



MISSOURI BALANCE OF STATE CONTINUUM OF CARE COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

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How this document should be used:

This document is intended to provide the foundation for decision making related to the Missouri Balance of State Coordinated Entry System (CES). This document will be reviewed, evaluated and updated annually or as deemed necessary for improvements to the performance of the CES. This document should be used in conjunction with the written standards document located at www.moboscoc.org. To access items referenced throughout this document, visit the CES portion of the website. For questions related to this document or requests for further information on policies or procedures not referenced below, please send an email to moboscoc@outlook.com.

Coordinated Entry Governance and Oversight

The Coordinated Entry System (CES) in the Missouri Balance of State Continuum of Care (MO BoS CoC) will be guided by the MO BoS CoC Coordinated Entry (CE) Committee and implemented at the regional level. The CE Committee will ensure consistency in the operation of the CES and will review, provide feedback on and ultimately approve coordinated entry plans written by regional committees. Each regional committee shall elect/appoint/ one representative to participate on the CE Committee to ensure fair, equal and full geographic coverage for the entire CoC.

MO BoS CES Committee

The MO BoS CE Committee is comprised of a representative from each regional committee, state-level representatives, special population experts and additional stakeholders as deemed necessary to ensure accountability to the coordinated entry system for those experiencing homelessness.

Regional CE Committees

Each Region of the MO BoS CoC should establish a CE Committee that will design a local process for CE within the parameters contained in the MO BoS CoC CES Toolkit. The Toolkit gives regional committees a supportive framework to use while implementing, building and amending local systems. This toolkit will also provide standardized documents that will be uniform across the MO BoS CoC, including a pre-screen tool, marketing tools, prevention & diversion tools, assessment tool(s) and a referral packet. Regional committees may decide to include additional region-specific screening questions, but these screening tools should **not** be used in weighting client entry to systems. Some additional responsibilities may include but are not limited to:

- Developing and Maintaining a List of Housing Programs
- Conducting Outreach Efforts
- Implementing BoS Marketing Strategies
- Marketing Coordinated Entry
- Developing Local First Response – Initial Response
- Prioritizing Prevention Efforts
- Defining Different Programs Criteria
- Determining Region Access Points
- Ensuring Access to Emergency Services
- Ensuring Local Providers Meet Training Requirements
- Scheduling Consistent Case Conferencing Meetings

- Landlord Engagement Strategies

Should regional committees need to find their local domestic violence/sexual assault victim service provider to include in the regional committee, please visit www.mocadsv.org.

Written Standards

The MO BoS CE Committee has created and executed written standards for providing regional committees guidance on implementation of their local CE system. This document and the written standards document should be utilized in conjunction with each other to create the framework for each regional committee's local coordinated entry process. The written standards will be reviewed annually to include any necessary changes to ensure the continued success of the CES.

Full Geographic Coverage

In order to ensure full geographic coverage of the MO BoS CoC CES, the Regional Committees must complete the CES plan template (attached in addendum 1) to describe outreach efforts and how clients in each county will be able to access emergency services in a fair and equal way independent of operating hours. See the emergency services for additional considerations. Regional Committees must also ensure their regional plan is consistent and compliant with the CES policies and procedures adopted by the CE Committee.

CES Participation

In the HUD notice CPD-17-01: Notice Establishing Additional Requirements for Coordinated Entry, all programs that receive Continuum of Care funding or Emergency Solutions Grant funding are required to participate in the Coordinated Entry System for their Continuum of Care. In addition, state homeless assistance funding such as the Missouri Housing Trust Fund program also requires funded agencies to participate in CES. CoC and ESG funded agencies are mandated to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System, with the exception of emergency services.

HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The form this integration takes will vary by community, but the overarching goal is for individuals and families presenting to the homeless and victim services system to have full and complete access to the housing and service resources available through both systems.

Funded agencies can meet participation requirements, by conducting activities, such as but not limited to, the following actions:

- Participate in the regional CES planning committee meetings

- Actively promote CES throughout the community
- Make, accept and coordinate referrals to the CES system
- Provide, at least annually, program guidelines and service inventories to the regional CES lead

Programs not funded under federal or state sources are strongly encouraged to participate to achieve the maximum effectiveness and intent of the CES. Regional committees are responsible for ongoing outreach to programs not funded under federal and state sources and for collaborating with those entities to promote and ease participation in the CES.

Grievance

In the event a client does not agree with or believes discrimination occurred during any part of the CES process, the client has a right to file a grievance. A grievance must be filed on paper and submitted locally to the regional access points or electronically to moboscoc@outlook.com. The Grievance Form is available on the Mo BoS CoC website and should also be provided in printed version at each of the access points. The agency in receipt of the grievance form will forward the grievance form to the Regional CE Committee. The Regional Committee will notify the individual within five business days to schedule a hearing which will be held within 30 calendar days of receiving notice of grievance. Regional Committees will notify clients of the result or actions of the hearing within five business days. Regional Committee members agree to allow anyone with a grievance to use an agency telephone for this hearing. Reasonable accommodations will be made available upon request. The Regional Committee should keep a record of this and document the outcome. Any person with an unresolved grievance or who wishes to appeal their Regional Committee's decision can contact the Mo BoS CoC Board Chair. It is the responsibility of the referral agency to inform the individual of the grievance procedure.

Grievances will be processed in such a way in which complaints are addressed in the most objective and fair way; including a process by which the agency involved in the complaint does not participate in the review of the complaint. Grievances will be handled through a tiered approach. The Regional CE Committee shall be the party handling the initial grievance, with a grievance policy and process that allows for a client or agency to escalate, if the grievance cannot be equitably resolved at the regional level. For issues that cannot be resolved at the local level, grievance concerns can be appealed to the MO BoS CoC CE Committee for resolution.

In the event that a client feels they have been discriminated against within the confines of the CES, a discrimination complaint should be filed to the CE Regional Committee. The complaint form will be made available online and in paper to clients wishing to file the complaint. The form should consist of client name, contact information, any reasonable accommodation requests and brief summary of the grievance. The form can be emailed to moboscoc@outlook.com or mailed to the Community Initiatives Department at 920 Main

Street, Suite 1400, Kansas City, MO 64105, attention to: CI: BoS CoC Coordinated Entry. Clients who feel as though they have been discriminated against may also consider filing a formal complaint with the Fair Housing division at HUD by calling 800-669-9777 or through the Missouri Commission on Human Rights by calling 877-781-4236.

Code of Conduct & Conflict of Interest

The adopted MO BoS CoC Code of Conduct and Conflict of Interest Policy applies to all aspects of the CES process. All members of the MO Balance of State Continuum of Care, including Board Members, have the responsibility for maintaining high standards of honesty, integrity, courtesy, respect and ethical conduct in all BoS CoC activities. Members are expected to conduct themselves in a professional and responsible manner while representing the MO BoS CoC.

- Advocate on behalf of all people experiencing homelessness, or at imminent risk of homelessness, with respect, concern, courtesy, compassion and responsiveness.
- Exercise reasonable care, good faith, and due diligence in all and act within the boundaries of their authority regarding BoS CoC business.
- Attend and actively participate in CoC meetings, committees and other assignments.
- Accept personal responsibility to be informed of emerging issues and to administer BoS CoC business with professional competence, fairness, efficiency and effectiveness.
- Approach BoS CoC activities with a positive attitude and constructively support open communication, cooperation, creativity, dedication and collaboration.
- Respect and value the work done by, and the diversity of, opinions expressed by, other members of CoC, and our partnering agencies and organizations and to formally register dissent or disagreement only in an appropriate and professional manner.
- Members have an obligation to conduct BoS CoC business within guidelines that prohibit actual, perceived, or potential conflicts of interest and to serve in a manner as to avoid inappropriate personal gain resulting from the performance of BoS CoC duties.
- An actual, perceived, or potential conflict of interest occurs when a Member is in a position to influence a decision that may result in a personal gain for that Member, a relative, or an entity with which the member is associated. Personal gain may result from financial interest, a substantial gift, or any form of special consideration.
- BoS CoC members are expected to identify any conflicts prior to any activities where that would be an issue.
- No BoS CoC member may participate in any decision on any BoS CoC Application if that member has a direct or indirect interest in any entity that is a party to the application or that has a financial interest in the project.
- All members must respect and protect confidential information to which there is access in the course of BoS CoC duties and may not divulge or profit from the

confidential information learned while performing BoS CoC duties.

Any concerns regarding the Code of Conduct or Conflict of Interest matters must be brought to the attention of the MO BoS CoC Board who will consider all facts and will make a recommendation regarding what further action, if any, should be taken, including, but not limited to immediate removal from the Board or Membership for a minimum of one year.

Coordinated Entry System, Planning Design Policy Considerations

The MO BoS CE Committee has adopted the following value reflective principles for designing and operating the CES. Regional CE Committees are expected to reflect these values when planning, operating, and evaluating the CES. Regional Committees will adopt statewide standards but allow flexibility for local customization beyond baseline standard.

- Promote client-centered practices – Every homeless individual and family should be treated with dignity, offered at least minimal assistance and participate in their own housing plan.
- Provide ongoing opportunities for client participation in the development, oversight and evaluation of coordinated assessment. (Some examples include: focus groups, surveys, consumer councils, CE Committee participation, individual interviews, etc.).
- Clients should be offered a choice whenever possible.
- Prioritize most vulnerable as the primary factor among many considerations, such as limited resources, access and availability of needed services and transportation.
- Eliminate barriers to housing access – Identify system practices and individual project eligibility criteria that may contribute to excluding clients from services; work to eliminate those barriers.
- Ensure Transparency – Make thoughtful decisions and communicate directives openly and clearly.
- Exercise continuous quality improvement efforts – Continually strive for effectiveness and efficiency and agree to make thoughtful changes when those objectives are not achieved.
- Promote collaborative and inclusive planning and decision making practices.
- Respect Diversity – Respect cultural, regional, programmatic, linguistic and philosophical differences.

- Make decisions based on data - CES is data driven; use data to analyze local housing needs and create a plan for a diversity of housing options that are regionally appropriate.
- Make Safety a Priority- It is important to remember that individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member are considered homeless under the federal definition of homelessness and shall not be screened out of or deemed ineligible for homeless programs. Domestic Violence service providers which include rape crisis centers (statute 455.003) and domestic violence shelters (statute 455.220) are exempt from entering personally identifying information into the HMIS (VAWA 78 FR 47717).

CES Safety Planning

The MO BoS CoC CE Committee 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. 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.

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.

Clients who choose to access victim services should not be entered into HMIS while waiting on prioritization for housing services.

Fair and Equal CES Access

All regions identify access points that will ensure fair and equal access to CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each regional CES. The MO BoS CoC CE Committee will provide written policies and procedures for each Region to utilize in

establishing protocols to include in their regional plans for fair and equal access to CoC housing and services.

In the event a region has established access points for specific subpopulations allowable by HUD (adults with children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, dating violence, sexual assault, stalking, human trafficking and or other dangerous or life-threatening conditions, persons at risk of homelessness), the access point MUST have the capacity to screen, assess and refer all populations regardless of their actual or perceived sub-population group.

The screening, assessment, prioritization, and referral processes shall abide by all federal, state, and local nondiscrimination laws. In each of these processes, access to housing should not be based on actual or perceived race, color, ethnicity, gender expression, political affiliation, religion, national origin, age, gender identity, status as a parent, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, domestic violence, human trafficking, sexual assault or other life threatening status. In addition, a client shall not be required to provide specific disability information to qualify for any of the CES services. Clients may be asked upon program referral or entry to verify their disability status.

During the referral process, clients should not be steered towards any particular housing based on actual or perceived race, color, religion, national origin, age, gender identity, familial status, or disability.

Non-Discrimination

The MO BoS CoC operates the Coordinated Entry System in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579), must ensure equal access to HUD-assisted programs in accordance with all General HUD Program requirements as specified in 24 CFR Part 5.

The MO BoS CoC requires service providers to practice a person-centered model that incorporates participant choice and inclusion of all homeless subpopulations present in MO BoS CoC CES, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and ESG funded service providers must ensure that all people have fair and equal access to the CES process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

Access, assessment, prioritization, and referral staff should utilize an approach displaying cultural and linguistic competency in all phases of the CES process to eliminate barriers for special populations, including: immigrants, refugees, first generation populations, youth, individuals with disabilities, and lesbian, gay, bisexual, transgender, queer, questioning, and Intersex(LGBTQI) individuals and families.

Fair and Equal CES Marketing

The MO BoS CoC CE Committee is creating strategies to market the CES to any person experiencing homelessness throughout its geographic coverage area while upholding federal, state and local laws regarding fair housing, civil rights and other nondiscrimination laws.

The BoS CoC CES will provide written materials and documents in English and other languages/and or forms as requested. All CES access points must be accessible for persons with disabilities, including those who use wheelchairs and those who are least likely to access homeless assistance. Upon request, all agencies must provide appropriate and reasonable accommodations for persons with disabilities and/or Limited English Proficiency (LEP) so they can participate equally in the CES, including qualified language interpreters, communications accessible to people who have speech, hearing or vision impairments, disabilities, or those with LEP. For additional AFFH information and marketing techniques please visit <https://www.hudexchange.info/programs/affh/>.

Access Model

The MO BoS CoC CES embraces a hybrid access model approach to ensure full geographic coverage so any person who is homeless and seeking assistance has access to the Coordinated Entry System. Regional committees determine each region's access points and assessment providers which should cover the region's assigned geographic area.

Assessment providers are qualified service agencies within regions who have been trained to administer the assessment tools and process with the same approach for all persons.

Because of the large geographic coverage area, the MO BoS CoC CES hybrid model consists of physical, virtual and tele-conference access points into the CES system. Physical access points must be accessible to those with disabilities.

Assessment Model

The MO BoS CoC CES process has four distinct elements: assessment, scoring, prioritization and eligibility determination. The assessment element is composed of a preliminary assessment or pre-screening tool which determines if a more in-depth assessment is necessary. If a more detailed assessment is necessary, the most current version of the VI-SPDAT will be used for the appropriate population. This assessment is used to evaluate risk factors, vulnerabilities and severity of service needs. Once scoring is completed, individuals are prioritized according to the MO BoS CoC CE Committee Written Standards, which have been established in accordance with 24 CFR 576.400(e) and 24 CFR 578.7(a) (9). Eligibility is then determined based on prioritization and program requirements.

Assessment providers may encounter clients 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 provider. Clients should be presented with the option of working with a victim service provider to continue the assessment or continuing with the initial assessment provider after they are thoroughly informed of the impacts of either decision. Each regional committee should identify the victim service provider(s) capable and willing to provide the standardized assessment for clients to access the CES in their assigned geographic coverage area. To ensure both safety for clients and consistency for accessing homelessness services, victim service providers must utilize the same assessment, scoring, prioritization and eligibility determination.

Coordinated Entry System Assessment Tool

The MO BoS CES Assessment Tool has three steps, used at different phases of CE, to employ a phased assessment approach. In order to maintain a uniform assessment process across the 101 counties of the MO BoS CoC, the assessment tool can only be modified as specified in the descriptions below.

Phased assessment step 1. Emergency Response Screening/ Preliminary Screening

PURPOSE

Assess immediate housing crisis and safety needs

WHEN TO ADMINISTER

Immediately, as applicants present to enter the homeless service system

HOW TO ADMINISTER

Regional CE Committees will select an agency(s) to complete the screening in person and/or by phone as people initially access the homeless service system

TRAINING

Available on request to the MO BoS CoC CE Committee

MODIFICATIONS

None

Phased assessment step 2. Prevention & Diversion Tool

PURPOSE

Prevent people from entering the homeless service system

WHEN TO ADMINISTER

Immediately after the emergency response screening assessment

HOW TO ADMINISTER

Regional CE committees will select an agency(s) to complete screening in person and/or by phone as people initially access the homeless service system

TRAINING

Available on request to the MO BoS CoC CE Committee

MODIFICATIONS

Regional CE committees can utilize additional questions depending on prevention/diversion programs available in their geographic area. Access points throughout each region must agree on additional qualifying questions if they are specific to funding sources, but these cannot be used for scoring purposes or to create barriers to housing.

Phased assessment step 3. Service Assessment & Prioritization Tool (VI-SPDAT for appropriate population)

PURPOSE

Assign appropriate referral for client and prioritize, **based** on a resulting index, which client will receive housing and services next.

WHEN TO ADMINISTER

Immediately after determining prevention and diversion are not options and the client self-reports they meet HUD's definition of homelessness

HOW TO ADMINISTER

Regional CE committees will designate an agency(s) and staff to administer the assessment tool (currently the VI-SPDAT for appropriate population) The assessment tool can be re-administered as needed to address significant changes in a client's circumstances

TRAINING

All users must complete free, online training to be able to administer the VI-SPDAT and provide proof of satisfactory completion to the regional lead

MODIFICATIONS

The MO BoS CE Committee will provide guidelines for how the scoring will determine the type of program referrals to be made

The VI-SPDAT recommendations for assistance are to be utilized as a general guide for administering and prioritizing clients for housing services

Additional considerations by regional committees should include CES conferencing, regional housing program availability, and general client demographics

Access for Emergency Services

In the MO BoS CoC CES, services that meet the client's immediate needs should be made available through a low-barrier approach. Regional CE committees should engage participating providers that can respond to a range of client needs pertaining to homelessness and housing and receive integrated care for emergency/crisis services. Regional committees should provide a process to directly ensure universal access to crisis response services for clients seeking emergency assistance at all hours of the day and all days of the year. After hours crisis response access may include, but is not limited to, United Way 2-1-1 referral system, telephone crisis hotline access, coordination with police departments and coordination with local emergency medical services. In the event that calls and voicemails are left outside of normal business hours, agencies should make it a priority to contact the client seeking services within 24-hours, but no later than three business days.

The term "low barrier approach" refers to eliminating eligibility and enrollment obstacles to homelessness assistance. The regional CE low barrier approach must ensure that homeless individuals and families are being engaged and enrolled for homelessness assistance regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical non-compliance with program requirements.

Programs restricting access to housing or services based on specific client attributes or characteristics must provide documented justification to the Regional CE Committee for the purposes of determining if the restriction impacts the availability of resources, including housing and services and if that impact would result in a negative impact to improving system performance measures or achieving CoC goals. If the restriction is not found viable by the Regional CE Committee and the program is funded by state or federal funds, the restriction must be eliminated immediately. The Regional CE Committee must document the restriction decision in the committee minutes and present the decision to the MO BoS CoC Board. Programs may file a grievance.

Access to Homelessness Prevention & Diversion Services

The MO BoS CoC CES is to utilize prevention and diversion services where possible to employ a progressive engagement strategy. The term "progressive engagement" refers to the service strategy of helping households end their housing crisis as rapidly as possible with minimal financial and support resources despite actual or perceived barriers. Additional supports may be applied to households who struggle to stabilize after the initial assistance is provided.

Prevention and diversion processes should utilize a six-step approach when working with at-risk families which includes crisis resolution, client choice empowerment, minimum amount of assistance, shortest time period of assistance, maximized use of existing community resources and targeting the resources to those most likely to eventually become homeless without the intervention.

Regional CE Committees should identify community service providers who assist with keeping individuals and families in their current housing situation and prevent them from entering the homeless service delivery system altogether. If there are no other options, diversion strategies should be utilized to help keep the clients out of the homeless service delivery system. The process for utilizing these strategies should be implemented with the approved BoS CoC CES prevention and diversion assessment tool. Each family who may be at-risk of homelessness should be assessed in a standard way to provide prevention and diversion services to meet the client's immediate housing crisis needs. Regional CE Committees can ask additional questions, as deemed necessary, to adjust for prevention and diversion services available in their geographically assigned area.

Street Outreach

Street outreach efforts funded with ESG or CoC funds must be linked to the Coordinated Entry System. Street outreach programs will work with their Regional CE Committee to ensure that outreach workers have adequate access to both paper and/or electronic methods of administering a CES assessment with the same standardized processes offered at site-based or telephone access points.

MO BoS CoC CES Training

The annual CES training plan details how participating CES partners are made knowledgeable of MO BoS CoC-specific CES participation and performance expectations, guidelines and protocols for CES operations and utilize national best practices approaches for the most effective CES. There are two levels of training, MO BoS CoC CE Committee training and regional committee trainings.

Elements of standardized approaches across all Regions in the MO BoS CoC will be reinforced by BoS CoC wide training and capacity building opportunities to include but not limited to the following topics:

- Review of policies and procedures, prioritization and uniform decision making best practices for maintaining a high functioning CES
- Effective strategies for VI-SPDAT assessment, score analysis and referral determinations
- Effective client engagement techniques for challenging, difficult to engage clients (e.g. motivational interviewing, trauma-informed care, Housing First approaches)
- Assessment practices and approaches that honor the lived experience of the specific culture or subpopulation accessing emergency services
- Co-occurring issues of substance use disorders, mental illness, physical disability, chronic health conditions, and sexual assault and family violence
- Domestic and sexual violence 101, exploring dynamics of violence and how violence impacts a person's executive decision making and functioning
- Information specific to working and immigrant/refugee and undocumented people and families as it relates to domestic and sexual violence
- Strategies for culturally competent CES practices and mitigating historical inequities among racial, ethnic and cultural minorities
- Maintaining high quality data collection and reporting practices
- Strategies for maintaining client confidentiality and privacy while coordinating care among multiple CoC partners
- Linkage of CES practices to achieving HUD's CoC system performance measures
- Data collection, data management, data sharing and reporting requirements and responsibilities
- Cultural competency and sensitivity trainings

Elements of Regional Committee Trainings:

- CES access points and access protocols
- CES assessment tools, processes and uses of assessment information to coordinate client care
- General eligibility requirements for all CoC projects
- Prioritization standards and protocols for how client's placement on prioritization lists (i.e. waiting lists) will be managed and how referrals will be taken off the list
- Referral processes and protocols (rather than specific referral policies which will be more standardized across the state)
- Agencies participating within regions should actively train and ensure continued understanding of new staff members related to coordinated entry practices

Training on topics related to culturally appropriate engagement, assessment practices and programming should be designed and conducted by members of communities representing the specific culture or subpopulation impacted. Additional specific training topics can be requested by contacting the MO BoS CoC CE Committee through the website.

HMIS Usage

At a minimum, data collected from CES participants and managed in HMIS must include all data necessary to generate an accurate and complete CES Report.

CES Management Report data will be derived from the HUD-defined Universal Data Elements (UDEs), select Project-Specific Data Elements (PSDEs) and additional data elements.

Clients who are not entered into the HMIS database are required to be kept on external lists with unique identifiers so they can be merged in for prioritization based on prioritization factors to ensure that clients are being served in order of need.

Clients are free to decide what information they provide during the assessment process and agencies are prohibited from denying assessment or services to individuals who refuse to provide specific information, unless that information is necessary to establish program eligibility according to the program regulations.

The Release of Information (ROI) form grants permission to share information within the HMIS project. Individuals who do not sign the ROI form will be entered into HMIS but their data will not be shared within the HMIS system. A client's refusal to sign the ROI form will not prevent the client from being included in the prioritization process. Within the HMIS system, the prioritization list does not contain any personally identifying information. When this client's ID is chosen, a system administrator must be contacted to connect the client's agency with the program the client has been approved to enter.

For the purpose of case conferencing &/or determining housing placement referrals, clients will be asked to complete a CE ROI, verbally or in writing, to have their identifying names placed on the prioritization list & discussed. Clients may opt out of having their identifying name shared on the list and/or for discussion purposes, and be identified by a number only. Clients not allowed to be in HMIS, including those served by victim services providers, shall be identified only by a number at all times.

Data Protection for Privacy

CES operations and staff must abide by all State of Missouri-defined privacy protections as defined by the HMIS Advisory Committee. Client consent protocols, data use agreements, data disclosure policies and any other privacy protections offered to program participants as a result of each client's participation in HMIS will be the same for all CES.

Once the Pre-Screen Form has been completed and the client is deemed eligible to be assessed, the staff member will review the HMIS ROI form with the client. The staff member will explain what data will be requested, how and with whom it will be shared and what the client's rights are regarding the use of their data. The staff member will be responsible for ensuring clients understand the ROI form and their rights regarding data sharing. In conjunction with the BoS CoC HMIS policies, if the form is signed, the staff member will begin the assessment process either in HMIS or on paper, with relevant data entered into the data fields in HMIS within three business days.

The MO BoS CoC HMIS Privacy and Security Notice describes the privacy policy of the MO BoS CoC HMIS and the agencies participating in the Homeless Management Information System (HMIS). The notice outlines that personal information is collected only when appropriate and no information may be used or disclosed for any purpose other than for that of the program. Information may only be used or disclosed to comply with legal and other obligations. Before conducting CES, the Client Informed Consent and Release of Information Authorization form must be reviewed and appropriate steps must be taken based on the client's consent to share or refusal to share information with the HMIS.

Some clients should never be entered into HMIS. These include:

- Clients participating in domestic violence-specific services should never have information entered into HMIS. Access points may still provide a paper assessment to determine client vulnerability. Paper documents must be protected according to HMIS Privacy and Security regulation, at a minimum. Access points must work with their local victim service providers to store paper copies of the information and must shred any remaining documents that contain any personally identifying information.

Access to parts of each client record or assessment form may be restricted for safety reasons or by client request. For more detailed information, please refer to the BoS CoC HMIS Policies and Procedures.

Prioritization Standards

The MO BoS CoC utilizes both the HUD-14-012 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status and the HUD CPD-16-11 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing to prioritize persons experiencing chronic homelessness and other vulnerable households for Permanent Supportive Housing. The CES pre-screen tool advises users if a VI-SPDAT

assessment should be conducted. The score is to be used to categorize individuals into the appropriate intervention. Each prioritization is made according to the approved MO BoS CoC Written Standards, established in accordance with 24 CFR 576.400(e) and 24 CFR 578.7(a) (9). The order of priority is established at the Mo BoS CoC wide level.

The matching process and eventual referral linkage process takes into account a set of prioritization criteria for each project type and must be approved by the MO BoS CE Committee. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis.

MO BoS CoC CES has established priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type. Agencies that do not adopt and comply with these priority standards must provide documentation to demonstrate that local needs warrant an alternative approach to service strategy prioritization and they must receive approval by the MO BoS CES committee.

The BoS CoC CES will define a minimum VI-SPDAT score or score range associated with referrals to specific types of housing interventions. Further details regarding specific prioritization standards can be found in the MO BoS CoC CES Written Standards.

Prioritization List

In order to ensure full geographic coverage, maximize client choice and serve the most vulnerable, there is one BoS CoC wide prioritization list that will be sortable by the designated regional list holder as agreed upon by the Regional CE Committee.

Clients can remain in active status as long as they make contact with the agency or list holder who initially placed them on the prioritization list least once every 60 days. If a client cannot be reached or the list holder hasn't been able to contact them within 60 days, they are placed as inactive on the list, but are not removed.

The prioritization list should not be considered a "waitlist". If there are not enough resources to assist households within 60 days or less, the Mo BoS CES Committee should make immediate updates to prioritization standards to more precisely differentiate and identify resources for those households with the highest needs and most acute vulnerability.

Referral Standards

To ensure quality and appropriate referrals, and to minimize the chance of referral rejections, Regional CE Committees should create a document that defines referral criteria for all projects within their geographic area. Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). This document should be updated annually, shared with the MO BoS CE Committee and made available to the public if requested. If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented. Regional CE Committees should consider scheduling regularly-occurring case conference meetings to ensure quality referrals and accountability between service providers.

Case conferencing is the method by which service providers meet during a designated time period to review the prioritization list and discuss potential housing options for clients on the list. Case conferencing is a good time to overcome actual or perceived client barriers and find solutions for quality referrals for those who are on the list. Housing providers should not wait for case conferencing to make referrals if an opening becomes available in-between agreed upon case conference dates and a prioritized and appropriate candidate for the housing is already known.

One of the guiding principles of the MO BoS CoC CES is client choice. Individuals and families are to be given information about the programs available to them and have a choice in which programs they want to participate. If an individual or family declines a referral to a housing program, their name remains on the prioritization list until the next housing opportunity is available.

Referral Rejection Policy

Both providers and program participants may deny or reject referrals from the regionally defined CES access points, however service denials should be infrequent and must be documented. The specific allowable criteria for denying a referral are described in the Written Standards for the Mo BoS CES, they must be shared with each project and client and be reviewed and updated annually. All participating projects and clients must provide the reason for service denial or service rejection and may be subject to a limit on number of service denials. Aggregate counts of service denials, categorized by reason for denial, must be reported to the MO BoS CoC CE Committee annually.

At a minimum, a project's referral rejection/denial reasons must include the following:

- Client/household refused further participation
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client/household resolved crisis without assistance
- Client/household safety concerns; the client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues
- Client/household needs cannot be addressed by the program; the program does not offer the services and/or housing supports necessary to successfully serve the household
- Property management denial (include specific reason cited by property manager)
- Conflict of interest

In the event of a service denial or participant rejection the following steps must be followed:

1. Any referral provisionally reviewed by participating agencies and a preliminary enrollment determination made must be communicated back to the assessment provider, referral provider, or client within three business days.
2. All referral requests that result in a denial must be reviewed by the CES manager, assessment and referral provider, or client advocate designated by the Regional CE Committee.
3. If a referral is returned to the housing referral coordinator or designee, the HMIS record must be updated to reflect the reason for the denial.
4. The project denying the referral must notify the CES manager, assessment and referral provider, or client advocate within 24-hours. Further communication must include a detailed written justification of the referral denial provided within three business days. The written justification of service denial must also be shared with the client.
5. A provider who denies referrals will be required to participate in a CES meeting to disclose their reasons for referral rejection.
6. A client who denies three sequential referrals will be asked to participate in a CES conferencing meeting with the CES manager, assessment and referral

provider, or client advocate designated by the Regional CE committee to find a solution to meet the client's needs.

Accepting Referrals

When a program has an opening, the responsible staff person must consult the Regional CE Committee's approved prioritization list holder(s) to let them know a referral can be made or that they are offering a client on the prioritization list entry to a housing program. The client should remain on the list until they have accepted the housing option and been enrolled in the program.

Agencies accepting referrals should use the "Order of Priority" established for the program, program-specific requirements (e.g. single, youth, specific disability, veterans, chronic homeless status etc.), and the VI-SPDAT score. The program will offer services to the highest prioritized individual/family. Referrals cannot screen out potential clients based on actual or perceived barriers related to housing services.

Coordinated Entry System Evaluation

The MO BoS CoC evaluates its CES primarily by Regional CE Committee provided reports, plans and aggregate data. Data evaluation will be reviewed by the MO BoS CE Committee at least annually to understand the impact of the CES changes. Regions are encouraged to pull local data more often for programs located in their regional hub. During all phases of the CES evaluation, client privacy protections are to be upheld and evaluated. No personally identifying information will be provided during the evaluation phase.

Regional CE Committees will support the implementation, expansion, and ongoing operation and evaluation of Coordinated Entry Systems by regularly convening stakeholder input and feedback opportunities.

The MO BoS CoC must collect stakeholder feedback annually and engages participants from all component types, referral sources, residents, participants of homeless services, programs, funders of homeless response systems and mainstream system providers.

All regions must adhere to the MO BoS CE Committee-defined CES Monitoring and Reporting Plan. The MO BoS CE Committee-defined CES Monitoring and Reporting Plan will include requirements for reports on performance objectives related to CES utilization, efficiency and effectiveness. The specific MO BoS CES Monitoring and Reporting Plan will be published by the MO BoS CE Committee and updated on an annual basis.

The CES Monitoring and Reporting Plan may include the following narrative and management report sections to be submitted annually by each Regional CE Committee:

1. Narrative. A narrative description of the status of CES implementation during the reporting period. The narrative must be no longer than one-page in length and identify the region's experience of barriers and challenges related to implementation and management of CES and identify plans for expansion and improvements in the upcoming reporting period.
2. CES Report. An HMIS-generated CES report covering the 12-month period. The CES Report will include the following performance indicators:
3. Number of individuals receiving CES services:
 - a. Number of families and individuals completing initial triage/diversion screen (call record)
 - b. Number of families and individuals completing client intake/assessment VI-SPDAT (BoS CES Assessment)
4. Demographics and attributes of persons/households completing VI-SPDAT:
 - a. Age
 - b. Gender
 - c. Race
 - d. Ethnicity
 - e. Veteran Status
 - f. Homeless Status
 - g. Disabling Condition
 - h. Number of Clients in Household
5. Total number of persons and individuals by VI-SPDAT type:
 - a. Average VI-SPDAT score by type
6. Number of persons and individuals receiving CES referrals to the following:
 - a. Reason for no referral made
 - b. Rapid Re-housing
 - c. Transitional Housing
 - d. Permanent Supportive Housing
 - e. Prevention/Diversion
7. Services persons and individuals are enrolled in as a result of CES:
 - a. Rapid Re-housing

- b. Transitional Housing
 - c. Permanent Supportive Housing
 - d. Prevention/Diversions Services
8. Length of time from completion of CES comprehensive/housing assessment to program entry:
- a. Average length of time from assessment to referral for each component type
 - b. Average length of time waiting on prioritization list for each component type
 - i. Rapid Re-housing
 - ii. Transitional Housing
 - iii. Permanent Supportive Housing
9. Number of persons who waited for each CoC component type for greater than 30 days:
- a. Rapid Re-housing
 - b. Transitional Housing
 - c. Permanent Supportive Housing
10. Number of persons who waited for each CoC component type for greater than 30 days.
11. Number of referral rejections by project type.