

Introduction to Colorado Balance of State Coordinated Entry System

The CoC Program interim rule requires that Continuums of Care, “in consultation with recipients of Emergency Solutions Grant program funds within the geographic area, establish and operate either a centralized or coordinated assessment system” (24 CFR 578.7(a)(8)). HUD emphasizes that the process must be easy to access, identifies and assesses needs, and makes prioritization decisions based upon those needs.

The primary goals of a Coordinated Entry System are to:

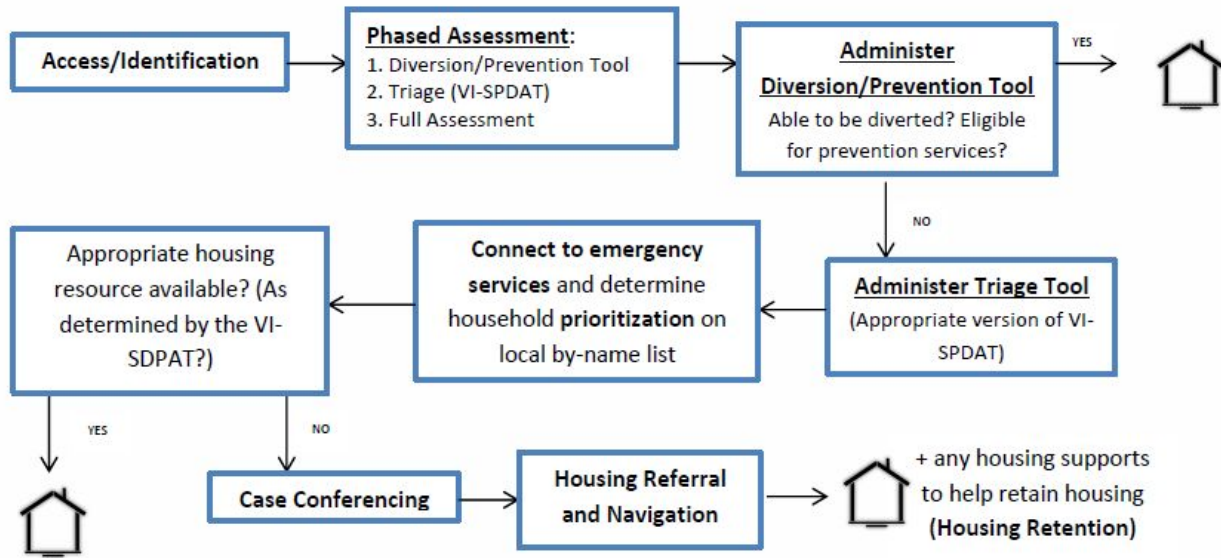
- Ensure that housing resources are allocated as effectively as possible by matching households to the most appropriate project type based on need rather than serving households on a first-come, first-served basis
- Prioritize households that are most vulnerable and that have the highest severity of service needs for scarce permanent housing resources
- Ensure that households are not screened out of receiving assistance based on perceived barriers to housing, such as criminal record, lack of employment or income, or history of substance use.
- Move away from homeless services that are provided on a project-by-project basis to a coordinated and comprehensive system of care that includes a variety of project types and funding streams

Key components of an effective Coordinated Entry System include:

- **Accessible:** The Coordinated Entry System is accessible to all people seeking assistance, including veterans, unsheltered individuals, families, unaccompanied youth and people fleeing domestic violence. The process for accessing services is well-advertised. Physical locations are easily accessible by public transportation and are easy to reach by people with disabilities. Phone numbers and hotlines are toll-free and easily accessed.
- **Standardized Screening and Assessment:** All people accessing services are screened and assessed in an objective and uniform way to ensure equal access, and the assessment results in meaningful and best-fit referrals and recommendations for service.
- **Streamlined Referral:** Appropriate referrals are made based on household screening, assessment and eligibility determination, and providers follow a standard procedure for filling vacancies in their programs. Households receiving referrals are provided with choices.
- **Prioritization:** The Coordinated Entry System allows communities to prioritize assistance for the most vulnerable individuals and families based on needs and barriers to housing. HUD’s [Notice on Prioritization](#) provides additional guidance for communities to determine how to best allocate scarce resources.
- **Inclusive:** CoCs alone cannot end homelessness. Community partners, including the VA, mental health providers, hospitals, correctional facilities, street outreach programs, and other providers not funded through the CoC or ESG programs, are encouraged to participate in the Coordinated Entry System to reduce recidivism and limit the utilization of high-cost emergency services by homeless individuals and families by providing access to all available housing and services.
- **Housing First:** Providers are encouraged to adopt a Housing First model, which is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. The [Housing First Checklist](#) can help CoCs assess the Housing First options in their community.
- **Client Centered:** Utilize a person-centered approach that preserves dignity and consumer choice in the housing process.

Additional information about the requirements and best practices of Coordinated Entry Systems can be found in HUD’s [Coordinated Entry Policy Brief](#).

Colorado Balance of the State CoC Coordinated Entry System (CES) Work Flow



STEP 1 – ACCESS/IDENTIFICATION

Access points and other entities participating in the Coordinated Entry System (CES) are responsible for identifying individuals and households that are experiencing homelessness or are at-risk of becoming homeless. Access points must be able to meet all requirements outlined in the BoS CES policies and procedures. Access points must be affirmatively marketed in all areas where persons experiencing homelessness may present for services. If an individual or family presents at an access point that is not designed for their target population, a warm-handoff to the appropriate access point is required. Regions must choose at least one of these four (or a combination of the four) ways to make their CES easily available to all those experiencing homelessness in their region:

1. **Single Point of Access** (centralized with one access point)
2. **Multi-site Centralized Access** (available at various locations such as high volume providers, by subpopulation, etc.)
3. **No Wrong Door** (access is provided at all provider locations)
4. **Assessment Hotlines** (Telephone based)

*Note: Regions choose the structure and type of access points in your community. See HUD's **Coordinated Entry Core Elements Guidebook Exhibit 1-1: Coordinated Entry Access Models**. Local regions also identify and define the role of all participating entities within the CES (hospitals, mental health centers, churches, etc.)*

STEP 2 – PREVENTION and DIVERSION ASSESSMENT

Colorado BoS CoC has chosen a phased assessment approach to Coordinated Entry, and screening for prevention/diversion services is the first phase. Once an individual or household makes contact with an access point or participating entity, trained staff will administer a standardized initial **Diversions/Prevention Tool** (Appendix G of BoS CES policies and procedures) to determine if the individual or family has options available to them for safe housing other than emergency shelter or street homelessness. Diversion strategies must be practiced in all regions of the Colorado BoS CoC. Any person or family who is in need of homeless prevention services should be connected to those resources in your community. Any person or family who is identified through the pre-screening tool as fleeing or attempting to flee from domestic or intimate partner violence should be provided information about the services offered by a regional DV provider and be given the option to have their assessment conducted by a trained member of the DV provider's staff (**See "DV Policy" in BoS CES policies and procedures**).

Note: The Diversions/Prevention Tool is a standardized assessment used across the CoC (Appendix G). The pre-screen for DV victims will be a modified version to ensure confidentiality and safety. Diversion strategies must be practiced by all regions in the BoS and processes must be detailed in regional CES policies and procedures. A list of all homeless prevention funds available in the community must be submitted to BoS CE committee annually.

STEP 3 – TRIAGE: VI-SPDAT ASSESSMENT

After it has been determined that the person or family has no other housing options and is eligible for homeless assistance programs, then a population-specific assessment for individuals (VI-SPDAT), families (F-VI-SPDAT), or transition age youth (TAY-VI-SPDAT) will be administered by trained staff at an access point. A household is only eligible for a VI-SPDAT assessment if they meet HUD's definition of either Category 1 - literally homeless, or Category 4 - fleeing or attempting to flee domestic violence. A Balance of the State continuum-wide CES Release of Information must be signed before administering the assessment. Victims of domestic violence should NOT utilize the standard Release of Information. A warm hand-off to someone that is trained to administer the VI-SPDAT may be necessary, depending on the structure of your region's access points and assessment approach.

Note: There must be at least one person in each region that is trained to administer the VI-SPDAT and able to complete an annual training. Regions are responsible for training all those who administer the VI-SPDAT annually or as needed.

STEP 4 – PRIORITIZATION/BY-NAME LIST

The VI-SPDAT score helps your region prioritize and match the individual or household to the most appropriate housing intervention (Permanent Supportive Housing, Rapid Re-housing, Transitional Housing, other housing with units designated to the CES). Individuals and families should only be added to your region's "by-name list" after a VI-SPDAT score is determined and other prioritization criteria has been met. Your region's designated "By-Name List Manager(s)" maintain your region's secured "by-name list" of prioritized individuals and families. Victims of Domestic Violence will not have any personally identifiable information included on the "by-name list".

The tables below show how to determine which households get priority for PSH and RRH/TH in your region. Tiebreakers are only used when two households are identically prioritized. Local tiebreakers should be one of the options from A-G list (see below) and must be approved by the BoS CE committee.

Permanent Supportive Housing Prioritization:

Priority	Chronic?	Severity of Service Need (as determined by the VI-SPDAT Score)	Length of time Homeless	Local Tie-Breaker
First Priority	Yes	Highest VI-SPDAT Score	Longest Length of Time Homeless	A-G list (see below)
Second Priority	No	Highest VI-SPDAT Score	Longest Length of time homeless	A-G list (See Below)

Rapid ReHousing and Transitional Housing Prioritization:

Priority	Severity of Service need (as determined by the VI-SPDAT)	Length of time Homeless	Local Tie-Breaker
First Priority	Highest VI-SPDAT score, not lower than 4	Longest Length of Time	A-G List (See Below)

Examples of Local Tiebreaker Criteria (A-G):

- A. Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health disabilities, regardless of type of disability, which require a significant level of support in order to maintain permanent housing;
- B. high utilization of crisis services including but not limited to emergency rooms, jails, and psychiatric facilities;
- C. the extent to which people, especially youth and children, are unsheltered;
- D. vulnerability to illness or death;
- E. risk of continued homelessness;
- F. vulnerability to victimization, including physical assault, trafficking or sex work;
- or
- G. other factors determined by community.

Note: Local regions should document in regional policies and procedures who administers the VI-SPDAT and when, who maintains the region’s secured “by-name list”, and your region’s plan for maintaining the “by-name list” in compliance with HMIS privacy and security standards.

STEP 5 – REFERRAL ACCEPTANCE

When a housing/program vacancy comes available in your region, the housing provider or funder will notify the region’s By-Name list Manager of that vacancy within 5 days of its availability. Case conferencing is the process by which service providers discuss the top individuals and families on the by-name list, reference the real time housing vacancy list, and assign a housing intervention. Anyone that participates in case conferencing must sign the BoS CoC CES MOU. Once an individual or family is matched to a housing program, the CES subcommittee or similar group coordinates a warm hand-off to the service provider. If a client denies the available housing option, this will not prevent them from obtaining other housing that comes available in the future. Client choice is a key component of the CES. You can refer an individual or household to a different region. **See “Cross Regional Referral Policy” from BoS CoC CES policies and procedures.** Referral rejections should be rare and the reason for the rejection must be documented on “Housing Provider Denial Referral Form”. **See “Denial Policies” from BoS CoC CES policies and procedures.** Program eligibility is ultimately determined by the housing provider in accordance with their funding source.

Note: All CoC and ESG funded housing programs must accept all referrals from the region’s CES. Regions must document who participates in case conferencing and how often they meet. They should also state who maintains the real time housing vacancy list and where/how is it stored.

STEP 6 – HOUSING NAVIGATION AND PLACEMENT

Depending on the capacity and structure of your region, the individual or family will be assigned a Case Manager or Housing Navigator to assist them in obtaining all necessary documentation for housing placement. The Case Manager or Housing Navigator also provides housing search and/or case management services from intake to lease-up.

Note: Housing navigation and case management service delivery need to be clearly defined in your regional CES policies and procedures.

STEP 7 – HOUSING RETENTION

Housing provider follows-up with individual or household and delivers supportive services as needed to ensure the individual or family remains housed and basic needs are met.

Evaluation is a very important part of the BoS Coordinated Entry System. Each region will be asked to evaluate their systems at least annually. The Balance of the State Coordinated Entry Committee will be responsible for evaluating the BoS CES as a whole and updating policies and procedures as needed.