



# DUPAGE COUNTY CONTINUUM OF CARE COORDINATED ENTRY SYSTEM

Written Standards & Policy

November 2023

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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 Entry 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, at risk of losing their housing, seeking to stabilize their housing or experiencing literal homelessness. The intake and response protocol is consistent across all access points and is being managed in our local Homeless Management Information System (HMIS) and in DuPage County Community Services internal database.

The goals of the DuPage County Coordinated Entry System (CES) are to:

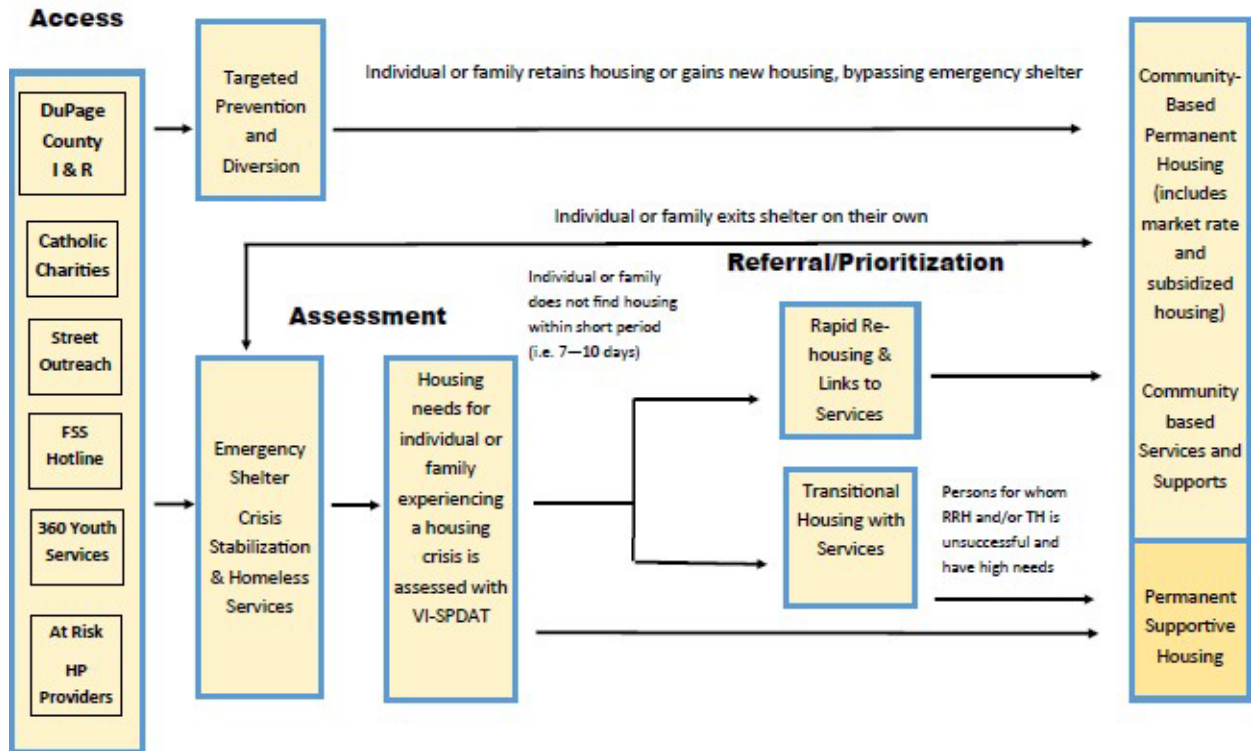
- Provide a standardized initial assessment of housing needs aimed at providing consistent, effective, and quick access to housing interventions
- Reduce the number of persons becoming homeless through prevention and offers available solutions toward diversion from emergency shelter.

- 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

Implementing Coordinated Entry is a federal requirement for several programs under the Department of Housing and Urban Development (HUD) that 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 a housing crisis or 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, Joint TH-RRH, and Rapid Rehousing (COC, ESG and HOME TBRA).	A waiting list for persons needing housing assistance

## DuPage County Coordinated Entry System



Coordinated Entry Oversight 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 role of the Coordinated Entry Oversight Committee is to monitor the implementation and effectiveness of the CoC's Coordinated Entry System. The Committee reviews and updates relevant policies and procedures, marketing materials, and information related to the CES in order to make recommendations for improvements to the system and to housing access for the population it serves. The Committee is responsible for developing, implementing, and reviewing CES written standards in accordance with HUD requirements and locally assessed needs. These policies and procedures may be changed at any time to address the needs of the community.

The CoC Coordinated Entry Oversight Committee requires CES 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 exiting those who are no longer homeless or in service with our CoC
- Participate in the system evaluation process

## 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.
- 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 Coordinated Entry process at a primary Access Point where a standardized assessment and response is provided. Persons who are experiencing homelessness may access the prioritization and coordination portion of our CES through Street outreach or one of our Emergency Shelter Providers. These primary Access Points will be marketed throughout our community.

Participation in Coordinated Entry 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: Housing 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 homelessness*

Shelter Sites will introduce the coordination and prioritization process to those staying in their program or identified as literally homeless<sup>1</sup>. The Coordinated Entry assessment is to be completed 7 or more days after shelter entry. This information is used to prioritize persons into the housing intervention which best fits their needs. Tools used: DuPage CoC Coordinated Entry Assessment (includes the VI-SPDAT), Client Consent to Participate, and Homeless Management Information System (HMIS).

### Street Outreach

The Street Outreach team travels throughout DuPage County seeking unsheltered persons to engage 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: DuPagePads

Access: Anyone with knowledge of person(s) who are unsheltered may contact the DuPagePads Outreach Hotline toll free at (866) 682-3846 ext. 2275 or email [streetoutreach@dupagepads.org](mailto:streetoutreach@dupagepads.org).

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 for US Veterans and Youth due to existing dedicated systems of care.

### Persons Experiencing/Fleeing Domestic Violence

For persons fleeing or attempting to flee domestic violence, providers must prioritize safety and equitable access, while ensuring client choice is respected. If safety is a concern, contact the HMIS System Administrator before entering any data into HMIS and offer a referral to a Domestic Violence Service provider. Clients may choose to utilize the Primary Coordinated Entry System Access Points or may be connected to one of the designated Access Points with the support of the area Domestic Violence Service provider.

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<sup>1</sup> Persons who are Literally Homeless 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.

Participation in Coordinated Entry is not a requirement for shelter access.

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

Veterans Affairs (VA) partners may conduct assessments and make direct referrals/placements into any veteran specific housing assistance programs, while utilizing the DuPage Continuum of Care's (CoC) Coordinated Entry System to prioritize resources and client needs. Coordination and referrals are completed via direct referral to providers or case conferencing at the monthly Veteran's Task Force and is tracked in the CoC's Homeless Management Information System (HMIS).

### Youth

Youth age 18-24 may choose to utilize the Primary Coordinated Entry System Access Points or the designated Youth Service provider.

Provider: 360 Youth Services

Access: (630) 961-2992 ext. 1168

Hours: Monday – Friday 9:00 am-5:00 pm

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

## Client Participation, Consent, and Privacy Management

Verbal consent shall be obtained for persons accessing services at the Call Center/Intake Sites, as listed in the primary access points to allow for the initial assessment/ and coordination of intervention referrals. If the client refuses to provide consent, they may be provided with resources that they can contact on their own. Persons in need of immediate shelter will be referred to the area shelters and the Street Outreach program, if appropriate.

Persons experiencing homelessness and accessing services through an Emergency Shelter, Street Outreach or another designated access point may be assessed for the prioritization list for Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing Services. Prior to completing the Coordinated Entry Assessment, CES shall be explained to the client seeking their willingness to participate. If the client chooses to not participate, available resources shall be provided to the client. If the client agrees to participate, a signed consent shall be obtained

using the standard Coordinated Entry authorization form. Trained Staff will review the form with the client and clearly document the client's choice in HMIS following the standard workflow. If consent is not granted, agencies will contact the HMIS Help Desk for further support before entering any data into the system. If consent is not obtained, the client is referred to the agency(ies) in which the client has provided data with, following the order or prioritization.

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

During the COVID-19 pandemic, it is acceptable to obtain verbal consent while working on obtaining a signed consent with the understanding that the staff person will still review the full consent with the client to ensure that the client understands their rights.

### 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 clients into the Coordinated Entry System. The person experiencing or fleeing domestic violence will be advised by both the victim service provider and the access point 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.

### Standardized Tools/Assessments

The Coordinated Entry System (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 participants 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:

**Housing 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.

**Coordinated Entry Assessment:** Participants on the street or those staying in shelter for 7 days or more will be assessed using the DuPage CoC Coordinated Entry Assessment that includes Org Codes' Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) 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 <sup>2</sup>	Transitional Housing, TBRA & Rapid Re-Housing	Permanent Supportive Housing
Individual	0-3	4-7	8+
Family	0-3	4-8	9+
Youth	0-3	4-7	8+

**Homeless Management Information System (HMIS):** Collects and captures uniform information about people experiencing homelessness entering the Coordinated Entry System (CES). Agencies will follow standards for privacy, security, and data quality as outlined in the *DuPage*

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<sup>2</sup> 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 clients 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).

*Continuum of Care Homeless Management Information System Standard Operating Procedure* and a defined workflow procedure that can be found at <https://dupagehomeless.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 Coordinated Entry 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 reasonable accommodations for the client being served.

Throughout the process, if a participant's situation substantially changes, the Housing Pre-screen or DuPage CoC Coordinated Entry Assessment can 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.

## Score and Intervention Adjustment

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 or if the client is refusing or inaccurately completing the assessment, the score can be adjusted to another level intervention (i.e., person scores for RRH but needs PSH).

Score adjustment process:

Case managers must complete a CES Score and Intervention Adjustment Request form which is then reviewed and approved by their supervisor.

The request form must be submitted to the Coordinated Entry Oversight Committee chair via email at least 5 business days prior to the next CHAT meeting. CHAT will meet for case conferencing the 1st Wednesday of every month unless otherwise arranged. The submission must include: VI-SPDAT Score Adjustment Proposal, as well as any proofs and documentation (when available) that support the Adjustment Proposal. Acceptable proofs and documentation include (but are not limited to): medical records, court records, and criminal records.

CHAT will review the request along with any supporting documentation and determine if a request is approved or denied.

If approved, CHAT lead will note the original score and intervention, the adjusted score and intervention, sign, and date the request form and email it to the HMIS System Administrator [hmis@dupagecounty.gov](mailto:hmis@dupagecounty.gov)

HMIS System Administrator will adjust the clients VI-SPDAT score & upload the form to the clients HMIS CE record.

If the score adjustment is denied, the reason will be noted on the form, signed and dated by the CHAT lead and emailed to the HMIS System Administrator [hmis@dupagecounty.gov](mailto:hmis@dupagecounty.gov) to be uploaded to the clients HMIS CE record.

## Referral & Prioritization

Services and Service Connections available through Coordinated Entry include:

### Diversion

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.

Shelter providers will screen people requesting emergency shelter to determine if alternative housing options are available.

Primary access points will use the Housing Pre-screen to determine if callers have a safe place to stay that night. If not, staff will offer a connection to Street Outreach who will follow up to engage those who are homeless.

### Homeless Prevention

Homeless Prevention Providers are a network of collaborating community agencies that receive and distribute 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 short-term assistance to avoid eviction and homelessness or to assist individuals and families in securing housing.

Access to Homeless Prevention services are not prioritized. However, providers will triage CES referrals or direct client requests for assistance responding to those with the most imminent risk first. Agencies that 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 using a Housing pre-screen tool.

### Rapid Re-housing

Rapid re-housing (RRH) is intended to assist persons experiencing literal homelessness to quickly obtain and sustain stable, permanent housing. Support and duration of services are tailored to meet the needs of each household but cannot exceed applicable grant funding guidelines. 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).

- Literally homeless persons who present to RRH providers with housing identified who have not completed a CES assessment due to being unable or unwilling to access emergency shelter or street outreach may be assessed for RRH services to determine eligibility for available ESG or non HUD-CoC funded programs.
- Literally homeless persons who present to RRH providers with housing identified and an open entry in CES may be assessed for RRH services to determine eligibility for available ESG or non HUD -CoC funded programs. RRH providers will add required HMIS data elements per the CoC's required CES workflow in the HMIS system

Those whose VI-SPDAT score recommends RRH (4-7/8 (families) will be added to the prioritization list and will be referred per the DuPage CES Participating Project Criteria available on the DuPage CoC website

Veterans and Veteran families on the prioritization list will be referred to a Supportive Services for Veteran Families (SSVF) provider regardless of VI-SPDAT score.

### Transitional Housing

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing as quickly as possible, but no more than 24 months. Persons whose VI-SPDAT score is in the range of 0-7/8 (Families), will be referred upon request from TH providers.

### Permanent Supportive Housing

Permanent Supportive Housing (PSH) is designed to provide long-term housing assistance with support services. Persons whose VI-SPDAT score is equal to or greater than 8/9 (families) and the Head of Household/or Household Member has a disabling condition per applicable grant/program guidelines, will be referred upon request from PSH providers.

## Prioritization List

### Who goes on the list?

Persons who are experiencing homelessness and have completed the Coordinated Entry Assessment process will be enrolled into the DuPage CoC Coordinated Entry project in HMIS following the standard data entry workflow. Persons who are active in this project are those who are active on the prioritization list to be considered for bed vacancies in participating Transitional Housing, Joint Transitional Housing/Rapid Re-Housing, Rapid Re-Housing, and Permanent Supportive Housing projects. Persons on the prioritization list are not guaranteed housing and are encouraged to continue to explore all available resources.

### Order of Prioritization

Prioritization is based on a combination of specific assessment data and the severity of need rather than a specific diagnosis or disability type, 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), and is being managed within our local Homeless Management Information System (HMIS). Agencies will maintain documentation of information pertinent to how the determination was made, including notes associated with case-conferencing decisions.

The Coordinated Entry System (CES) distinguishes prioritization from eligibility. All persons who are prioritized to fill vacancies must also document eligibility for program services. The adopted prioritization may change to address community needs as determined by the DuPage CoC Coordinated Entry Oversight Committee.



The By Name list order of prioritization is as follows and may be different per program/fund source.

1. External program transfers Yes (top)
2. Score (Descending)
3. Chronic Homelessness Yes (top)
4. Length of Time Homeless since the Approximate Date this episode of homelessness began (Descending)
5. Disabling Condition Yes (top)
6. Current Living Situation is of a Homeless type/Fleeing Domestic Violence Yes (Top)

#### Transitional Housing Prioritization

Prioritization: Standard

Score: 0-7/8 (families)

#### Rapid Re-housing Prioritization

Prioritization: Standard By Name list order will be used except for the following changes: Length of Time Sort is Ascending; CH and Disabling Condition are not included in prioritization list order.

Score: 0-7/8 (families)

#### Permanent Supportive Housing Prioritization

Prioritization: Standard

Score:  $\geq 8/9$  (families)

Other: Head of Household or other household member with a disabling condition, per grant or program guidelines

## Prioritization List Management

DuPage HMIS System Administrator will create and manage a Community Prioritization List in the local HMIS. Coordinated Entry participating agencies will enter client, assessment and program enrollment data into HMIS following the HMIS Standard Operating Procedures and adopted workflows. Participating agencies/users are asked to regularly review the data for completeness and accuracy, completing any data corrections as able. If a client is identified as housed, participating agencies/users are asked to exit the client from the Coordinated Entry project to the appropriate exit destination. HMIS System Administrators will review the list for clients with no system activity for 30+ days to be exited as inactive and for clients who are known to be housed and will exit them to the specific exit destination.

### *Bed Vacancies and Referral Management*

As vacancies arise, the Housing provider will contact the HMIS Help Desk for a referral. The HMIS System Administrator will pull the prioritization list report out of HMIS and assign referrals in the order of priority, as outlined in this document, and based upon target populations served by the requesting program. They will also only refer clients who have not had a referral returned to the list for 30 or more days, unless the referral was returned due to no vacancy. The HMIS System Administrator will send the requesting agency at least 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/or project specific requirements to enter a 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 or other funder guidelines for their program type.

### Internal Transfers

Housing providers have the autonomy to make internal transfers between projects at the same agency within the same program model type, as well as between TH, RRH and PSH models at the same agency. A CES approval is **not** required.

To ensure such transfers are documented through HMIS, housing providers must complete an Internal Transfer Assessment within 2 business days of making the determination that an internal transfer will occur and notify the HMIS system Administrator via email to [hmis@dupagecounty.gov](mailto:hmis@dupagecounty.gov). The Assessment will include the date of transfer if known. The HMIS System Administrator will acknowledge receipt of the internal transfer notification providers do **not** need to wait for acknowledgement from the HMIS System Administrator to transfer a participant.

### External Transfers between Different Agencies and Different Project Types

Households meeting eligibility criteria for a housing intervention can be transferred to that intervention, regardless of the funding stream of the household's current housing project.

The approval process for transfer requests will vary depending on the reason identified. The chart below outlines the order of priority and the approval process for each type of request. The approving body name and contact information will always be shared with agencies requesting a transfer.

Transfers due to fleeing/experiencing violence or accessibility to maintain a unit in the community will be prioritized above all other transfers and will have the fastest resolution possible.

Agencies requesting an external transfer must complete an External Transfer Assessment in HMIS, upload any required documents and notify the HMIS System Administrator of the request via email to [hmis@dupagecounty.gov](mailto:hmis@dupagecounty.gov).

All transfer requests will be reviewed in a community setting, at either a Chronic Homeless Assessment Team (CHAT) meeting or by a body similar in composition. The group should be no smaller than 5 total. The agency submitting the transfer request must be present at the meeting when this is discussed. The group will critically review the transfer request and decide on whether the agency has exhausted all other options and that a transfer is the most appropriate next step for the household. When applicable, the group will brainstorm with the agency on alternative solutions. Transfers will be the highest priority in the DuPage CES referral process for the next available bed in the needed project type that meets their household composition (Family or Individual) and/or population (youth, veteran, etc.). If the individual or household exits the initial project before the transfer is completed, they will be re-assessed and must meet applicable project eligibility criteria at the time a bed becomes available.

#### Transfer Priority Levels

Priority Level	Reason	Approval Time	Approving Body
1	Individual or Environmental Safety or Accessibility	As quickly as possible, no longer than two days	CHAT or Sub-Committee
2	Household Composition	As quickly as possible, no longer than one week	CHAT or Sub-Committee

Reason	Definition	What it is not
Individual Safety	A household is fleeing violence and must move locations to reach safety. This includes fleeing physical, sexual, and psychological harm.	Dissatisfaction with neighborhood and/or neighbors such as disputes that can be mediated.
Environmental Safety	The space has become unsafe for the household, even if the household has not been hurt or threatened. As examples, someone has taken over the unit and the household can no longer live there, violence taking place in the apartment building, or tenants in the building harassing the participant, possibly related to their gender, sexual orientation, or disability.	Crime in the neighborhood that are not specifically targeting the household or building.
Accessibility	The household is unable to live in their home due to requiring accommodations that cannot be made. Examples can include requiring an elevator or larger door frame for a wheelchair in a building	Accessibility accommodations needed that can be put into place such as grab bars or a lift.

without these features, conditions of the housing negatively impacting a medical challenge of a household member such as

asthma, or need for a unit with an additional bedroom for a caregiver.

#### Household Composition

The family size changes so that the household requires a smaller or larger unit. This can include the unit size impacting the household retaining or obtaining custody of children or households that included children and now only include the parent/s.

Desire for a larger unit that is not required based on family size.

#### Service Level

The needs of the household cannot be accommodated by the current provider and additional community supports without a transfer and is only utilized after other interventions are tested. This can include the need to move from a scattered site unit to a project based location or vice versa to

Client is challenging to engage in services or has ongoing conflicts with agency staff.

accommodate service needs.

#### Client Choice

The household would be able to reach employment or educational goals living in a different location that cannot be obtained in the current program, or the household has identified that they require a different housing provider to successfully maintain housing.

Geographic preference that is unrelated to employment/education, preference for a larger unit, or preference for a different provider when challenges with the current provider can be resolved.

#### Communication

The HMIS System Administrator will acknowledge receipt of a transfer request within two business days. Case notes documenting status updates will be entered into HMIS as needed.

Housing providers will notify the System Administrator if the transfer is no longer needed.

#### Transfer Request Protocols

To complete a transfer request between different agencies or different project types, the following must be submitted at one time in full prior to a determination being made.

##### 1. Transfer Assessment in HMIS

- a. CES Authorization and Date (within the past year)
- b. Transfer Priority/Reason
- c. Noteworthy Factors
- d. Document Packet
  - i. Documentation that verified eligibility (homelessness and disability, if applicable) at the time of entry into the project
  - ii. Copy of the most recent annual service assessment

Required only if the household will be housed in the same unit after the transfer:

- Copy of the lease,

- Most recent HQS inspection,
- Rent reasonableness documentation,
- Rent calculation, and
- If applicable, an environmental review

#### Documents Recommended

1. Photo Identification
2. Income Documentation

#### *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, or the provider who has assessed the client as being housed.
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.
3. The client is determined to be inactive (no system activity for 30+ days). 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 unless they become inactive or cannot be located. This includes persons who have exited emergency shelter and/or fled to the surrounding counties.

Veterans in temporary housing placements per VA requirements will remain on the CE list until they are permanently housed or determined inactive.

## Case Conferencing

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

#### *CHAT Team meetings*

The CHAT Team meets monthly to support case coordination and problem-solving occurring with case management and other staff serving individuals on the Prioritization List. Staff review persons on the Prioritization List to identify and assign those to housing provider staff for



additional support. CHAT also reviews and determines Score and Intervention Adjustment requests in addition to External Transfer Requests.

### *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 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.

## Marketing and Advertising

Our Coordinated Entry System (CES) and primary access points will be marketed to all persons, including those least likely to apply.

- CES will be well-advertised through the DuPage 211 System [211dupage.gov](https://211dupage.gov). A link to 211dupage.gov will be easily located on the DuPage Homeless website [dupagehomeless.org](https://dupagehomeless.org) (<https://dupagehomeless.org/strategies/coordinated-entry-system/>). 211dupage.gov is also advertised through trainings, presentations, and other websites including DuPage County and Impact DuPage. Printed 211dupage.gov materials are available in Spanish, and the 211dupage.gov website utilizes Google Translate.
- 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 identify, or marital status during any phase of the Coordinated Entry process.

The Coordinated Entry System (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 Coordinated Entry System (CES) data will be tracked in the local Homeless Management Information System (HMIS) in accordance with the HMIS Standard Operating Procedures and standard workflow. The HMIS System Administrator will provide database training and support, manage the Coordinated Entry assessment and reporting tools in HMIS, and generate local reports and data analysis. Coordinated Entry participating agencies and staff are expected to complete all required HMIS training in order to help ensure complete, accurate and timely data entry.

There are components of the Coordinated Entry System that are not tracked in HMIS including the housing pre-screen completed at DuPage County Community Services, referrals made for Homeless Prevention Services, persons referred for Rapid Re-Housing that have by-passed the Prioritization List, any Diversion Activity, and any data from a Domestic Violence Service Provider.

## Training

### Coordinated Entry System

The Continuum of Care (CoC) will provide annual training opportunities to participating organizations and staff. 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 may take place in-person or virtually.

Staff and volunteers who will be participating 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 Coordinated Entry System (CES) policies and procedures
- Criteria for uniform decision making and referrals
- 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
- 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. Trainings may take place in-person or online.

Training schedules, recordings, and registration are available through [dupagehomeless.org/HMIS](https://dupagehomeless.org/HMIS).

### Housing First

All Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded 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

The Coordinated Entry Oversight Committee will meet at least quarterly to review reports, monitor system performance, and make recommendations for necessary changes or improvements.

As part of the annual evaluation process, the Continuum of Care (CoC) will 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 System Performance Committee will analyze and present this data to CoC Leadership.

The CoC may also contract with local evaluators or universities to determine and carry out the best evaluation approach for the system. These local evaluators, with cooperation from our Coordinated Entry participating providers and community partners, will engage stakeholder and participant feedback by incorporating data from surveys, questionnaires, or focus group discussions and provide a report to the CoC.

Data will be made available via the DuPage CoC website ([www.dupagehomeless.org](http://www.dupagehomeless.org)).

Focus of stakeholder and participant evaluation will include:

#### Assessment Process

- a. Is participant assessment data complete, accurate, and timely for the referral process?
- b. Is the assessment process respectful of participant preferences, culturally appropriate, and 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 that help someone who is at risk of homelessness due to housing instability to remain housed.

**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.