Coordinated Entry System Training

Diolinda Sali – HMIS Administrator

MUSKEGON COUNTY
Homeless Continuum of Care Network

Agenda

- CES Overview
- Roles
- CES Process Breakdown
- Importance of the VI-SPDAT (or any assessment tool)
- Types of Assessments
- Data Management

MUSKEGON COUNTY
Homeless Continuum of Care Network

Acronym Breakdown

- CES-Coordinated Entry System
- PSH – Permanent Supportive Housing
- RRH- Rapid Re-Housing
- VI-SPDAT – Vulnerability Index –Service Prioritization Decision Assistance Tool
- BNL-By-Name-list
- ESG – Emergency Solutions Grant
- CoC-Continuum of Care

CES Overview

Coordinated Entry is a streamlined, HUD-mandated system for accessing housing and ending homelessness, required for all Continuums of Care (CoCs) under 24 CFR 578.7(a)(8). In Muskegon County, it follows a Housing First model, prioritizing the most vulnerable individuals, families, and transition-aged youth.

Using the VI-SPDAT with local scoring metrics, Coordinated Entry assesses need and ensures timely, equitable access to housing and resources across the entire county. All CoC and ESG-funded projects must participate in and accept referrals exclusively through this system.

Households are identified or enter into the system via-

- Referrals from community partners and CoC members; such as VA, Health Systems, 211, shelters, United Way and more.
- CES Outreach efforts including PIT counts.
- Word of mouth from peers, family and friends
- Case Managers and Community Health Workers assist with navigation within the system.

In short...

- CES is a screening tool to check the severity of needs and determine what can be done in the moment for that client and matching that client with what would work best for them long term.

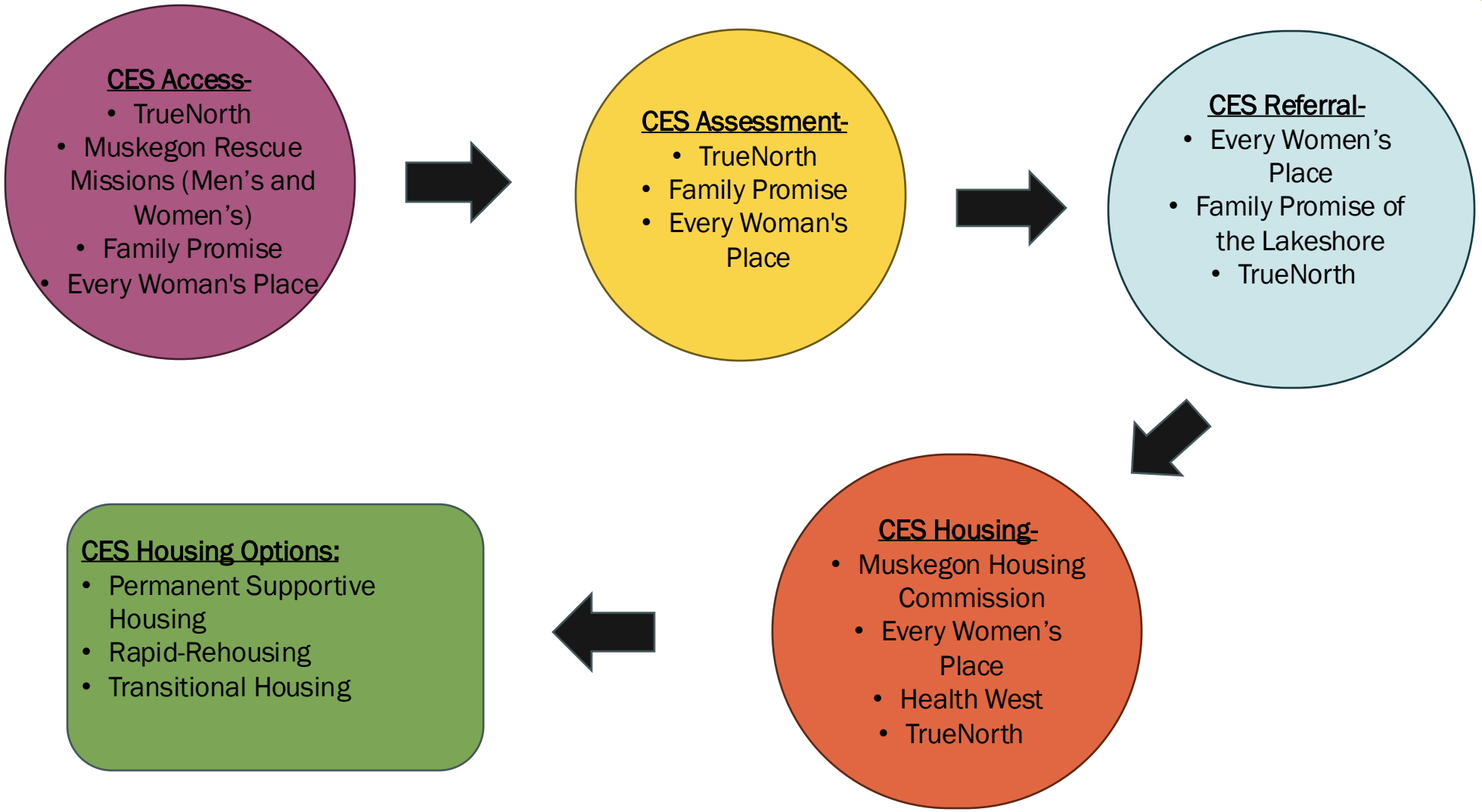
Why Coordinated Entry Matters

- It creates a landscape for individuals to have a fair, equitable, and transparent access to housing.
- Ensures the most vulnerable are prioritized.
- Creates system wide accountability

Coordinated Entry System Roles:

Access	Assessment	Referral	Housing
• Respond to CoC Coordinator/HMIS Admin report requests • Support planning and execution of outreach activities • Share organization's open hours • Determine preliminary homelessness status and CoC eligibility • Enter and update data in HMIS • Refer homeless households to the Assessment agency	• Respond to report requests from the CoC Coordinator/HMIS Admin • Use approved assessment tools and complete all required training • Assess household safety status • Enter/update household data in HMIS for inclusion on the By-Name List for housing referrals	• Respond to CoC Coordinator/HMIS Admin report requests • Maintain up-to-date lists of prevention, temporary, and permanent housing options • Help create and maintain prioritized By-Name Lists for specific populations • Support regular review and updates of the By-Name List for housing agency use • Follow Network protocols to make prioritized, targeted housing referrals • Enter and update referral data in HMIS	• Respond to CoC Coordinator/HMIS Admin report requests • Notify CES of current and anticipated housing vacancies • Accept CES referrals as the primary source for RRH and PSH vacancies • Provide CES with updates on referred households' housing status • Collaborate with service providers to support housing stability or transitions to permanent housing

Breakdown of the CES Process



CES Process

1. Assessment & Entry into HMIS
   - A participant completes a housing assessment (e.g., VI-SPDAT).
   - The assessment is entered into the Homeless Management Information System (HMIS).

2. Generating the Registry
   - The HMIS Administrator pulls reports from HMIS and adds assessed participants to the Coordinated Entry By-Name List.
   - The HMIS Administrator remains neutral and is not involved in vacancy decisions, ensuring transparency.

3. Maintaining the Registry
   - The HMIS Administrator updates the registry daily.
   - A bi-weekly Coordinated Entry BNL meeting is held to review the registry and match participants to housing opportunities.

4. Prioritizing Referrals
   - Homeless Referrals are (loosely) prioritized by:
   - Length of Time Homeless
   - VI-SPDAT Score
   - Disability status
   - Chronicity
   - Homeless Prevention Referrals are prioritized by:
     - Date of eviction
     - Date identified
     - Disability status

5. Prioritization Guidelines
   - At least 85% of available beds must be prioritized for chronic homeless individuals or families.
   - Each Coordinated Entry provider is responsible for tracking their own turnover rates and filled vacancies.

6. Appropriateness Review
   - If a housing unit may not fit a participant's needs (e.g., lacks support services), the group discusses other options.

CES Process

7. Additional Prioritization Factors
   - These are also considered when making matches:
   - Length of homelessness
   - Families with children living unsheltered
   - Medical vulnerability (e.g., recent hospital discharge, chronic illness)
   - Veterans who cannot be served by VA housing take priority over non-veterans with similar need

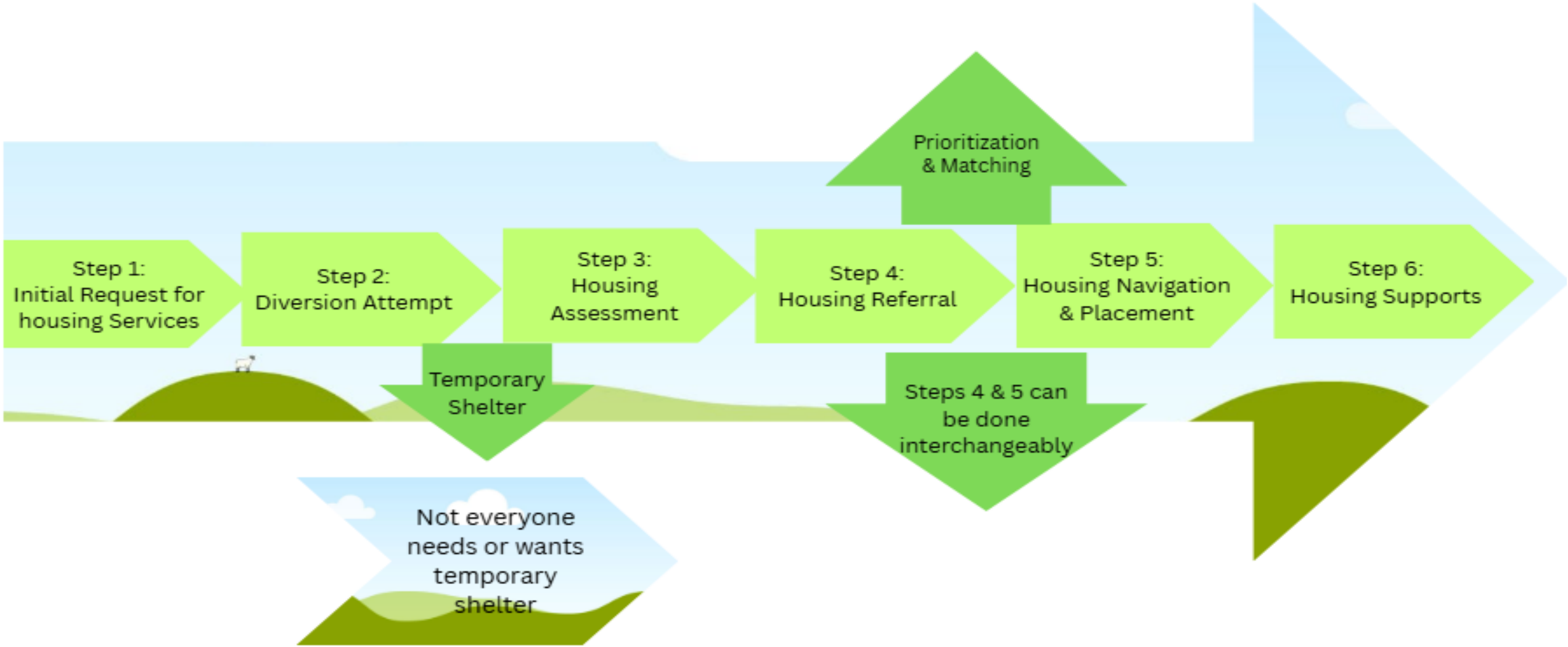
8. Matching to Housing Slots
   - Participants are matched to available housing slots based on:
   - Score and need level
   - Program eligibility requirements
   - Once matched, the registry is updated to show:
   - The referring agency
   - Status of the referral
   - Unmatched participants remain on the list and are re-reviewed at future meetings.

9. Contact & Follow-up
   - Case managers/outreach staff contact clients monthly for updates.
   - If a client is unreachable after 3 monthly attempts, they are moved to the inactive section of the registry.

10. Ongoing Review
    - At each bi-weekly meeting:
    - Partners provide housing updates
    - Progress is recorded in the registry

11. Final Status Updates
    - Once housed, the participant's record is highlighted in light blue and is marked as "Housed".

Muskegon County Coordinated Entry System Flow



Importance of the VI-SPDAT(or any Assessment) & Prioritization

- **V**ulnerability **I**ndex-**S**ervice **P**rioritization **D**ecision **A**ssistance **T**ool is used to prioritize those with the most immediate needs based on acuity. Using this assessment helps to measure and track changes in acuity over time as well as provide the framework for how a case manager will deliver their services to individuals with the most needs.
- The Muskegon County Homeless Continuum of Care Network is committed to ensuring equitable and consistent access to housing services for all individuals seeking assistance in our community. This policy establishes a centralized intake process with clear prioritization standards and outlines procedures for the ongoing implementation and oversight of housing placement decisions.

Types of Assessments

VI-SPDAT v2.0	VI-FSPDAT v2.0	TAY-VI-SPDAT v1.0 (Transitional Age Youth)
• This assessment is to be performed on single person households & Adult only households	• This assessment is to be performed on Family Head of Households. • Households that include at least one child.	• This assessment is to be performed on Youth Households. • Youth=18-24 years old.

Data Management

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS.

Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified that results are shared and understood, and that the CE system is held accountable.
The CES will be evaluated using HMIS data on a quarterly basis. The CE Committee has selected the following as key outcomes for CES:

- Reduction in the length of time homeless (system and project level).
- Reduction in the number of persons experiencing first-time homelessness (system and project level).
- Increase in the number of placements into permanent housing (system and project level).
- Overall Data Quality rate to not exceed 20% in overall deficiencies.

Data Management

As of today (August 21st, 2025) the Coordinated Entry System currently holds **1,219 clients, 698 households**.

About **762 adults, 404 children**.

Data Management is a work in progress as we continue to develop and tinker with our system. This is a system that will continue to be assessed and changed to ensure equity for the individuals utilizing our system.

Questions?

Thank you

Diolinda Sali – HMIS Administrator

hmisadmin@unitedwaylakeshore.org