Coordinated Entry FAQ Sheet

Coordinated Entry staff have received various questions from providers since Coordinated Entry implementation in January 2018. This document compiles the most frequently asked questions and responses to those questions. If there are additional concerns or questions about the following responses, please email CE staff at ohioboscoc@cohhio.org.

Coordinated Entry: Access Point Responsibilities and Diversion

Do access point providers need access to HMIS to do diversion?

Access point providers that are HMIS participating providers enter the data captured on the HMIS Diversion Form into HMIS. If access point providers are not HMIS participating, they must partner with an agency that is HMIS participating to enter the HMIS Diversion Form results on their behalf. In addition to diversion tracking, access point providers also have to track emergency shelter referrals in HMIS, so non-HMIS participating access point providers must also have a partner agency enter shelter referrals on their behalf. Given the role of HMIS to capture critical data about our processes, it is ideal for all access points to participate in HMIS, but not required.

Coordinated Entry: VI-SPDAT Assessment

Should providers complete the VI-SPDAT on households presenting as doubled up or just individuals who present as homeless?

The VI-SPDAT is an assessment for households who are literally homeless only, including those who have entered an emergency shelter (including a hotel/motel paid for by a public or private organization), or are living in a location not meant for human habitation.

Which version of the VI-SPDAT should be used to assess couples with no children?

The F-VI-SPDAT can be used on a household with or without children. If the household presents with no children and communicates they prefer to be housed together providers should complete a F-VI-SPDAT. If the household has flexibility and would consider living separately you should complete two single VI-SPDATs.

If a household already has a VI-SPDAT score in HMIS, do providers need to complete another VI-SPDAT?

Households should only be assessed once. Providers should only complete another VI-SPDAT if the household returned to the system after a significant period of time and their score would be considered outdated (i.e. returning to system after a year) or if something about their situation has drastically changed since exiting the system. Another assessment can also be completed if the household is still experiencing the same homeless episode, but something about their situation has changed, or a worker becomes of aware of something significant that wasn't disclosed when the assessment was completed.

When there is a need to onboard new staff on Coordinated Entry processes, how do they complete VI-SPDAT training?
Staff that need to complete the VI-SPDAT training can access VI-SPDAT training information and quizzes in the VI-SPDAT Instructional Guide. The VI-SPDAT Instructional Guide and additional VI-SPDAT training materials can be found on COHHIO's Coordinated Entry page: https://cohhio.org/member-services-2/boscoc/coordinated-entry/.

Should providers go back and assess households served prior to the CE implementation date?
All households that present after the CE implementation date (January 5, 2018) must be assessed with the VI-SPDAT. Providers do not need to go back and assess households that presented prior to CE implementation unless that is the agency's preference.

When a household comes in overnight or just for the weekend should providers assess the household with the VISPDAT?
When households are in emergency shelter, they should not be assessed with the VI-SPDAT until they have been in shelter for five days and should not be assessed later than eight days after entering shelter. There are exceptions which are outlined in Component Six of the Coordinated Entry System Standards, but in most cases the five to eight-day window applies.

What is the rationale for providers not assessing households prior to five days in emergency shelter?
COHHIO created the five to eight-day window because many households will resolve their experience of homelessness on their own. Research indicates that households that resolve on their own tend to do so in the first week of being in shelter, so there is no need for those households to go through assessment. Again, there are exceptions to the five to eight-day window, which our outlined in detail in the Coordinated Entry System Standards.

How should providers record VI-SPDAT results when the client refuses to participate in the VI-SPDAT?
If a client refuses to participate in the VI-SPDAT then you should create a VI-SPDAT in HMIS and then answer Refused for all the questions. It will save and score a 0 for the record.

If a household in emergency shelter is exploring housing options prior to Day Five, do providers need to complete the VI-SPDAT?
While providers should encourage households to explore alternative housing outside of the crisis response system, unless the household has housing secured (for example a lease signed), emergency shelter providers should still complete the VI-SPDAT just in case the alternative housing options are not available.

Coordinated Entry: Housing Referrals

Should emergency shelters refer households to multiple programs at the same time?
When it comes to housing referrals, case managers should be working with the household to decide which program is a best fit for them, not making several referrals and seeing which will be filled. If the household would like to be considered for multiple programs, that is ok, but referrals should be informed by program eligibility, placement in prioritization process, the case management process, and client choice.

Should RRH providers approve all households referred for RRH assistance or are there established criteria based on VI-SPDAT scores?
The VI-SPDAT score ranges are as follows: 0-3 recommendation for no housing intervention, 4-7 recommendation for RRH, 8+ (for individuals) and 9+ (for families) recommendation for PSH. The referrals associated with each score range are recommended interventions. While most RRH referrals accepted by RRH providers should fall in the 4-7 range, the score informs the referral process, but is not the sole deciding factor. Households can score lower than the recommended RRH range for various reasons (i.e. mental health challenges that affected the household's ability to answer questions) and potentially be a good candidate for RRH. In these cases, providers should consider other eligibility factors and service need considerations to determine if the household is a good candidate for RRH and approve those outside of the suggested referral window based on those additional factors. In some BoSCoC communities, PSH is not available and RRH is the highest level of intervention that can be offered to households. In these instances, it is appropriate to refer households with scores higher than the RRH recommended range to RRH.

If a household is referred for RRH but only scored a 3 on the VI-SPDAT, which indicates no housing intervention, would we decline due to ineligibility?
While the household has scored outside of the recommended RRH range, the Ohio BoSCoC CE process outlines that VI-SPDAT scores inform TH, RRH, and PSH referrals, but are not the sole deciding factor in housing referrals. Since the household is on the cusp of "no housing intervention" and "recommendation for RRH," the household can be served with RRH if they meet all other eligibility requirements and if no one else should be prioritized over the household.

When PSH workgroups meet to discuss PSH referrals, can households that score lower than the recommended PSH range be housed in PSH projects?
Households that do not score an 8 or higher on the VI-SPDAT (9 or higher for the family version) can still be served in PSH projects if they are categorically eligible. The VI-SPDAT score ranges are matched with recommended housing referrals, but it is not mandatory to serve households with the recommended intervention. For PSH referrals, PSH workgroups should first consider the PSH Order of Priority (outlined in the Ohio BoSCoC Homeless Program Standards) when addressing referrals. VI-SPDAT scores should help to determine

which households have the most severe needs once the Order of Priority has been considered.

The “PSH and RRH Prioritization Report by County” helps PSH workgroups to manage the prioritization process. All literally homeless households in HMIS are pulled into the PSH and RRH Prioritization Report regardless of VI-SPDAT score. The report pulls all households into the report regardless of score because we recognize that some households will score lower than the recommended PSH threshold for various reasons (i.e. households may not have fully understood the questions, mental health challenges that affect the overall score, etc.) and in some cases, should still be considered for PSH. Including all households in the report allows for case managers to advocate for households that may have fallen outside of the PSH scoring range but are in need of this level of intervention.

What score category should providers follow for households being referred to Transitional Housing?
OrgCode, the creator of the VI-SPDAT, doesn’t account for transitional housing (TH) in their scoring rubric so for Ohio BoSCoC purposes, providers should use the same range for RRH. Similar to RRH, if someone scores in the 0-3 range, they can still be assisted through TH if the case manager can justify the need for the intervention and there are no other households exhibiting a higher need.

Once VI-SPDATs are completed should case managers refer households immediately to housing programs?
Yes, once households have been assessed with the VI-SPDAT, referrals should be made immediately. All referrals should be based on eligibility and client choice. When the community lacks certain homeless assistance resources (i.e. lack of RRH or PSH) or when resources are at capacity and not immediately available, providers should follow their region’s housing contingency plans that delineate the process for assisting homeless households with securing housing. Housing contingency plans are found under Standard 7F in region’s CE plans.

Coordinated Entry: Housing Program Prioritization

How should providers handle RRH and PSH prioritization under Coordinated Entry?
PSH Prioritization: PSH prioritization must take place in PSH workgroups. PSH workgroups meetings must take place at least monthly but can occur more frequently if needed. The workgroup can meet by phone or in person. The purpose of PSH workgroup meetings is for providers to discuss available PSH units and determine which households should be housed based on the PSH Order of Priority and the VI-SPDAT score. The “PSH and RRH Prioritization Report by County” Report in HMIS helps to facilitate the prioritization process. Households served by victim service agencies will not show up on the report so victim service providers

should share a report with comparable data with the workgroup to ensure DV households are considered for PSH prioritization.

RRH Prioritization: the PSH and RRH Prioritization Report is required to be used for the PSH prioritization process, but it is also set up to be useful in the RRH prioritization process. Similar to PSH, RRH providers should use eligibility requirements and VI-SPDAT scores to determine households that should be prioritized for RRH assistance.

Does the RRH and PSH Prioritization Report automatically prioritize clients?
The "PSH and RRH Prioritization Report by County" does not automatically prioritize households but has many components needed for providers to prioritize households. This allows for much needed discussion about what households should be prioritized, including considering information about service needs that might not be reflected in a VI-SPDAT score alone, and ensures providers consider all factors in the PSH prioritization process.

If a household scores higher on the VI-SPDAT than someone that is identified as chronically homeless who should be prioritized?
Regardless of the VI-SPDAT score, PSH workgroups must follow the PSH Order of Priority outlined in the Homeless Program Standards. In all cases, the order of priority requires chronically homeless individuals/households to be prioritized first. Providers should never prioritize households in a way that does not comply with the PSH Order of Priority.