

DuPage County Continuum of Care Governance Charter

Adopted by the Leadership Committee of the Continuum of Care on December 12, 2012

Updated December 5, 2018

Establishment of the Continuum of Care

1. The DuPage County Homeless Continuum of Care (CoC) has been established in accordance with Bylaws adopted on April 24, 2009, as shown on Exhibit A. An amendment to the Bylaws on November 18, 2016 created the DuPage County Continuum of Care (CoC) name change.
2. The CoC consists of representatives from relevant organizations within DuPage County, Illinois. Such relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement and organizations that serve veterans and homeless and formerly homeless individuals. Relevant organizations within the Chicago Metropolitan area work alongside and in collaboration with the CoC, as problems, issues, and solutions do not stop or start at the DuPage County borders. Current members of the CoC are shown on Exhibit B.
3. The CoC has established a Leadership Committee to act on behalf of the CoC as its board. The Leadership Committee is representative of the relevant organizations and of projects serving homeless subpopulations and includes at least one homeless or formerly homeless individual. The current Leadership Committee is shown on Exhibit C. On November 18, 2016, the CoC Bylaws were amended to include the CoC name change, the addition of a nondiscrimination statement, the highlighting of the Conflict of Interest and Code of Conduct/Recusal Process for the Board, its Chair(s) and any person acting on behalf of the board; and the addition of Voting by Majority Rules and Electronic Voting. Board members shall annually execute a Conflict of Interest and Code of Conduct and Recusal document in the form shown on Exhibit D.
4. In accordance with the regulations at 24 CFR 578.5(c), the CoC shall have until August 29, 2014 to comply with all requirements of 24 CFR 578 Subpart B and which the CoC has met all requirements and is in full compliance.

Responsibilities of the Continuum of Care

A. Operation of the Continuum of Care

1. The CoC holds meetings of the full membership, with published agendas, at least semi-annually.

2. The CoC has an open invitation for new members to join. It is publicly available on the CoC website: <https://dupagehomeless.org/>
3. The CoC has adopted and follows a written process to select the Leadership Committee, which acts as the board of the CoC and acts on behalf of the CoC. That process is in the adopted Bylaws of the CoC shown on Exhibit A and was last reviewed and adopted on November 17, 2017. That process must be reviewed, updated, and approved by the CoC again on or before November 16, 2022.
4. The CoC has appointed additional committees. A summary of those committees is shown in Exhibit E. The organizational structure of the CoC is shown in Exhibit F.
5. This governance charter has been developed in consultation with the collaborative applicant, which is DuPage County Community Services, and the Homeless Management Information System (HMIS) Lead, which is DuPage County Community Services. This governance charter shall be followed by the CoC, the collaborative applicant, and the HMIS lead; it shall be updated annually; and it contains all policies and procedures needed to comply with 24 CFR 578 Subpart B and with the HMIS requirements as prescribed by the U.S. Department of Housing and Urban Development (HUD). A code of conduct and recusal process is stated in the Conflict of Interest document shown on Exhibit D.
6. The DuPage County CoC and CoC funded providers will not discriminate on the basis of any protected characteristic, including age, race, ethnicity, national origin, religion, familial status, disability, gender, LGBT status, or marital status. CoC funded housing shall be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. Further, the DuPage County CoC, as well as all recipients of HUD Community Planning Department (CPD) funding will grant equal access to such facilities, benefits, accommodations and services to individuals in accordance with the individual's gender identity and in a manner, that affords equal access to the individual's family. This applies to all providers of services funded in whole or in part by any CPD program including owners, operators, and managers of shelters, and other buildings and facilities.

Through HUD's final rule entitled "*Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs*" published in the Federal Register on September 21, 2016 HUD ensures equal access to individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD). This rule builds upon HUD's February 2012 final rule entitled *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity* (2012 Equal Access Rule), which aimed to ensure that HUD's housing programs would be open to all eligible individuals families regardless of sexual orientation, gender identity, or marital status.

7. The CoC has consulted with recipients and subrecipients to establish performance targets appropriate for population and program types, it monitors recipients and subrecipient

performance, it evaluates outcomes, and it takes action against poor performers. This is accomplished through meetings of the various committees, the application process for recipients of funding, and the ranking and scoring of applications by the grants funding committee based on criteria that examine outcomes and performance.

8. The CoC will evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and will report such evaluations to HUD in the fashion and format required by HUD from time to time. Emergency Solutions Grants (ESG) shall be awarded by DuPage County through its Community Services Department after consultation with the CoC on the criteria for funding and approval by the Grants Funding Committee on proposed awards.
9. The CoC, in consultation with DuPage County through its Community Services Department (which is the recipient of ESG funds), has established a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. A policy has been developed to guide the operation of the coordinated assessment system on how it addresses 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. The following committees are responsible for development of this policy: Needs Assessment, HMIS, and Homeless Prevention Providers. A copy of this policy is attached (Exhibit G).
10. The CoC, in consultation with DuPage County through its Community Services Department (which is the recipient of ESG funds), will establish and consistently follow written standards for providing Continuum of Care assistance. The Needs Assessment Committee, Homelessness Prevention Providers Committee and the DuPage County Community Development Commission are responsible for the development of these policies and procedures.

B. Designating and Operating an HMIS.

1. The CoC HMIS is operated by DuPage County Community Services.
2. The HMIS lead is DuPage County Community Services.
3. The HMIS Committee, with assistance from HMIS staff, is responsible to review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS. Such plans are then approved by the Leadership Committee. Last date of adoption for each is as follows:

Privacy Plan: Adopted by HMIS on 10/17/12; updated on 12/16/15 & 01/15/16

Security Plan: Adopted on 10/30/09 as part of the HMIS Standard Operating Procedures (SOP) and updated on 12/16/15 & 01/11/17

Data Quality Plan: Previously adopted by HMIS Committee; formally adopted by the CoC on 01/15/16 & 01/11/17 & 01/10/18

Roles and Responsibilities: adopted by the CoC on 12/16/15; updated 01/11/17

The SOP is reviewed annually by the HMIS Policy Committee.

4. Consistent participation in HMIS by recipients and subrecipients is a requirement of receiving CoC or ESG funding. Such participation is assisted through provision of training opportunities and oversight of HMIS staff and the HMIS Committee.
5. The CoC ensures that HMIS is administered in compliance with the requirements prescribed by HUD by assigning HMIS Lead staff members to review regulations and compliance requirements and report on needed actions to the HMIS Committee.

C. Continuum of Care Planning

1. The CoC has developed a plan that coordinates the implementation of a housing and service system within DuPage that attempts to meet the needs of homeless individuals (including unaccompanied youth) and families.
The plan was updated in 2008. The Executive Summary and the Blueprint for Moving Forward can be found at the following link on the CoC website:
<http://dupagehomeless.org/strategies/dupage-county-plan-to-end-homelessness/>

At a minimum, such a system encompasses the following:

- a) Outreach, engagement and assessment
 - b) Shelter, housing and supportive services
 - c) Prevention strategies
2. The CoC plans for and conducts biennially a point-in-time count of homeless persons within DuPage County. Homeless persons who are living in a place not designed or ordinarily used as regular sleeping accommodation for humans are counted as unsheltered homeless persons. Persons living in emergency shelters and transitional housing projects are counted as sheltered homeless persons. Other requirements promulgated by HUD by Notice are followed. The Street Count Committee is responsible for the biennial count.
 3. The CoC conducts an annual gaps analysis of the homeless needs and services available within the geographic area by utilizing information from HMIS, updating its bed counts, utilizing data from the point-in-time counts, and provider survey.
 4. The CoC provides information to DuPage County Community Development Commission (CDC) to update the Consolidated Plan for the DuPage County Consortium, as well as information for the Consolidated Annual Performance and Evaluation Report.

5. The CoC consults with the CDC, the entity which administers ESG funds on behalf of the recipient, DuPage County, on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program subrecipients. The Grants Funding Committee sets the criteria for award of grant funds and the CDC runs an application process on behalf of the CoC. Funding recommendations and application evaluations are then returned to the Grants Funding Committee for action. Recommendations of the Grants Funding Committee are then sent to the Leadership Committee for final approval. During the grant administration process, the CDC receives quarterly progress reports from each subrecipient. Such reports are analyzed against the outcome targets set for each project.

Preparing an Application for Funds

A. Process. The CoC:

1. Designs, operates, and follows a collaborative process for the development of applications and approves the submission of applications in response to a NOFA published by HUD. The CoC follows a strict calendar and process each year that requires a business plan for all projects that is initially presented to the Needs Assessment Committee. Agencies work collaboratively with each other and with the HMIS Lead to prepare information for submittal to HUD. The submission of applications, initially presented at the Needs Assessment Committee, is then reviewed by Grants Funding Committee and approved by the Leadership Committee.
 2. Priorities for funding are determined based on needs established by the Needs Assessment Committee, the annual gap analysis, consistency with the CoC plan to end homelessness, and priorities established by HUD in the NOFA. In accordance with the Bylaws, it is the role of the Grants Funding Committee to develop funding criteria, application procedures, and ranking procedures. Based on these procedures and an analysis of outcomes, the Grants Funding Committee may also recommend re-allocation or funding cuts to the Leadership Committee. Also in accordance with the Bylaws, the Leadership Committee is authorized to make all final decisions pertaining to allocation of funds and may also determine the need for re-allocation or funding cuts based on analysis of data and outcomes. Once it has been determined that re-allocation or funding cuts is in the best interest of the CoC, a representative or representatives of the Leadership Committee will communicate with the agency whose project is being re-allocated or cut to discuss how the reallocation will occur and the timing of any reallocation or project funding cut.
 3. The application is submitted by DuPage County Community Services, as collaborative applicant, on behalf of the CoC.
- B. Responsibility. The CoC retains all of its responsibilities, even though it has designated a collaborative applicant. The collaborative applicant is DuPage County Community Services that operates as the lead agency of the CoC.

Unified Funding Agency

The CoC has selected DuPage County, through its Community Services Department, to make application as the Unified Funding Agency, should this opportunity be available with funding to support the function.

Amendment to this Governance Charter

This governance charter shall be reviewed at least annually, but may be amended and updated at any duly called meeting of the Leadership Committee. It is anticipated that multiple amendments will be made over the next two years as HUD issues further guidance on CoC requirements.

DuPage County Homeless Continuum of Care

By: _____
Chair of Leadership Committee

Date: _____

By: _____
Collaborative Applicant

Date: _____

By: _____
HMIS Lead

Date: _____

Exhibit A



**DuPage County Continuum of Care –
Bylaws April 24, 2009
Amended 11-20-2009
Amended 11-12-2010
Amended 11-30-2012
Amended 04-17-2015
Amended 11-18-2016
Amended 11-17-2017**

Article I: Name

The name of this organization shall be the DuPage County Continuum of Care.

Article II: Purpose

The purpose of the DuPage County Continuum of Care is to develop and support effective strategies to end homelessness in DuPage County and to promote full accessibility to safe, affordable housing and comprehensive, integrated support services for DuPage residents faced with homelessness.

Article III: Membership of the Continuum

III. 1 General Membership

Membership in the DuPage County Continuum of Care (CoC) is open to ensure community-wide commitment to ending and preventing homelessness. Members of the CoC approve at-large Leadership Committee members and, within the Committee framework, impact and positively contribute to Continuum goals. Members who actively participate within the DuPage CoC Committee structure receive additional consideration when competing for new or renewal funding.

The Continuum General Membership shall consist of two categories of members:

A) Eligible Organizational Members including, but not limited to, representatives from nonprofit homeless assistance providers, social services providers, behavioral health agencies, organizations that serve Veterans, victim services providers, government entities, school districts, law enforcement, businesses, affordable housing developers, public housing agencies, faith based organizations, universities, health care providers, and youth providers, and B) Individual Members, including persons with lived experience of homelessness, or other interested individuals. Individuals may not comprise more than 10% of the General Membership.

Continuum General Membership is limited to those residing and/or doing business in DuPage County, Illinois. Approval as a Member of the Continuum requires formal adoption of the Continuum's Memorandum of Understanding by the organization for Organizational Membership

or by the individual for Individual Membership and approval by the Leadership Committee of the Continuum. The process for recruitment and selection of members for CoC membership will be transparent and inclusive. The members, officers, and persons served by the Continuum shall be selected entirely on a non-discriminatory basis with respect to age, sex, race, ethnicity, religion, sexual orientation, disability, and national origin in accordance with all state and federal regulations. If denied, an applicant may appeal in writing to the Appeals Committee of the Continuum in accordance with Article VIII of these Bylaws.

III. 2 Rights and Responsibilities

Each Member is afforded one full vote on any decision put to a vote. Organizational Members may designate different Organizational Representatives to serve on Continuum Committees. Changes in Organizational Representatives must be submitted in writing to the Leadership Committee of the Continuum. Organizational Representatives may vote on behalf of the Organizational Member.

Member Responsibilities:

1. Familiarize yourself with the Governance Charter and all amendments at least annually
2. Attend biannual Full Continuum meetings
3. Seek opportunities to participate on Committees or otherwise support CoC Goals

Inactive Members: Periodically, the CoC shall review its membership list to identify inactive members. Inactive members will be defined as those agencies or individuals with no CoC activity or participation within a 12-month period. Inactive members will be provided with the option of being removed from CoC Membership.

IV. Conflict of Interest

All Organizational Representatives of the Continuum are required to make known any conflicts of interest regarding any matter before the Continuum or the committees on which they serve. Members are prohibited from voting on matters pertaining to allocation of funds to any and all organizations that they represent, are employed by or on whose Board of Directors they serve. Following recusal, if the number of remaining voting Members falls below a quorum, there must be at least three remaining voting Members to take action. Should there be less than three voting Members the matter must be forwarded to the Leadership Committee for consideration. To further avoid any appearance of conflict of interest, voting Members with conflicts, at the discretion of the Committee chairs, will be asked to refrain from participating in discussion relating to the above. Additionally, all voting Members of the Leadership Committee are required to submit a signed Code of Conduct and DuPage County CoC Conflict of Interest Policy statement annually.

Article IV: Organizational Structure

The general management of the Continuum is exercised by the designated Lead Organization as indicated in official documents submitted to HUD by the Leadership Committee of the Continuum. Decisions pertaining to the management and administrative functions of the Continuum including

staffing and contracting for consulting services shall be made by the designated representative of the Lead Organization, with review and oversight by the Leadership Committee.

IV. 1 Committees

The Continuum consists of seven standing committees:

- 1) Leadership Committee
- 2) Community Outreach Committee
- 3) Grants/Funding Committee
- 4) Needs Assessment Committee
- 5) Homeless Management Information System (HMIS) Policy Committee
- 6) Homeless Prevention Providers Committee
- 7) Appeals Committee

Each committee may establish, as needed, working sub-committees to conduct specific tasks of the committee. The purpose and responsibilities of each committee shall be as follows:

1) **Leadership Committee:** The Leadership Committee functions as the leadership of the Continuum and shall be chaired by the designated representative of the Lead Organization. Its membership shall consist of the representative of the Lead Organization, the chairpersons of each of the other standing committees with the exception of the Appeals Committee and at least five, but not more than ten at large Continuum Members. At least one member of the Leadership committee must be a current or formerly homeless person. The at-large committee members will be nominated by the Leadership Committee and ratified by the General Membership for a two year term. This committee meets at least quarterly.

The Leadership Committee oversees the Continuum, coordinates the implementation of the Plan to End Homelessness, coordinates the development of homeless services, establishes policies and procedures of the Continuum, provides direction and approval to each committee's tasks and activities and approves new Members of the Continuum and its committees. On behalf of the Continuum, the Leadership Committee is authorized to make all final decisions pertaining to pursuit, contract, and allocation of funds; and the designation of the Lead Organization. The Leadership Committee manages Continuum wide communications, including twice yearly full membership meetings.

2) **Community Outreach Committee:** The role of the Community Outreach Committee is to oversee membership and build inclusiveness, to promote community awareness of homelessness, to develop awareness and support of the Plan to End Homelessness, to promote discharge policies that prevent homelessness, to ensure enrollment in mainstream benefits, increase income through employment/benefits, and to promote outreach and engagement of unsheltered homeless persons. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater shall be comprised of Individual Members of the Continuum.

3) Grants/Funding Committee: The role of the Grants/Funding Committee is to develop funding criteria, application procedures, and ranking procedures for grant opportunities including but not limited to: the HUD Continuum grants, IL Dept. of Human Services (IDHS) Homeless Prevention funds, and DuPage County CDBG grants; to coordinate the overall grant application processes and ensure equal access for all Continuum members; to successfully complete funding applications to obtain the maximum amount available for homeless services and housing; to support optimal funding of the services and housing necessary to assist all homeless persons to achieve stable housing. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum.

4) Needs Assessment Committee: The role of the Needs Assessment Committee is to provide ongoing assessment of homeless needs and resources in order to determine the most current gaps between the existing services and the highest service needs; to set priorities for filling gaps in homeless services; to develop and implement procedures for conducting the annual homeless housing and services inventory and the bi-annual count of unsheltered and sheltered homeless persons; to coordinate information with other human service and housing needs assessments; and to support the full implementation of the HMIS system as an effective resource for accurate point in time needs assessment data. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum.

5) Homeless Management Information System (HMIS) Policy Committee: The role of the HMIS Policy Committee is to develop, maintain, and update the homeless information system including the development and implementation of data protocols, reporting, policies, and problem solving measures. Committee membership is comprised of system users from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more one person, or than 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum.

6) Homeless Prevention Providers Committee: The role of the Homeless Prevention Providers Committee is to share, evaluate, expand or obtain information, services, and resources pertaining to the prevention of homelessness; to assure efficient and effective disbursement of homeless prevention funds; and to develop and adhere to coordinated strategy and procedures. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum.

7) Appeals Committee: The role of the Appeals Committee is to resolve any decisions made by the Continuum or any of its committees following a written request for an appeal. The Appeals Committee consists of the Vice-Chairpersons of the Community Outreach Committee, the Grants/Funding Committee, and the Needs Assessment Committee. After conducting an appeal hearing, the Appeals Committee will submit their findings and meet with the Leadership

Committee for a final resolution. The procedure governing appeals is set out in Article VIII of these Bylaws.

IV. 2 Committee Chairs

The Chair of each committee shall be chosen by its membership and chairs shall serve two-year terms with no limit on re-election. Any member of the Continuum may apply to be chair of a committee. The Chair of each committee shall be responsible for presiding at all meetings of his/her committee. The Chair is responsible for ensuring accurate minutes are recorded of all meetings and submitted to the Leadership Committee or their designee, and that the work and recommendations of the Committee are appropriately communicated to the Leadership Committee of the Continuum. A Chair may be removed by a 2/3 vote of the Leadership Committee if it is deemed to be in the best interests of the Continuum. The Chairs of each standing committee, with the exception of the Appeals Committee, shall serve on the Continuum Leadership.

IV. 3 Committee Vice-Chairs

Each Committee will select a Vice-Chair to serve in the absence of the Committee Chair at meetings. If there is a resignation of the Chair, the Vice-Chair will assume the Chair Committee position for the remainder of that term. At the next regular meeting an election will be held to select a new Vice-Chair. The Vice Chair of the Community Outreach Committee, the Grants/Funding Committee and the Needs Assessment Committee will serve as the Continuum's Appeals Committee. Vice-Chairs will be selected every two years with no limits on re-election.

Article V: Continuum and Committee Meetings

There shall be two meetings each year for the full General Membership. Committees meet quarterly at a minimum. Attendance and minutes are recorded for all meetings and are the responsibility of the committee chair. All committee meetings are open to the general membership for attendance. An annual Continuum calendar of all meetings is completed each July and distributed to all members of the Continuum. It is also available on the Continuum website.

Article VI: Meeting Notice and Agenda

Not less than seven (7) days' advance notice of general or committee meetings shall be given to all relevant members. The notice will be provided electronically by the designee of the Leadership Committee. Such notices shall contain the time, place, proposed agenda of the meeting, and any pertinent supporting materials.

Article VII: Conduct of Meetings

Parliamentary discretion for the conduct of meetings shall be vested in the Chair. Meeting procedures shall provide an opportunity for all to be heard on any given issue and for the efficient conduct of business. All Members are required to act in accordance with the signed Memorandum of Understanding.

VII.1 Voting by Organizational Members

When needed, the Chair of the Continuum may call for a General Continuum vote, or a Committee Chair may call for a Committee vote. In voting, there will be one vote per Individual or Organization, regardless of the number of Organizational Representatives. All decisions made at the Committee level, and those which require recommendation for further action by a higher level Committee, will be recorded in Committee minutes.

VII.2 Voting by Majority Vote Rules

Action will be taken by a majority of the votes cast by those present and authorized to vote during a properly called meeting.

VII.3 Electronic Voting

Electronic voting is permissible according to the discretion of the Chair. Wherever possible, voting shall occur during the CoC meetings. However, electronic voting (soliciting, casting, and collecting of votes) will be acceptable. The Chair will be responsible for maintaining records of the electronic voting.

Article VIII: Appeals Procedure

Any Member of the Continuum, or prospective Member in the case of denial of an application for Membership, who has a grievance over any decisions, actions, or procedures of the Continuum or any of its committees shall be entitled to file an appeal before the Appeals Committee in writing. The appellant presenting his/her grievance shall be given a designated time to state the basis of the appeal. Any person of the appellant's choosing may be present at the appeal hearing. After the appellant has been heard, the Appeals Committee shall move into executive session to confer and decide its ruling on the appeal by majority vote. The decision of the Appeals Committee will be submitted to the Leadership Committee for review and reconsideration. A vote will be taken by members of the Leadership Committee and the Appeals Committee to resolve. A final decision will be made based on a majority vote. The appellant shall be given a written statement of the final decision and reasons therefore within sixty (60) days of receipt of the appeal. The decision shall be considered final.

Article IX: Amendments

These Bylaws may be amended by the affirmative vote of 2/3 of the Continuum present at a duly called general membership meeting thereof, if the notice of such meeting has contained a copy of the proposed amendment(s).

Article X: Effective Date

These Bylaws will become effective upon adoption by 2/3 vote of the Continuum membership present.

Exhibit B

Name of Organization
360 Youth Services
Adventist Health System
Bluestem Housing Partners
Bridges Communities
Catholic Charities, Diocese of Joliet
CHAD - Community Housing Association of DuPage
City of Naperville
City of Wheaton
College of DuPage
DuPage Foundation
DuPage County - Dept. of Community Services
DuPage County - Dept. of Probation & Court Services
DuPage Health Coalition dba Access DuPage
DuPage County - Psychological Services
DuPage County - Veterans Assistance Commission
DuPage County Community Development Commission
DuPage County Health Department
DuPage Federation on Human Services Reform
DuPage Habitat for Humanity
DuPage Housing Authority
DuPagePads
DuPage Workforce Development Division
DuPage Senior Citizens Council
DuPage YWCA
Family Focus
Family Shelter Service
Hamdard Center for Health & Human Services
HCS Family Services
Hines VA
H.O.M.E. DuPage
Hope Fair Housing
JUST of DuPage
League of Women Voters DuPage
Little City
Loaves and Fishes Community Services
Love Christian Clearinghouse
Metropolitan Family Services

Midwest Shelter for Homeless Veterans
NAMI of DuPage County
Northern Illinois Food Bank
Open Door Health Center of Illinois
Outreach Community Ministries
Parkview Community Church
People's Resource Center
Prairie State Legal Services Inc.
Ray Graham
Regional Office of Education DuPage
Salvation Army - Suburban Service Extension Dept.
Saret Charitable Fund
Senior Home Sharing, Inc.
Serenity House Counseling Services, Inc.
Topfer Family Foundation
United Way DuPage Area
United Way of Metropolitan Chicago
Wayne Township
Wayside Cross (individual member Phil Wood)
World Relief

Exhibit C

DuPage County Continuum of Care Leadership	
Leader	Mary Keating Director DuPage County Community Services
Continuum Consultant	Peg White Lijewski President OMR, Inc.
COMMITTEE	CHAIRPERSON
Community Outreach	Carol Simler Executive Director DuPage PADS
Grants Funding	Lisa Howe Compliance Officer/ Quality Control Manager DuPage Housing Authority
Needs Assessment	Tonya Latson Social Services Director People's Resource Center
Homeless Prevention	Maria McTarnaghan Associate Director CARES Programs Loaves & Fishes Community Services
HMIS	Will Moeller Manager of Intake Services Bridge Communities
AT LARGE MEMBERS	
Community Funder	Barb Szczepaniak Vice President for Programs DuPage Foundation
Community Member	Bob Adams Co-founder Midwest Shelter for Homeless Veterans
Health Care	Kara Murphy President DuPage Health Coalition
Mental Health	Randi Luna Assistant Director, Residential Services DuPage County Health Department
Court Services/Substance Abuse	Gina Menconi DuPage County Probation Dept. of Probation and Court Services
Domestic Violence/Victims Services	Judie Caribeaux Executive Director Family Shelter Service

Education	Heather Britton Homeless Student Advocate Regional Office of Education
Faith Community/Service Provider	Amy Palumbo Director of Community Services North Catholic Charities, Diocese of Joliet
Legal Aid	Kerry O'Brien Staff Attorney Prairie State Legal Services



**DuPage County Continuum of Care
Conflict of Interest Policy and Code of Conduct**

This Conflict of Interest Policy is executed as of the date written below in accordance with 24 CFR 578.95(b). The Leadership Committee of the DuPage County Continuum of Care acts as the board for the Continuum of Care. No board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

As a member of the Leadership Committee, I understand that I must recuse myself from any discussion or decision concerning the award of a grant or other financial benefits to the organization that I represent. The process for such recusal shall be to publicly announce at the meeting that I have a conflict regarding the matter under discussion or being considered for a decision, to leave the room during the discussion or decision-making process, and to request that the minutes of the meeting clearly reflect my announced conflict of interest and the fact that I was not present during the discussion or decision-making process.

I will further follow the Conflict of Interest Policy promulgated by the Internal Revenue Service for nonprofit corporations, as stated below, with the understanding that the DuPage County Continuum of Care is equivalent to a "Corporation," as applicable.

I do hereby acknowledge that I have received a copy of this document.

Acknowledged this 6th day of DECEMBER, 2017.

By:

Signature

Printed Name

MARY H. KEATINGE



DuPage County Continuum of Care Conflict of Interest Policy and Code of Conduct

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I do hereby acknowledge that I have received a copy of this document.

Acknowledged this 16th day of December, 2017.

By:

Signature

Printed Name

CAROL SIMLEITZ



DuPage County Continuum of Care Conflict of Interest Policy and Code of Conduct

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I do hereby acknowledge that I have received a copy of this document.

Acknowledged this 4th day of December, 2017.

By:

A black rectangular box redacting the signature of the individual.

Signature

Lisa A. Howe

Printed Name



DuPage County Continuum of Care Conflict of Interest Policy and Code of Conduct

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I do hereby acknowledge that I have received a copy of this document.

Acknowledged this 6th day of December, 2017.

By.

Signature

Printed Name

TONYA LATSON



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By:

Signature

Maria McTavaghan
Printed Name



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Signature

William P Moeller
Printed Name



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Acknowledged this 28th day of December, 2017.

By:


Signature

Barb Szczepaniak
Printed Name



**DuPage County Continuum of Care
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Acknowledged this 14th day of FEBRUARY, 2018.

By:



Signature

ROBERT M. ADAMS

Printed Name



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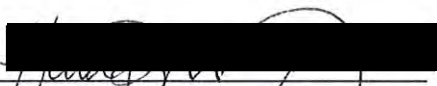
I do hereby acknowledge that I have received a copy of this document.

Acknowledged this 7th day of December, 2017.

By:

Signature

Printed Name


Kara R Murphy



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Acknowledged this 10 day of December, 2017.

By: 
Signature
Randi Luna
Printed Name



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Acknowledged this 6 day of December, 2017.

By:

A black rectangular box redacting the signature of the individual.

Signature

Gina Menconi

Printed Name



DuPage County Continuum of Care Conflict of Interest Policy and Code of Conduct

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Acknowledged this 5th day of January, 2018.

By:

A black rectangular box redacting the signature of the individual.

Signature

Judie Caribeaux

Printed Name



**DuPage County Continuum of Care
Conflict of Interest Policy and Code of Conduct**

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Acknowledged this 6 day of DECEMBER, 2017.

By: _____

Signature

HEATHER BRITTON

Printed Name



DuPage County Continuum of Care Conflict of Interest Policy and Code of Conduct

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Acknowledged this 6th day of December, 2017.

By:

Signature

Amy PALUMBO
Printed Name



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Acknowledged this 6th day of Dec, 2017.

By:

Signature

Printed Name

Kerry O'Brien

Exhibit E

DuPage Continuum of Care Committees

The DuPage County Continuum of Care consists of seven standing committees and a special committee that meets biennially for the purpose of the Point in Time Count of the Unsheltered Homeless in DuPage County:

- 1) **Leadership Committee**
- 2) **Community Outreach Committee**
- 3) **Grants/Funding Committee**
- 4) **Needs Assessment Committee**
- 5) **Homeless Management Information System (HMIS) Users Committee**
- 6) **Homeless Prevention Providers Committee**
- 7) **Appeals Committee**
- 8) **Street Count Committee**

The purpose and responsibilities of each committee are as follows:

LEADERSHIP COMMITTEE

PURPOSE - The Leadership Committee functions as the leadership of the DuPage County Continuum of Care (CoC). The Leadership Committee functions as the Leadership of the CoC and shall be chaired by the designated representative of the Lead Organization. Its membership shall consist of the representative of the Lead Organization, the chairpersons of each of the other standing committees (with the exception of the Appeals Committee) and at least five but no more than ten At-Large Continuum Members. The At-Large Committee members will be nominated by the Leadership Committee and ratified by the General Membership for a two-year term. This committee meets at least quarterly for these purposes:

To coordinate the development of comprehensive Continuum of Care services for homeless persons in DuPage County. To establish and implement a Plan to End Homelessness. To establish the policies and procedures of the DuPage County Continuum of Care. To distribute limited resources in the most efficient and accountable manner. To have final accountability to all homeless consumers and members of the DuPage County Continuum of Care for the enhanced performance of the Continuum. To provide a forum for ongoing communication and coordinated efforts among all committees of the DuPage County Continuum of Care. To determine specific actions to be taken which will position the Continuum of Care for positive growth and development.

RESPONSIBILITIES - The Leadership Committee oversees the Continuum, coordinates the implementation of the Plan to End Homelessness, coordinates the development of homeless services, establishes policies and procedures of the Continuum, provides direction and approval

to each committee's tasks and activities and approves new Members of the Continuum and its committees. On behalf of the Continuum, the Leadership Committee is authorized to make all final decisions pertaining to pursuit, contract, and allocation of funds; and the designation of the Lead Organization. The Leadership Committee manages Continuum wide communications, including twice yearly full membership meetings. The DuPage County Community Services Director serves as liaison with the Executive Committee of the DuPage County Community Development Commission (CDC) and the Leadership Committee. This Executive Committee is informed of the activities of the DuPage Homeless Continuum on a regular basis.

- Assess and measure progress made in the Plan to End Homelessness regularly.
- Ongoing refinement of goals, outcomes and reporting on the Plan to End Homelessness.
- Provide final approval for all Community Development Block Grant Funds, Homeless Prevention funds and HUD Continuum funds.
- Review and take action on all requests regarding Continuum policy matters i.e., Ranking Criteria, Bylaws, Confidentiality and the HMIS, New Projects Review, Plan to End Homelessness, Needs Assessment procedures, etc.
- Have representation in the Regional Roundtable, a consortium made up of representatives from the eight Continuum of Care jurisdictions of northeast Illinois.
- Approve the recommended Chairperson for each Continuum Committee and all committee members.
- Meet at least quarterly to determine committee tasks and priorities and review progress/information.
- Share information from each committee with the full Continuum membership.
- Organize twice yearly meetings of entire Continuum membership.

COMMUNITY OUTREACH COMMITTEE

PURPOSE - The role of the Community Outreach Committee is to oversee membership and build inclusiveness, to promote community awareness of homelessness, to develop awareness and support of the of both local and Federal plans to end homelessness, to promote discharge policies that prevent homelessness, to ensure enrollment in mainstream benefits, increase income through employment/benefits, and to promote outreach and engagement of unsheltered homeless persons. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater shall be comprised of Individual Members of the Continuum. The committee meets at least quarterly for these purposes:

RESPONSIBILITIES - To oversee membership in the Continuum and build inclusiveness, to ensure that it includes representatives of nonprofit homeless service providers, state and local government agencies, public housing authorities, veteran's service organizations, businesses/business associations, faith based organizations, funders, law enforcement, medical, and homeless/formerly homeless persons. To promote community awareness of homelessness. To develop awareness and build public support of both local and Federal plans to end

homelessness. To promote discharge policies for persons leaving public systems such as jails, hospitals, mental health facilities, and the child welfare system that prevent them from becoming homeless. To ensure that all eligible persons have access to mainstream benefits, employment or other sources of income. To ensure that all homeless persons leaving DuPage services have a source of food, cash income, medical care, and a plan for appropriate housing. To have an outreach and engagement system in place for homeless persons who are not sheltered.

- Seek representation from different sectors for Continuum membership.
- Provide updated content for the DuPage CoC website describing the DuPage County homelessness issues and needs.
- Promote public awareness and support for homeless issues.
- Develop topics for the full membership meeting to present to the Leadership Committee.
- Provide an Annual Report to the DuPage County Board, updating progress on the local plan to end homelessness and support needed.

GRANTS FUNDING COMMITTEE

PURPOSE - The role of the Grants/Funding Committee is to develop funding criteria, application procedures, and ranking procedures for grant opportunities including but not limited to: the HUD Continuum grants, state and federal Homeless Prevention funds, and DuPage County Community Development Block Grants; to coordinate the overall grant application processes and ensure equal access for all Continuum members; to successfully complete funding applications to obtain the maximum amount available for homeless services and housing; to support optimal funding of the services and housing necessary to assist all homeless persons to achieve stable housing. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum. The committee meets at least quarterly for these purposes:

RESPONSIBILITIES - To develop funding criteria, application procedures, and ranking procedures for the HUD Continuum grants, state and federal Homeless Prevention funds, and DuPage County Community Development Block Grants. To evaluate and prioritize these funding applications and make a recommendation to the Leadership Committee. To coordinate the overall grant application processes and ensure equal access for all Continuum members. To successfully complete funding applications to obtain the maximum amount available for homeless services and housing. To support optimal funding of the services and housing necessary to assist all homeless persons to achieve stable housing.

- Provide notice of fund availability to all Continuum members.
- Maintain and update selection criteria and application procedures for these funds to ensure objective and fair processes.
- Maintain and review ranking and scoring procedures to ensure objective accountability.

- Ensure that there is an Emergency Prevention system that assists the maximum number of persons possible, has equitable geographic distribution, and operates efficiently.
- Review and approve allocation of state and federal Homeless Prevention funds among agencies.
- Meet as necessary to make funding recommendations for other homeless grant funds that require ranking or approval.
- Meet jointly with the Leadership Committee as necessary.
- To create housing solutions including permanent supportive housing units, affordable community housing units, housing vouchers, short term housing subsidies, etc.
- To assist in identifying and facilitating the full utilization of all appropriate funding streams
- Participate in the Funders Collaborative

NEEDS ASSESSMENT COMMITTEE

PURPOSE - The role of the Needs Assessment Committee is to provide ongoing assessment of homeless needs and resources in order to determine the most current gaps between the existing services and the highest service needs; to set priorities for filling gaps in homeless services; to develop and implement procedures for conducting the annual homeless housing and services inventory and the bi-annual count of unsheltered and sheltered homeless persons; to coordinate information with other human service and housing needs assessments; and to support the full implementation of the HMIS system as an effective resource for accurate point in time needs assessment data. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum. The committee meets at least quarterly for these purposes:

RESPONSIBILITIES -To identify local homeless service gaps and needs, assess available services, evaluate all HUD homeless service projects - both new and renewals, recommend priorities for the use of resources, and oversee the data collection of beds, services, homeless persons in shelters and on the streets according to HUD guidelines. They participate in full implementation of the HMIS system.

- Conduct oral presentations as an initial review of all new or expanded homeless service projects to identify and eliminate duplication and maximize the use of limited resources.
- Determine whether local needs are met by new or expanded homeless service projects.
- Make recommendations to the Grants Funding Committee annually on all HUD CoC project funding - both new and renewal.
- Complete annual updates of the current Housing Inventory Chart of homeless beds in DuPage County.
- Coordinate the Homeless Count process for counting both the sheltered and unsheltered homeless population meeting all HUD requirements and timeframes.

- Complete updates of the Homeless Populations chart to identify numbers of sheltered and unsheltered homeless persons.
- Ensure 100% participation by all homeless providers and agreement on the data needed in the countywide HMIS system to obtain accurate, point in time needs assessment information.
- Review on an ongoing basis the need for changes or improvements to the homeless management information system.
- Utilize the HMIS data and the Homeless Count information to make informed decisions regarding need.

HMIS (HOMELESS MANAGEMENT INFORMATION SYSTEM) POLICY COMMITTEE

PURPOSE - Homeless Management Information System (HMIS) Users Committee: The role of the HMIS Policy Committee is to develop, maintain, and update the homeless information system including the development and implementation of data protocols, reporting, policies, and problem solving measures. The committee also provides support to agency users. Committee membership is comprised of system users from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more one person, or than 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum. The committee meets at least every other month for these purposes:

RESPONSIBILITIES

- Reports to the DuPage County Continuum of Care Leadership Committee
- Responsible for developing and reviewing HMIS policies and procedures
- Cultivate ways in which data measurement can contribute to providing visionary data leadership
- Monitor compliance with HUD Data and Technical standards.
- Assess compliance with all HUD HMIS benchmarks, especially regarding data integrity and reporting.
- Monitor and support ongoing end user training for implementation of the Service Point system.
- Ensure uniform data collection and resolve common issues.
- Review and approve the HMIS Policy and Procedures Manual.
- Approve and provide input on all HMIS policy and report development.
- Review staff reports on quality checks of client and program level data.
- Support the development of proficiency with using the ART reporting tool.
- Review and approve AHAR data submission.
- Share information that will enhance training opportunities and collaboration with other HMIS systems in the region.
- Provide ongoing feedback to the full-time database manager and supervisory staff regarding the HMIS system.

HOMELESS PREVENTION PROVIDERS COMMITTEE

PURPOSE: The role of the Homeless Prevention Providers Committee is to share, evaluate, expand or obtain information, services, and resources pertaining to the prevention of homelessness; to assure efficient and effective disbursement of homeless prevention funds; and to develop and adhere to coordinated strategy and procedures. Committee membership is comprised from the Continuum's General Membership. Membership of the Committee is open, with approval of the Leadership Committee, and no more than one person, or 10% of the membership, whichever is greater, shall be comprised of Individual Members of the Continuum. The majority of members provide homeless prevention services. The committee meets at least every other month for these purposes:

RESPONSIBILITIES:

- To coordinate the distribution of Homeless Prevention services and funds throughout DuPage County.
- To assure the best distribution of services and assistance to, and equal access by, persons who are homeless or at risk of homelessness.
- To assure the most effective use of Homeless Prevention and Rehousing dollars.
- To promote cooperative planning and service delivery as collaborative partners.
- To promote efforts to publicize and promote homeless services and resources, especially "hard to reach" households in the community of our services, eligibility, and the application process.
- To reduce cultural and language barriers to services for all individuals.
- To work collaboratively to assure comprehensive coverage of service availability and, particularly, that traditionally underserved areas and populations are provided access to assistance.
- To maximize coordination of efforts through a shared client management information database, Service Point. Service Point is an Internet-based database system that is managed by the Continuum.
- To promote a system of service delivery that is able to hold clients accountable and ensures that resources are not used repeatedly and/or inappropriately.
- To have a system that performs to Federal and State requirements, conducts annual program evaluation and review, and demonstrates a commitment to improving the system based on that evaluation and review.

APPEALS COMMITTEE

PURPOSE - The role of the Appeals Committee is to resolve any decisions made by the Continuum or any of its committees following a written request for an appeal. The Appeals Committee consists of the Vice-Chairpersons of the Community Outreach Committee, the Grants/Funding Committee, and the Needs Assessment Committee.

RESPONSIBILITIES

- To conduct any legitimate appeal hearing and submit their findings to the Leadership Committee for a final resolution
- To follow the procedures outlined in Article VIII of the CoC Bylaws.

The DuPage Homeless Continuum also has one working subcommittee which operates for the specific task of the biennial Point in Time Count of the Unsheltered Homeless.

STREET COUNT COMMITTEE

PURPOSE - Their role is to coordinate the activities necessary for conducting a comprehensive and accurate count of unsheltered persons according to HUD guidelines and best practices at least once every two years.

RESPONSIBILITIES

- Complete a biennial street count of unsheltered homeless persons with the participation of police, volunteers and other community organizations.
- Determine most effective procedures including social media, website, brochures, volunteers, incentives, scheduling, command sites, procedures, interview surveys, police contacts, known locations, etc.
- Review and change survey forms and procedures regularly to increase effective counting of all unsheltered persons and to meet HUD requirements.
- Compile summary of numbers of persons by location and type of household.
- Interview all willing unsheltered persons to obtain information on their needs and characteristics.
- Send summary information to Continuum Consultant for completion of the Homeless Populations chart.

GENERAL MEMBERSHIP PROCESS

Anyone may contact the Continuum for membership. All prospective members will provide contact information to a Committee Chairperson or the Continuum Consultant. A brief background of the prospective member is reviewed by the Leadership committee for membership. Upon acceptance, the member is added to the Continuum member database and the appropriate committee list. Committee members do not replace themselves. They may recommend a replacement for acceptance by the Leadership Committee. All members of the DuPage Continuum of Care must submit a signed Memorandum of Understanding (MOU) and designate a voting member and alternate. There are separate MOUs for Organizational Membership or for Individual Membership.

CONTINUUM MEETINGS SCHEDULE

An annual Continuum calendar of all meetings is completed each July and distributed to all members of the Continuum. It is also available on the website at www.dupagehomeless.org

There are two meetings each year for the full membership. Committees meet quarterly at a minimum. A meeting notice, agenda, and meeting materials is sent via email to each Committee member at least seven days prior to each meeting. Attendance and minutes are recorded for all meetings and are the responsibility of the Committee chairperson. All Committee meetings are open to the general membership for attendance.

DuPage County Community Services Department

Leadership Committee

Oversees the Continuum, coordinates the Plan to End Homelessness and development of services, establishes policies, oversees the work of each committee, and approves all new members. Is authorized to make all final decisions pertaining to pursuit, contract, and allocation of funds; and the designation of the Lead Organization. The Leadership Committee manages Continuum wide communications. Members are the lead organization, the five standing committee chairs (excluding Appeals) and at least five (5) but no more than ten (10) at-large Continuum members.

Affordable Housing Partners

Including Housing Action Coalitions and affordable housing advocates who partner with the DuPage County Continuum of Care to ensure that all persons have access to housing.

Community Outreach Committee

Oversees membership and builds inclusiveness. Promotes community awareness of homelessness and support of a Plan to End Homelessness, promotes discharge policies that prevent homelessness, seeks to increase enrollment in mainstream benefits and increase income through employment benefits, and promotes outreach and engagement of unsheltered homeless persons.

Grants/Funding

Implements ranking criteria, application procedures, and funding recommendations for homeless grant opportunities including but not limited to: the HUD Continuum grants, state and federal Homeless Prevention funds, and DuPage County Community Development Block Grants

HMI S Policy

Develops, maintains, and updates the homeless information system including development and implementation of data protocols, reporting, policies, and problem solving measures. The committee also provides support to agency users.

Needs Assessment

Identifies and prioritizes local service gaps and needs, implements the sheltered and unsheltered homeless count procedures, collects data, and recommends priorities for the use of resources.

Homeless Prevention Providers

Efficient and effective disbursement of homeless prevention funds through a coordinated strategy and set of procedures for maximum benefit.

Appeals

Resolves appeals made regarding decisions made by the Continuum. Members consist of the Vice Chairs of the Community Outreach Committee, the Grants/Funding Committee, and the Needs Assessment Committee.



DUPAGE COUNTY CONTINUUM OF CARE COORDINATED ENTRY SYSTEM

Written Standards & Policy

January 2018

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DuPage County Continuum of Care Coordinated Entry System Written Standards

Purpose

These written standards are set forth in compliance with the Continuum of Care (CoC) Program interim rule under the HEARTH Act, [24 CFR 578.7\(a\)\(8\)](#) which requires all Continuum of Care to implement a Coordinated Entry System (CES) in collaboration with their local Emergency Solutions Grant (ESG) recipients and subrecipients. These standards are developed in compliance with [Notice CPD-17-01](#), where the U.S. Department of Housing and Urban Development (HUD) put forth a list of Coordinated Entry System requirements to be met by each CoC as outlined in the Notice.

Coordinated Entry is defined as a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals for persons experiencing a housing crisis. In a Coordinated Assessment system, individuals and families experiencing homelessness or at imminent risk of homelessness:

- Know where to go to get help
- Are assessed in a standardized manner
- Are matched with the housing and/or services that best meet their needs, as available

Overview

The DuPage County Coordinated Entry System (CES) provides a way for those experiencing a housing crisis to access services in a way that is rapid, straightforward, and offers immediate engagement to the person seeking assistance. Therefore, our CES offers several points of access for people needing information about resources, those at risk of losing their housing, those seeking to stabilize their housing and those experiencing literal homelessness. The intake and response protocol is consistent across all access points, so those participating in the CES receive the same care regardless of the access point they chose

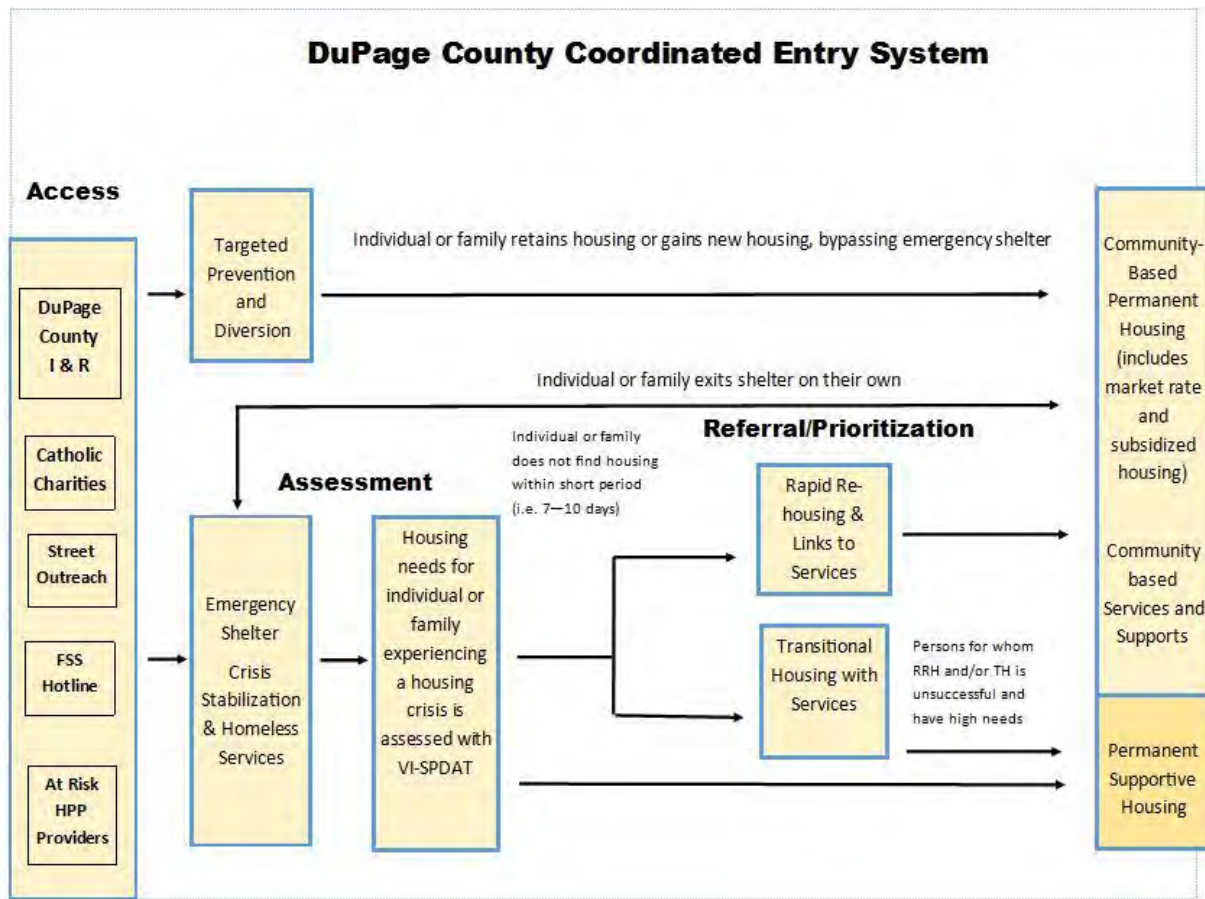
The goals of the DuPage County CES are to:

- Provide a standardized initial assessment of housing need aimed at providing consistent, effective, and quick access to housing interventions
- Reduce the number of persons becoming homeless through prevention and offers available solutions toward diversion from emergency shelter.
- Minimize the time one experiences a housing crisis

- Ensure literally homeless individuals and families who are the most vulnerable and with the greatest service needs receive priority for housing and homeless resources available within the Continuum of Care
- Improve System level outcomes and reporting and utilize data evaluation to inform planning and decision making allowing our COC to be strategic about our limited resources and where resources may need to be redirected or added

Although implementing Coordinated Entry is a federal requirement for several programs under the Department of Housing and Urban Development (HUD) this has presented DuPage County with an opportunity to expand our existing Coordinated Entry System into a collaborative and strategic approach to preventing and ending homelessness within our community. All housing agencies are encouraged to participate in the CES regardless of funding source. HUD funded homeless assistance or homeless prevention projects (CPD CoC Programs, ESG, HOPWA) or VA funded projects (SSVF, GPD, VASH) must comply with the CES and with the specific requirements within these written standards.

What Coordinated Entry IS:	What Coordinated Entry is NOT:
A network of access points where trained persons can quickly assess and respond to persons experiencing a housing crisis.	A housing program; the CES does not provide housing.
A systematic and timely response to assist any person experiencing literal homelessness.	Guaranteed housing
A defined system to prioritize entry of those most vulnerable to scarce housing resources supported by the CoC. Such resources include: Permanent Supportive Housing, Transitional Housing, Rapid Rehousing (COC, ESG and HOME TBRA).	A waiting list for persons needing housing assistance



The CoC Leadership Committee called for the creation of a Coordinated Entry Ad hoc Policy Group. This group, which draws from members of the CoC Needs Assessment, HMIS, and Homelessness Prevention Providers Committees, recommends policy and procedures, oversees the CES, works with CoC agencies toward successful implementation of our CES, and evaluates the process. The Coordinated Entry Ad hoc Policy Group, in coordination with CoC ESG recipients and subrecipients, is responsible for developing and implementing the CES written standards in accordance with HUD requirements and locally assessed needs.

The CoC Ad hoc Policy Group requires Coordinated Entry System providers to:

- Engage persons on the prioritization list and connect them to available resources
- Assist the person to reduce barriers to housing
- Maintain the prioritization list by removing those who are no longer homeless or in service with our CoC
- Participate in the system evaluation process

Standardized Tools/Assessments

The CES aims to use a community-wide standardization of assessment, placement, and prioritization where CES users receive the same response regardless of where or how they enter the system. Therefore, the same comprehensive and standardized tools are used at all access points and all access points are easily accessible to people experiencing homelessness or at risk of homelessness.

The assessment tools are intended to be progressive, capturing different information about the participant in different stages. They gather only enough information to determine the severity of need and potential eligibility for housing and related services.

The following tools will be used at all Access Points:

Prevention & Diversion Pre-Screen: When a caller is seeking housing, rental assistance, utility assistance, or shelter, the call specialist works to prevent homelessness and divert clients in crisis from the homeless system of care through referrals to appropriate resources based on the needs of the caller. The tool is brief and asks only information necessary to make the referral at hand.

Severity of Need Triage Tool: Participants on the street or those staying in shelter for 7 days or more will be assessed using the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) developed by OrgCode as the standard assessment tool to evaluate and determine severity of need for homeless housing. The VI-SPDAT is an evidence based-tool that prioritizes literally homeless individuals, transition age youth, and families for available permanent housing based on acuity and chronicity. The VI-SPDAT score helps to determine the appropriate housing intervention and is used in our prioritization process. Recommendations are as follows:

	Short-term Interventions and Supportive Services ¹	Transitional Housing, TBRA & Rapid Re-Housing	Permanent Supportive Housing
Individual	0-3	4-7	8+
Family	0-3	4-8	9+

Homeless Management Information System (HMIS): Collects and captures uniform information about literally homeless persons entering the CES prioritization process. Agencies will follow standards for privacy, security, and data quality as outlined in the *DuPage Continuum of Care Homeless Management Information System Standard Operating Procedure* and a defined CES workflow procedure that can be found at www.dupageco.org/HMIS.

No client will be screened out of the Coordinated Entry process due to perceived barriers to housing or services, including, but not limited to: too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, or a criminal record.

All participants in the Coordinated Entry process may decide what information they provide during the assessment process and can refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no details are required to participate in the CES. Any information that is disclosed will only be used for the purpose of determining specific program eligibility, to make appropriate referrals, or to provide a reasonable accommodation for the client being served.

¹ The VI-SPDAT specifies "no housing intervention" for those who receive a score of 0-3. It is the goal of the DuPage County Continuum of Care to incorporate all available strategies and resources into a systematic approach readily available to all consumers to provide a timely response to the conditions that result in homelessness. Short-term strategies (0-3 months) may assist DuPage residents in move to temporary housing or permanent housing and may be used to divert participants from long lengths of literal homelessness and unnecessary waiting on the CES Prioritization List. Examples of short term strategies and supports include: supportive services only, financial assistance to obtain or maintain permanent housing, legal representation for tenants facing eviction or a combination of these services are integrated with other mainstream services and resources which prevent the loss of housing and/or facilitate the maintenance of permanent housing (such as mortgage renegotiation, credit repair, and eviction).

Throughout the process, if a participant's situation substantially changes, the Prevention and Diversion Pre-screen and Severity of Need tools should be re-administered to reassess their level of need and recommended housing intervention. Agencies must complete an annual assessment for those remaining open in HMIS for over a year or longer.

Access Points

Our Coordinated Entry System provides multiple Access Points where trained staff complete a standard initial assessment of the housing and service needs. Access points and services cover the entire geographic area of the CoC and are available to individuals and families, including people experiencing chronic homelessness, Veterans, families with children, Youth, and survivors of domestic violence. Street outreach and person-centered engagement efforts will be coordinated and strategic, actively seeking individuals across the entire Continuum geography. These efforts ensure that all persons experiencing a housing crisis are engaged, including those who may repeatedly decline housing and services.

Requirements for Access Points

The CoC requires all Access Points to comply with the following:

- Persons being engaged through any CES access point, including street outreach, will be offered the same standardized process.
- Have written non-discrimination policies in place which provide equal access to the CES to persons with disabilities in compliance with the requirements of Title II and Title III of the Americans with Disabilities Act. Access Points may not discriminate against individuals with disabilities on the basis of disability in the CoC's access, intake, assessment, referral, services, programs or activities.
- All locations where persons are likely to access or attempt to access the CES will include signage displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the information needed to file a discrimination complaint.
- Provide appropriate and reasonable accommodations and/or materials for persons with disabilities and/or Limited English Proficiency (LEP) so they can participate equally in the Coordinated Entry process, including qualified language interpreters, and other ways of making information and communications accessible to people who have speech, hearing or vision impairments, physical or developmental disabilities.
- Have capacity to provide services to a diverse population and work to engage and service those who are least likely to access homeless assistance.
- Provide access to those who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking must have access to the full range of housing and

services for which they are eligible. Access Points must follow written standards regarding confidentiality and be able to use unique identifiers and confidential methods of communication to coordinate services while protecting confidentiality. Access Points must not deny CES access on the basis that an individual is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Primary Access Points

All persons seeking housing, rental assistance, utility assistance, or shelter, may start the CES process at our primary Access Point where a simple, standardized assessment and response, based on the needs of the individual is provided. Persons who are experiencing literal homelessness may access the prioritization and coordination portion of our CES through completion of a standard process offered by our Street outreach and Emergency Shelter Providers. These primary Access Points will be marketed throughout our community.

Participation in CES is not a requirement for access to and will not delay access to Emergency Shelter to the extent that shelter is available.

Primary Access Point – All

Provides a standardized initial assessment of housing need aimed at providing consistent, effective, and quick access to housing interventions. Tool used: Prevention & Diversion Pre-Screen.

Provider: DuPage County Community Services, Intake and Referral

Hours: Call specialists are available Monday – Friday 8:00 am – 4:30 pm;

Access: Phone call or walk-in (630) 407-6500; (800) 942-9412 or TDD (630) 407-6502

Location: 421 N County Farm Road, Wheaton. Accessible by bus or use of Ride DuPage

Language: Services available in all languages through English and Spanish speaking staff or a language interpreter call line.

Provider: Catholic Charities, Diocese of Joliet

Hours: Monday – Friday 8:30 am – 12:00 pm and 1:00 pm – 4:30 pm;

Access: Phone call or walk-in (630) 495-8008; (800) 941-8681 after business hours, holidays and weekends

Location: 3130 Finley Rd Ste #520, Downers Grove. Accessible to several PACE Bus stops

Language: Services available in all languages through either English and Spanish speaking staff or a language interpreter call line.

Primary Access Point – Prioritization and Coordination for those experiencing literal homelessness

In addition to providing shelter supports, Shelter Sites will introduce the coordination and prioritization process to those who are literally homeless. Literally Homeless persons are those who are staying in an Emergency Shelter, a place not meant for human habitation, a motel paid for by another agency, an institutional setting for fewer than 30 days, where they were previously staying in an emergency shelter or a place not meant for human habitation. Shelter Site protocol includes a standard authorization to share information. A standard demographic assessment is entered in HMIS and a standard assessment, the VI-SPDAT, is completed 7 or more days after shelter entry to determine the severity of need. This information is used to prioritize persons into the housing which best fits their needs. Tools used: Severity of Need Triage Tool, Client Consent to Participate, Homeless Management Information System (HMIS), and Determination of Chronic Homelessness.

Street Outreach

Literally Homeless Persons are engaged through our Street Outreach Program. The Street Outreach team travels throughout DuPage County seeking unsheltered persons to engage them into services, shelter or housing. The Street Outreach Team responds to concerns about people experiencing homelessness from police departments, businesses, community-based organizations, and concerned citizens.

Provider: DuPage PADS

Access: Anyone with knowledge of person(s) who are unsheltered may contact the DuPage PADS Outreach Hotline toll free at (866) 682-3846 ext. 2275

Hours: Varies between day and evening hours

Language: Non-English speaking language assistance is provided externally by a community-based language interpreter

Specialized Service Pathways

Specialized service pathways have been identified for persons fleeing or attempting to flee domestic violence and Veteran Service organizations. These special populations may be best served through a dedicated system of care which provides increased capacity, broadened eligibility criteria, specialized interventions and appropriate response. These specialized service pathways were selected for their expertise and experience in serving the complex needs of these specific populations and for the additional housing opportunities which may be available to such population. The CES must include effective referral methods to and from these dedicated systems and effective training of key staff on available remedies to ensure full choice of services and that impediments are not created for these special populations. For persons fleeing or attempting to flee domestic violence, providers must prioritize safety and equitable

access, while ensuring client choice is respected. Clients may choose to utilize the Primary CES Access Points, and will be referred to a Domestic Violence Service provider upon request.

Domestic Violence Shelter

Participation in CES is not a requirement for access to and will not delay access to Emergency Shelter to the extent that shelter is available. Domestic violence providers are prohibited from entering client data into HMIS. Access to the CES Prioritization and Coordination Process is available to Domestic Violence Victims via: Consumer choice via an access point or through a referral process where the client may choose to remain anonymous within HMIS

Provider: Family Shelter Service

Access: 24-hour Hotline (630) 469-5650

Language: For languages other than English and Spanish, a language interpreter call line is used

Veterans

The DuPage CoC allows Veterans Affairs (VA) partners to conduct assessments and make direct referrals/placements into any veteran specific housing assistance programs. Coordination and referrals are completed via direct referral to providers or case conferencing at the monthly Veteran's Task Force.

Response – Referral & Prioritization

Clients are referred to and prioritized for available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing services. Homeless housing and services available through the CES include:

- **Diversion or Homeless Prevention:** financial assistance or case management to remain housed
- **Coordination, Engagement and Response:** trained persons provide further assessment, case planning, and coordination addressing client needs, barriers and goals.
- **Rapid Re-housing:** time-limited rental assistance with case management
- **Transitional Housing:** projects designed to progress homeless individuals and families into permanent housing, typically within a 24-month period
- **Permanent Supportive Housing:** long-term housing assistance with support services

The standardized assessment tools are used to identify interventions that may be best suited for individuals and families seeking assistance in the following manor:

Diversion or Homeless Prevention

Persons seeking homeless assistance may still have an opportunity to remain in their current housing situation, whether it's their own housing or the housing of a friend, relative, acquaintance or coworker. While diversion and prevention are two separate concepts, they both focus on preventing homelessness. Diversion targets people as they are applying for entry into shelter; prevention targets people at imminent risk of homelessness.

Shelter diversion and prevention are key interventions in the fight to end homelessness. Immediate screening for these possibilities at entry can preserve emergency shelter beds for households that truly have nowhere else to go. Some clients may not be good candidates for diversion due to a lack of safe and appropriate housing alternatives and will require immediate referral and admittance to shelter, (i.e., clients fleeing domestic violence). Client safety will always be a priority when developing an individual /household referral to a program.

Homeless Prevention

DuPage County offers an Intake and Referral Line which is the central clearinghouse for social service information providing individuals and agencies with available resources in the area. The Intake and Referral line is available to all experiencing a housing crisis. Professionally trained staff helps to identify a client's need(s) through a comprehensive assessment, and links them to the appropriate services. Information and Referral Specialists access and utilize a vast information system, which includes data on numerous social service agencies, churches, government bodies, civic groups, legal and medical organizations. There are no eligibility requirements. Intake and Referral serves anyone who calls and requests information.

When a caller is seeking housing, rental assistance, utility assistance, or shelter, the call specialist will conduct a simple, standardized assessment and respond based on the needs of the caller, to:

- Divert clients in crisis from the homeless system of care through referrals to appropriate resources based on their needs
- Elevate the call to a Homeless Prevention Provider. Homeless Prevention Providers will further screen for eligibility for financial support available to prevent homelessness
- Provide those who are homeless or who will be imminently homeless with shelter resources

Homeless Prevention Providers – a network of collaborating community agencies which receive and distribute an array of funding designed to stabilize individuals and families in their existing homes, shorten the amount of time families and individuals stay in shelter, and assist individuals and families with securing affordable housing. Providers:

- Determine eligibility for assistance from a variety of funding sources

- Provide eligible households experiencing a short-term economic crisis with financial assistance to avoid eviction and homelessness
- Assist individuals or families in securing housing by providing short-term financial assistance and/or other supports

Access to Homeless Prevention services will not be prioritized. However, to the extent practicable, providers will triage referrals responding to those with the most imminent risk first. Agencies which provide Homeless Prevention services may choose to be a qualified access point so those at risk of homelessness may access prevention services by calling the homeless prevention providers directly. All who access will be screened and assessed in the same manner.

Coordination, Engagement and Response

CES participants on the Prioritization and Referral List may authorize service coordination and be contacted by a trained case manager from participating homeless service agencies. The case manager would be tasked with further assessment, case planning, and addressing client needs, barriers and goals. They would not necessarily be the housing provider. Ideally, when authorized a case manager would attempt contact within 30 days.

Rapid Re-housing

Rapid re-housing (RRH) is intended to assist eligible participants to quickly obtain and sustain stable, permanent housing. Eligible households must be literally homeless per applicable funding guidelines. Support and duration of services are tailored to meet the needs of each household but cannot exceed 24 months in a three-year period. Participants are also connected to mainstream resources as needed or appropriate so they can sustain rent payments independently when financial assistance ends.

The percentage and amount of rent that each program participant must pay while receiving Rapid Rehousing assistance will be determined by the applicable program plan and policy (see DuPage County ESG Program Plan; DuPage County Community Development TBRA Document).

Those whose VI-SPDAT score recommends Short-term Interventions and Supportive Services or RRH will be added to the prioritization list.

- Those scoring for Short-term Interventions and Supportive Services or Rapid Rehousing Intervention who have identified housing, and have sufficient income to maintain housing after receiving one-time assistance to move in will be referred to a provider for eligibility determination, assessment of needs and service provision.
- Those who score 0 - 5 for RRH, have found a unit to rent, and have the ability to obtain sufficient income in the future to sustain housing will be referred to a rapid re-housing

provider for additional eligibility determination, assessment of needs and service provision.

- Those scoring 6 - 8 for RRH will be targeted for longer term TBRA and case management services. When a program opening is available the TBRA provider will contact HMIS for a referral. Referrals are provided in order of priority as outlined in the following section, "Prioritization". The provider will contact the consumer to further determine eligibility and to assess for client choice to participate in the program. If the consumer declines, is found to not be eligible, or is unable to be located the consumer will be returned to the prioritization list.
- Veterans and Veteran families will be referred to a SSVF provider regardless of VI-SPDAT score to further determine eligibility and to assess for client choice to participate in available VA funded programs. If the consumer declines, is found to not be eligible, or is unable to be located the consumer will be returned to the prioritization list.

Transitional Housing

Transitional Housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

Transitional Housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

Those whose VI-SPDAT score recommends them for Short-term Interventions and Supportive Services or Rapid Re-Housing will be added on the prioritization list. When a potential bed opening is identified, the Transitional Housing provider will contact HMIS for a referral. Referrals are provided in order of priority as outlined in the following section, "Prioritization", and based upon target populations served by each program. The provider will contact the consumer to further determine eligibility and to assess for client choice to participate in the program. If the consumer declines, is found to not be eligible, or is unable to be located the consumer will be returned to the priority list.

Permanent Supportive Housing

Those who are reporting as Chronically Homeless or whose VI-SPDAT score recommends them for Permanent Supportive Housing are entered onto a prioritization list for Permanent Supportive Housing. When a potential bed opening is identified, the Permanent Supportive Housing provider will contact HMIS for a referral. Referrals are provided in the order of priority as outlined in the following section, "Prioritization", and based upon target populations served by each program. The provider will contact the consumer to further determine eligibility and to assess for client choice to participate in the program. If the consumer declines, is found to not be eligible, or is unable to be located the consumer will be returned to the priority list.

Prioritization

Prioritization is based on a combination of specific assessment data and the severity of need rather than a specific diagnosis or disability type, and will not be based on any factors that would result in a violation of any non-discrimination and equal opportunity requirements per 24 CFR § 5.105(a). Agencies will maintain documentation of information pertinent to how the determination was made, including notes associated with case-conferencing decisions.

The CES distinguishes prioritization from eligibility. All persons who are prioritized to fill vacancies must also document eligibility for program services.

Transitional Housing

Referrals are provided based upon target populations served by each program as outlined in the chart below. The prioritization for Transitional Housing programs emphasizes housing those who have been homeless the longest and have the most severe service needs evidenced by the highest RRH score on the VI-SPDAT.

Program Referral Criteria	Literally Homeless VI-SPDAT Score Range			At-Risk-Screening		
	Youth	Single Adults	Families	Youth	Single Adults	Families
Transitional Housing (TH)						
>Income too low to afford rentals (no income) >Independent Living Skills Issues Needs additional support to self-manage, solve problems, build relationships, and increase independence >Life Transition Issue (at least one of below) Youth (18-24) Youth parents DV Survivor Recent release from correctional facility Pregnant women Persons in early stages of SUD recovery Veterans > Lacking education, less than H.S. > Limited/no transportation, no drivers license OR >History of multiple evictions or repeated use of rental assistance programs	4 to 7	Veterans Only	4 to 8	Refer to Youth provider for screening	Veterans Only- refer to MSHV	Refer to Bridge

Households are referred to Transitional Housing if they meet both the income threshold and at least one Life transition issue listed above or if there is a history of multiple evictions/repeated use of rental assistance programs. Households are referred to RRH if they meet the income criteria but not the life transition criteria.

Rapid Re-housing

The prioritization for Home funded TBRA emphasizes housing those who have been homeless the longest and have the most severe service needs evidenced by the highest RRH score on the VI-SPDAT.

Permanent Supportive Housing

Prioritization is used to fill Continuum funded housing vacancies in both PSH dedicated and PSH non-dedicated beds using the priorities below. The prioritization for Permanent Supportive Housing (PSH) programs emphasizes housing those who have been homeless the longest and have the most severe service needs^[1]. The DuPage CoC will follow HUD's guidance for prioritizing as found in [CPD-16-11](#) Issued July 25th, 2016.

Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1 of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

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

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

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

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

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

Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs

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

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

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

[1] Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* ² <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

Prioritization List Management

DuPage HMIS System Administrator will create and manage a Community Prioritization List

Bed Vacancies and Prioritization

As vacancies arise in any CoC program, the Housing provider will contact HMIS for a referral. The HMIS System Administrator will generate a list from HMIS based on order of priority as outlined in the “Prioritization” section per project type, and based upon target populations served by the requesting program. The HMIS System Administrator will send the requesting agency the top 5 prioritized participants for further assessment. The agency with the vacancy must make a suitable effort to complete outreach to the candidates in order of priority.

The provider will contact the participant to further determine eligibility and to assess for client choice to participate in the program. Providers shall exhaust all efforts to reach the client, including reaching out to the original referring agency and any other partnering agencies. If the

participant declines, is found to not be eligible, or is unable to be located. the participant will be returned to the priority list. All participants have the option to not apply or decline the housing which is offered.

The provider will record the status of the referral in HMIS. They will also notify the System Administrator and request additional referrals if needed.

An agency is not required to maintain a vacancy in an unoccupied unit indefinitely as a result of not being able to contact the top candidate. Agencies are encouraged to follow a Housing First approach to the maximum extent practicable. Subsequent candidates may be contacted for housing.

Eligibility Criteria

Participants must complete the application process and prove eligibility for placement. The participant will be required to provide documentation that meets HUD and project specific requirements to enter a DuPage CoC housing program.

Projects may have additional eligibility criteria. These criteria may be updated during the continuums annual project review process. Additional eligibility criteria typically include special populations based on facility, grant requirements, or best practice standards for specialty programs such as veterans, mentally ill, unaccompanied youth, families or single adults.

Agencies must maintain detailed eligibility criteria used to determine appropriate placement within their programs. Criteria must adhere to applicable HUD guidelines for their program type.

Agencies will collect and record uniform data to determine Chronic Homelessness (as defined in the Chronically Homeless Final Rule 24 CFR 578.3 published December 2015, and comply with the regulations promulgated by this rule as of January 5, 2016) or other housing status as established by the US Department of Housing and Urban Development (HUD).

Removal from the Prioritization List

Participants are removed from the list when:

- 1) Housing is obtained. This will be completed by the Provider who will be housing the clients.
- 2) The participant has been returned to the Prioritization List on three (3) separate occasions due to the inability to contact the household. This will be monitored and completed by the HMIS System Administrator.

Participants will remain active on the prioritization list until housed, otherwise removed, or determined inactive. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting services, housing options, and PSH where the CoC has adopted these Orders of Priority into their written standards, and these individuals and families must continue to be prioritized until housed.

Persons actively fleeing domestic violence will remain on the prioritization list until they secure permanent housing. This includes persons who have exited emergency shelter and/or fled to the surrounding counties.

Case Conferencing

Case conferencing and participant assignment will take place through two groups:

CHAT Team meetings

The CHAT Team meets to support case coordination and problem-solving occurring with case management and other staff serving individuals on the Prioritization List. At least twice each month, staff review persons on the Prioritization List to identify and assign those to housing provider staff for additional supports.

Veterans Task Force meetings

The Veterans Task Force meets monthly to monitor and support case coordination with case management and other staff serving Veterans experiencing homelessness in the community. Each month, staff review of all Veterans on the By Name list to identify those who would benefit from a case conference among providers and assign those who are on the By Name list to a Veteran Provider staff member.

If after the initial assessment it's determined that the recommended housing intervention based on the VI-SPDAT score does not accurately reflect the participant's needs, the score can be adjusted through case conferencing to another level intervention (i.e. person scores for RRH but needs PSH, their score can be adjusted). Any adjustments should be documented in the case notes in HMIS as well as the revised score in HMIS's Coordinated Entry Assessment.

Marketing and Advertising

Our CES and primary CES access points will be marketed to all persons, including those least likely to apply.

- CES will be well-advertised through the DuPage Community Resource Information System (CRIS) <http://www.dupagecris.org/>. A link to the CRIS site will be easily located on the DuPage Homeless website www.dupagehomeless.org (<https://dupagehomeless.org/strategies/coordinated-entry-system/>). CRIS is also advertised through trainings, presentations, and other websites including DuPage

County and Impact DuPage. Printed CRIS materials are available in Spanish, but the CRIS website utilizes Google Translate and can be translated into any language.

- Printed materials will be distributed to persons via a network of DuPage County justice, legal, youth, victim, social, health, Veteran, educational and homeless service providers. Printed materials will be shared widely in areas frequented by persons within the homeless community, including local libraries, warming/cooling centers, laundromats, fast food restaurants, coffee shops and hospital emergency department waiting rooms
- All marketing materials will be designed to communicate that 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. Similarly, marketing materials will be designed to communicate that people in different populations and subpopulations in the CoC'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 system.

Non-Discrimination and Fair Housing

The DuPage County CoC will not tolerate discrimination on the basis of any protected class including race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status during any phase of the Coordinated Entry process.

The CES will comply with all federal, state, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing type or neighborhood because of race, color, national origin, religion, sex, disability, actual or perceived sexual orientation, gender identity, marital status or the presence of children. A program may find it necessary to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. As an example, a youth-funded project might be required to serve only participants who are between the ages of 18 - 24. Any such programs will avoid discrimination to the maximum extent allowed by their funding sources and authorized legislation.

Any complaints of discrimination will be directed locally to [Hope Fair Housing](#) or to the statewide [Illinois Department of Human Rights Fair Housing Division](#).

Data Management

Homeless Management Information System (HMIS)

The DuPage County Homeless Management Information System (HMIS) is administered by the DuPage County HMIS Lead who provides database management, system level data analysis, and quality control. The mission of the HMIS Team is to provide visionary data leadership by

providing an effective and usable case management tool and by collecting and analyzing client, program and system-level data to report on the extent and nature of homelessness.

- Maintain HMIS database as defined by the DuPage County HMIS Standard Operating Procedures
- Generate ad hoc Coordinated Entry System (CES) reports and analysis as requested by CoC Leadership, Committee structure, or working groups
- Ensure the HMIS can collect the needed data for monitoring and tracking the process of referrals
- Participate in CES Committee meetings as appropriate

Client Consent to Participate: This standard authorization, in conjunction with a base-line privacy notice, to share information informs the consumer of procedures concerning use and protection of their personal data collected through the CE assessment process. Trained Staff at Access Points will review the *Authorization to Use or Disclose Protected Confidential Health Information* with the client and clearly document client consent or the refusal to share data. Agencies will attach a copy of the signed authorization to the client's Release of Information record in HMIS when applicable. If consent is not granted, agencies will contact the HMIS Help Desk for further support before entering any program Entry/Exit data into HMIS.

Privacy

Except as otherwise specified, data associated with the Coordinated Entry system should be stored in the CoC's Homeless Management Information System (HMIS). Before sharing any information as part of the Coordinated Entry system, all staff and volunteers must first either (1) obtain the client's consent to share client information for the purposes of assessing and referring clients through the Coordinated Entry process, or (2) confirm that such consent has already been obtained and is still active.

All users, agencies, and system administrators must adhere to the [DuPage HMIS Standard Operating Procedure](#), which covers system roles, privacy, data quality, and security. The Privacy Plan, the baseline Privacy Notice, and the Authorization to Use or Disclose Protected/Confidential Health Information (PHI) form describes how client information may be used and disclosed and how clients can get access to their information. Each HMIS participating agency must either adopt the Baseline Privacy Notice or develop a Privacy Notice which meets and exceeds all minimum requirements set forth in the Baseline Privacy Notice. This ensures that all agencies who participate in the HMIS are governed by the same minimum standards of client privacy protection.

All clients have the right to opt-out of having their information shared with other participating agencies. The CoC will not deny services to any participant based on that client's refusal to allow their data to be shared.

Privacy and Survivors of Domestic Violence

Additional safeguards must be taken with any data associated with persons known to be experiencing or fleeing from any form of domestic or partner violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers. Victim Service Providers are statutorily prohibited from entering information into HMIS. Therefore, victim service providers will coordinate with the provided access points to enter their consumers into the Coordinated Entry System. The person experiencing or fleeing domestic violence will be advised by both the victim service provider and the access points of their privacy rights and their right to refuse to provide or share data. If the person experiencing or fleeing domestic violence chooses to not disclose or share personal identifiable data, the victim service provider will act as the Case Manager to coordinate referrals as appropriate.

Training

Coordinated Entry System

The CoC will provide training opportunities at least once annually to staff at organizations which serve as access points. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's Coordinated Entry written policies and procedures. Trainings of CoC CES partners may take place in person or virtually via webinar.

Annual CES training will take place to ensure all participating CES partners are:

- Following established guidelines and protocols for CES operations
- Knowledgeable of CoC specific CES participation and performance expectations
- Working towards achieving best practices for an effective and efficient Coordinated Entry System

Needs or gaps in training effectiveness will be assessed annually as part of the CoC's evaluation of CES processes.

New staff and new volunteers who begin to participate in the Coordinated Entry process for the first time must complete a training curriculum that will cover each of the following topics:

- General eligibility requirements for all CoC/ESG projects
- Review of the CoC's written CES policies and procedures, including any adopted variations for specific subpopulations;
- Non-discrimination policy as applied to the CES
- Criteria for uniform decision making and referrals

- CES assessment tools, processes and uses of assessment information to coordinate client care
- Prioritization standards and protocols for how client's placement on prioritization lists will be managed
- CES access points and access protocols
- Data collection, data management, data sharing, and reporting requirements and responsibilities

Homeless Management Information System (HMIS)

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in the current HMIS Standard Operating Procedures and data entry workflows. Ongoing training is available to both new and current users at both beginner and intermediate levels. Trainings may take place in-person or online. Training schedules, recordings, and registration are available through www.dupageco.org/HMISTraining.

Housing First

All CoC and ESG funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. The CoC will provide annual training on low barrier and Housing First best practices.

Specific Subpopulation Education

Agency partners will make available to CoC members specialized training topics including, but not limited to, all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and LGBTQ persons.

Evaluation

As part of the evaluation process, the CoC will annually utilize project and system-level HMIS data to examine how the Coordinated Entry system is impacting the CoC's HUD System Performance Measures. The CoC CES Subgroup will analyze and present this data to CoC Leadership.

The Ad Hoc Policy Group will meet quarterly to review CES reports, monitor CES performance, and make recommendations for necessary changes or improvements.

The CoC CES subgroup, with cooperation from our CES and community partners, will annually engage stakeholder and participant feedback by incorporating data from surveys, questionnaires, or focus group discussions and provide a report to the CoC. Data will also be made available via the DuPage CoC website (www.dupagehomeless.org). Focus of stakeholder and participant evaluation will include:

Assessment Process

- a. Is participant assessment data complete, accurate, timely for referral process?
- b. Is assessment process respectful of participant preferences, culturally appropriate, trauma informed?
- c. When referred, do participants get accepted/enrolled?
- d. When referred, do participants accept referral options?
- e. Length of time from referral to placement in PH?

Access

- a. Are the existing access points easily accessible to all populations?
- b. Is there a need within the CES to expand or realign access points to accommodate a subpopulation not previously identified?

System Gaps

- a. What is the actual demand for CoC crisis response services?
- b. Is demand effectively managed by the available resources and CoC assets?
- c. Do rates of return to homelessness vary by program participant characteristics or site?
- d. What are rates and reasons for referral rejections?
- e. Do rates of return to homelessness vary by program participant characteristics or site?

Evaluation of needs or gaps in training effectiveness will be assessed annually as part of the CoC's evaluation of the Coordinated Entry System process.

Glossary of Terms

CES: A Coordinated Entry System is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Chronic Homeless: As stated in HUD's Definition of Chronically Homeless Final Rule:

1. A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - a. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
2. 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, before entering the facility;
3. 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 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care (CoC) Program: A HUD program whose primary purpose is to 1) promote a community-wide commitment to the goal of ending homelessness, 2) provides competitive funding to provider agencies for permanent supportive housing, rapid re-housing, transitional housing, safe havens, supportive services, and HMIS, 3) promotes access to and effective use of mainstream benefits by homeless individuals and families, 4) optimize self-sufficiency among individuals and families experiencing homelessness.

CPD: The Office of Community Planning and Development (CPD) seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expand economic opportunities for low and moderate income persons. The primary means towards this end is the development of partnerships among all levels of government and the private sector, including for-profit and non-profit organizations.

CRIS: Community Resource Information System

Diversión: Financial assistance or supportive services that help someone who is newly homeless to identify alternate housing arrangements to avoid entering emergency shelter.

Emergency Shelter: A facility offering short-term, temporary housing and services for someone who is homeless, with no lease agreement; part of the crisis response system.

Emergency Solutions Grants (ESG) Program: A HUD formula grant program that provides funding for street outreach, emergency shelter, homeless prevention, rapid re-housing, and HMIS.

GPD: VA's Homeless Providers *Grant* and *Per Diem* Program is offered annually as *funding* permits by the Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans.

HCV: The Housing Choice Voucher (HCV) Program allows low-income families to rent quality housing in the private market via federal funds provided by the U.S. Department of Housing and Urban Development (HUD).

HEARTH Act: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: 1) a consolidation of HUD's competitive grant programs, 2) the creation of a Rural Housing Stability Assistance Plan, 3) a change in HUD's definition of homelessness and chronic homelessness, a simplified match requirement, 4) an increase in prevention resources, and 5) an increase in emphasis on performance.

HMIS: The Homeless Management Information System, a web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care jurisdiction, as mandated by HUD.

Homeless: As stated in HUD's Homeless Definition Final Rule:

1. Category 1: Literally Homeless: An 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
- 2. Category 2: Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence, provided that:
 - i. 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 needed to obtain other permanent housing
- 3. Category 3: Homeless Under Other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - i. Are defined as homeless under the other listed federal statutes;
 - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
 - iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers
- 4. Category 4: Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:
 - i. Is fleeing, or is attempting to flee, domestic violence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks to obtain other permanent housing

HOPWA: The Housing Opportunities for Persons With AIDS (HOPWA) Program is the only Federal program dedicated to the housing needs of people living with HIV/AIDS. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

Housing First: A model of homeless housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold).

HUD: The United States Department of Housing and Urban Development, the federal agency that administers the CoC and ESG Programs.

Permanent Supportive Housing (PSH): Long-term housing assistance with supportive services, designed for those experiencing homelessness with the highest levels of chronicity and acuity.

Prevention: Financial assistance or supportive services to remain housed that help someone who is at risk of homelessness due to housing instability.

Rapid Rehousing (RRH): Time-limited rental assistance for someone who is homeless, with time-limited case management services, used as a resource to achieve housing stability.

SSVF: Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

TBRA or HOME TBRA: The HOME Investment Partnerships Program (HOME) permits Participating Jurisdictions (PJs) to create flexible programs that provide assistance to individual households to help them afford the housing costs of market-rate units. These programs are known as "tenant-based rental assistance," or TBRA. There are many different types of TBRA programs, but the most common type provides payments to make up the difference between the amount a household can afford to pay for housing and the local rent standards. Other TBRA programs help tenant pay for costs associated with their housing, such as security and utility deposits.

VA: U.S. Department of Veterans Affairs

VASH: The HUD-VASH Program combines the Department of Housing and Urban Development (HUD) Housing Choice Voucher (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the U.S. Department of Veterans Affairs (VA) at its medical centers and in the community.

VI-SPDAT: The Vulnerability Index – Service Prioritization Decision Assistance Tool, a triage tool developed and owned by OrgCode that is utilized to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Versions are available for single adults, families, and transition age youth. Within those recommended permanent housing interventions, the VI-SPDAT allows for prioritization based on vulnerability of dying on the streets.

Coordinated Entry Policy

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

Policy Title: Coordinated Entry

Committee Creating: Needs Assessment

Last Approved: 01/22/18, Leadership Committee

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

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

The CoC's Coordinated Entry System will: 1. Provide an effective and standardized initial assessment of housing need aimed at providing consistent, effective, and quick access to housing resources. 2. Reduce the number of persons becoming homeless through prevention and diversion of resources. 3. Target the most appropriate CoC funded housing resources to those most vulnerable according to severity of need and length of literal homelessness²; 3. Minimize the time one experiences a housing crisis; 4. Link clients to the most appropriate housing intervention; and 4. Provide system level outcomes and reporting and use data evaluation to inform planning and decision making.

² Literal Homelessness - Lacking a fixed, regular, and adequate nighttime residence meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation; is living in a publically, or privately operated shelter designated to provide temporary living arrangements, or safe haven, or is exiting an institution where s(he) has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

The CES will offer a coordinated or centralized process of assessment, intake and response for persons experiencing a housing crisis within the entire DuPage County geographic area and prioritize placement of homeless persons into DuPage County Continuum of Care (CoC) housing programs.

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

Related Policies: This policy will comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, HUD Final Rule Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs, and as applicable.

Related Documents: DuPage Continuum of Care Homeless Management Information System Standard Operating Procedure & DuPage County Continuum of Care Coordinated Entry System Written Standards

DuPage Homeless Continuum Coordinated Entry System (CES)

- A. Access** to CES will be fair, equal and appropriately marketed to all persons especially those least likely to apply. Access may occur through the request for housing services or presentation of a homeless condition to a CoC Access Point. (Access Points are specified in the CES Written Standards). CES standard assessments will focus on information necessary to make the referral at hand. The assessments will be progressive, capturing different information about the client in different stages of homelessness. The CES system will not delay access to Emergency Shelter to the extent that shelter is available.
- a. The CES will be available for all persons experiencing a housing crisis. The CES written standards will define where persons may access help; a standard way to assess these callers and match them with the housing and/or services that best meet their needs, as available.
 - b. The CES will not exclude any special population including victims of domestic violence, youth, or literally homeless persons. As these special populations may be best served through a dedicated system of care which provides increased capacity, broadened eligibility criteria, specialized interventions and appropriate response, the CES must include effective referral methods to and from these dedicated systems and effective training of key staff on available remedies to ensure full choice of services and that impediments are not created for these special populations.
 - c. HUD funded PSH and Rapid Re-housing Providers³ will consistently apply standardized tools for screening, eligibility determination and provision of services to achieve fair, equitable, and equal access to services within the community. To reach those least likely to apply, these providers will draw from the CES Prioritization list, according to the

³ Include a network of collaborating agencies which receive and distribute specific funds: including but not limited to IDHS Homelessness Prevention Funds, & ESG where coordination, non-duplication and standard processes are required.

guidance set by the CoC, to engage, assess and determine the best path to eliminate housing crisis using all available strategies and resources.

- d. Access to HUD funded PSH and TH will occur exclusively through the CES Prioritization List to address the most vulnerable with the most intensive needs and longest lengths of homelessness.
- e. Street Outreach and person-centered engagement efforts will be coordinated and strategic, actively seeking individuals across the entire Continuum geography to ensure all persons experiencing chronic homelessness are engaged, even if they repeatedly decline housing and services. To the best of the outreach team and the CoC's ability, these individuals are connected to Coordinated Entry System's Prioritization List and connected with some form of assistance or intervention.
- f. Routine and timely assessments will be completed for persons who are literally homeless; staying in an Emergency Shelter, a place not meant for human habitation, a motel paid for by a charitable source, an institutional setting for fewer than 90 days, where they were previously staying in an emergency shelter or a place not meant for human habitation. Assessment may be completed either by phone or in-person. Standards for timeliness will be included in the CES Written Standards Document.

Literally homeless persons will receive a specific assessment to gain access to rapid re-housing services, transitional housing, and Permanent Supportive Housing. Need for these more intensive services outweigh the supply; access will be determined by a prioritization process.

- B. DuPage County CoC agencies participating in the CES will use **community-wide standard processes** and **standardized tools** for assessment and recording of eligibility factors and severity of need.
 - a. Agencies will respect private information and secure client consent to participate in a standard fashion.
 - 1. Agency will review the *Authorization to Use or Disclose Protected Confidential Health Information* with the client and clearly document client consent, or the refusal to share data. Agencies will attach a copy of the signed authorization to the client's Release of Information record in HMIS when applicable. If consent is not granted, agencies will contact the HMIS Help Desk for further support before entering any program Entry/Exit data into HMIS.
 - b. Agencies will collect and record uniform data to determine Chronic Homelessness (as defined in the Chronically Homeless Final Rule 24 CFR 578.3 published December 2015, and comply with the regulations promulgated by this rule as of January 5, 2016) or other housing status as established by the US Department of Housing and Urban Development (HUD).ⁱ
 - c. In placing persons on the Prioritization List, agencies will use a common, standardized triage tool to identify those with the highest needs and greatest barriers toward obtaining and maintaining housing.

1. The Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) is the standard tool to evaluate and determine severity of need for homeless housing. The VI-SPDAT has scoring applicable to either individuals or families (Family VI-SPDAT). The VI-SPDAT may be re-administered and subsequent score may be updated as needed. Prior to completing the VI-SPDAT, it is necessary to complete training to ensure that the tool is properly administered.ⁱⁱ
2. The VI-SPDAT can be completed directly in HMIS where scoring is automated. Those administering the tool will be trained and will read the script, directions, and questions to the client exactly as written. Clients may refuse to answer and responses are marked accordingly. The Pre-Screen Total score helps to determine the appropriate housing intervention. Recommendations are as follows:

	Short-term Interventions and Supportive Services	Transitional Housing, TBRA & Rapid Re-Housing	Permanent Supportive Housing
Individual	0-3	4-7	8+
Family	0-3	4-8	9+

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

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

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

- a. A history of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

- c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- d. When applicable, CoC's and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

D. Assessment data will be maintained in the Homeless Management Information System (HMIS)^{iv}

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

E. Using data stored in the HMIS, the DuPage County CoC will rank severity of need and prioritize candidates to fill Continuum funded housing vacancies in both TH, TBRA, PSH beds.

- a. The prioritization for Permanent Supportive Housing (PSH) programs emphasizes housing those who have been homeless the longest and have the most severe service needs.⁴ Those with the highest scores combining length of homelessness and the VI-SPDAT score including applicable portions used to determine severity of service needs will be candidates for Permanent Supportive Housing. The DuPage CoC will follow HUD's guidance for prioritizing as found in [CPD-16-11 Issued July 25th, 2016](#).

Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1 of this notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

⁴ Specifically Scores from Sections B. Risks and D. Wellness of the Individual and Family VI-SPDAT will be used for prioritizing based Severity of Service Needs. Scores from Section A. History of Housing and Homelessness of the Individual and Family VI-SPDAT will be used for prioritizing based on length of homelessness, [Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)

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

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

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

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

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

Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs

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

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

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

- b. The processes **ranking need and prioritizing** candidates **to fill beds for Veterans, Transitional Housing Beds for Family and for Youth** and the process and priorities for ranking need and prioritizing candidates for Rapid Rehousing Programs will be located in the COC CES Written Standards.

- F. As **vacancies** arise in any COC program, the Housing provider will contact HMIS for a referral. Referrals are provided in the order of priority as outlined in the “Prioritization” section per project type, and based upon target populations served by each program. The provider will contact the consumer to further determine eligibility and to assess for client choice to participate in the program. If the consumer declines, is found to not be eligible, or is unable to be located the consumer will be returned to the priority list.
 - a. Projects may have additional eligibility criteria. These criteria may be updated during the continuums annual project review process. Additional eligibility criteria typically include special populations based on facility, grant requirements, or best practice standards for specialty programs such as veterans, mentally ill, unaccompanied youth, families or single adults.
 - b. Agencies must maintain detailed eligibility criteria used to determine appropriate placement within their programs. Criteria must adhere to applicable HUD guidelines for their program type.

- G. The agency with the vacancy must make suitable effort to complete **outreach** to the candidates in order of priority.
 - a. Outreach should involve the original assessing agency to the extent possible.
 - b. Due diligence will be exercised when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in the CPD-16-11 and adopted by the DuPage CoC.
 - c. An agency is not required to maintain a vacancy in an unoccupied unit indefinitely as a result of not being able to contact the top candidate. Agencies are encouraged to follow a Housing First approach to the maximum extent practicable. Subsequent candidates may be contacted for housing.

- H. Candidates must complete the **application** process and prove eligibility for placement.
 - a. The candidate will be required to provide documentation that meets HUD and project specific requirements to enter a DuPage CoC housing program.

- I. Candidates will remain **active in the prioritization list until housed**, otherwise removed, or determined inactive. All candidates have the option to not apply or decline the housing which is offered. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting PSH and where the CoC has adopted these Orders of

Priority into their written standards, these individuals and families must continue to be prioritized until housed. Evaluation of those who remain unhoused will be used to guide homeless assistance planning and system change efforts.

- J. The CoC, as well as recipients of CoC Program-funded PSH, will maintain **evidence of implementing CoC Prioritization through Recordkeeping**. 24 CFR 578.103(a)(4) outlines documentation requirements for recordkeeping for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. Evidence of following these orders of priority may be demonstrated by:
- a. Evidence that the recipient is able to determine the severity of needs as defined in this policy using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
 - b. Evidence that the recipient is following CoC's written standards for prioritizing assistance as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.
The CoC will maintain evidence there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.
- K. DuPage County CoC will **evaluate community-wide needs and HUD priorities annually**, to determine a list of housing priorities for the year. Priorities may differ based on type of housing. The DuPage Homeless Continuum of Care will give priority to those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service.
- L. DuPage County CoC will create and maintain written standards applicable to all participating agencies for the Coordinated Entry System and CES Prioritization List and review biennially.

M.

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

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

ⁱⁱ Training and free downloads of the tool is available through, OrgCode Consulting Inc., www.orgcode.com/course/vi-spdatt-v2-training

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

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

⁴ Specifically Scores from Sections B. Risks and D. Wellness of the Individual and Family VI-SPDAT will be used for prioritizing based Severity of Service Needs. Scores from Section A. History of Housing and Homelessness of the Individual and Family VI-SPDAT will be used for prioritizing in combination with length of homelessness, [Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)

⁴ **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

CES Update Summary

Created: 11/15/2013

Approved: 1/15/2014

Approved: 4/22/2015

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

Approved: 01/22/18 – Policy reflects expansion to full system of coordinated entry and reference to DuPage County Continuum of Care Coordinated Entry System Written Standards.

Mary A. Keating, Director
DuPage County Community Services

Date