Missouri Balance of State
Continuum of Care

COORDINATED ENTRY WRITTEN STANDARDS

MISSOURI BALANCE OF STATE CONTINUUM OF CARE

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Introduction

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 Missouri Balance of State Continuum of Care (MO BoS CoC) Coordinated Entry (CE) Committee that will assist programs in meeting and exceeding performance outcomes to help the CoC reach the goal of ending homelessness.

CoC and Emergency Solutions Grant (ESG) sub-recipients as well as other homelessness assistance service providers have developed this document to allow for input on the procedure of the Coordinated Entry System (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**. These written standards may only be changed by the approval of the MO BoS CoC Board of Directors (the Board). 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.

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;
- Adjust as the CoC CES evolves and Homeless Management Information System (HMIS) data is analyzed;

Overview of Coordinated Entry System

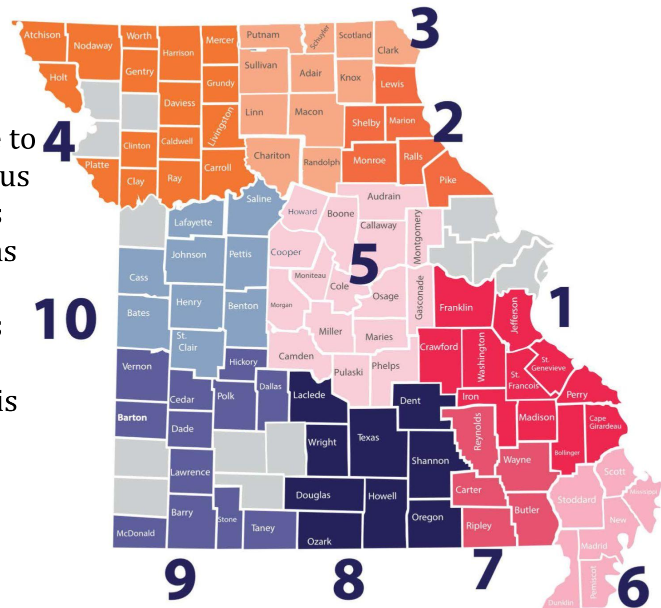
CES is considered one of many interventions in a community's united effort to prevent and end homelessness. The process works best and provides the greatest value if it is driven by client choice in conjunction with required provider eligibility. CES refers to the process used to assess, prioritize and assist in meeting the housing needs of people at risk of homelessness and people experiencing homelessness.

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 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.

Geographic Area

The MO BoS CoC covers 101 counties and is comprised of cities ranging from 121,230 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 2,924,492 on July 1, 2019. That is nearly 48% of Missouri's estimated total population and covers an area of 61,737 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 or a housing crisis:

- persons living in a place not meant for human habitation such as: having 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 immediately prior to entering an institution where they currently have 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 or a housing crisis, 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 goals are:

- Housing first, 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
- Prevent duplication of services and ensure resources are allocated effectively
- 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 as required by the HEARTH Act;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Elimination of individual provider wait lists for services;
- Make progress on reducing and ending homelessness

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 housing stability or a return to housing as quickly as possible. The MO BoS CoC has adopted the following guiding principles:

MO BoS CoC Standards for Access, Assessment and Referrals

The CES shall utilize uniform intake, prevention, diversion and assessment tools as identified and approved by the 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 or a housing crisis 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 and those with the Most Severe Service Needs

Vulnerability and severity of service needs are the primary factors in determining allocation of limited resources.

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 per HUD's System Performance Measures.

Housing First, Low Barrier Policy

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:

- A perceived lack of housing readiness
- Active/history of substance use disorder
- Little/no income
- Domestic violence, sexual assault, human trafficking, dating violence, or stalking
- Resistance to services
- Type of disability/disability-related supports needed
- Eviction history/poor credit
- Lease violations/history of not being a leaseholder
- Criminal history
- Sexual orientation/gender identity/expression

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

MO BoS CoC CES shall not delay access to emergency services, emergency shelters, or victim support.

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.

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 HMIS Client Informed Consent to Share and Coordinated Entry 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. At a minimum, data collected from CES participants and managed in the HMIS must include all data necessary to generate accurate and complete reports.

BoS CES "Current Living Situation" must be recorded regularly in the HMIS to monitor clients that have gone 60 days without contact, so they can be placed on the Inactive List.

CES data will be derived from the HUD-defined Universal Data Elements (UDEs), select Project-Specific Data Elements (PSDEs) and additional data elements as approved by the CE Committee.

Data must be entered into the HMIS within three days of obtaining information from the client to meet the BoS CoC's data entry timeliness standard.

Access points will post the HMIS Consumer Notice. This notice informs clients of the agency's HMIS participation, the availability of the HMIS Privacy and Security Notice upon request, and how to obtain a copy of all HMIS Partner Agencies. This notice also 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 HMIS Client Informed Consent and Release of Information (ROI) form must be reviewed and appropriate steps must be taken based on the client's consent to share or refusal to share information within the HMIS. Written consent is preferred but the access point may obtain verbal consent if a virtual assessment process is utilized. Clients who refuse to share their information will NOT be entered into the HMIS.

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.

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.

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. Names of these individuals should never be shared on any prioritization list. 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.

CES Elements

Access

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

Fair and Equal Access

The 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

The 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

The MO BoS CoC CES embraces a hybrid access model approach to ensure full geographic coverage so any person experiencing a housing crisis and seeking assistance has access to the Coordinated Entry System. Regional committees determine each region's access points. 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.

Each region within the MO BoS CoC is expected to utilize a hybrid Access Point model or multi-access point approach. 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, including type of access point, contact number and address to the Collaborative Applicant at least annually or at the time of any change
- Access Points are required to have Qualified Assessors to complete Coordinated Entry Tools, including the administration of the Assessment Tool during the hours of operation they provide the Collaborative Applicant, 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 Tools.
- 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 updates for each participant assessed at that Access Point prior to each case conferencing, unless another case conferencing contact has been assigned. A status update may be obtained from a case manager working with a participant or from 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 and information from the case conferencing checklist for each participant prior to each case conferencing. After contact is made, record "Current Living Situation" sub-assessment in HMIS.
- Provide case conferencing checklist and contact information updates during case conferencing for all participants.
- 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 through an HMIS MOA who does have access to HMIS and is willing to input your data. To obtain an HMIS MOA, contact the HMIS Lead Agency. 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.
- Access points are required to exit participants from the coordinated entry project if they have had no contact for 60 days or longer or the participant no longer meets HUD's definition of literally homeless.
- There are several more specific responsibilities of Level 4 Access Points, which can be found below.
    - 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.
- Assist with emergency transfers Regions must elect a regional coordinated entry lead that will assist with the following responsibilities:
    - Coordinates case conferencing
    - Schedule and prepare for the case conferencing meeting
    - Attend the Monthly CE committee meeting

Access Point Levels are as follows:

LEVEL 1

An agency that completes the BoS CoC approved Intake Tool including sections Household Information, Prevention/Diversion Assessment, Coordinated Entry Event, Coordinated Entry Assessment, Release of Information (CE and/or HMIS) and Participant Rights Packet and assists eligible households wishing to receive Prevention and Diversion services from CES. This Level of access will refer to a Level II or III, based on need, for participants who need to complete the other BoS CoC Approved Assessment Tools (this would occur when Prevention or Diversion resources did not resolve the participant's housing crisis and the participant has become "literally homeless" per HUD's definition).
To be a Qualified Assessor at Level I, required training includes Household Information, Prevention Diversion Assessment, Coordinated Entry Event, Coordinated Entry Assessment, Release of Information (CE and/or HMIS) and Participant Rights Packet

LEVEL 2

An agency that completes the BoS CoC approved Intake Tool with eligible households wishing to enter the CES that are currently receiving services from the agency, are entering services with the agency, or naturally present to the agency. To be a Level II agency, people receiving your services are required to meet the needs of one or more of the following five populations: adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, dating violence, stalking or other dangerous life-threatening conditions including human trafficking, and persons at risk of homelessness. At this level, you may choose to have your agency marketed in the community but it will not be required.
To be a Qualified Assessor at Level II, required training includes the Household Information, Prevention Diversion Assessment, Coordinated Entry Event, Coordinated Entry Assessment, Release of Information (CE and/or HMIS), Participant Rights Packet, and Prioritization Assessment and VI-SPDAT.

LEVEL 3

An agency that completes the BoS CoC approved Intake Tool with any eligible household wishing to enter the CES, regardless of whether the individual is receiving services from the agency or not. This type of Level will assess individuals from other locations who are unable to complete the Assessment Tools with those individuals. Contact information for Level III agencies will be marketed in the community as an Access Point for any individual needing services.
To be a Qualified Assessor at Level III, required training includes the Household Information, Prevention Diversion Assessment, Coordinated Entry Event, Coordinated Entry Assessment, Release of Information (CE and/or HMIS), Participant Rights Packet, and Prioritization Assessment and VI-SPDAT.

LEVEL 4

A Level III agency that is also performing the following additional duties: managing the prioritization list in HMIS, conducting data entry in HMIS related to Coordinated Entry, assisting with emergency transfers, and making a reasonable effort to refer from the Prioritization List within one business day of an agency requesting a referral. Victim services agencies that are keeping paper assessment packets and assisting the list holder with referrals or emergency transfer plans would be considered a Level IV access point.
To be a Qualified Assessor at Level IV, in addition to training for Level III, training on list management and referrals is required.

If the level 4 fails to perform the roles and responsibilities outlined here concern should be addressed at regional meetings. If this fails to resolve the issue, concerns can be brought to the Coordinated Entry Committee for further discussion and training. Failure to complete these duties may result in reassignment of duties per a decision of the Board of the Balance of State Continuum of Care.

System Advertisement and Outreach

Outreach

The Missouri Balance of State Continuum of Care (Mo BoS CoC) will implement a broad and flexible network of street 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 service providers ensure that unsheltered persons 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.

Current best practice indicates a CE Intake Tool would be completed during outreach when you first engage a person experiencing homelessness. If the tool is not completed, the Mo BoS CoC communities will implement a follow up plan on how to continue engaging each client until the tool is completed. Best practice is that unsheltered clients who do not have a completed CE Intake Tool will still be added to the Prioritization List, or at minimum, each community in Mo BoS CoC keeps a separate list of unsheltered clients who are still in need of a CE assessment.

Specific Coordinated Street Outreach Teams

Effective street outreach staff/teams are flexible, empathetic, respectful, non-judgmental, committed, and persistent and should have specialized knowledge of the issues facing the people they serve, be knowledgeable about available housing, medical, behavioral health, and substance use disorder treatment services. Agencies who are funded to do ongoing outreach will be considered part of specific coordinated street outreach. These agencies must be trained as a level 2/3 access point. These agencies will attempt to complete a CE Intake Tool with unsheltered clients who they encounter during outreach activities. 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

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.

CoC funded Street Outreach programs will follow protocols such as:
- Complete frequent, ongoing street outreach to unsheltered homeless populations in their coverage area.
- Outreach will include a combination of engagement and providing housing case management to established outreach clients
- Trained in evidence-based practices/approaches for the unsheltered homeless population.
- Document outreach efforts and case management provided in HMIS
- Participate in the annual HUD Point in Time Count
- Make referrals to appropriate service providers

Advertisement/Marketing of CES

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, gender expression, 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 CE Committee will provide and approve 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, and Fair Housing information to ensure they have been notified of their rights.

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/.

Assessment Tools

The MO BoS CoC Coordinated Entry Intake Tool includes the Household Information, Prevention Diversion Assessment, Coordinated Entry Event, Coordinated Entry Assessment , Release of Information (CE and/or HMIS)and Participant Rights Packet. The assessment process also includes a vulnerability assessment tool.

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 begin the Intake 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 stating they have a housing crisis, a Qualified Assessor will:

- Begin the CE Intake 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 all participants to mainstream resources.
- Assess if the participant is eligible for prevention or diversion services. If a participant is eligible, they will attempt to provide resources.

- Determine if prevention or diversion has resolved the participants housing crisis even temporarily.
- If those resources do not resolve the crisis, and the participant is literally homeless, complete the remaining sections of the CE Intake Tool and vulnerability 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/or HMIS and the PL is updated to reflect 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.). Add copies of documentation to HMIS or the client file.

If the following circumstances are met, the vulnerability assessment tool (VI-SPDAT) may be completed again:

- The vulnerability 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 vulnerability 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, and warming and cooling centers. Access to emergency services will be available 24 hours per day and 7 days per week; this includes emergency and DV shelters. 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. 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).

Safety Planning

The MO BoS CoC recognizes the importance of addressing the safety needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking or stalking, and 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 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 CE Intake Tool must be used to refer individuals needing safety planning to the appropriate agency for services. If the participant refuses the referral to an agency for safety planning, the qualified assessor will continue with the CE Intake Tool as appropriate.

Safety planning for HMIS contains the following considerations:

- Individuals 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;
- Regions 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 non-HMIS prioritization list must be maintained for victim services participants and participants not wanting their information in HMIS;
- Regions must have a procedure for determining how the paper prioritization list is merged with the HMIS prioritization list during case conferencing;
- Homeless verification letters on victim server providers letterhead should not be uploaded into HMIS.

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 be labeled with 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 only be used as a last resort. If a facsimile is the only way to transmit the information, you must contact the receiver to alert them to intercept the incoming fax prior to sending the documents.

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.

VAWA Transfers

VAWA Emergency Transfers

The Missouri Balance of State Continuum of Care (MO BoS CoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), MO BoS CoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of MO BoS CoC's funded agencies to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether MO BoS CoC's funded agencies have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees what is needed for compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer,

if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the landlord and the MO BoS CoC Funded Agency and submit the Mo BoS CoC VAWA Emergency Transfer Form. The landlord and funded agency will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under MO BoS CoC's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

A VAWA Emergency Transfer Form will be accepted in written or electronic form.

Confidentiality

MO BoS CoC, its funded agencies, and the landlord will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives MO BoS CoC, its funded agencies, and landlord written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act for All Tenants for more information about MO BoS CoC's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

MO BoS CoC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request form. MO BoS CoC funded agencies and their landlords will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. MO BoS CoC funded agencies may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

Any agency of the MO BoS CoC Coordinated Entry process that receives a MO BoS CoC VAWA Emergency Transfer Form shall notify their CE Regional Lead. The CE Regional Lead would call an emergency case conferencing meeting within 3 business days. Agencies that have open units or the ability to rehouse the tenant should do so as soon as possible. If no regional agency is able to accept the emergency transfer, the CE Regional Lead would notify the CE Committee Chair and Co-Chair who would then request assistance from all BoS CoC Regional Leads. If there are no resources available that the tenant is willing or eligible to receive, the agency will refer the tenant to victim service resources.

In addition, if MO BoS CoC funded agency has no safe and available units for which a tenant who needs an emergency transfer is eligible, MO BoS CoC funded agency will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, MO BoS CoC funded agencies will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Emergency Transfer Process Assistance

Any MO BoS CoC funded agency needing assistance with VAWA Emergency Transfer Requests, process and placement, safety planning concerns, or confidentiality concerns, should contact the Collaborative Applicant or the Victim Services Subcommittee Chair or Co-Chair immediately.

Implementation

It shall be the responsibility of MO BOS CoC funded agencies to ensure that any landlord receiving funds from a MO BoS CoC grant is informed and adhering to these policies and procedures.

Tenants with Safety Concerns

Tenants with Safety concerns should be urged to take a reasonable precaution to be safe and referred to appropriate resources.
Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants may locate organizations offering shelter and assistance to victims of domestic violence, dating violence, sexual assault, or stalking by contacting the Missouri Coalition Against Domestic and Sexual Violence for Missouri resources at 1-888-666-1911 or www.mocadsv.org.

Tenants who have been victims of sexual assault may also call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

Tenants with safety concerns due to mental health crisis can contact the National Suicide Hotline at 800-273-8255, or the resources listed at https://www.mocoalition.org/resources

Tenants with safety issues may also seek help through the Safe At Home program administered by the Missouri Secretary of State's Office. Safe At Home administers an address confidentiality program for victims of domestic violence, rape, sexual assault, and human trafficking. www.sos.mo.gov/business/safeathome or 1-866-509-1409

Mainstream Services and Resources

Participants will be referred to mainstream resources throughout the Coordinated Entry Process as needs are identified.

Prioritization for Prevention and Diversion

All clients presenting to CES should be screened for Prevention/Diversion and referred to appropriate services. Agencies who have prevention/diversion resources are expected to collaborate with community partners to assist as many clients as possible. If your agency has funding available for prevention/diversion and the client is eligible, follow the prioritization steps as listed below:

1. Your agency needs to decide how frequently your agency is going to allocate prevention/diversion funding to participants. For example: Agency ABC would like to provide assistance to participants weekly. They will review all the assessments they complete or receive from Friday afternoon until Friday morning of the next week.
2. Your agency will record all of the assessments they receive on your agency's "BoS CES Prevention Diversion Prioritization List" during the time period your agency decides. Save all of the BoS CES Prevention Diversion Prioritization Lists you use to determine which participants receive funding.
3. When it is time for your agency to decide who to provide assistance to, you will use your agency's "BoS CES Prevention Diversion Prioritization List" and sort the excel sheet. To sort the excel sheet you will click on the column "Prevention/Diversion Assessment Score" and sort it by "largest to smallest". This will show you the participants who should receive priority for your funding.
4. Each agency is responsible to determine the participant is eligible to receive the funding the agency is providing. Please review your grant compliance requirements from your funder to determine who is eligible. Your agency should make every attempt to provide funding to the highest scoring eligible participants on your "BoS CES Prevention Diversion Prioritization List".
5. Agencies may receive referrals for prevention/diversion funds from other agencies. The agency making the referral can provide the Client ID, date assessment completed and prevention/diversion assessment score to the agency who will consider the referral for funding. If your agency is unwilling or unable to accept the referral, please notify the referring agency immediately. The agency receiving the referral can review the Prevention/Diversion Assessment in HMIS and follow up with the participant for any other information needed to determine eligibility. This is in an effort to allow participants to answer the Prevention/Diversion Assessment once during an episode instead of answering the same questions to each agency they are referred to for assistance at one time. Also, this eliminates some duplicate work for our assessors

Prioritization and Program Type Match

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. Each prioritization is made according to the priority below, 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 prioritization list should not be considered a “waitlist”. It is a goal of the MO BOS CoC CES to house all households within 60 days or less. Regions should actively identify resources for those households with the highest needs and most acute vulnerability, and make referrals to any resources available.

Order of Priority

1. Chronicity
2. Severity of Service Needs (as indicated by vulnerability assessment tool)
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 equal, 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.

A program’s eligibility requirements as outlined in their grant agreement will take precedence over Order of Priority (e.g., if a program can only serve families 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).

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.

Case Conferencing

Case conferencing is confidential and should only be attended by agencies who are Access Points or providing case management to participants on the “active” Prioritization List. All agencies who attend case conferencing shall have a Coordinated Entry MOU. 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. Preparation for Case Conferencing should include completing the Case Conferencing Housing Plan Assessment items to the fullest extent possible. Regions shall review their list person by person monthly, by answering the questions on the Case Conferencing Housing Plan Assessment for each person. 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 Sharing and 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 provide 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 in the Case Conferencing Housing Plan Assessment in HMIS or by entry on the Non-HMIS PL worksheet, 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 should be removed from the Active List (exited from the HMIS project if using HMIS), although they may be re-added to the PL at any time if contact is re-established and they are literally homeless. During case conferencing, the case conferencing checklist should be followed when reviewing clients.

Referral Criteria

CoC, ESG, and Missouri Housing Trust Fund funded agencies or any other agency who would like to be considered to be participating in CES, must notify the Level 4 Access Point when they have availability in their projects. They must exclusively obtain referrals for new participants through the CES. CoC and ESG grant funds related to permanent supportive housing or rapid rehousing should not be expended prior to receiving a referral from the Level 4 Access Point. Each housing project must provide to the Level 4 Access Point the specific criteria which identify all of the eligibility and exclusionary criteria to make enrollment determinations for the referred persons or households as written in their grant agreement. This eligibility criterion allows the Level 4 Access Point to make appropriate referrals to housing projects. Through case conferencing, the Region 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 3 business days of the referral to the project from the CES. If the participant is unable to be contacted within the 3 business days, 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 Level 4 Access Point and pulling the highest eligible participant on the PL. If a service provider feels another participant is more vulnerable than the highest eligible participant, the service provider 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. Referrals to HMIS participating agencies are made within HMIS and the Level 4 Access Point will also notify the agency directly. Referrals to non-HMIS participating agencies are made within HMIS but the Level 4 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 Level 4 Access Point when the person is housed or the referral is rejected. The agency may also enter the referral outcome in HMIS. If someone is referred to another region, the Level 4 Access Point from the referring region will update HMIS, contact the Level 4 Access Point of the region being referred to, and alert them to the referral. If a client is a referral from the Non-HMIS PL, the housing project may request a referral in HMIS after the participant is successfully housed.

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/Cancellation 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. All participating projects 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 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
- Any other rejection by Service Provider must have clear documentation to support it (i.e. police reports, organizational policy, etc) Please note that some rejections may be out of compliance with funding expectations.

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 Lead, assessment and referral provider, or client advocate designated by the Region.
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 Lead, 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 Lead, assessment and referral.

A referral may be canceled by the project exclusively for the following reasons:

- Client/household refused further participation
- Client/household does not meet required criteria for program eligibility as defined by grant agreement
- Client/household unresponsive to multiple communication attempts
- Client/household resolved crisis without assistance

Project to Project Transfers

A participant may require transfer from one project to another project due to additional service needs, relocation needs, defunding of a project or other needs to maintain housing stability. The project that is currently serving the participant will contact the Level 4 Access Point to alert them to the needs of the participant and request the participant be transferred to another project. The Level 4 Access Point will notify the region's case conferencing members of the request. If there are other projects in the area in which the participant wishes to be located that have funding available they may accept the participant. It is the responsibility of the individual project to determine if the participant is eligible. A Level 4 Access Point may enter a new coordinated entry referral for the project who utilizes this process for project to project transfers.

Resource List

Regional CE Leads 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. All access points are required to add/update the resource list.

Joining the CES

Any agency interested in joining the CES shall contact the Collaborative Applicant for the Region or Regions they wish to join. The Collaborative Applicant and Regional CE Lead for the region or regions they wish to join, shall provide meeting information as well as available trainings to any interested agency.

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 Intake Tool
- Satisfaction with CES packet forms
- Usefulness of referral process
- Usefulness of prioritization list
- Was Appropriate training offered?

Participants may 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?

System Performance Measures

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 annually administered for stakeholders such as, providers and participants. SPMs will be reviewed at minimum annually.

Survey Participant Selection

MO BoS CoC Members should be surveyed which will be administered by the MO BoS CoC. All participants should be eligible for random survey selection. Other stakeholders may be surveyed as deemed appropriate.

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.

Training

Trainings will be recorded and made available on an electronic platform. 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.

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 region shall elect a regional CE Lead who shall participate on the CE Committee as a voting member to ensure fair, equal and full geographic coverage for the entire CoC.

Regional Coordinated Entry

Each Region of the MO BoS CoC should design a local process for CE within the parameters contained in the The Mo BoS CoC Coordinated Entry Written Standards. The written standards give the region a supportive framework to use while implementing, building and amending local systems. Regions may decide to include additional region-specific screening questions, but these screening tools should **not** be used in prioritizing participant 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
- Determining Region Access Points
- Ensuring Access to Emergency Services
- Ensuring Local Providers Meet Training Requirements
- Landlord Engagement Strategies

Should regions need to find their local domestic violence/sexual assault victim service provider to include in their Case Conferencing, please visit www.mocadsv.org.

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 should be prepared to provide a copy of the Grievance Form as needed. 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.

Addendum - Best Practices and Strategies

Project Specific Outreach

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

- 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 completed 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 the 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.

Street Outreach
ESG or CoC funded Street Outreach programs will actively participate in the MO BoS CoC Coordinated Entry System. They will be trained as a Level 3 Access Point to ensure they are able to do CE intake and assessment with any client who they interact with during street outreach.

CoC funded Street Outreach programs will follow national best practices and protocols such as:
- Complete frequent, ongoing street outreach to unsheltered homeless populations in their coverage area (best practice would be for daily street outreach)
- Outreach will include a combination of engagement (looking for new clients, building rapport with difficult to engage clients, etc.) and providing housing case management to established outreach clients
- Homeless outreach is face-to-face interaction with people experiencing homelessness and takes place at the following types of locations: streets, camps, encampments, under bridges/overpasses, parks/trails, river beds, abandoned buildings, parking garages, parks, temporary motels, libraries, public facilities, meal sites, food pantries, truck stops, agencies that provide services to the homeless population/clinic lobbies, churches, shelters, drop-in and day centers, free clinics, hospitals and emergency departments, jails, community centers, public transportation stops (bus and trolley stations), etc.
- Trained in evidence-based practices/approaches for the unsheltered homeless population like Housing First, Harm Reduction, Trauma Informed Care, Motivational Interviewing, Suicide Prevention, etc.
- Adopt a low barrier approach – examples are not penalizing clients who “no show” traditional appointments, instead staff will make an effort to meet clients where they are, scheduled appointments/meet up locations in locations that are easy for clients to present to (fast food restaurants, gas station, etc.) and recognize that clients who are in survival mode do not access resources the same way people who are housed do
- Target services towards the unsheltered, chronically homeless population
- Trained as Level 3 Access Points for Coordinated Entry and are able to complete Coordinated Entry intake and assessment on anyone they encounter during outreach
- Use a team approach (at least 2 people) for outreach when possible and each agency funded for ESG/CoC Street Outreach will have a safety plan and protocols in place
- Document outreach efforts and case management provided in HMIS

- Participate in the annual HUD Point in Time Count

Effective street outreach staff/teams are flexible, empathetic, respectful, non-judgmental, committed, and persistent (repeated contact with individuals who are unwilling to engage) and should have specialized knowledge of the issues facing the people they serve, be knowledgeable about available housing, medical, behavioral health, and substance use disorder treatment services.

Outreach services link individuals with needed services and housing options. Outreach services consist of activities to engage persons for the purpose of providing immediate support and intervention, as well as providing housing case management to move each client towards permanent housing.

Outreach workers provide, either directly or through referral, services that meet basic needs and help integrate/re-integrate clients into the community. Services may include:

- Basic Needs
  - Hygiene products (toothbrushes, socks, soap, etc.)
  - Food/snacks and water
  - Sleeping bags, tents, tarps and other cold weather supplies like blankets, cold weather clothing, etc.
  - Seasonal supplies when available (sunscreen, bug spray, hand warmers, etc.)
- Housing Assistance
  - Coordinated Entry assessment and intake
  - Housing Case Management
  - Housing Referrals – includes referrals to Emergency Shelter or Transitional Housing for temporary housing and assessment/referral for Permanent Housing or Permanent Supportive Housing options (CoC and non CoC funded)
  - Benefits enrollment (mainstream resources, connection to SOAR, etc.)
  - Assistance securing housing ID documents like: state ID, birth certificate, Social Security card, proof of income, etc.
  - Primary care or physical health referrals
  - Behavioral health referrals
  - Substance use and treatment referrals
  - Employment referrals
  - Transportation to appointments
  - Family Reunification
- Crisis Intervention
  - Assess for safety and try to resolve the crisis onsite
    - Suicide Prevention and safety planning
  - If necessary call 9-1-1 and request a Crisis Intervention Trained (CIT) Officer
- Advocacy (hospitals, community, law enforcement, etc.)
- Legal – assist individuals in navigating the legal system, to include but not limited to:
  - Legal Aid clinic referrals
  - Protection Order information/assistance/referrals

- Transportation to sheriff office for sex offender registration
- Advocacy with law enforcement
- Fair Housing information/referrals
- In-reach to jails
- Coordinate with probation/diversion services
- Coordination with Adult Protective Services, Child Protective Services (Juvenile Court), and Department of Health and Human Services

Outreach staff often facilitate referrals within their agencies and with other community organizations. If possible, staff should make a "warm hand-off," in which they personally introduce clients to their new providers, benefits staff, or outside community agencies/providers.

ESH

Emergency Shelter Programs Best Practices and Standards

Suggested standards for Emergency Shelter Programs:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness
- Program compliance with HUD and State rules
- Program uniformity
- Adequate program staff competence and training, specific to the target population being served

PERSONNEL

STANDARD: The program shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

CRITERIA:

1. The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
2. The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on best practices.
3. The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.

4. Staff supervisors of casework, counseling and/or case management services have experience working with individuals and families experiencing homelessness and/or other issues that place individuals and families at risk of homelessness.
5. Staff supervising overall program operations have demonstrated ability and experience that qualifies them to assume such responsibility.
6. All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
7. If the shelter provides case management as part of its programs, case managers provide case management with the designated Case Management Tool on a frequent basis (minimum of monthly) for all clients.

CLIENT INTAKE PROCESS

STANDARD: Programs will actively participate in their community's coordinated assessment system. Programs will serve the most vulnerable individuals and families needing assistance.

CRITERIA:

1. All adult program participants must meet the following program eligibility requirements in emergency shelter:
   a. 18 years or older; or be a qualified minor
   b. Literally homeless, imminently at-risk of homelessness, and/or fleeing or attempting to flee domestic violence (see definitions listed at the end of this document for Category 1, 2, and 4 of the homeless definition)
2. All agencies must use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status. Information should be documented in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:
   a. Third-party documentation (including HMIS)
   b. Intake worker observations through outreach and visual assessment
   c. Self-certification of the person receiving assistance
3. Programs can only turn away individuals and families experiencing homelessness from program entry for the following reasons:
   a. Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
   b. All program beds are full
   c. If the program has in residence at least one family with a child under the age of 18, the program may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
4. Programs cannot disqualify an individual or family from entry because of

employment status or lack of income.

5. Programs cannot disqualify an individual or family because of evictions or poor rental history.
6. Programs may make services available and encourage adult household members to participate in program services, but cannot make service usage a requirement to deny initial or ongoing services.
7. Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.
8. Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

EMERGENCY SHELTER

STANDARD: Shelters will provide safe, temporary housing options that meet participant needs in accordance within guidelines set by the Department of Housing and Urban Development.

CRITERIA:

1. Shelters must meet state or local government safety, sanitation, and privacy standards. Shelters should be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents.
2. Shelters must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act, and Title II of the Americans with Disabilities Act, where applicable.
3. Shelters may provide case management, counseling, housing planning, child care, education services, employment assistance, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment, and transportation per 24 CFR 576.102 but cannot deny services to individuals and families unwilling to participate in services. See next section for specific required and optional services shelters must provide.
4. Shelters providing shelter to families may not deny shelter to a family on the basis of the age and gender of a child under 18 years of age.
5. Shelters must comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 48214946), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4956), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R.
6. Shelters must actively participate in their community's coordinated assessment system.
7. Shelters shall not charge money for any housing or supportive service provided.
8. Programs must work to link their clients to permanent housing programs, such as rapid rehousing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES

STANDARD: Shelters shall provide access to case management services by trained staff to each individual and/or family in the program.

CRITERIA: (Standard available services)

1. Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
2. Shelter staff provide regular and consistent case management to shelter residents based on the individual's or family's specific needs. Case management includes:
   a. Assessing, planning, coordinating, implementing, and evaluating the services delivered to the resident(s).
   b. Assisting clients to maintain their shelter bed in a safe manner and understand how to get along with fellow residents.
   c. Helping clients to create strong support networks and participate in the community as they desire.
   d. Creating a path for clients to permanent housing through providing rapid rehousing or permanent supportive housing or a connection to another community program that provides these services.
   e. If the shelters provide case management as part of its programs, use of the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve residents.
3. Shelter staff or other programs connected to the shelter through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others. Ongoing assistance with basic needs.

CRITERIA: (Optional but recommended services, often from other providers)

1. Representative payee services.
2. Basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, obtaining vital documents (social security cards, birth certificates, school records).
3. Relationship-building and decision-making skills.
4. Education services such as GED preparation, post-secondary training, and vocational education.
5. Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
6. Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.

7. Physical health services such as routine physicals, health assessments, and family planning.
8. Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. It is recommended programs work with other community service providers to develop a board to hear client grievances.

CRITERIA:

1. In general, if a resident violates program requirements, the shelter may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for residents who feel the shelter wrongly terminated assistance.
2. Shelters must provide the client with a written copy of the program rules and the termination process before he/she begins receiving assistance.
3. Termination may carry a barred list when a client has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the program a chance to provide further assistance at a later date.

CLIENT FILES

STANDARD: Shelters will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

CRITERIA:

1. Client files should, at a minimum, contain all information and forms required by HUD and the state ESG office, service plans, case notes, referral lists, and service activity logs including services provided directly by the shelter program and indirectly by other community service providers. ESG requires:
   a. Documentation of homeless status (see above for the priority of types of documentation)
   b. Determination of ineligibility, if applicable, which shows the reason for this determination

   c. Annual income evaluation
   d. Documentation of using the community's coordinated assessment system
2. All client information should be entered into HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, enter HUD required data elements, and update the client's information as changes occur.
3. Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for clients to use to indicate consent in sharing information with other parties.
4. All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

STANDARD: Shelter will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

CRITERIA:

1. Agencies maintain written goals and objectives for their services to meet outcomes required by funders.
2. Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
3. Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
4. Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

DEFINITIONS:

Acuity - When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact

overall stability in permanent housing. When using the Case Management Tool, acuity refers to the severity of the presenting issue and the ongoing goals to addressing these issues.

Case Management Tool - A standardized tool for case management to track incomes in the coordinated assessment process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later to ensure the household continues to make progress.

Chronically Homeless - (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database - HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data." The recipient or sub recipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. (24 CFR 578.57)

Coordinated Assessment - "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a

comprehensive and standardized assessment tool" (24 CFR 578.3). CoC's have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability - As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning;
(d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency;
(v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition - According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)
Diversion - Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family - A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless -
Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private 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; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or
Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First - A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.
Prevention and Diversion Screening Tool - A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing - A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The

core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing - Temporary housing for participants who have signed a lease or occupancy agreement with the purpose to transition households experiencing homelessness into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) - An evidence-based tool used to determine initial acuity and set prioritization and intervention for permanent housing placement.

RRH

Rapid Rehousing Best Practices and Standards

Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of rapid re-housing are housing identification, move-in and rent assistance, and rapid re-housing case management and services.

Ultimately the effectiveness of a rapid re-housing program is determined based on a program's ability to accomplish the model's three primary goals:

- Reduce the length of time program participants spend homeless - For a program to meet this performance benchmark, households served by the program should move into permanent housing in an average of 30 days or less.
- Exit households to permanent housing - For a program to meet this performance benchmark, at least 80 percent of households that exit a rapid re-housing program should exit to permanent housing.
- Limit returns to homelessness within a year of program exit. - For a program to meet this performance benchmark, at least 85 percent of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year.

All of these benchmarks can be measured by accurate data entry into the HMIS system.

Core Component Program Standards

The core components for rapid re-housing were developed in collaboration with, and endorsed by, the United States Interagency Council on Homelessness (USICH), the Department of Housing and Urban Development (HUD), and the Department of Veterans Affairs (VA).

- Housing Identification – Housing Identification is the first core component of rapid re-housing, the goal of which is to find housing for program participants quickly. Activities under this core component include recruiting landlords with units in the communities and neighborhoods where program participants want to live and negotiating with landlords to help program participants access housing.

- Rent and Move-In Assistance – Rent and Move-In Assistance is the second core component of rapid re-housing, the goal of which is to provide short-term help to households so they can pay for housing. Activities under this core component include paying for security deposits, move-in expenses, rent, and utilities.
- Rapid Re-housing Case Management and Services – Rapid re-housing case management and services is the third core component of rapid re-housing. The goals of rapid re-housing case management is to help participants obtain and move into permanent housing, support participants to stabilize in housing, and connect them to community and mainstream services and supports if needed.

Principles of Rapid Rehousing

In order to identify, engage, and assist as many households experiencing homelessness as possible, a program should coordinate and fully participate with the broader homeless assistance system. Rapid re-housing is an intervention designed for and flexible enough to serve anyone not able to exit homelessness on their own. Rapid re-housing programs should not attempt to screen out households based on a score on an assessment tool or criteria that are assumed, but not shown, to predict successful outcomes, such as a minimum income threshold, employment, absence of a criminal history, evidence of "motivation," etc. Rapid re-housing participants should have all the rights and responsibilities of typical tenants and should sign a standard lease agreement.

Rationale

Rapid re-housing is a Housing First intervention meaning that the primary focus is moving households into housing quickly without preconditions. As such, programs should maximize the number of households they can serve by coordinating with the local homeless assistance system's coordinated entry and outreach efforts and by not screening out households. Additionally, the primary focus of assessments and assistance should be on resolving the current housing crisis. This means a focus on the circumstances of the crisis, the household's barriers to obtaining and maintaining housing, and the reasons they are unable to solve their housing crisis without the program's help.

PSH

Permanent Supportive Housing Best Practices

PSH is an intensive, best practice intervention for addressing homelessness that combines permanent, subsidized housing with voluntary, wraparound supportive services, including case management for populations with disabilities and the most significant needs.

Target Population

PSH projects are targeted to individuals and families who are experiencing chronic

homelessness or literal homelessness as prioritized by the region's Coordinated Entry System (CES) and who need both rental assistance and supportive services for an indefinite period of time to remain housed. People experiencing chronic homelessness are prioritized for PSH because they have the highest level of service needs.

The U.S. Department of Housing and Urban Development (HUD) defines chronic homelessness as being literally homeless with a documented disability and having experienced homelessness for 12 consecutive months or on multiple occasions totaling 12 months in the last three years broken up by periods of at least seven nights in a place meant for human habitation. Families meet the definition of being chronically homeless based on the status of the head of the household.

Individuals who are literally homeless have a current, primary nighttime residence in a place not meant for human habitation, safe haven, or emergency shelter or who are returning to such residence after less than 90 days in an institution.

The following conditions qualify as disabilities for HUD projects: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, chronic physical illness or disability, or the co-occurrence of two or more of the listed conditions.

Core Component Program Standards

The core features of Housing First in the context of permanent supportive housing models are as follows:

- Few to no programmatic prerequisites to permanent housing entry – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing.
- Low barrier admission policies – Permanent supportive housing's admissions policies are designed to "screen-in" rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

- Rapid and streamlined entry into housing – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.
- Tenants have full rights, responsibilities, and legal protections – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances. Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestions or grievances.

Housing First

Practices and policies to prevent lease violations and evictions –Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant's income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

Applicable in a variety of housing models – The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.