

# MISSOURI BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY WRITTEN STANDARDS

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## Introduction

The Missouri Balance of State **Continuum of Care** (MO BoS CoC) is responsible for coordinating and implementing a Coordinated Entry System (CES) to meet the needs of individuals and **families** experiencing homelessness within 101 counties in the MO BoS CoC geographic region. Both the ESG Program Interim Rule and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of **Emergency Solutions Grants** program funds within the geographic area, should participate in coordinated entry by the deadline in January, 2018.

The MO BoS CoC CES Committee leadership team is comprised of representatives from all ten regions of the MO BoS CoC, **HMIS lead agency** for the MO BoS CoC, Missouri Housing Development Commission, Missouri Coalition Against Domestic and Sexual Violence, Missouri Department of Mental Health, Department of Veterans Affairs, CoC funds recipient agencies, Emergency Solutions Grant (ESG) sub-recipients, VA Supportive Services for Veteran Families (SSVF) recipient agencies, **Missouri Housing Trust Fund** recipients, and agencies that work with **homeless** individuals and families, as well as formerly homeless individual(s). The MO BoS CoC Coordinated Entry Committee has developed Coordinated Entry System Policies and Procedures and the following Written Standards for streamlining access to the homeless service delivery system across the ten regions included in the MO BoS CoC.

These Written Standards are in accordance with the notice published by Department of Housing and Urban Development (HUD) on January 23, 2017, CPD-17-01; the final rule for the definition of **homelessness** also released by HUD on December 4, 2011; and the CoC Program Interim Rule released by HUD on July 31, 2012. There are some additional standards outlined in this document that have been established by the MO BoS CoC CE Committee that will assist programs in meeting and exceeding performance outcomes to help the CoC reach the goal of ending homelessness.

These Written Standards have been developed in conjunction with CoC and ESG sub-recipients as well as other homelessness assistance service providers to allow for input on the procedure of the CES, standards, performance measures, and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, **Emergency Shelter (ES)**, **Transitional Housing (TH)**, **Permanent Supportive Housing (PSH)**, **Rapid Re-Housing (RRH)** and **Safe Havens**.

The MO BoS CoC Coordinated Entry Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will provide the foundation of the CES;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for CoC and ESG components;
- Provide the basis for the monitoring of CoC and ESG funded projects within the CES; and
- Establish a consistent, comprehensive and adequate guide to ensure full and fair coverage for those experiencing homelessness throughout the CoC.

The MO BoS CoC Written Standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given consistent information and support to access and maintain permanent housing. Programs that receive ESG or CoC funding are required to abide by these written standards. In addition, programs that receive other federal or state homeless assistance funding must abide by these written standards if stated so in their grant agreement. Agency program procedures should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive any of these sources of funds to accept and utilize these written standards in order to facilitate a comprehensive and effective Coordinated Entry System.

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#### *This Document*

These written standards will govern the implementation, governance, and evaluation of the CES in MO BoS CoC. It is expected that the standards will adjust as programs evolve, members gain more experience, and HMIS data from programs and services is analyzed. These Written Standards serve as the guiding principles for coordinated entry participation by ESG, CoC, and other participating programs. These written standards may only be changed by the approval of the MO BoS CoC Board of Directors. The Board will solicit recommendations and feedback from the MO BoS CoC CE Committee and the continuum at large. These written standards will be reviewed annually in accordance with the CoC Governance Charter.

#### *Purpose*

The MO BoS CoC CES process is designed to identify, engage, and assist homeless individuals and families to ensure those who request or need crisis housing assistance are prioritized and connected to proper housing options.

## Overview of Coordinated Entry System

CES is considered one of many interventions in a community's united effort to prevent and end homelessness. The process works best and provides the greatest value if it is driven by "what the client needs" rather than by provider eligibility. CES refers to the process used to assess, prioritize and assist in meeting the housing needs of people at risk of homelessness and people experiencing homelessness. Key elements of MO BoS CoC CES include:

- A designated set of coordinated entry locations and staff members;
- The use of standardized assessment tools to assess participant's needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS) or comparable database for special populations; and
- Prioritization of participating households with the most barriers to returning to housing who need the most cost- and service-intensive interventions.

The implementation of CES is considered a national best practice and as referenced above, is a requirement of CoC and ESG funding. MO BoS CoC CES is designed in a way that homelessness is rare, brief and non-reoccurring and can:

- Prioritize scarce resources for the most vulnerable participants experiencing homelessness;
- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before their needs are met;
- Erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

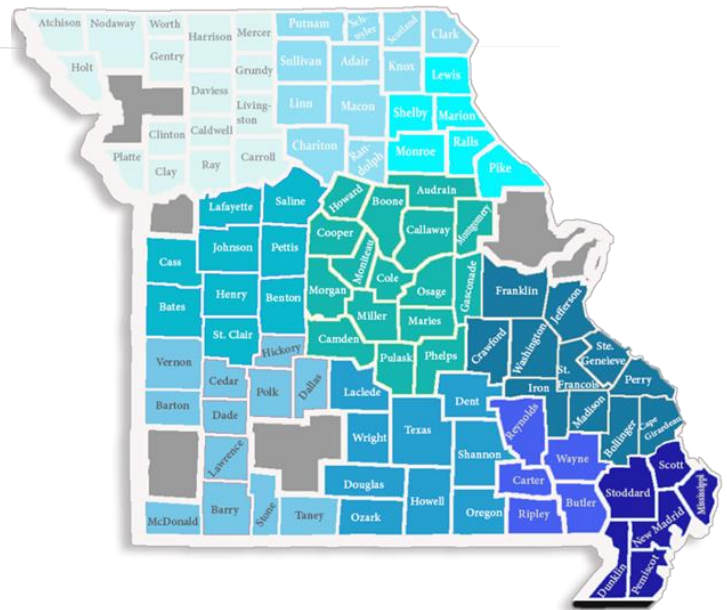
## *Responsibilities of the CoC to Establish CES*

The HUD CoC Program Interim Rule defines several responsibilities of the Continuum of Care (as set forth in 24 CFR part 578.7(a)(8)). The Governance Charter for the Missouri Balance of State Continuum of Care (p.1) outlines the purpose and responsibilities of the MO BoS CoC. One of these responsibilities is to establish and operate CES, in consultation with recipients of ESG program funds within the geographic area. The following are core requirements of the MO BoS CoC CES:

- MO BoS CoC CES covers the entire geographic area of MO BoS CoC.
- MO BoS CoC CES is easily accessed by those seeking housing or services.
- MO BoS CoC CES is well-advertised.
- MO BoS CoC CES includes a comprehensive and standardized assessment tools.
- MO BoS CoC CES provides an initial, comprehensive assessment of those seeking housing and services.
- MO BoS CoC CES includes a specific policy to guide the operation of CES to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

## *Geographic Area*

MO BoS CoC covers 101 counties and borders eight states. MO BoS CoC is comprised of cities ranging from 115,276 people to towns under 100 people. The United States Census Bureau estimates that the population of counties located in the 101 in MO BoS CoC jurisdiction was 2,908,518 on July 1, 2014. That is nearly 49% of Missouri's estimated total population and covers an area of 62,024 square miles, or 90% of the geographic land area of the State of Missouri. This geographic area includes suburban, rural and forestry areas.



## *Target Population*

The MO BoS CoC CES is intended to serve the following people experiencing homelessness:

- persons with a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground

- persons living in a shelter including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing
- an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where they resided less than 90 days;
- persons who will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by programs as evidenced by: a court order resulting from an eviction action that notifies them that they must leave within 14 days; having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or credible evidence indicating that the owner or renter of the housing will not allow them to stay for more than 14 days; and has no subsequent residence identified and lacks the resources or support networks needed to obtain other permanent housing.
- unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.
- persons who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

### Goals of MO BoS CoC CES

The MO BoS CoC CES is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It will help communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The MO BoS CoC CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The CES will ensure:

- Client-focused and low barrier approach as well as easy access for all populations no matter where or how participants present
- Referral to the most appropriate resource(s) for their situation
- Prevention of duplication of services and ensure resources are allocated as effectively as possible
- Reduction in the length of time homeless
- Improvement in communication among agencies
- Identification of gaps in services
- Improving ease of access to resources, including mainstream resources

### Guiding Principles

The goal of the CES process is to provide participants with adequate services and supports to meet their housing needs, with a focus on a return to housing as quickly as possible. The following guiding principles have been adopted by the MO BoS CoC:

#### *MO BoS CoC Standards for Access, Assessment and Referrals*

The CES shall utilize uniform intake, prevention, diversion and assessment tools as identified and voted on by the MO BoS CoC Governing Board and Coordinated Entry Committee.

#### *Participant Choice*

The CES program will respect a participant's choice to accept or decline any resource or program offered.

#### *Promote Participant-Centered Practice*

People experiencing homelessness shall be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. The CES will provide ongoing opportunities for participant's input into the development, oversight, and evaluation of Coordinated Entry. Participants will be engaged as key and valued partners and have the opportunity to provide feedback on the effectiveness of the CES.

#### *Prioritize the Most Vulnerable*

Vulnerability is the primary factor in determining resource allocation. Limited resources should be directed first to participants who are most vulnerable.

#### *Collaboration*

Collaboration will be fostered through open communication, transparent work, frequent scheduled meetings between partners, and consistent reporting on the performance of the CES process. Agencies working with the CES will evaluate current policies and efforts to identify and minimize barriers annually.



### *Accurate Data*

CES will collect and record complete, accurate, and quality data in a timely manner to facilitate allocation of resources and make funding decisions in the most efficient manner.

### *Performance-Driven Decision-Making*

Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the MO BoS CoC CES on key outcomes.

### *Housing First*

The MO BoS CoC CES adopts and abides by the principles of Housing First. The CES shall not screen any participant out of assistance because of perceived lack of housing readiness, including but not limited to, mental and/or physical disability, lack of employment or income, substance use disorder, criminal history, or domestic violence, sexual assault, human trafficking, dating violence, or stalking.

### *Effective Resource Matching*

CES will prioritize according to chronicity, acuity, vulnerability, and barriers to ensure an appropriate match between participant's needs and intensity of services.

### *Access to Emergency Services*

Access to emergency services, emergency shelters, or victim support services shall not be delayed by the MO BoS CoC CES.

### *Access to the Coordinated Entry System*

The MO BoS CoC shall ensure that CES is available across the CoC and offers access in an easy, fair, and consistent manner.

## **Operating the CES**

The MO BoS CoC CES was established to design and implement strategies and tools for implementation. The MO BoS CoC CES provides:

- Information about available services and programs for persons experiencing a housing or homeless crisis
- Uniform intake, assessment and screening tools and processes
- Real-time knowledge about program inventories and capacity
- Coordinated referrals to receive prevention, housing or related services
- Enrollment and management of prioritization list for housing programs
- Training materials to help bring new service providers into the conversation
- Marketing materials to help communities advertise

## CES Elements

### Low Barrier Policy

The MO BoS CoC adheres to a low barrier policy. MO BoS CoC prohibits screening participants out of the CES based upon participant's perceived barriers. Those barriers can include but are not limited to:

- Active/history of substance use disorder
- Little/no income
- Domestic violence history
- Resistance to services
- Type or disability/disability-related supports needed
- Eviction history/poor credit
- Lease violations/history of not being a leaseholder
- Criminal record
- Sexual orientation/gender identity/expression

### Data Sharing and Data Privacy Protections

Access points will post the HMIS Consumer Notice. Access Points will obtain written or verbal consent from the participant using the Client Informed Consent to Share and Release of Information. Written consent is preferred but the access point may obtain verbal consent if a virtual assessment process is utilized.

Participants' names shall be removed from the Prioritization List (PL) prior to e-mailing or distributing the PL electronically. Names may be distributed on the PL at an in-person meeting with the exception of victim service participants whose names should never be used on the PL or during case conferencing. Paper copies of the PL, with names listed, will be collected and destroyed at the end of case conferencing. A list that exclusively contains participant names that another Access Point assessed or is actively case managing may be distributed prior to case conferencing in order to prepare for the meeting. Any such list or communication sent by email or electronic device should be encrypted or distributed in a secure manner, such as password protected, at the very least. See Missouri Balance of State Continuum of Care Coordinated Entry System Policies & Procedures, p.19 for further information about data privacy.

Individuals who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, or stalking must be afforded confidential access to CES and data collection processes that conform to the applicable requirements of the Violence Against Women Act, CoC Program, and/or HMIS Data Standards. These protections must apply for both victim service projects and non-victim service projects. Survivors, as well as any other individual, can refuse to have their data shared in HMIS but still have the ability to be placed on the Prioritization List.

## Standardized Access and Assessment

MO BoS CoC will implement the following standardized access and assessment processes throughout the CoC for those wishing to enter the CES.

### *Fair and Equal Access*

See Missouri Balance of State Continuum of Care Coordinated Entry System Policies & Procedures, pp. 9-11. MO BoS CoC has multiple Access Points to facilitate access, coordinate entry processes, and improve the quality of information gathered for multiple subpopulations.

### *Full Coverage*

MO BoS CoC's Access Points cover and are accessible throughout the entirety of the geographic area of the Continuum of Care, either physically or virtually.

### *Accessing CES through a Hybrid Access Point Model*

Each region within the MO BoS CoC is expected to utilize a hybrid Access Point model or multi-access point approach. Multiple access points will be available within each region of the CoC. Each region must provide documentation of all access points throughout the region. Some items that must be documented for each access point are: type of access point, hours of operation for CES access, contact person, telephone number and address. Each region will identify a victim service provider to function as an optional access point. The victim service provider is not required to be located within the region.

### *Virtual and Teleconference CE Access*

Telephone-based assessment is permitted, and each region will have multiple access points to ensure that services are available throughout region geographically and over multiple days and times. Please see the Data Sharing section regarding consent during the virtual assessment process.

### *Access Points*

An Access Point is a location, either physical or virtual, that an individual may use to enter the CES. Access Points must have at least one Qualified Assessor. A Qualified Assessor is a person who is employed by or volunteers for any Access Point who has completed all BoS CoC required trainings for all Coordinated Entry Assessment Tools. Access Points may choose to be one of the various Access Point types. The following are other responsibilities of Access Points:

- Provide hours of operation (for CES) and contact information to the Lead Access Point at least annually or at the time of any change
- Access Points are required have Qualified Assessors to complete Coordinated Entry Packets, including the administration of the Assessment Tool during the hours of operation they provide the Lead Access Point, but there is no

requirement that Access Points must be available during specific hours (e.g., 9:00 am to 5:00 pm, Monday through Friday).

- Utilize current BoS CoC approved Coordinated Entry Packets.
- Provide a private location where participants may complete the coordinated entry process. A participant may choose to complete the process outside of the private location, but one must be available.
- Obtain status updates for each participant assessed at that Access Point prior to each case conferencing. A status update may be obtained from a case manager working with a participant or the participant directly. A script should be used to ensure participants understand this contact is not a guarantee of housing placement. A sample script is: "I'm calling to get an update and to make sure that the information we have regarding your housing situation is accurate. This will ensure we are able to contact you if a housing resource becomes available."
- Verify contact information for each participant assessed at that Access Point prior to each case conferencing. This should be completed in conjunction with obtaining status updates.
- Provide status and contact information updates during case conferencing for all participants who were assessed at the Access Point.
- Place the HMIS Consumer Notice in a location visible to the participant (see appendix for Notice).
- Enter data into HMIS within 3 business days of obtaining the data. If you do not have access to HMIS as an agency, you must "partner" with another agency who does have access to HMIS and is willing to input your data. It is the non-HMIS Access Point's responsibility to ensure that the partner Access Point has the information necessary to input in HMIS prior to the 3 business day deadline; this can be achieved through hand delivery or secure virtual sharing.
- There are several more specific responsibilities of Lead Access Points, which can be found below.

Regions may designate a Lead Access Point for these additional responsibilities or have multiple agencies serving as leads. The minimum additional responsibilities may include the following:

- Coordinates case conferencing
- Schedule and prepare for the meeting
- Manages the Prioritization List
- May make referrals from the Prioritization List within one business day of an agency requesting a referral, or finds a proxy in the event they are unable to attend case conferencing or will be unable to make referrals within one business day.

## Assessment Tools

The MO BoS CoC Coordinated Entry Packet includes: Prescreen Tool, Intake Tool and Assessment Tool, VI-SPDAT 2.0 (Individual, Family and Youth).

### *Assessment Process*

Participants in the CES have the right to refuse to answer assessment questions and to reject housing and service options offered without suffering retribution or limiting their access to assistance. Participants should be engaged in an appropriate and respectful manner to collect only necessary assessment information, but some participants might choose not to answer some questions or may be unable to provide complete answers in some circumstances. The lack of a response to some questions potentially can limit eligibility to some types of housing or services. When this is the case, the impact of incomplete assessment responses should be communicated to participants.

Upon an individual or family presenting at a defined Access Point, the assessment and referral process will begin as soon as possible. If, upon arrival, a qualified assessor is not available to complete the Prescreen Tool with the individual seeking assistance, a virtual entry will be coordinated with another access point. This virtual entry can be coordinated by any staff member of the Access Point by contacting another Access Point and allowing the participant to utilize their telephone for the duration of the CES intake process. If virtual entry is not possible, any staff member of the Access Point can contact another Access Point to alert them that the participant is coming to their location.

When an individual or household presents at an Access Point claiming they have a housing crisis, a Qualified Assessor will:

- Perform the Prescreen tool on anyone arriving at the Access Point, presenting as literally homeless or in housing crisis/at-risk of homelessness (i.e. at imminent risk for losing their housing).
- Refer to mainstream resources, if the participant is not literally homeless or at-risk of becoming literally homeless.
- Determine if the participant is eligible for prevention or diversion services. If a participant is eligible, they will attempt to provide resources for prevention or diversion following the steps on the Pre-screen Tool.
- Determine if prevention or diversion has resolved the participants housing crisis. If those resources do not resolve the crisis,
- Complete the Intake Tool and Assessment Tool (VI-SPDAT) and place the participant on to the Prioritization List (PL). At no point during the CES intake process is a participant required to disclose a specific disability or diagnosis. Disability information may only be used to determine eligibility for housing projects to ensure appropriate referrals. The Intake Tool may be

submitted at any time and a participant may be added to the PL, even if the Intake Tool is not complete (including Verification of Disability). If, at any time, a participant has a complete Verification of Disability, the qualified assessor will ensure the documentation is added to the Intake Tool and the PL is updated to reflect the participant has this documentation.

- Coordinate with the participant to obtain documentation that may be necessary for housing placement (i.e. social security card, photo ID, disability verification, homelessness verification, etc.).

If the following circumstances are met, the Assessment Tool (VI-SPDAT) may be completed again:

- The Assessment Tool on file was completed during a different episode of homelessness.
- The household composition has changed (household members have entered or exited).
- Circumstances have changed that will impact the Assessment Tool score.

### Emergency Services

Emergency services include but are not limited to domestic and sexual violence shelters or crisis centers, homeless shelters, drop-in service programs, warming and cooling centers, and homeless prevention assistance agencies. Access to emergency services will be available 24 hours per day and 7 days per week; this includes emergency and DV shelters. Minimal intake processing may be instituted outside of an agency's normal business hours should the agency lack capacity to complete full intake processing. The agency will complete full intake processing on the next business day (e.g., when an emergency shelter accepts a participant at 2:00 a.m. and provides a bed, but does not have the staffing capacity to collect all of the normal intake documentation). See Missouri Balance of State Continuum of Care Coordinated Entry System Policies & Procedures, p. 15, for more information regarding Emergency Services.

Regional policies and procedures should determine how the region provides 24-hour access to emergency services. Regions must provide, or make arrangements through other means, to ensure universal access to emergency services for participating households seeking emergency assistance at all hours of the day or night and all days of the year. Regions must document all available emergency services and develop their planned after-hours emergency services approach. After-hours emergency service access may include telephone crisis hotline access, coordination with police, emergency medical care, and/or immediate access to shelter. Mental health providers or domestic and/or sexual violence shelters often have 24-hour crisis hotlines. In regions where no hotlines exist, 2-1-1 can be accessed 24 hours.

Barriers to emergency shelter should be addressed on a regional level. Homeless shelters with restricted access hours should be encouraged to participate in CES and educated about the importance of 24-hour emergency access. If there are areas of a region without emergency services, the region should report those areas which lack emergency services to the MO BoS CoC Board of Directors.

### *Safety Planning*

The MO BoS CoC recognizes the importance of addressing the safety needs of those individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking, but who are seeking shelter or services from non-victim specific providers. Safety planning ensures a CES, with fair and equal access to housing, is inclusive to special populations with high vulnerability, multiple barriers, and special safety considerations. Safety planning should be participant-centered and participant-focused. In addition, the MO BoS CoC Committee also recognizes that other special populations may have need for safety planning and reduction of barriers to housing and may include anyone with a diagnosable mental disorder (including but not limited to substance use disorder, depression, and extreme anxiety) and/or a criminal history.

Participants who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, or stalking should be afforded the choice to access victim services prior to assessment for housing. No individual may be denied access to the CES process on the basis that an individual is or has been a victim of domestic violence, dating violence, human trafficking, sexual assault or stalking, diagnosable mental disorder, or criminal history.

The Prescreen Tool must be used to refer individuals needing safety planning to the appropriate agency for services. Based on the result of the Prescreen Tool, Qualified Assessors will be able to offer safety planning for victim services, disabilities, or veteran services, which may include referrals to service providers. When a safety plan is complete or, alternatively, if the participant refuses to complete a safety plan, qualified assessors will continue with the Prescreen Tool and Intake Tool/Assessment Tool, if appropriate.

In order to ensure comprehensive approaches, safety planning guidelines and examples of trauma-informed approaches to care coordination that have been developed in conjunction with the Missouri Coalition against Domestic and Sexual Violence (MCADSV) should be utilized by all victim service providers.

Safety planning in regard to HMIS contains the following considerations:

- Individuals should have the choice whether their information is entered into HMIS, based on informed consent;
- Individuals who choose victim services should not be entered into HMIS while waiting on prioritization for housing services;
- Access Points should have a procedure for individuals who do not wish to be

- entered into HMIS;
- Victim service individuals and individuals not wanting their information in HMIS should be referred to by a participant ID during case conferencing;
- A paper prioritization list must be maintained for victim services;
- Regions must have a procedure for determining how the paper prioritization list is merged with the HMIS prioritization list during case conferencing;

Additional safety concerns for victim service individuals:

- Regions should consider storing paper prioritization packets at victim service agencies;
- Regions should consider whether victim service agencies should serve as an Access Point;

Additional safety concerns for all individuals:

- Prioritization packets should not label an individual's disability or criminal history, except for sex offenders;
- Emails communicating prioritization lists or housing packets should be sent encrypted or password protected (the password cannot be included in the same email). Use of fax machines are discouraged and should be used as a last resort. In the event that a facsimile is the only way to transmit the information, you must contact the receiver to alert them to intercept the incoming fax.

Safety planning works best when regions can engage maximum participation from all agencies in the region, including agencies specific to special populations needing safety planning. Regions are strongly encouraged to train agencies on what special populations are and utilization of the pre-screen tool for those special populations. Training should focus on paper guidance, webinar trainings, and regional trainings. It is recommended for Access Points that all employees administering the pre-screen tool have training as part of new employee orientation within the first two weeks of employment. Regional training on safety planning must occur at least once a year and be detailed in regional policies and procedures. It is recommended that ESG and CoC funded agencies be required to attend training as part of funding requirements.

### Mainstream Services and Resources

Participants will be referred to mainstream resources throughout the Coordinated Entry Process.

### Prioritization and Program Type Match

#### Order of Priority

1. Chronic
2. Severity of Service Needs (as indicated by VI-SPDAT Score)
3. Length of Time Homeless



4. Disability
5. Currently Living in A Place Not Meant for Human Habitation
6. Currently fleeing domestic violence, sexual assault, human trafficking, dating violence, or stalking
7. Currently Living in a Safe Haven or Emergency Shelter
8. Currently Living in Transitional Housing
9. Veteran Status
10. Family Size

To comply with MO BoS CoC Order of Priority, if two participants eligible for a housing resource are similar, you must move from Priority 1 down the Order of Priority until there is a difference between participants. For example, Participant 1 is chronic, VI-SPDAT score of 12 and Participant 2 is non-chronic, VI-SPDAT score 13. Participant 1 would be chosen because they met Priority 1 but Participant 2 did not. In another example, Participant 3 is non-chronic, VI-SPDAT 11, 10 months homeless, not disabled, currently living in an Emergency Shelter; and Participant 4 is non-chronic, VI-SPDAT 11, 10 months homeless, not disabled, currently living in a tent. Participant 4 would be chosen because they met Priority #5 and Participant 3 did not.

Consultation during case conferencing will be factored into any decisions or placements that vary from the following minimum standards:

- The minimum score on the VI-SPDAT 2.0 for a PSH referral is 4, and Order of Priority will be followed. If a participant scores in the referral range for PSH, but no PSH units are available, that participant may be referred to a RRH unit until a PSH bed is available.
- The minimum score on a VI-SPDAT 2.0 for RRH/TH is 2, and Order of Priority will be followed.

A program's established and reported eligibility requirements will take precedence over Order of Priority (e.g., if a program can only serve families as outlined in their grant agreement, a chronic individual would not be referred to the program even though they were the highest in the Order of Priority).

### Case Conferencing

Case conferencing is confidential and should only be attended by those agencies who are Access Points or providing direct case management to participants on the "active" Prioritization List. All individuals who attend case conferencing shall sign the Confidentiality Agreement. Case conferences may be conducted in-person or virtually. Case conferencing must occur at least once per month. Case conferencing must occur even if no housing projects are able to accept referrals. Regions may choose to review a reasonable number of participants during case conferencing if the PL is too large to review in its entirety during the usual meeting time. Please see "Data Privacy Protections" for

information about the distribution and review of the PL. It is strongly recommended that regions, at minimum, review the entire PL on a quarterly basis. Access Points must be prepared to bring updates regarding all participants on the “active” portion of the PL. If no employee of an Access Point is available to attend case conferencing, that Access Point will provide the required information to the Lead Access Point prior to case conferencing either virtually or in person. If no update is available for a participant, due to inability to contact the participant, after 60 consecutive days, the participant is placed on the “inactive” portion of the PL. See Policies and Procedures, p. 20. A participant can remain “inactive” indefinitely. The following are recommendations for discussion during case conferencing:

- Review housing status and current situation for participants.
- Brainstorm solutions to complicated participant issues.
- Assign case management services.
- Ensure VI-SPDAT score is representative of participant situations.
- Ensure all participants referred are represented on the PL.

### Referral Criteria

CoC and ESG funded agencies or any other agency who would like to be considered to be participating in CES, must notify the Lead Access Point when they have availability in their projects. They must exclusively obtain referrals for new participants through the CES. Each housing project must provide to the Lead Access Point the specific eligibility criteria their project requires. This eligibility criteria allows the Lead Access Point to make appropriate referrals to housing projects. Through case conferencing, the Access Points and housing projects will determine who the next eligible participant is that will be referred for housing placement. When a housing project is able to accept an eligible participant, three attempts to contact the participant will be made within 72 hours of the referral to the project from the CES. If the participant is unable to be contacted within the 72 hours, the next eligible participant will be referred to the housing project and the original participant will remain on the PL.

Housing projects may obtain referrals between case conferences by contacting the Lead Access Point and pulling the highest eligible participant on the PL. If a housing project feels another participant is more vulnerable than the highest eligible participant, the housing project must wait until case conferencing to discuss the participant’s unique circumstances or obtain a consensus from those parties who usually attend case conferencing that the referral is allowable. The Prescreen score will determine eligibility for prevention services. Referrals to HMIS participating agencies are made within HMIS and the Lead Access Point will also notify the agency directly. Referrals to non-HMIS participating agencies are made within HMIS but the Lead Access Point must also contact the agency directly and notify them of the referral. The agency that accepts or rejects the referral must notify the Lead Access Point when the person is housed or the referral rejected. If someone is referred to another region, the Lead Access Point from the referring region will update HMIS, contact the Lead Access Point of the region being referred to, and alert them to the referral.

## Referral Rejection Policy

Participants may reject any referral. Participants who reject a referral will remain “active” on the PL. If a participant rejects multiple referrals, a Regional meeting may be held with the participant to determine more appropriate future referrals. See Policies and Procedures, p. 13, regarding project rejection of participants and other rejection policies.

## Resource List

Lead Access Points shall hold the resource list for their Region and ensure information dissemination throughout the MO BoS CoC. The Resource List shall be a compilation of services available within the Region, which would include services available through CES and other mainstream services. All agencies who participate in the CES will provide complete updated information about services they provide.

## Joining the CES

Any agency interested in joining the CES shall contact the Lead Access Point for the Region or Regions they wish to join. The Lead Access Point shall provide meeting information as well as available trainings to any interested agency. A Case Conferencing meeting invitation may be withheld by the Lead Access Point until it is determined that the interested agency has completed required trainings and it is necessary that the agency attend case conferencing.

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## System Advertisement and Outreach

### *Outreach*

The Missouri Balance of State Continuum of Care (Mo BoS CoC) will implement a broad and flexible network of outreach services that can serve as an effective access point for the Coordinated Entry system. The goal of outreach is for communities within the Mo BoS CoC to ensure that the unsheltered homeless population have been identified, assessed and added to the Prioritization List.

Mo BoS CoC CES details a process by which street outreach staff ensure that persons experiencing a housing crisis who are encountered on the streets are prioritized for assistance in the same manner as any other person who accesses and is assessed through coordinated entry.

Outreach staff will use the Mo BoS CoC Coordinated Entry assessment tools and prioritization criteria for homeless persons encountered during street outreach.

Current best practice indicates a Coordinated Entry Packet would be completed during outreach when you first engage an unsheltered homeless client; however, there may be factors that prevent this from happening: client is intoxicated, struggling with mental health symptoms, doesn't want to engage, etc. If assessment is not completed, the Mo BoS CoC communities will implement a follow up plan on

how to continue engaging each client until the assessment is completed. Best practice is that unsheltered clients who do not have a completed assessment will still be added to the Prioritization List or at minimum each community in Mo BoS CoC keeps a separate list of unsheltered homeless clients who are still in need of a CE assessment.

#### *Specific Coordinated Street Outreach Teams*

Agencies who are funded specifically to do ongoing outreach will be considered part of specific coordinated street outreach. These agencies are able to complete a Coordinated Entry Packet or do a warm hand off to an access point to complete the Coordinated Entry Packet with the participant. Some types of agencies who are specific to coordinated street outreach are:

ESG Street Outreach funded programs  
CoC funded street outreach programs  
Department of Mental Health funded programs like Projects to Assist in the Transition for Homelessness (PATH)  
Any agency that participates in a team approach for coordinated street outreach

Mo Bos CoC communities may implement one or all of the following outreach strategies:

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- Staff will outreach and engage with agencies who provide services to the homeless population to ensure they are aware of the Coordinated Entry process and how clients can access homeless services in each community; when possible staff will complete CE assessment onsite at that Access Point or refer client to an Access Point where the assessment can be completed
  - Staff will provide ongoing outreach to known locations where the homeless population spends time – drop in centers, libraries, soup kitchens, etc.
  - Staff have capacity to be dispatched to a location to engage with a homeless client in real time when notified by law enforcement, first responders, community partners, etc.
  - Staff provide street outreach to known camp locations. Staff engaging in street outreach need to coordinate with other agencies and/or local law enforcement to create safety protocols and a safe environment in which to engage the homeless population who are living in remote locations. Staff should not visit remote camp locations on their own.

#### *Building Outreach Capacity*

Mo BoS CoC communities will work to build capacity to provide outreach best practices by engaging in the following efforts:

- Periodically plan coordinated street outreach. This could be weekly, monthly, quarterly, etc. These efforts would augment the annual HUD Point in Time

count and ensure that all unsheltered homeless individuals are being identified, assessed and added to the PL. Planned coordinated outreach activities will involve a multi-disciplinary and multi-agency approach.

- MO BoS CoC will provide required and recommended annual training on outreach best practices, knowledge of local resources, Coordinated Entry assessment tools, and training on Fair Housing, Housing First, Motivational Interviewing, Trauma Informed Care, VAWA, etc.

The goal outcome of the capacity building activities is that Mo BoS CoC communities have an increased ability for real time response to the unsheltered homeless population by providing frequent outreach.

#### *Advertisement*

An effort will be made to ensure accessibility across language barriers as needed. Mo BoS CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, sexual orientation, gender identity, age, familial status, handicap and others who are least likely to access services in the absence of special outreach. The Mo BoS CoC will advertise the CES broadly to a variety of traditional and non-traditional organizations including but not limited to: housing providers, community centers, law enforcement providers, public health centers, youth providers, veteran providers, family providers, domestic violence providers, hospitals, food pantry locations, mental health providers, community action agencies, community health organizations, schools, and other public spaces such as libraries. The MO BoS CoC CES will encourage the aforementioned organizations to refer and provide warm hand offs for participants to CES. The MO BoS CoC CES will also ensure to provide outreach and marketing to culturally diverse agencies who serve clients of various races, colors, national origins, sexes, ages, familial and marital statuses, disabilities, LEP, sexual orientations including but not limited to LGBTQ, and gender identities.

The Mo BoS CoC will provide a one page marketing sheet for agencies to share with all the providers mentioned above that includes key messages that ensure consistency to cover the full geography. If regions would like to produce additional local marketing material, the materials should incorporate the fair housing logo and the final version should be approved by the Mo BoS CoC CES Committee to ensure messaging is consistent in the full geography of the CoC.

Clients will be provided a Participant Rights Packet, which will include notice of expectations of CES, Grievance Policy, Fair Housing information, and safety sheets to ensure they have been notified of their rights.

## System Evaluation: Monitoring and Reporting of CES

The CES process will be reviewed annually by the MO BoS CoC Board of Directors and the MO BoS CoC CE Committee to evaluate the access, intake, assessment, and referral processes associated with the CES.

### *Survey Feedback*

CES participating providers and CES participants will be solicited for feedback using standardized surveys or questionnaires focused on the quality and effectiveness of the CE experience for individuals, households, and provider organizations and agencies.

### *System Performance Measures (SPMs)*

SPMs inform the Annual CES Evaluation Plan by assessing indicators such as:

- Length of stay in shelter
- Incidence of new entries to homelessness
- Re-entry into homelessness by previously homeless households
- Rate of matched and mismatched referrals
- Time from entry in CES to permanent housing
- Time on PL
- Participant demographic data
- Participant entry and exit dates
- Number of housing placements made
- Number of participants eligible for services
- Length of time individuals and families remain homeless
- Incidence of repeated homelessness by previously homeless households
- Overall reduction in the number of homeless individuals and families

### *Evaluation Methods*

#### *Survey Feedback*

Provider results will identify accessibility of the system, confirm the soundness of the assessment tools and provider referral network, and expose system gaps and needs. Participant results will inform the accessibility of the system, ease of use, and effectiveness of the system.

All participating providers will be surveyed online for process evaluation. Example questions:

- Were participant referrals appropriate?
- Usefulness of the Prescreen form
- Usefulness of Prescreen process
- Satisfaction with intake and screening process
- Satisfaction with intake packet forms
- Usefulness of screening tool
- Usefulness of referral process
- Usefulness of prioritization list

- Appropriate training offered?

Participants will be surveyed on-site with paper/electronic surveys to understand their experience with the CES process. Example questions:

- How did they come into contact with the system?
- Was the CES process easy to understand and utilize?
- Did you have to contact more than one provider?
- Were you matched appropriately to a provider who could address your needs?
- Did you refuse housing placement?

#### *SPMs*

HMIS data will be retrieved and reviewed and a report produced by the HMIS Lead Agency and provided to MO BoS CoC.

#### *Frequency*

Feedback surveys will be administered quarterly for providers and at minimum annually for participants. SPMs will be reviewed at minimum annually.

#### *Survey Participant Selection*

MO BoS CoC Members should be surveyed via an online survey tool administered by the MO BoS CoC. Participants should be randomly selected for survey. A paper survey may be completed by a participant at any access point's physical location or virtually if possible.

#### *Evaluation will be used to inform CES Policies and Procedures*

The analysis and results of provider and participant surveys will be delivered to the MO BoS CoC Board of Directors for review and recommendation, if appropriate, to address any issues. The MO BoS CoC Board of Directors will then provide the BoS CoC CE Committee any recommendations.

#### *Privacy Protections*

All participant surveys will be conducted anonymously, thereby ensuring protection of each participant's privacy, as the outcome goal is to assess the system itself, not experiences of individuals for resolution.

### Evaluation Methods

System Performance Measures (SPMs) will inform the Annual CES Evaluation Plan. SPMs address indicators such as length of stay in shelter, incidence of new entries to homelessness, re-entry into homelessness by previously homeless households, rate of matched and mismatched referrals, time from entry to system to permanent housing, time on waitlist. These data can be retrieved and reviewed from the HMIS annually and a report produced by the HMIS Lead Agency.

## Stakeholder Inclusion/Consultation

The MO BoS CoC CES will coordinate annual focus groups to ensure agencies and participants have frequent and meaningful opportunities for feedback. Access Point agencies will be able to provide feedback quarterly to the BoS CoC CES Committee. An annual focus group (forum) of five or more CES process participants that approximate the diversity of participants that have been through the CES will be held each year in January.

## Training

Trainings will be recorded and made available on the MO BoS CoC website. This will ensure that as staff turnover arises or new agencies join the CoC, the training will be immediately available to them. A quiz will be associated with each training and a minimum score to pass will be determined. Everyone shall continue to take the quiz until a passing score is received. Training will take place annually at a minimum. The following topics will be included in the trainings: review of MO BoS CoC Coordinated Entry System Policies and Procedures; requirements for use of assessment information to determine prioritization; and criteria for uniform decision-making and referrals.