Coordinated Entry Proposed Policy Changes

Purpose

To streamline Wake Coordinated Entry (CE) processes by improving data accuracy, phasing out the current assessment tool in alignment with guiding principles as outline in the CE Manual, and updating policies related to inactive enrollments, vacancy reporting, and program transfers.

Background & Context

CE is the process by which households are identified, assessed, prioritized and referred to available housing programs in the CoC. The CE system in Wake County is undergoing a series of strategic updates to improve efficiency, access, and data quality. Historically, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) has been used as the primary assessment and prioritization tool, but national guidance has raised concerns about its effectiveness. The CoC CE staff are preparing to phase out the VI-SPDAT and, in collaboration with HUD Technical Assistance (TA), develop a new prioritization tool that better reflects the evolving needs and priorities of the community.

At the same time, the CE system is working closely with the HMIS team to streamline workflows and ensure that data is captured accurately and consistently. This includes standardizing vacancy reporting, improving the process for closing inactive enrollments, and introducing new tools such as transfer and vacancy forms for Rapid Rehousing (RRH) and Permanent Support Housing (PSH) programs. These changes are intended to improve client experience as well as day-to-day operations for service providers and CoC staff.

Phase Out VI-SPDAT

Per the Coordinated Entry System (CES) Committee 2025 Work Plan, CoC staff are working to officially retire the use of the SPDAT suite of tools, specifically the VI-SPDAT which was previously used as a prioritization tool across all CE projects. Wake CoC is working with HUD TA to research and/or develop a new tool or framework that reflects the evolving needs and priorities of the community. The CoC remains in HUD compliance given the standard questions included in the CE enrollment to support housing match prioritization. The following prioritization criteria is currently in practice:

- Chronic Homelessness
- 1+ HUD Disabling Condition(s)
- Length of Time Homeless

Immediate Policy Changes and Additions

To ensure compliance with HUD requirements around CE implementation and address immediate challenges observed by the Wake CoC CE team, the following policy changes and additions are recommended and attached to this document.

- Vacancy Reporting Policy (Change)
- New Transfer Form and Policy for RRH/PSH (New)

- Inactive Policy (New)
- Victim Service Providers Access Policy (New)

Next Steps & Timeline

Wake CoC will update the full Coordinated Entry Policies and Procedures Manual once policies above are approved by the CoC Board and CoC Membership. A full review and updates to the CE Manual will be priority for the CES Committee in 2026.

Wake CoC will also lead a Communication Plan to ensure all CE partners are aware of changes and trained on any applicable HMIS updates with the following target dates:

- Target Date: Initial rollout November 15, 2025
- Phase 1: Email blast/Newsletter (2025)
- Phase 2: Webpage for resources (2026)
- Phase 3: Routine CE/Partner meetings (2026)

Milestone	Date
CES Committee Review and Vote	October 22, 2025
Introduction to Membership	October 27,2025
Test/Pilot Forms and Data Cleanup	*October 27 – November 24, 2025*
CoC Governance Board Review and Vote	November 6, 2025
CoC Membership Review and Vote	November 25 – December 5, 2025
Implementation	December 5 – ongoing

Vacancy Reporting Policy & Form (Draft)

A **Vacancy Form** will be implemented with the updated policy and is available via SmartSheet - Vacancy Form

CE Manual (Updated 2024, page 20). Proposed changes are in red below.

Notice of upcoming vacancy within a program is made electronically. The NC-507 – Wake County CoC has established a community-wide list within HMIS of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The community-wide list generated during the prioritization process, variously referred to as a "By Name List," uses the prioritization outlined below for generating referrals and provides an effective way to manage an accountable and transparent prioritization process. Referrals are made based on eligibility and other community priorities.

Reporting Vacancies

Housing providers participating in CE (RRH and PSH) must notify the CE team of any housing vacancy within 15 business days of when the case management slot or unit is expected to be made available. Vacancies should be reported through the designated system identified by the CoC Lead Agency. Each report must include relevant details such as unit size and type, location (if applicable), program type (e.g., PSH, RRH), date of vacancy, program eligibility criteria, and any required documentation or specific notes. If a unit remains unfilled beyond the reporting period, the Coordinated Entry team may follow up with the provider to confirm continued availability or request updated information.

Housing Match Process

The Coordinated Entry system facilitates weekly case conferencing sessions to support the housing match process. These one-hour meetings are organized by population type. During each session, the By-Name List is reviewed and divided into two categories: individuals experiencing chronic homelessness and those who are non-chronic.

Housing matches are made in alignment with the current NC-507 prioritization policies, ensuring that referrals are based on community-established criteria. While referrals are facilitated through the Coordinated Entry process, individuals and families maintain the right to accept or decline any housing offer presented to them.

Upon referral to a program, a collaborative effort will be made to locate the matched household to support document readiness and verify eligibility. All efforts must be exhausted (i.e. Outreach, Case Consultation, utilizing HMIS, etc.) before a household is considered inactive or unavailable for a housing match. The Housing Provider will document any unsuccessful matches and provide both the (A) reason(s) why they were not housed, (B) date of unsuccessful match/"unenrollment" and (C) name of the project being unassigned within HMIS so that the person can be reassigned to additional providers (further outlined below).

If a referred individual or family is not accepted into a housing program, the housing provider is responsible for notifying the referring case manager, the Coordinated Entry team, and the matched household. Additionally, the provider must document in HMIS whether the match results in successful program entry and record the move-in date. Details regarding prioritization criteria and procedures can be found in the Prioritization Addendum.

Transfer Policy & Form (Draft)

A **Transfer Request Form** will be implemented with the updated policy and is available via SmartSheet - [Transfer Form](#)

Purpose & Goal: NC507 recognizes the need to occasionally transfer clients between Permanent Supportive Housing (PSH) or Rapid Re-Housing (RRH) programs within the CoC. The goal is to ensure client safety and maintain housing stability in the event there is a need to transfer to a different provider or project type.

Potential reasons for transfer:

1. Participant's safety is at risk (DV, threats, or community violence)
2. The unit is inaccessible due to mobility needs.
3. Family composition changes (requiring different unit size or location)
4. Higher level of support needed

Who can request a program transfer? Transfer requests can be made by the participant, current provider, or coordinated entry team.

Roles and Responsibilities

- Referring provider completes the "Transfer Request Form" available on NC507 website.
- The Transfer Request Form outlines reasons and attempts to resolve issues in current placement.
- Coordinated Entry staff reviews request for eligibility and available openings.
- If approved, the participant is referred directly to the receiving PSH program with no return to community queue.
- Case conference between referring and receiving provider occurs when an opening becomes available. Facilitated by Coordinated Entry staff.
- Receiving provider accepts participant unless clear programmatic barriers exist.
- Referring provider to maintain support until full client transition is complete (e.g., financial payments and case management services.)
- Coordinated Entry staff will track outcomes and ensure transfers are equitable.

Denials: A transfer request from RRH to PSH may be denied due to one or more of the following reasons:

1. **Current Resources Can Meet the Need -** Denied because existing RRH resources or community-based support are deemed sufficient to meet the participant's current needs. A transfer to PSH is not warranted if the participant can continue to progress within the RRH model with appropriate support.
2. **No Housing Option Meets the Identified Needs -** There is currently no PSH unit or shelter option available that aligns with the participant's specific needs (e.g., accessibility, location, service model). In such cases, the transfer may be deferred until a more appropriate match becomes available.
3. **No Documented Disabling Condition -** PSH requires a verified disabling condition under HUD rules. If there is no verified disabling condition for the participant or another adult household member, the household would be ineligible for PSH support through transfer requests.

Inactive Policy (Draft)

Coordinated Entry Enrollments are the process in HMIS that service providers complete to confirm households in need of housing after pre-screening is completed. The Community Queue is the tool or function within the HMIS Software (ClarityHS) that allows the CoC to manage the CE Enrollments and the By-Name List for prioritizing available housing vacancies.

To ensure program vacancies can be filled quickly, the CE system must maintain an active/inactive policy to focus on those who are engaged in services or shelter as close to real time as possible and therefore able to be located for a housing match.

The following policy is intended for managing the queue for referrals to RRH and PSH housing programs and does not currently apply to referrals to Emergency Shelter (ES) programs.

For Coordinated Entry Enrollments and Community Queue

For providers completing Coordinated Entry enrollments through HMIS, a household will be considered inactive and removed from the Coordinated Entry Community Queue under the following conditions:

1. If a household has had no activity in HMIS (such as services, entry/exits, or shelter stays) for 90 days or more, the household will be automatically removed from both the CE enrollment and the Community Queue.

2. If a household has not had at least one current living situation (CLS) recorded in the past 30 days, they will be removed from the Community Queue.

3. If a household is no longer experiencing homelessness as defined by HUD under Category 1 or Category 4, or if they have discontinued services from the referring agency, the household must be removed from both the CE enrollment and the Community Queue.

Referring providers are responsible for closing Coordinated Entry enrollments in HMIS for households they know have not been active in the Wake County CoC homeless response system for 90 days or longer. This must be done using the appropriate workflow in HMIS. Additionally, with guidance from CoC CE and HMIS staff, programs are expected to regularly run data quality reports to ensure accurate and up-to-date information.

Inactive Policy - Veterans By-Name List (BNL)

For the Veterans BNL, a Veteran will be marked as inactive and removed from the list if they have had no activity in HMIS (such as services, entry/exits, or shelter stays) for 90 days or more. If a Veteran has indicated that they have left the area or no longer require services, they will be removed from the Veterans BNL at that time.

Victim Service Provider Access Policy (Draft)

A **VSP Referral Form** will be implemented with the updated policy and is available via SmartSheet - VSP Form

Purpose

To ensure that Domestic Violence (DV), Sexual Assault (SA), and Human Trafficking (HT) service providers have confidential access to housing opportunities through the Coordinated Entry (CE) system, in alignment with HUD mandates.

Wake County's Coordinated Entry system is committed to providing safe, survivor-centered access to housing and services for individuals and families impacted by DV, SA, and HT. This policy establishes a standardized, confidential process for Victim Service Providers (VSPs) to participate in CE while protecting client privacy and safety.

Goals

- Ensure VSPs can confidentially refer and coordinate housing opportunities for survivors.
- Maintain data privacy and safety through non-HMIS and HMIS-based options.
- Promote collaboration and training between CE staff and VSPs.
- Align with HUD CE requirements for survivor access, prioritization, and referral.

Implementation

- **Phase 1 (2025):**
  - Develop a confidential referral form for VSPs to request housing coordination.
  - Collaborate with VSPs to finalize the form and process.
  - Provide training to VSPs and CE staff on trauma-informed practices, confidentiality, and referral coordination.
- **Phase 2 (2026–2027):**
  - Transition to a confidential HMIS compatible process for VSPs who opt in, using de-identified or limited data sharing protocols.
  - Continue to offer non-HMIS options for VSPs who require full confidentiality.
  - Evaluate and refine the process based on feedback from VSPs and survivors.
- **Success Measure**
  - All VSPs have access to CE coordination through either the referral form or HMIS process.
  - Policy is included in the updated CE Manual and shared with all partners.
  - VSPs report improved access and coordination through annual feedback or surveys.