make a good faith effort to agree on any amendments as may be necessary to achieve the goals and commitments set forth herein.

I. Notices

All notices provided herein shall be in writing and served upon the parties via certified mail to the mailing address listed below:

Name of Agency

Mailing Address of Agency

J. Non-exclusive

All parties agree that this Memorandum of Understanding is non-exclusive in that each party shall have the right to provide services to other entities and receive services from other entities independent of the Coordinated Assessment Process.

K. Indemnification and Hold Harmless

Each party will be responsible for its own acts or omissions and any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to be caused by that party, its employees, or representatives in the performance of omission of any act or responsibility of that party under this Agreement. In the event that a claim is made against multiple parties, it is the intent of the two parties to cooperate in the defense of said claim and to cause the insurers to do likewise.

L. Confidentiality

- c. All parties hereto agree to comply with any and all applicable laws and regulations concerning the confidentiality of client records, files or communications in addition to the terms of this agreement.
- d. All parties agree to secure privacy, confidentiality and integrity of customer, employee and administrative data on automated systems and install antivirus protection and a firewall.

The Agency signatory is authorized by the Agency to sign for the agency and acknowledge having read and understood all of the terms and provisions of the Agreement, and agrees to be bound by all the terms and provisions contained herein upon the execution of this Agreement.

Housing Providers:

Name of Agency _____

Representative Signature _____ Date _____

Title _____

Lake County Coalition for the Homeless/CoC:

Representative Signature _____ Date _____

Title _____

Appendix D

Lake County Release of Information for ServicePoint and Coordinated Entry

Section 1. Who is the Individual?

Last Name:	First Name:	Middle Initial:
Date of Birth:	Social Security Number:	Individual Completing Assessment:

I hereby authorize the use or disclosure of demographic and protected health information about the individual named above, as well as the entry of this information into the ServicePoint® system. ServicePoint® is an information system shared by the Lake County Coalition for the Homeless that helps us improve service delivery and evaluate the effectiveness of services provided.

I am: ☐ the individual named above (complete Section 8 below to sign this form)

☐ a personal representative because the individual is a minor, incapacitated, or deceased (complete Section 9 below)

Section 2. Who Will Be Disclosing Information About the Individual?

The following person(s) or entities may use or disclose the information: All individuals or agencies who are authorized to utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or ServicePoint® which includes homeless services and housing providers in Lake County.

Section 3. Who Will Be Receiving Information About the Individual?

The information may be disclosed to: All individuals or agencies who are authorized to utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or ServicePoint® which includes homeless services and housing providers in Lake County.

Section 4. What Information About the Individual Will Be Disclosed?

The information to be disclosed may include demographic information as well as records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information. The non-demographic information to be disclosed, including behavioral health and/or substance abuse services, comprises the information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment, including:

A. History of Housing and Homelessness
B. Risks
C. Socialization and Daily Functioning
D. Wellness
E. Self-Care and Daily Living Skills
F. Meaningful Daily Activity
G. Social Relationships and Networks
H. Mental Health and Wellness
I. Physical Health and Wellness
J. Substance Use
K. Medication

L. Personal Administration and Money Management
M. Personal Responsibility and Motivation
N. Risk of Personal Harm/Harm to Others
O. Interaction with Emergency Services
P. Involvement in High Risk and/or Exploitive Situations
Q. Legal
R. History of Homelessness and Housing
S. Managing Tenancy

Section 5. What is the Purpose of the Disclosure?

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing and social service interventions available.

Section 6. What is the Expiration Date or Event?

This authorization will expire three years from the date this document was signed in Section 8 or Section 9 below.

Section 7. Important Rights and Other Required Statements You Should Know

- You can revoke this authorization at any time by writing. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- You have the right to file a grievance if you feel your rights have been violated
- If you refuse the authorization or revoke the authorization, you will continue to receive all the medical care and benefits for which you are eligible. You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services and these cannot be a conditioned on signing this authorization.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing.

Section 8. Signature of the Individual

I have read and understand the above material and I hereby consent that _____ enter the information for me or my child(ren)/ward(s)/dependent(s) into ServicePoint® and to disclose information as outlined in this release.

Client/Parent/Guardian (Signature)
Date

Employee Signature
Date

Print Name

Print Name

Name of Child/Ward/Dependent (Under 18)

Title/Agency

Name of Child/Ward/Dependent (Under 18)

Name of Child/Ward/Dependent (Under 18)

Section 9. Signature of Personal Representative (if applicable)

Client/Parent/Guardian (Signature)
Date

Printed Name

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Appendix E

In-Depth Annual Assessment Report ***(Suggested framework, not required format)***

Process Metrics

- Number of assessments completed
- Number and percent of households receiving diversion assistance
- Number and percent of declined referrals (declined by provider)
- Number and percent of declined referrals (declined by consumer)
- Number of complaints filed with Coordinated Entry Committee (provider)
- Number of complaints filed with Coordinated Entry Committee (consumer)

Outcome Measures

- Number and percent of households exiting from homelessness to permanent housing
- Number and percent of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

Appendix F

Organization Satisfaction Survey ***(Suggested framework, not required format)***

1. Did you refer or receive clients as a result of participating in Coordinated Entry? Yes/No
 - a. If yes, was the overall experience satisfactory for your agency and client(s)? Please explain.
 - b. If not, why did you not refer or receive clients?
2. Based on your participation in Coordinated Entry, do you feel that individuals received improved access to the housing assistance they are eligible for? Yes/No, please explain.
3. Was the process of participating in Coordinated Entry a burden on your organization? Yes/No, please explain.
4. In what ways do you feel Coordinated Entry was successful in the past (6 months/year)? Please explain.
5. In what ways do you feel Coordinated Entry in the past (6 months/year) created additional barriers or otherwise could be improved? Please explain.

Appendix G

Required Diversion Questions for Emergency Shelter Providers

1. Are you homeless (living on the street, staying in an emergency shelter or transitional housing program, fleeing domestic violence)? ☐ Yes ☐ No
2. Are you at-risk of homelessness (currently residing with friends/family and need to leave, being evicted within 14 days)? ☐ Yes ☐ No
3. Where did you stay last night?
 - ☐ With a friend/family member/other doubled up situation
 - ☐ A hospital
 - ☐ Jail/prison
 - ☐ Juvenile detention facility
 - ☐ In a hotel/motel
 - ☐ In a foster care/group home
 - ☐ In a substance abuse treatment facility
 - ☐ In my own housing – rental
 - ☐ In my own housing – owned
 - ☐ In a car, on the street, or in another place not meant for human habitation
 - ☐ In other housing _____
4. Are you safe in your current living situation? ☐ Yes ☐ No
5. Why do you have to leave the place you stayed last night? When do you have to leave?
6. How long have you stayed at this location?
7. If you cannot use shelter tonight, where would you stay?
8. What brought on your housing crisis?
 - ☐ Problems with landlord
 - ☐ Have rental or utility arrears (circle which) If yes, list amount owed: \$ _____
 - ☐ Evicted or in the process of being evicted from a private dwelling or housing provided by family or friends
 - ☐ Victim of foreclosure on rental property
 - ☐ Living in housing that has been condemned
 - ☐ Unable to pay rent
 - ☐ Experiencing high overcrowding
 - ☐ Violence or abuse occurring in the family's household
 - ☐ Other _____

Appendix H

Coordinated Entry Marketing Plan

Purpose: The purpose of the Coordinated Entry Marketing Plan is to ensure widespread and equal access housing and supportive services via the Lake County Continuum of Care's (CoC) Coordinated Entry system.

Overview: The Lake County CoC's marketing plan is two-fold. Phase 1 includes the creation of outreach materials that will be distributed or made available to both consumers and agencies. Phase 2 includes a targeted outreach plan for both consumers and agencies.

Phase 1: Outreach Materials

Print Resources	Intended Audience	Revision Schedule	Timeline
Business Card	Consumers	Annual Significant Change	Creation: November 2017 Annual Revision: Summer
Multi-media Resources	Intended Audience	Revision Schedule	Timeline
Coordinated Entry Email address	Consumers	N/A	Creation: Summer 2017
PowerPoint Presentation	Agencies	Annual Significant Change	Creation: January 2018 Annual Revision: Summer
Online Resources			
Find Help Lake County	Consumers Agencies	Annual Significant Change	Spring
HMIS ServicePoint – ResourcePoint	Agencies	Annual Significant Change	Spring
Website (Lake County Coalition)	Consumers Agencies	Annual Significant Change	Spring
Facebook (Lake County Coalition)	Consumers Agencies	Annual Significant Change	Spring

Phase 2: Targeted Outreach

In-Person Presentation	Additional Materials	Frequency	Timeline
Lake County CoC Members	Business cards	Annual	Fall
Non-member service providers	Business cards	Annual	Fall
Direct Mail			
Libraries	Business Cards	Annual	Fall
Police Departments	Business Cards	Annual	Fall
School Social Workers/Homeless Liaisons	Business Cards	Annual	Fall
Food Pantries	Business cards	Annual	Fall
24-hour Sites	Business Cards	Annual	Fall
Townships	Business Cards	Annual	Fall