Balance of State Coordinated Entry

INTAKE AND PRIORITIZATION LIST DEMONSTRATION

PRESENTERS: DAVID NELSON, GARY WICKERING, JULIE EBERBACH

Balance of State Coordinated Entry ServicePoint Guide

Complete assessment ONLY for Head of Households and Single clients.

Determine type of housing crisis – DV, Seeking Shelter, Homeless Prevention or other services.

- If safety may be threatened, make immediate referral to:

- Iowa Domestic Violence Hotline 1.800.770.1650 - END ENTRY IMMEDIATELY

Date of Birth	/ / G
Date of Birth Type	-Select- G
Gender	-Select- G
If Other Gender, specify	
Does the client have a disabling condition?	-Select- G

Length of Homelessness

Client entering from the streets, ES or SH	-Select- G
If Yes for "Client entering from streets, ES or SH" Approximate date started: [Date Field]	/ / G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today	-Select- G

In the previous question, if number of times on streets or in ES is one time or more:

Total number of months homeless on the street, in ES or SH in the past three years	-Select- G

- Coordinated Entry Assessment will be located at the bottom of the Client Summary Page.
- DV Diversion information is located at the beginning of the assessment.
- All data in the first section is also in the Iowa Basic Entry Form and may be filled out already if client has an existing provider entry.
- Basic Demographic info needed: DOB, DOB quality and Gender.
- Chronic factors and literally homeless triggers needed include: Disabling Condition and Length of Homelessness section.

*For Prioritization List you should use the most recent VI Score

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

Add

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL

Add

TAY-VI-SPDAT v1.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL

Add

- VI-SPDAT sections includes options for singles, families, and transition aged youths.
- Providers should use the newest VI-SPDAT available or deliver a new one to check current score.

Assessment Disposition	-Select- G
If Other Assessment Disposition, specify	G

Prioritization List - ADD/REMOVE

Prioritization List Start Date *	VI-SPDAT Type *	VI-SPDAT Score *	County/Region of Coordinated Intake	Number of Clients in Household	Remove client from Prioritization List

Add

- Assessment Disposition is the HUD Data Requirement for coordinated entry, can be informed by the VI-SPDAT Score they receive.
- Clients are added and removed via the Prioritization list sub-assessment, click on the Add button.

ALL information below MUST be completed before adding client to the list

Prioritization List Start Date *	07 / 05 / 2016 G
VI-SPDAT Type *	-Select- G
VI-SPDAT Score *	G
County/Region of Coordinated Intake	-Select- G
Is Client Willing to Relocate to Different County/Region?	-Select- G
Number of Clients in Household	G
Client Prioritization Notes:	

- Prioritization list is driven from VI-SPDAT Type and Score, both are required sections in the sub-assessment.
- County/Region are to help providers narrow the search for clients in their area. (Region details can be added later after CoC determination is made.)
- Is the client willing re relocate allows for clients to populate in found by other regions on the list.
- Number of clients is to help make sure providers have the necessary resources available before agreeing to take client off the list.
- Optional notes field included for any other pertinent data on client for this entry onto the list.

ALL information below MUST be completed before removing client to the list

Remove client from Prioritization List	/ / G
Agency Accepting Client	-Select- G
Did Client/Household Enter Your Agency?	-Select- G
If Yes, Date Entered	/ / G
If No, Select Reason Why	-Select- G
If Other, specify:	G
Is the Client/Household Now in Permanent Housing?	-Select- G
If Yes, Date Entered Permanent Housing	/ / G

Save | Save and Add Another

- Removal process was designed to be able to provide performance and participation data for the CoC and individual providers.
- The removal date will move the client from the prioritization list to the removed client list where their program entry status can be monitored.
- When permanent housing is finally provided that information can added to provide a completion to ultimate goal of the coordinated entry process.
- The various dates for each step in the process allows the length of time the clients' transition from one stage to the next to be analyzed agency by agency in the hopes of increasing efficiency of the permanent housing process.

Some homeless service providers are unable to serve sex offenders. Are you a sex offender?	-Select- G

Client Contact Information:

What is a phone number we can reach you at?	G
Alternate Phone #	G
Is it OK if we leave a voicemail at the number(s) you provided?	-Select- G
Other phone contact notes/instructions:	G

Print Assessment Save

- As some agencies have limited resources for clients with a history of sexual offence, we included the question on the assessment to allow for advanced notification so that it can be taking in to consideration early in the process. This is not meant to be a barrier for the client but to avoid them being taken off the list and put back on after it is discovered.
- The final section is the client contact section that will allow for different methods to be listed for agencies to contact the clients after taking them off the list so that they can be entered into their program.

ServicePoint Iowa Basic of State Coordinated Entry **ServicePoint ID #:_____**

Complete for head of household or single clients only.

Determine type of housing crisis – DV, Seeking Shelter, Homeless Prevention or other services.
If safety may be threatened, make immediate referral to:
Iowa Domestic Violence Hotline 1.800.770.1650 – END INTERVIEW IMMEDIATELY

Client's Name:
(write in name and check 1 data quality option): _____

_____ Full name _____Partial, street or code name _____Client doesn't know _____Client refused _____Data not collected

Social Security Number (SSN)
(write in SSN and check 1 data quality option):_____

_____Full SSN _____Approx. or partial SSN _____Client doesn't know _____Client refused _____Data not collected

U.S. Military Veteran
_____Yes _____No _____Client doesn't know _____Client refused _____Data not collected

Date of Birth (DOB)
(write in DOB and check 1 data quality option): _____

_____Full DOB _____Approx. or partial DOB _____Client doesn't know _____Client refused _____Data not collected

Gender (check 1):
_____Female _____Male Other: _____
_____Transgender male to female _____Transgender female to male
_____Client doesn't know _____Client refused _____Data not collected

Does client have a disability of long duration (check 1 and complete grid below):

_____Yes _____No _____Client doesn't know _____Client refused _____Data not collected

Length of Homelessness:

Client entering from the streets or Emergency Shelter:
_____Yes _____No _____Client doesn't know _____Client refused _____Data not collected

If YES, Approximate date started: _____

***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):
_____ Never in 3 years _____One Time _____Two Times _____Three Times
_____Four or more times _____Client doesn't know _____Client refused _____Data not collected

Total number of months homeless on the street or in Emergency Shelter in past 3 years:

_____1 month (this time is the first month) _____2 months _____3 months _____4 months _____5 months

_____6 months _____7 months _____8 months _____9 months _____10 months _____11 months _____12 months

_____More than 12 months _____Client doesn't know _____Client refused _____Data not collected

Assessment Disposition

_____Referred to emergency shelter/Safe haven _____Referred to transitional housing _____Referred to rapid rehousing _____Referred to homelessness prevention _____Referred to street outreach _____Referred to other continuum project type _____Referred to a homelessness diversion program _____Unable to refer/accept within continuum; ineligible for continuum projects _____Unable to refer/accept within continuum; continuum services unavailable _____Referred to other community project (non-continuum) _____Applicant declined referral/acceptance _____Applicant terminated assessment prior to completion _____Other

If Other Assessment Disposition, specify:

Some homeless service providers are unable to serve sex offenders. Are you a sex offender? _____Yes _____No

Client Contact Information

What is the phone number we can reach you at? _____

Alternate phone number _____

Is it OK if we leave you a voicemail at the number(s) you provided? _____Yes _____No

Other phone contact notes/instructions:

Add Client to Prioritization List

Prioritization list start date _____
(effective date of the coordinated entry intake assessment)

County/Region of Coordinated Entry Intake _____

VI-SPDAT Type _____Single (v2.0) _____Family (v2.0) _____ Youth (v1.0)

VI-SPDAT Score _____

Is the client willing to relocate to a different county/region? _____Yes _____No

Number of clients in the household seeking shelter _____

Client prioritization notes:

Remove Client from Prioritization List

Date to remove client from prioritization list _____

Agency accepting client _____

Did client enter your agency's housing project? _____Yes _____No
If yes, Entry Date _____
If no, Reason why:
_____Client did not arrive _____Client arrived but did not want service _____Client not eligible (per program guidelines)
_____Client not eligible due to previous infractions/behaviors _____Client successfully diverted _____Other

If Other reason why client did not enter agency project, specify:

Is the client/household now in Permanent Housing? _____Yes _____No

If yes, Date Entered Permanent Housing _____

Iowa Balance of State Housing Prioritization List (SAMPLE)

Individual Need	VI-Score	# of clients
PSH - Permanent Supportive Ho	10 +	7
RRH - Rapid Rehousing	5 - 9	6
No Supports - Diversion	0 - 4	2

Family Need	VI-Score	# of clients
PSH - Permanent Supportive Housir	10 +	4
RRH - Rapid Rehousing	5 - 9	2
No Supports - Diversion	0 - 4	2

Total # of clients	23
Ave VI Score - Individuals	9.13
Ave VI Score - Familes	8.88

ClientID	Client Name	VI-SCORE	VI-Type	DI	Vet	Chronic	LH	LOH	County/	Rel	Gender	Age	CE Provider	DOL
3459	Sears, Marie	16	Family	Y	No	Yes	Y	36	Linn	Yes	Female	32	Madge Phillips Center	12
522499	Young, Otis	15	Single	Y	No	Yes	Y	69	Scott	No	Male	39	Humility of Mary Shelter, Inc. (ES)	5
511044	Blanston, Vernon	15	Single	Y	Yes	No	Y	29	Johnsor	Yes	Male	66	Shelter House - Emergency Shelter (ES)	32
510551	Barker, Regina	15	Family	Y	No	No	Y	2	Story	No	Female	34	BCHP - Crawford Hall Family Shelter (ES)	12
522049	Perry, Scott	15	Single	N	No	No	N	0	Black Ha	No	Male	22	The Salvation Army - Waterloo/Cedar Falls	18
2111	Hitchcock, Fredrick	12	Single	Y	Yes	No	N	0	Linn	NULL	Male	49	Willis Dady - Emergency Shelter (ES)	29
511001	Long, Chew	11	Single	Y	No	Yes	Y	99	Scott	Yes	Male	23	Victory Center Ministries	4
510551	Johnston, Allen	11	Family	Y	No	No	Y	2	Linn	No	Female	22	Catholic Worker House (ES)	1
510551	Blackwell, Sally	11	Family	Y	No	No	N	0	Webster	No	Female	37	Upper Des Moines Opportunities, Inc.	7
511135	Perry, George	10	Single	Y	No	No	Y	15	Scott	Yes	Male	44	Vera French Community Mental Health Center	24
500459	Plant, Theodore	10	Single	Y	No	No	Y	3	Linn	No	Male	23	Abbe Center for Community Mental Health - CR	14
510677	Smith, John	9	Single	Y	No	Yes	Y	49	Johnsor	No	Male	36	Abbe Center for Community Mental Health - IC	22
500019	Pitt, Christopher	9	Single	N	No	No	N	0	Cerro G	Yes	Male	39	Northern Lights Alliance for the Homeless	5
510666	Sinclair, Lisa	8	Single	N	No	No	Y	10	Dubuqu	No	Female	20	Opening Doors - Maria House (TH)	19
504678	Snyder, James	7	Single	N	Yes	NULL	NULL	NULL	Story	Yes	Male	55	Emergency Residence Project	10
503455	Wilde, Elizabeth	7	Family	N	Yes	No	Y	49	Black Ha	No	Female	28	Community Housing Initiatives	39
509692	Hudson, Mary	6	Family	N	No	No	Y	4	Linn	No	Female	41	Hawkeye Area Community Action Program	2
507432	Galinsky, Gabriel	5	Single	N	Yes	No	Y	20	Winneba	Yes	Male	64	Family Alliance for Veterans of America	12
508444	Porter, Joseph	5	Single	N	No	No	Y	7	Linn	Yes	Male	22	Foundation 2	4
509077	Brady, Carol	4	Family	N	No	No	N	0	Webster	Yes	Female	23	Upper Des Moines Opportunities, Inc.	28
512490	Nelson, David	4	Single	N	No	No	N	0	Scott	Yes	Male	42	Humility of Mary Shelter, Inc. (ES)	12
520110	Wickering, Gary	2	Family	N	No	No	N	0	Black Ha	Yes	Male	24	Community Housing Initiatives	40
531222	Bundy, Susan	1	Youth	N	No	No	N	0	Linn	Yes	Female	16	Linn County Triage	14

Key	
DI	Disabled Client
LH	Literally Homeless (on streets or in emergency shelter)
LOH	Length of time homeless (days)
Rel	Willing to relocate outside of residing county or region
DOL	Days on prioritization list

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Institute for Community Alliances

Prioritization List - Balance of State V07082016

Iowa Balance of State Housing Removed Client List (SAMPLE)

(01/01/2016 - 12/30/2016)

Individual Need	# clients	Days on List (Ave)	Days to PH (Ave)
PSH - Permanent Supportive Housing	2	32	32
RRH - Rapid Rehousing	1	20	18
No Supports - Diversion	0	-	-
Total Individuals	**3**	**28**	**27**

Family Need	# clients	Days on List (Ave)	Days to PH (Ave)
PSH - Permanent Supportive Housing	1	11	26
RRH - Rapid Rehousing	0	-	-
No Supports - Diversion	1	2	-
Total Families	**2**	**7**	**26**

Accepting Agency	Vi-Score	ClientID	Removal Date	Enter Project	If No, Reason	Entry Date	PH	Date Housed	DOL	DPH
Hillcrest Family Services	9	511067	7/5/2016	Yes		6/15/2016	YES	7/3/2016	20	18
Family Alliance for Veterans	12	521000	6/30/2016	Yes		6/30/2016	YES	6/30/2016	45	45
Mason City Housing Authority	10	501222	6/28/2016	Yes		6/28/2016	YES	6/28/2016	19	19
Shelter House Community Shelter	15	500011	5/31/2016	Yes		5/26/2016	YES	6/15/2016	11	26
Linn County Triage	3	3112	5/18/2016	No		-	NO	-	2	-

Key	
PH	In permanent housing
DOL	Days on prioritization list
DPH	Days to permanent housing

Iowa Balance of State Housing Prioritization List - Error Report (SAMPLE)

CE Provider	ClientID	Name DQ	SSN	Vet	DOB	Gender	DI	LH	Hmls start date	# times hmls	# mnths hmls	Assessment Disposition	Sex Offender	County/ Region	Relocate	HH Size
Willis Dady - Emergency Shelter (ES)	2111	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	NULL	OK	NULL	OK
Emergency Residence Project	504678	OK	NULL	OK	OK	OK	OK	NULL	NULL	NULL	NULL	OK	OK	OK	OK	OK
Humility of Mary Shelter, Inc. (ES)	512490	NULL	OK	OK	OK	OK	OK	OK	OK	OK	OK	NULL	OK	OK	OK	OK
Community Housing Initiatives	520110	NULL	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK