



Updated Coordinated Entry 2025

May 5, 2025 (CCHIC)

Illustration by Raffi Marhaba, The Dream Creative



What is Coordinated Entry (CE)?

- **Before the implementation of CE**, referrals to housing programs were **fragmented**, requiring individuals experiencing homelessness to apply separately to each agency's program. Participant selection was left to the discretion of each agency, often seeking the right 'fit' for their program.
- CE is a centralized or coordinated process designed to coordinate program participant intake and assessment and provision of referrals within a defined area.
- Federal, State, city and other funds require the use of CE for Rapid Rehousing and Permanent Supportive Housing programs.
- There are four key components to CE: **Access, Assessment, Prioritization and Referral**.
- In many communities, homeless service housing resources are insufficient to assist all eligible households, requiring prioritization.



Reimagine CE

- In Madison/Dane County CoC, we were using **VI-SPDAT** assessment tool and **self-reported length of homelessness** for prioritization.
- **The Reimagine Coordinated Entry (CE) workgroup** was established in December 2022 in response to local and national criticism of VI-SPDAT and our own system evaluation.
- Its primary objective was to propose a new way to prioritize individuals and families for RRH and PSH opening in Dane CoC.
- After two years of planning, implemented the new CE system in February 2025.



Previous CE System Analysis: Key Takeaways

1. **Low Assessment Completion Rates:** Many potentially eligible households did not complete the VI-SPDAT and thus were not referred to Coordinated Entry (CE).
2. **Limited Impact of CE Housing Interventions:** CE housing interventions only resolved a small percentage of homelessness episodes. Within a one-year period, only 17% of families (41 out of 239) and 5% of singles (60 out of 1,172) referred to CE moved into housing through CE.
3. **Disparities in Housing Outcomes:** While significant disparities exist in homelessness rates among people of color, we did not find system-wide CE-specific disparities based on race and ethnicity. However, specific population groups experience worse housing outcomes at certain stages, warranting ongoing monitoring post-implementation of changes.
4. **Need for More Trauma-Informed Assessment:** Participants and providers felt that the VI-SPDAT was burdensome and not trauma-informed.



Objective for Change

Objective for Change:

Enhance the Coordinated Entry System in Dane County to better identify and prioritize households **who are most likely to experience significant harm from homelessness.**

Guiding Principles:

- **Equity-Centered:** We commit to an equity-centered approach that recognizes and addresses disparities, promoting equitable access to housing resources.
- **Trauma-Informed:** We embrace a trauma-informed approach to create a supportive and safe environment for those seeking housing resources.



Changes to be implemented

1. Implement a **Two-Tiered Assessment**.
2. **Retain the VI-SPDAT Tool** for Tier 2 Assessment for the time being.
3. Changes in PSH and RRH Prioritization, including **prioritizing newly homeless households for RRH**



#1. Implement a Two-Tiered Assessment

Tier 1 Assessment:

- An automated assessment was developed using data from the Homeless Management Information System (HMIS), applied to all emergency shelter and street outreach program participants from their intake assessment.
- The assessment uses actual program utilization data -including frequency and duration of services - to determine length of homelessness, rather than relying on participant self-report. self-report

Tier 2 Assessment:

- Only a small subset of individuals identified and prioritized through the Tier 1 Assessment proceed to a full, in-depth assessment. This approach significantly reduces the time and burden on both participants and staff by limiting comprehensive assessments to those most likely to be prioritized for housing resources.



Tier 1 Assessment

Existing info to be used:

- History of homelessness
- Income
- Age

Added to Shelter and Outreach Intake:

- Eviction
- Criminal legal system involvement
- Domestic violence shelter use
- Family size
- Behavioral health crisis program utilization
- Medical crisis



#2. Retain the VI-SPDAT Tool for Tier 2 Assessment for the time being.

- Continue using the VI-SPDAT tool for Tier 2 assessments initially.
- Begin the discussions on the subsequent phase, incorporating more third-party data in assessment and revising VI-SPDAT, six months after implementing the Tier 1 assessment.



#3. PSH and RRH Prioritization

PSH Prioritization

- Identify households with high Tier 1 PSH assessment scores and administer VI-SPDAT.
- Prioritize chronically homeless households with the highest VI-SPDAT score.

RRH Prioritization

- Identify households with high Tier 1 RRH assessment scores and administer VI-SPDAT.
- Prioritize households who are **newly homeless** but have not been able to self-resolve within 2-8 months (highest priority points at 6 month mark), with additional consideration for current shelter use.



Tier 1 & 2 Process

- **On the first Monday of each month, the CE Manager runs the Tier 1 RRH and PSH reports.**
- The CE Manager identifies individuals to invite to complete the Tier 2 assessment that month. The number is calculated as **three times the expected annual openings for each project type**, divided by 12 months.
- **Accommodation for individuals who only access DV shelters:** DV shelter staff will discuss CE with shelter guests to determine whether participants are interested in CE and will complete paper enrollment form and CE ROI and send them to ICA CE staff. ICA CE staff enters the info in HMIS under the Coordinated Entry project so they are included in the Tier 1 process.



Envisioned Impact & Implications

- Assessing all eligible households.
- Reducing time and emotional burden on CE staff and participants for completing VI-SPDAT.
- Potential for reallocating CE staff time for more housing and resource navigation.
- Addressing certain discrepancies in CE referrals.
- Facilitating more outflow to permanent housing from highly utilized emergency shelters.

Households cannot just call or walk in to get VI-SPDAT assessment at the Beacon. Households must be using the shelter or connected to street outreach programs to be eligible.



Implementation & Evaluation



Jan 2025

Train the shelter, outreach and CE staff outreach to broader community partners



Feb 2025

Implement a new assessment and prioritization system



Aug-Oct 2025

Establish a Reimagine CE evaluation workgroup to evaluate the changes made after 6 month of implementation Take any minor change recommendations, if any, to Core Committee

Evaluation and updates are reported to the HSC Board



Aug 2025 +

Start a new workgroup to update Tier 2 assessment, moving away from VI-SPDAT



Questions

