

OZARKS ALLIANCE TO *End* HOMELESSNESS

COORDINATED ENTRY SYSTEM: POLICIES AND PROCEDURES MANUAL



SPRINGFIELD/GREENE, CHRISTIAN AND WEBSTER COUNTIES
CONTINUUM OF CARE

Coordinated Entry System Policies and Procedures Manual
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OVERVIEW

Overview of Coordinated Entry System

Coordinated Entry System (CES) refers to the process used to assess and assist in meeting the housing needs of individuals and families at risk of or experiencing homelessness. Key elements of coordinated entry include:

- A designated set of coordinated assessment locations or “front doors”;
- The use of standardized assessment and vulnerability-determining tools to assess client needs and risks;
- Referrals—based on the results of the assessment and vulnerability-determining tools—to homelessness assistance programs and other related programs as appropriate;
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of clients to ensure those with the highest barriers to housing are matched with the most cost- and service-intensive interventions.

The implementation of a CES is now a requirement of receiving certain funding (namely Emergency Solutions Grant and Continuum of Care funds) from the Department of Housing and Urban Development (HUD) and is also considered national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls/in-person visits people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider waitlists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community’s ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry System in the Ozarks Alliance to End Homelessness (OAEH) service area of Christian, Greene and Webster counties. These policies may only be changed by the approval of the OAEH Executive Committee based on recommendations from the CES Policy Development Team, a committee described in greater detail beginning on Page 15.

Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness (e.g. The Kitchen, Inc.)
- **Assessment Staff** – Program staff who are working with clients to complete assessment and vulnerability-determining tools to identify needs and risks
- **Program** – A specific set of services or shelter offered by a provider (e.g. emergency shelter or substance abuse treatment)
- **Client** – Individual or family at-risk of or experiencing homelessness or being served by the Coordinated Entry System
- **Housing Interventions** – Housing programs and subsidies; these include transitional housing, rapid re-housing and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Shelter Plus Care)

Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definitions of homelessness.¹ People at imminent risk of homelessness are people who believe they will become homeless based on the criteria set by HUD, which can be found in Appendix A. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

This CES was developed primarily for residents within the OAEH service area of Christian, Greene and Webster counties. In cases where it is forbidden by their funders or local, state, or federal law, providers may not be able to serve individuals who do not have adequate proof of residence within these counties. Assessment staff will attempt to link clients that fall into this category with resources that may be available in their area of origin or wherever they are currently staying.

Specialized Service Pathways for Subpopulations

Literally or at-risk homeless pregnant women, unaccompanied youth, and persons fleeing domestic violence are referred to specific sites for CES navigation and customized services, understanding that providers tasked with serving specialized populations possess unique experience and expertise in serving those specific populations. In addition to administering the uniform assessment and vulnerability-determining tools as well as implementing diversion and prevention when possible, these sites also use customized assessments that are geared toward determining services and referrals that best meet the specific needs of that population.

¹ The definition is available here:

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Goals and Guiding Principles

The goal of the CES is to provide each client with equal and fair access to services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help the OAEH meet these goals.

- **Client Choice:** Clients will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of CES through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the CES.
- **Collaboration:** Because coordinated entry is being implemented system wide, it requires a great deal of collaboration between the OAEH, providers, mainstream assistance agencies, funders and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing committee (the OAEH Executive Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the system.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the CES. Data from the assessment process that reveals what resources clients need the most will be used to assist with funding decisions and to identify gaps in service. To capture this data accurately, all assessment staff and providers must enter data into ServicePoint or Apricot in a timely fashion (within 72 hours). Client's rights around data will always be made explicit to them, and no client will be denied services for refusing to share their data.
- **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 homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of time spent waiting for an assessment.
- **Housing First:** Our Coordinated Entry System will support a Housing First approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Most Vulnerable:** Coordinated Entry System referrals for permanent housing will prioritize those individuals and families who are the most vulnerable as determined using a vulnerability assessment. This will ensure an appropriate match between the most intensive services and the clients that are least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers access to diversion and prevention resources. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Agency Compliance with Applicable Laws:** Coordinated Entry System permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements, including nondiscrimination and equal opportunity provisions of federal civil rights laws. Each participating agency will maintain documentation indicating compliance.

KEY COMPONENTS OF THE COORDINATED ENTRY SYSTEM

This section outlines and defines the key components of the Coordinated Entry System (CES) and how the CES process will work.

Designated CES “Front Doors”

The designated CES “front door” agencies will be the only locations (outside of any place where outreach workers engage with people) where people experiencing homelessness will be assessed and referred to homelessness assistance services. All people experiencing homelessness or at imminent risk of homelessness should be directed to these locations to be assessed for housing services. Clients accessing emergency or transitional housing services at agencies not designated as front doors will be referred to One Door or a population-appropriate front door the next business day to complete an assessment for referral to the Prioritization List for Rapid Re-Housing and Permanent Supportive Housing Services. The criteria for defining whether a client is at risk for homelessness can be found in Appendix A.

Front door agencies have been specifically designated within the OAEH and have signed a Memorandum of Understanding (MOU) agreeing to the operational guidelines of CES. A copy of this MOU is available in Appendix B of this document. A detailed model of the OAEH CES with a description is available in Appendix C. The designated front doors for the OAEH are:

- One Door
- Harmony House
- LifeHouse – Catholic Charities of Southern Missouri
- Empowering Youth—Great Circle
- The Rare Breed – The Kitchen
- Home at Last – The Kitchen
- Street Outreach Teams

This list will be updated if additional designated front doors are added or removed. All front doors must be handicap accessible.

Front Door Responsibilities

Staff at Front Door agencies will be responsible for all homelessness assistance system assessments, including the initial triage assessment and the vulnerability-determining tool (OAEH has adopted the VI-SPDAT II as the chosen tool for determining vulnerability). Staff at front door agencies, including case managers and assessment staff, are responsible for:

- Providing or referring to prevention and diversion-related assistance whenever possible to prevent low-barrier clients from entering the shelter system;
- Providing reasonable steps to offer CES process materials and instruction in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency;

- Working with the OAEH to ensure appropriate auxiliary aids and services necessary to ensure effective communication are available (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters);
- Connecting clients to other mainstream resources outside of the homelessness assistance system. For example, Family Support for Medicaid and SNAP (Food Stamps);
- Ensuring that the client, upon completing all assessments and the VI-SPDAT II tool, is referred to the prioritization list for permanent housing; and
- Any other service provision related to their agency's program model.

Throughout this manual, program staff will find instructions and other guidance on how to conduct assessments, make referrals, and prioritize clients for services. However, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and their supervisor in these situations.

System Entry

Access to the Coordinated Entry System is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Clients seeking homelessness assistance services who present at agencies other than the designated front doors will be referred to a front-door agency for assessment. If the client is unable to reach the agency due to a disability or lack of transportation, an effort should be made by the agency where they present to assist the client with transportation needs. If the designated front door agency is closed or cannot provide an after-hours assessment but provides beds or other crisis housing, they may admit the client if appropriate and complete an assessment the next business day. If a client accesses beds or crisis housing through an agency that does not act as a front door, that client should be referred to One Door the next business day to complete an assessment. **All clients who are receiving housing assistance services should complete a universal assessment and VI-SPDAT II.**

Phone Calls

Staff at the designated front doors and other pre-identified locations may receive phone calls from people experiencing or at imminent risk of homelessness who are interested in being assessed or receiving homelessness assistance services. These callers should be asked a few pre-screening questions:

- Are you homeless (living on the street, staying in an emergency shelter, fleeing domestic violence) or at risk of homelessness?
- Where did you stay last night?
- Are you safe in your current living situation?
- What brought on your current housing crisis?

If the client is currently homeless, at risk for homelessness, or staying in an unsafe living situation, program staff answering the phones should do one of the following:

- Complete the full assessment and VI-SPDAT II over the phone with the caller and provide any appropriate service referrals, including those to emergency shelter; OR
- Let the caller know about the designated front door locations and the hours they are open and encourage them to come in to be assessed.

If a client IS NOT currently homeless/living in an unsafe situation, program staff answering the phone can either redirect the caller to a more appropriate agency or encourage the caller to dial 2-1-1 for assistance.

If the phone system for a program functioning as a front door is set up such that callers are initially greeted by agency-level (i.e. not front door program) personnel, the agency's staff should follow their internal procedure for directing applicable calls to the front door program; the front door program staff will be the ones to complete the pre-screening steps described above.

The Assessment Process

Assessment refers to the process of asking the client a set of questions to determine which programs or services are most appropriate to meet their needs and prioritize them for permanent housing. A standardized set of assessment tools, including a vulnerability-determining tool, will be used to make these determinations. Staff at front door agencies will be trained on administering and scoring these tools, as well as the order in which they should be administered and the average amount of time each should take. Assessments will be administered at:

- One Door from 9 a.m. to 5 p.m. Monday – Friday
- Harmony House (24 hr. hotline: (417) 864-7233)
- The Rare Breed from 12 p.m. to 2:30 p.m. and 3 p.m. to 7 p.m. Monday – Friday
- LifeHouse from 9 a.m.-12 p.m. and 1-4 p.m. Monday – Friday
- Empowering Youth—Great Circle (24 hr. emergency helpline: (417) 861-4244)
- Street Outreach is to be determined

The assessment process will unfold in several stages.

During normal business hours:

1. Each person walking or calling into an identified front door agency will be asked the pre-screening questions to determine if they should go through the coordinated assessment process. If it is determined by the pre-screening questions that the client does not need homelessness assistance services, they will be directed to other more appropriate resources.
2. If they are eligible per the pre-screening process, they will be directed to an available coordinated assessment staff member. The assessment staff will then explain the assessment process, share and discuss data confidentiality documents with the client, and complete all signed documentation needed to begin the assessment. If the client is an unaccompanied youth 17 or under, they will be referred to either The Rare Breed or Great Circle.
3. The assessment staff member will determine if the client has alternative housing options within the community or qualifies for prevention or diversion assistance.

4. People who are eligible for prevention or diversion services will either be served by the assessment staff member per that agency's guidelines or be referred to One Door for further assistance.
5. If the household is successfully diverted, they will end their engagement with the assessment worker. When applicable, make a note in ServicePoint that the client was diverted or referred to a diversion/prevention program (applicable for One Door staff or for referrals made to One Door's Diversion Program).
6. People who are not deemed diversion or prevention eligible will continue with the assessment process, including completing the VI-SPDAT II.
7. Once the assessment process is completed, assessment staff will refer the client to the Prioritization List, which will prioritize them for housing interventions including rapid re-housing and permanent supportive housing.
8. If immediate placement in a housing program is not available, including through emergency or transitional housing, program staff should work with the client to identify alternative housing options as much as possible.

Individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking can present at any of the established front doors for intake and assessment; utilizing best practices for engaging with victims, staff will work with those clients to make connections to DV service providers and non-victim specific providers as appropriate and desired.

Survivors presenting at Harmony House will be assessed and added to the Prioritization List via the confidential process adopted by Harmony House and One Door.

After business hours:

1. People presenting with a need for emergency shelter will be offered a bed in the emergency shelter where they arrived (if they are population-appropriate and space is available). If they are not population-appropriate, they will be referred to an appropriate shelter. If no shelter has available space, they will be sent to any available crisis housing (churches, hotels or motels, etc.). If they do not initially present at an emergency shelter, they will be referred to a population-appropriate one.
2. Shelter staff will refer the client to an appropriate CES front door the next business day for screening and assessment.
3. 24-hour hotlines are available for subpopulations: Single women over the age of 18 can access emergency overnight shelter through Safe to Sleep via the Burrell hotline (417.761.5555 or toll free 1.800.494.7355). Women utilizing Safe to Sleep will be referred by Safe to Sleep staff to One Door for assessment the following business day.

Young adults (17-24) should call the Rare Breed on-call number (417.865.6400). Families with children should contact Isabel's House (417.865.CARE) or Great Circle's Empowering Youth program (417.861.4244).

Survivors fleeing domestic violence should contact Harmony House's 24 hour hotline (417.864.7233).

Data Collection

Data will be collected on everyone that is assessed through the Coordinated Entry System. The data sharing policy for the OAEH can be found in Appendix D.

Once a client has been asked the pre-screening questions and deemed eligible to be assessed, the assessment staff will go over the HMIS Release of Information and Referral/Case Conferencing Release with the client, including what data will be requested, who will have access to that data and what the client's right are in regards to that data. Assessment staff will be responsible for ensuring clients understand their rights as far as release of information and data confidentiality. Once the Client ROI is complete, the assessment staff member will begin the assessment process in ServicePoint.

Some clients should never be entered into ServicePoint for the purposes of coordinated entry. These include:

- Clients who do not sign an HMIS Release of Information
- Youth under the age of 17
- Clients who are not homeless or at imminent risk of homelessness

Once the assessment process has been completed, the assessment staff member will refer the client through ServicePoint to One Door for addition to the Prioritization List. Access to parts of each client record or assessment form may be restricted by client request. The Client Release of Information and Release for Case Conferencing/Referral can be found in Appendix E.

Homelessness Prevention

Households and individuals seeking homelessness prevention services will be directed to the appropriate prevention service providers. ESG-funded prevention programs will work with the CES to determine and implement a prioritized referral process utilizing the PR-VI-SPDAT (or similar tool as determined by the OAEH) to measure vulnerability and prioritize accordingly.

While non-ESG-funded agencies offering prevention services are invited to participate in CES and case conferencing, prioritization for assistance through these providers is currently determined at the agency/program level.

Basis of Referrals

Referrals to additional services will be made based on the following factors:

- Results of the assessment process;
- Bed availability and current Prioritization List;
- Established system-wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Each of these elements is discussed in more detail below.

Assessment Process:

One of the assessment tools, the Vulnerability Index-Service Prioritization Decision Assistance Tool II (VI-SPDAT II), has a built-in scoring mechanism that will determine the vulnerability and risk of individuals and families who are homeless and prioritize them for access to Rapid Re-Housing and Permanent Supportive Housing Services. The VI-SPDAT II will serve as a guiding point for discussion between the assessment staff and the client about how referrals are made through the CES and what services outside of housing might be beneficial.

Priority Populations:

The OAEH Executive Committee has identified specific populations for priority for housing services. Those populations are:

- Veterans
- Youth
- Families with Children
- Single adults

In addition, the CES will be geared toward prioritizing those households identified as the most vulnerable, or those with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness). A client's risk and vulnerability will be determined based on the results of the VI-SPDAT II tool and the assessment process. The OAEH will have a renewed discussion annually about the priority populations for the CES process.

UPDATE: March 2017

Coordinated Entry Prioritization in regards to Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs Final Rule

In the event that domestic violence occurs within a household enrolled in a HUD-funded housing program and the agency administering the program is unable to re-house the victim within any of their existing programs (per their internal policies compliant with HUD's final rule), the victim will be moved to the top of the prioritization list for whatever programs he/she may be eligible for (regardless of VISPDAT score or other prioritization criteria).

The agency housing the victim when the domestic violence occurs is responsible for communicating the need for this prioritization policy exception to go into effect. Notice should be provided in writing to the Coordinated Entry Prioritization List administrator (One Door) once they have determined that they are unable to re-house the domestic violence victim.

Eligibility Criteria:

Agencies will submit eligibility criteria for each of their housing programs to the OAEH Executive Committee annually per the Coordinated Entry System MOU. Referrals to any program will be based on that program's admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men as referrals. If a program's eligibility

criteria changes at any time, notice must be given to the OAEH Executive Committee and/or the OAEH CES Oversight Committee to ensure referral protocol is updated accordingly.

Agencies are asked to limit project eligibility requirements to only those that are required by funders or by program designation - such as gender or family - in an effort to reduce barriers to clients per the CES MOU.

Written standards regarding program-specific eligibility and prioritization for federally funded transitional housing, rapid rehousing, and permanent supportive housing programs will be established and maintained at the program level. This information will be provided to the CoC annually.

Making Referrals and Prioritizing Clients

The referral process will be standard across all front doors.

1. A client will be asked pre-screening questions to determine what services are appropriate. If the initial screening indicates the client is homeless or at imminent risk of homelessness, he or she will then be assessed using the Universal Intake Assessment and the VI-SPDAT II.
2. Once the full assessment process is complete, the assessment staff should refer the client's information through ServicePoint to One Door for addition to the Prioritization List. The assessment staff should then describe how the referral process will work based on prioritization of population, risk and vulnerability.
3. In addition to being prioritized for services, a client will also be referred to the appropriate emergency shelter or other housing crisis service.
4. If a client is low-barrier, assessment staff may initiate diversion or prevention techniques instead of referring to shelter services. If an agency does not have diversion services, assessment staff may refer the client to One Door to screen for eligibility for One Door's Diversion Program.
5. Clients fleeing domestic violence, veterans, pregnant women and youth clients will be referred to agencies that specialize in services for those populations. These services will not be limited to the prioritization process. For example: All veterans who meet basic eligibility (as communicated to front doors by the program) should be referred to Home at Last. All households with school-aged children must be provided information about McKinney – Vento rights and given contact information for the applicable school district's homeless liaison.
6. If a program has an opening, they must first notify One Door. One Door will provide a referral using the Prioritization List through ServicePoint for the client that is at the top of the list and meets that program's eligibility criteria. The referral may also be discussed during regular case conferencing prior to being sent through ServicePoint.
7. Once the referral is complete in ServicePoint, agency staff may contact the client to follow up and complete any program-based assessments. Once all program-based requirements are completed, the agency will enroll that client into their program in ServicePoint, thus removing the client from the Prioritization List for housing services.
8. If agency staff are not able to accept a referral or are not able to contact a referred client, the agency must refer to the procedures outlined in the *Decline Referrals and Grievance Procedures* section of this manual.

Data collected from the assessment process is not used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

Prioritization via Observational Assessment

Persons with severe and persistent mental health conditions may occasionally be presumed to be highly vulnerable but not self-report accurately, resulting in scoring too low on the VI-SPDAT to be prioritized for intensive housing services. To provide a safety net for these individuals and households unable to complete a standard assessment and to support accurate prioritization, on those occasions the OAEH Case Conferencing group may determine that an observational assessment can be completed and submitted for coordinated entry prioritization consideration.

Please note: The purpose of this policy inclusion is to provide a safety net when it is believed the assessment process does not accurately reveal the full depth and urgency of a household or individual's situation; it is NOT a side door and requires the utmost professional judgment and objectivity on the part of agency personnel.

When to Complete an Observational Assessment

Observational assessments can only be completed on behalf of individuals who (1) display signs of severe and persistent mental illness or impairment (e.g. traumatic brain injury), (2) meet the HUD definition of literal homelessness or are fleeing domestic violence (categories 1 and 4), and (3) are not able to accurately complete a standard front door assessment and VISPDAT due to their mental health condition.

Three attempts must first be made by front door staff to complete the standard assessment; these can be completed by different front door programs and staff. These attempts demonstrate that completing an observational assessment on the person's behalf is a last resort.

How to Request an Observational Assessment

Members of the OAEH Case Conferencing group can make an official request by contacting the One Door Coordinator, who will provide a copy of the Observational Assessment Request Form (Appendix H). The form should be completed and brought to Case Conferencing. During Case Conferencing, the group will discuss the particular situation and determine if an observational assessment is appropriate and if prerequisites have been satisfied. If the person in question meets the requirements outlined above and at least three attempts have been made to conduct a standard assessment, the case conferencing group will review any supporting documentation and an in-person observational assessment will be scheduled.

How to Complete an Observational Assessment

Observational assessments will be conducted by a designated One Door Assessment Specialist, who will consult with the person who originally submitted the observational assessment request prior to conducting the assessment.

Observational assessments will be completed within HMIS and noted within HMIS as observational.

Observational Assessment Process - Scoring

Scoring will be identical to the standard assessment process (i.e. VI-SPDAT score). Points will be assigned based on observation and information provided by agency personnel who have extensive experience with and knowledge of the person. Documentation of the following VI-SPDAT areas should be included in the process as much as possible:

- Mental health
- Alcohol and/or substance use disorder
- Physical health
- Risk of harm to self and/or others
- Frequent hospital and/or jail utilization

Observational Assessment Process - Prioritization

Those who are unable to complete a standard assessment due to the severity of their mental health conditions and require an observational assessment will be prioritized above applicants with the same VI-SPDAT score. All other prioritization criteria will be the same as with the standard assessment.

Priority List Management and Notification of Referral

One Door will act as the administrative entity for the Coordinated Entry System and the Prioritization List for housing services. As such, management of the Prioritization List and program referrals will be the responsibility of One Door staff. Agencies participating in CES have agreed through a separate Memorandum of Understanding to notify One Door of any program openings and to receive client referrals from the Prioritization List through One Door. All participating organizations have also agreed to at least twice-monthly case conferencing.

Whenever possible, referrals will occur through ServicePoint. If a referral agency does not use ServicePoint, One Door will work with that agency to set up a separate referral system using a secure process to be developed during the initial pilot of coordinated entry. However, the referral process as well as the decline and grievance procedures will remain the same as much as possible.

Case Conferencing

Referrals may also occur during case conferencing. Per HUD's requirement, case conferencing will occur regularly as part of the CES and will include all agencies participating in coordinated entry as well as others that may advocate on behalf of homeless or at risk clients.

Referrals:

- Participating agencies will attend regularly-scheduled case conferencing sessions.
- Receiving agencies will communicate openings as they become available to One Door. Referrals will be provided based on program eligibility criteria and information collected on the Prioritization List, and will occur within ServicePoint for agencies using that platform.
- For agencies not using ServicePoint, referrals will be made via phone and email, or through another secure referral process yet to be determined. Receiving agencies will communicate openings to One Door prior to case conferencing and will work with One Door to ensure a mutually agreeable referral process is in place.

Case Conferencing:

- The purpose of case conferencing will be to advocate for individual referrals, to identify potential gaps in service, to communicate and discuss program options, and to make referrals.
- Meetings will occur at least twice monthly. As the CES administrative entity, One Door will be responsible for setting up these recurring meetings.
 - Meetings will be held in-person, at a central and consistent location.
 - Invited attendees will include representatives from any agencies that accept clients from the Prioritization List or refer people to the Prioritization List (e.g. The Kitchen, Inc., Catholic Charities of Southern Missouri, One Door, Harmony House, Great Circle, Burrell, VA, MDMH, others TBD).
- Prioritization during case conferencing will be based on the priority populations adopted by OAEH Executive Committee and information collected on the Prioritization List.
- Agencies participating in CES will provide designated representative(s) for each meeting. If an agency's designated representative is unable to attend, they can send a proxy.
- Attendance is not mandatory should a program have no openings. However, given the broader scope of case conferencing, the desire is that all participating agencies will send representatives as often as possible. In the event that no representatives from an agency will be attending, advance notice to One Door via phone or email is requested. Agencies that receive HUD funding should attend 75% of case conferencing meetings quarterly (regardless of program openings).
- If significant travel would be required for agency staff to attend case conferencing, the ability to call in via telephone will be made available.

Disclosure Forms:

Upon entering a "Front Door" agency, Heads of Household will be given, explained, and asked to sign two separate Releases of Information (ROI):

1. HMIS Data Sharing ROI – will allow for sharing of data within ServicePoint between agencies participating in the OAEH Sharing Group and other Missouri HMIS partner agencies (Appendix E).
2. Case Conferencing and Referral ROI – will allow for written and verbal sharing of data for the purpose of case conferencing and making referrals (Appendix E).

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

Program Declines Referral

There may be rare instances where programs decide not to accept a referral from the coordinated assessment process. Refusals are acceptable only in certain situations, including:

- The person does not meet the clearly stated program's eligibility criteria, which is submitted annually to the OAEH Executive Committee;
- The person would be a danger to others or themselves if allowed to stay at this particular program;
- The person has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff) or is on the program's internal Do Not House list;
- The client declines housing services through the referral program; and

- The client is unable to be contacted within 3-7 business days; (exact deadline within 3-7 business days' timeframe to be determined by individual agencies or programs).

If the program determines a client is not eligible for their program after they have received the referral through coordinated assessment, the referral agency will provide the client with a form letter referring the client back to One Door. The agency will also note the reason for the decline in ServicePoint and communicate the decline to One Door. One Door will then work with the client to determine if there is a more appropriate referral or if other supportive services are needed. One Door may also follow up with referral program staff as necessary to determine if another program or service might better serve the client. This follow up could occur during regular case conferencing as well.

If a client fails to show up to a program assessment or a program is unable to get in contact with that client within 3-7 business days (exact deadline within 3-7 business days' timeframe to be determined by individual agencies or programs), the program can refuse the referral. In those cases, One Door will attempt to make contact with the client within 1 business day. However, if the client is still unable to be contacted, One Door can refer the next client on the prioritization list for services.

All agencies have a right to reject a referral based on the reasons listed above. However, it is the goal of the OAEH that rejections are rare and justified. For this reason, each program will be given a standard decline rate for rejections. The decline rate is the percentage of referrals a program can refuse in a given period of time. For the initial 6-month pilot of the CES, each program will be given a decline rate of 15% of the total referrals. Starting July 1, 2017, all programs participating in coordinated entry will be given a decline rate of 10% over one year. As the referring agency, it is One Door's role to ensure all referrals are quality and meet eligibility criteria for program receiving the referral. If a program is consistently refusing referrals, One Door may request a meeting with the program agency and the OAEH CES Oversight Committee to determine possible solutions or identify any areas of concern within the referral process.

Consumer Declines Referral

Assessment staff, through the administration of the assessment tools and the coordinated entry process (which includes consumer input), will attempt to do what they can to meet each consumer's needs while also respecting communitywide prioritization standards. The OAEH has the right to limit the number of program refusals any consumer can make per episode of homelessness if necessary. However, if a client tells agency staff that he or she does not want housing services, that consumer should be asked to sign the Acknowledgment of Consumer Decline form (Appendix G) and will be moved to the inactive portion of the prioritization list. A client can be moved back to the active list at any time once he or she is ready to receive services and updated assessments are completed.

Provider Grievances

Providers should address any concerns about the process to the OAEH CES Oversight Committee. A provider should submit a summary of concerns via email to the chair of the OAEH CES Oversight Committee. The chair should then schedule for that provider's representative to meet with the oversight group so the issue can be resolved. If the issue needs more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue. However, if a provider

believes a consumer is being put in immediate or life-threatening danger, they should deal with the situation immediately without waiting for the grievance process.

Consumer Grievances

Program staff or supervisors should address any complaints by consumers as best they can in the moment per their internal program guidelines. Complaints that should be addressed directly by the program staff member or program supervisor include complaints about how they were treated by staff, program center conditions, or violation of confidentiality agreements. Any other complaints specific to the CES should be referred to the chair of the OAEH CES Oversight Committee to be dealt with in a similar process to the one described above for providers. All program-specific complaints should be addressed by individual programs prior to involving the OAEH. Any complaints filed by a consumer should note their name and contact information so the chair can contact them and ask them to appear before the committee to discuss the complaint.

CES POLICY DEVELOPMENT & SYSTEM OVERSIGHT

OAEH CES Oversight Committee: Roles and Responsibilities

The Coordinated Entry System will be governed by the Ozarks Alliance to End Homelessness Executive Committee and/or its designated OAEH CES Oversight Committee. This group will be responsible for:

- Investigating and resolving client and provider complaints or concerns about the process, other than declined referrals (which will be dealt with using the process described on page 13);
- Providing information and feedback to the general Continuum and the community at-large about coordinated entry;
- Evaluating the efficiency and effectiveness of the coordinated entry process;
- Reviewing performance data from CES; and
- Recommending changes or improvements to the process, based on performance data.

Meeting Schedule

The OAEH Executive Committee meets monthly on the 2nd Wednesday of the month at 10:30 a.m. Additionally, the Executive Committee will convene quarterly to review system data, address client and agency grievances, and discuss any system changes.

Conflicts of Interest

If at any point a provider or client wishes to address a complaint or grievance with a provider or agency that has a representative on the Coordinated Assessment Committee, that particular member must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

Funded Agency Subcommittee:

Roles and Responsibilities

This group is a subcommittee of the OAEH Executive Committee. This group will:

- Act as the voice for all agencies within the CoC, and specifically those participating in coordinated entry;
- Assist in identifying areas of new policy development;
- Reviewing all CES policy changes and provide feedback to the Policy Development Group; and
- Provide recommendations to the OAEH Executive Committee on behalf of the Policy Development Work Group.

Committee Composition

This committee will include, but is not limited to, agencies that receive federal dollars and are participating in coordinated entry. Other representatives may be appointed by the OAEH Executive Committee.

Meeting Schedule

The Funded Agency Subcommittee meets monthly on the 2nd Wednesday of the month at 9 a.m.

Policy Development Workgroup:*Roles and Responsibilities*

This group will consist of agencies that provide services within CES. This group will:

- Assist in drafting new policy and procedures around CES;
- Provide input into CES, including identifying barriers that prevent clients from accessing services;
- Provide recommendations to the Funded Agency Group regarding CES; and
- Provide recommendations to the OAEH Executive Committee on behalf of the Policy Development Group.

Committee Composition

This committee will include, but is not limited to, agencies that are participating in coordinated entry and/or serving special populations, including veterans, youth and victims of Domestic Violence.

Meeting Schedule

The Policy Development Workgroup will meet on an as-needed basis.

EVALUATION

The coordinated assessment process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency.

For information on the data and outcomes collected, please see Appendix F

Evaluation mechanisms may include the following:

- **A monthly review of metrics from the coordinated entry process.** The data to be reviewed, and the thresholds that should be met, will be developed based on the document in Appendix F.
- **A quarterly forum with people experiencing homelessness who have been through the coordinated entry process.**
- **A report issued to the community every six months on coordinated entry and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the OAEH CES Oversight Committee Chair on the process's progress. Major findings from this report should be presented at CoC meetings by a member of the OAEH CES Oversight Committee. Committee members may ask for staff assistance in writing and producing this report.
- **An annual report on the homelessness assistance system with a section devoted to coordinated entry.** Major findings from this annual report should be presented at a meeting of the OAEH by a member of the OAEH CES Oversight Committee or their designated representative.

CONTACT INFORMATION

Questions about these policies and procedures should be directed to:

Adam Bodendieck

abodendieck@cpozarks.org

417-225-7499

APPENDIX A

Criteria for Defining At Risk Homelessness

Category 1: Individuals and Families

An individual or family who:

- (i) Has an annual income below 30% of median family income for the area; AND
- (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
- (iii) Meets one of the following conditions:
 - a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - b. Is living in the home of another because of economic hardship; OR
 - c. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - d. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
 - e. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 - f. Is exiting a publicly funded institution or system of care; OR
 - g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan

Category 2: Unaccompanied Children & Youth

A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Category 3: Families with Children & Youth

An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Comprehensive definitions of homelessness can be found at

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

APPENDIX B

Homeless Management Information System Client (HMIS) & Coordinated Entry System Memorandum of Understanding for the Ozarks Alliance to End Homelessness

I. Introduction

The purpose of this Memorandum of Understanding (MOU) is to confirm agreements between the Greene, Christian and Webster County Continuum of Care, otherwise known as the Ozarks Alliance to End Homelessness (OAEH), and its partner agencies related to management of the Homeless Missourians Information System (HMIS) database and the implementation of a Coordinated Entry System (CES). This MOU establishes the Continuum's Executive Committee as the oversight group for the CES and the HMIS database, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of HMIS and the CES.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant program (ESG) funding. HMIS is essential to coordinate client services and inform community planning and public policy. The entry and analysis of client information in HMIS is critical to the preparation of a periodic accounting of homelessness in our Continuum, including all HUD-required reporting.

The CES represents a Continuum-wide process for facilitating access to all homeless designated resources, identifying and assessing the needs of persons experiencing a housing crisis, and referring clients to the most appropriate service strategy or housing intervention. CES enables our CoC to more consistently and accurately document needs, and ensures limited resources are allocated to achieve the most effective results.

Through HMIS and the CES, individuals and families experiencing homelessness benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and individuals is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating coordinated entry and HMIS.

II. Duration

Except as provided in Section VIII (Termination), the duration of this MOU shall be from February 1, 2016 through June 30, 2017. While it is anticipated that this MOU will be renewed annually for periods of one year thereafter, the parties will review and affirmatively agree to the terms of this relationship annually. This review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation.

III. Guiding Principles of the OAEH

The following principles have been adopted by the Executive Board of the OAEH. This MOU ensures that all partner agencies within the Continuum also agree to adopt these guiding principles:

- Comply with HUD regulations and standards as required while allowing flexibility for local customization.
- Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and are able to participate in their own housing plan. The

Continuum will provide ongoing opportunities for client participation in the development, oversight and evaluation of the CES. Participants should be offered choice whenever possible.

- Prioritization of the most vulnerable persons and families will determine the allocation of limited resources. The OAEH has adopted the Vulnerability Index Service Prioritization Decision Assistance Tool II (VI-SPDAT II) as the prioritization tool with which to determine an individual's or family's vulnerability risk. The OAEH has also adopted the use of a Prioritization List for use by agencies providing Rapid Re-Housing and Permanent Supportive Housing to determine who should receive services first.
- Attend case conferencing at least twice monthly to ensure clients are referred to the appropriate resources and that prioritization is observed in the referral process for housing services.
- Reduce barriers to housing placement by identifying system practices or program requirements that may contribute to the exclusion of participants from services and eliminating those barriers. Barriers could include conditions such as income or sobriety as eligibility requirements for program enrollment. They can also include difficulty accessing services for rural families or those without transportation. A homeless outreach team has been determined to be a priority for our Continuum.
- Promote system-wide transparency ensuring open communication between agencies, the governing board and administrative entities.
- Promote collaborative and inclusive planning and decision making practices.
- Acknowledge and honor diversity, including cultural, regional, programmatic, linguistic and philosophical differences.
- The OAEH will use CES and HMIS data to analyze housing needs throughout the Continuum and create a diversity of housing options.
- Adopt the concepts of prevention and diversion when applicable for families that are low barrier and low risk for homelessness.

IV. Responsibilities of the governing board

The OAEH Executive Committee will:

1. Coordinate with local HUD and ESG recipients in the OAEH on coordinated entry, performance measurement, written standards, and other related topics.
2. Coordinate, integrate and leverage resources to maximize impact of services for individuals who are experiencing homelessness.
3. Identify the group and/or persons charged with managing daily activities associated with CES planning, implementation, operations and evaluation, and communicate those roles to participating agencies.
4. Identify local access points ("front doors") for the CES that cover the Continuum's geography and can be accessed by all households in need of assistance.
5. Ensure that participating agencies have access to and are using the same eligibility and assessment tools.
6. Develop an affirmative marketing plan for CES that communicates to local stakeholders, advocates and the general public where and how to access housing services.
7. Provide oversight and accountability for all participating CES and HMIS participating agencies, including timeliness of data entry, prioritization of services, the elimination of barriers to services, and the rate of service denial.
8. Oversee client grievance and any local case conferencing process as necessary.

9. Set the overall standards for prioritization and referral, and ensure that all participating providers are following these expectations.
10. Evaluate at least annually the Continuum's CES performance and progress of the CES. Implement quality improvement adjustments to the CES as necessary.
11. Provide regular performance reports to agencies participating in CES.

V. Responsibility of CES administrative entity

One Door will:

1. Act as the front door for all homeless services and housing referrals for the Continuum.
2. Provide oversight for the system's Prioritization List, including ensuring client prioritization by subpopulation and completion of the vulnerability-determining tool.
3. Work with clients and partner agencies to ensure clients are document-ready. One Door will assist with state IDs, social security cards, birth certificates, veterans' documents, and income verification. All documents will be scanned and saved in the client's file electronically.
4. Coordinate at least twice-monthly case conferencing between agencies.
5. Provide referrals for services to all agencies that serve the homeless and at risk in the Continuum, including emergency shelter, transitional housing, Rapid Re-Housing, permanent supportive housing, mental health services, physical health services, and veterans' services.
6. Track program openings and ensure referrals made for these openings best fit the needs of the client while also observing prioritization based on vulnerability and subpopulation.
7. Communicate with agencies when a denial of service occurs to determine the reason for denial. Assist in the identification of alternative housing options when a referral is not accepted.
8. Employ the concepts of prevention and diversion when applicable for families that are low barrier and low risk for homelessness.
9. Coordinate data tracking and assessments with the street outreach team, and act as a central entry point into the system for those clients that may be high-barrier and high-need.

VI. Responsibilities of Participating Providers

[Name of Provider] will:

1. Participate in the Continuum's Coordinated Entry planning and management activities as established by the OAEH Executive Committee. Agencies agree to notify the OAEH Executive Committee of any changes that would impact their participation in CES.
2. Publish written standards for client eligibility and enrollment determination. Limit project eligibility requirements to only those that are required by funders or by program designation (ie: gender, family composition or other characteristics) in an effort to reduce barriers to clients.
3. Ensure that persons experiencing a housing crisis have fair access to services and housing and are using the Continuum-defined access points ("front doors") for coordinated entry of homeless services.
4. Ensure regular communication and coordination with the street outreach team.
5. Use the locally defined intake, assessment and vulnerability-determining tools for coordinated entry.
6. Ensure all clients who complete a vulnerability-determining tool are referred to the CES administrative entity for addition to the Prioritization List.
7. Participate in at least twice-monthly case conferencing. Prior to case conferencing, inform the CES administrative entity of any program openings.

8. For partner agencies that provide Rapid Re-Housing and Permanent Supportive Housing, communicate with the CES administrative entity to receive referrals through the utilization of the Prioritization List and accept only those individuals or families for program entry.
9. For agencies providing emergency or transitional housing services, services may be provided without the consideration of prioritization. However, if there are open beds, communicate with the CES administrative entity to accept referrals through the use of the Prioritization List.
10. Employ the concepts of prevention and diversion when applicable for families that are low barrier and low risk for homelessness.
11. Enter all data on clients into HMIS as required in a timely manner, or refer the client to a Continuum-defined access point for HMIS data capturing. Ensure data is as complete as possible and meets quality standards set by the OAEH Executive Committee.
12. Track and document all referrals in which a client was denied services and the reason for each denial of service. Assist in the identification of alternative housing resources when a referral is not accepted.
13. Ensure that the agency is meeting local performance standards for CES.

VII. Confidentiality

All parties agree that they shall be bound by and shall abide by all applicable Federal and/or State statutes or regulations pertaining to the confidentiality of client records or information. This agreement pertains to both agency employees as well as volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement except with the written consent of such recipient, recipient's attorney or recipient's parent or guardian.

VIII. Terms of Agreement

This MOU shall be effective upon adoption by each signatory agency and entity. Annually, this MOU will be reviewed and updated to incorporate changes and clarification of roles and responsibilities. Any party must provide written notice of change ninety (90) days to the OAEH Executive Board before the annual termination date or it will be automatically renewed. Otherwise, this Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this MOU by giving sixty (60) days written notice to the other parties. If the funding relied upon to undertake activities described in this MOU is withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

Amendment/Notices. This MOU may be amended in writing by either party. Notices shall be mailed or delivered to:

Ozarks Alliance to End Homelessness
c/o Michelle Garand
330 N. Jefferson Ave.
Springfield, MO 65806

Signature and Acknowledgment

Print name of partner organization

Print name of partner organization staff

Signature of partner organization staff

Date

One Door

Print name of administrative entity

Print name of administrative entity staff

Signature of administrative entity staff

Date

Ozarks Alliance to End Homelessness

Print name of oversight organization

Print name of oversight organization staff

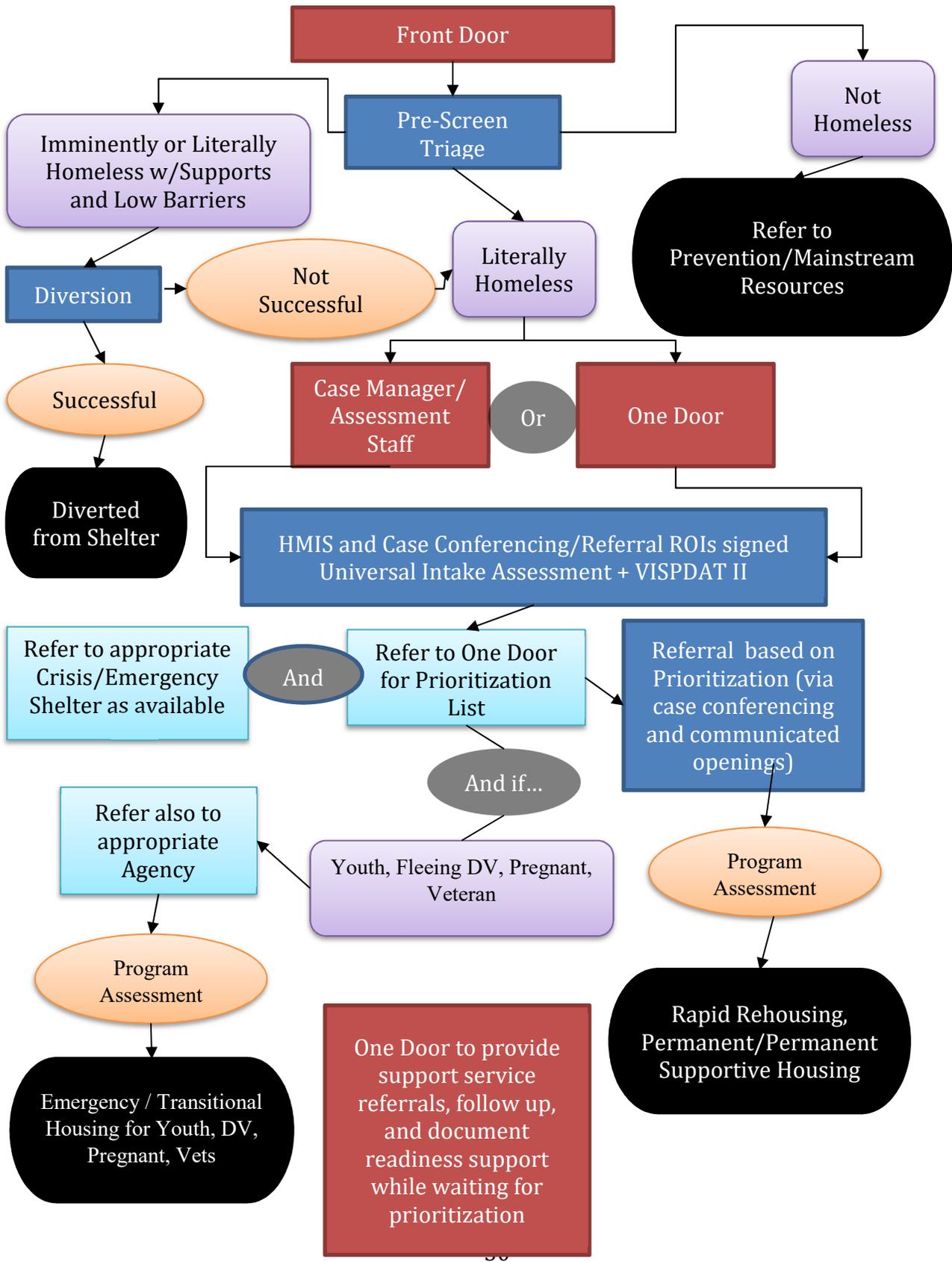
Signature of oversight organization staff

Date

APPENDIX C

Ozarks Alliance to End Homelessness (OAEH) Coordinated Entry System Access & Referral Process

- Client accesses services via one of the established Front Doors, which are currently One Door, Rare Breed (The Kitchen, Inc.), Home at Last (The Kitchen, Inc.), Harmony House, LifeHouse (Catholic Charities of Southern Missouri), Empowering Youth (Great Circle) and street outreach team(s).
 - Assessment staff at the Front Door administers the universal pre-screen triage tool to determine what services are appropriate (Prevention, Diversion, or Shelter); Front Door provides whatever prevention/diversion interventions they are able to provide and/or works to connect client with mainstream prevention resources (e.g. Salvation Army, Catholic Charities of Southern Missouri, OACAC) or One Door's diversion program.
 - Assessment staff at the Front Door EITHER administers the universal intake assessment and VI-SPDAT II OR works to connect client with One Door (via phone or in person) to administer the universal intake assessment and VI-SPDAT II.
- If emergency shelter is needed, Front Door staff will EITHER work to connect client with One Door OR direct client to appropriate emergency shelter (provided space is available).
- Front Door assessment staff will refer client to the OAEH Prioritization List (kept by One Door) for Rapid Re-Housing and Permanent Supportive Housing services.
 - For agencies agreeing to accept Rapid Re-Housing and Permanent Supportive Housing referrals via prioritization, all referrals will be made by One Door in ServicePoint and be based on the Prioritization List.
 - Clients fleeing domestic violence, pregnant women, youth, and veterans will be referred to agencies specializing in services for those populations; these services are not governed by the prioritization process and may not occur in ServicePoint.
- Agencies will communicate program availability as soon as openings are available and during case conferencing, which will occur at least twice monthly. Program eligibility guidelines must be clearly communicated and up-to-date to ensure good referrals are being made.
- When a referral is made, the receiving agency will have the opportunity to accept or reject the referral; this process will occur within ServicePoint.
- While clients are waiting to receive Rapid Re-Housing and Permanent Supportive Housing services, One Door will continue to provide support service referrals, follow-up, and document readiness support as available and appropriate.



APPENDIX D

Ozarks Alliance to End Homelessness (Springfield-Greene, Christian, and Webster Counties CoC) Data Sharing Policy

Background Information:

The Homeless Management Information System (HMIS) is used to facilitate and protect data sharing among homeless service providers participating in coordinated entry. The Ozarks Alliance to End Homelessness (OAEH) operates an “open” system to ensure efficient and coordinated referrals and case conferencing. Upon signing the OAEH HMIS release of information (ROI), all records, including health questions and special needs, are visible/open within HMIS to the designated OAEH HMIS Sharing Group.

Additionally, the household’s record is visible to the entire Missouri Implementation (STL City CoC, STL County CoC, Missouri Balance of State CoC, Jasper/Newton Counties CoC) with the exception of health questions and special needs, which remain visible only to the agency collecting that information and the OAEH Sharing Group.

Policy:

CoC agencies participating in the OAEH HMIS Sharing Group will request that households sign an HMIS specific ROI that reflects this policy; this will enable agencies to collect and share a household’s information. The level of sharing will be determined at the household level and consist of one of the following:

- Consent to share ALL information with the OAEH Sharing Group and all information EXCEPT health and special needs information with the entire Missouri HMIS implementation.
- Consent to share all information EXCEPT health and special needs information with both the OAEH Sharing Group and the entire Missouri HMIS implementation.
- Information entered into HMIS but NOT shared with anyone other than the agency collecting the information.

If a household had provided consent to share in the past but wants to revoke that consent, the historical data will remain open but any data collected following the revocation of sharing consent will be visible only to the agency collecting the data.

Case conferencing and referrals requires the household to sign a separate Coordinated Entry ROI that enables referring agencies and all agencies represented at case conferencing meetings to participate in open discussions, both written and verbal, about the household’s access to housing and placement into participating housing projects. This ROI is not dependent on the household signing the HMIS ROI. The household could choose to sign the case conferencing ROI and not the HMIS ROI, or vice versa.

However, if a household chooses not to sign a consent to share for HMIS and/or case conferencing purposes, this does not restrict access to services within the CoC. Participating agencies will still work together, while protecting the household’s data, to assist the household in obtaining housing.

APPENDIX E

Ozarks Alliance to End Homelessness HMIS Client Release of Information

This agency participates in the Ozarks Alliance to End Homelessness (OAEH) Homeless Management Information System (HMIS) Sharing Group and the Missouri HMIS Network, collecting information about individuals and families that seek housing services in the OAEH tri-county service area. The information collected will be shared through HMIS, a computerized database, in order to coordinate and improve programs and services.

To provide the most effective services in moving people from homelessness to permanent housing, we need to collect some personal information. You may be asked to provide the following information:

- Name
- Race and Ethnicity
- Social Security Number
- Income Sources
- Veteran Status
- Birth Date
- Household Composition
- Housing History
- Education
- Legal History

** This information will be visible to the OAEH Sharing Group and the entire Missouri HMIS Network.*

In addition, you may be asked questions regarding:

- Physical and Mental Disabilities / Health Conditions
- Domestic Violence History

** This information will be visible only to the OAEH Sharing Group and not the rest of the Missouri HMIS Network.*

Information you provide will be used to better identify appropriate resources for you and your household.

- You have the right to not answer any questions asked. If you do not consent to share your information, the data entered into the system by this agency will not be shared with any other HMIS partner agency. Services will not be refused if you decide to not share your data in HMIS.
- If you agree to share your information, you have the right to revoke your consent at any time in writing or by completing the Client Revocation of Consent to Release Information form. Upon completion of your revocation, any information entered into HMIS after that date will not be shared outside this agency.
- Regardless of consent to share with other agencies within the OAEH Sharing Group and the Missouri HMIS Network, your data is accessible to limited staff at the HMIS lead agency, the Institute for Community Alliances, and the software provider for the purposes of technical support. Additionally, non-identifying information is pulled into various reports and publications required for billing and analysis of performance measures; your name and identifying information will NEVER be included in ANY reports or publications.

How is your information protected?

Your information in HMIS is secured by limiting access to the database and with whom that information may be shared per federal HMIS Privacy Standards. Every person or agency that is authorized access to the information in the database has signed an agreement to maintain the security and confidentiality of the information. Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information. Your data in HMIS will be archived after seven years.

Please Check Only One of the Following:

- Regarding personal information pertaining to me and my household, I authorize the sharing of collected information with other service agencies within the OAEH Sharing Group and Missouri HMIS Network. I understand that my personal information will not be made public and will only be used with strict confidentiality. I understand that I am not waiving any rights protected under Federal or Missouri law. I also understand that I may withdraw my consent at any time.

- I understand that some personal information about me and my household will be collected and shared in HMIS but DO NOT authorize information about health, disabilities, or domestic violence for myself or others in my household to be shared with other service agencies within the OAEH Sharing Group or the Missouri HMIS Network.

- I understand that my information will be entered into the HMIS system. However, I DO NOT consent to share any personal information in HMIS about me or my household with the OAEH Sharing Group or the Missouri HMIS Network.

Head of Household Name (Printed)	Date	Head of Household Signature
----------------------------------	------	-----------------------------

Other Adults in Household (first and last names):

Staff Name (Printed)	Date	Staff Signature
----------------------	------	-----------------

Name of Agency

Upon request, we will provide you with a copy of the Client Revocation of Consent to Release Information form; a copy of the HMIS Notice of Client Rights and Confidentiality Policies; and a current list of participating agencies in the OAEH Sharing Group and the Missouri HMIS Network.

For Staff Use Only

- Telephonic Consent: Staff obtained telephonic consent from client over the age of 18 listed above. Written consent must be obtained the first time the client is physically present at an organization with access to the HMIS system.

Ozarks Alliance to End Homelessness
Case Conferencing/Referral Client Release of Information
Authorization to Disclose Information per Client

This document allows the following agencies to share information between themselves via referrals and case conferencing for the purpose of determining available housing-related resources for you and your household:

- Catholic Charities of Southern Missouri
- The Kitchen, Inc.
- Safe to Sleep
- Burrell Behavioral Health
- The Salvation Army
- OACAC
- Veterans Administration
- HUD
- The Missouri Dept. of Mental Health
- Veterans Healthcare Systems of the Ozarks
- Harmony House
- Victory Mission
- One Door
- Great Circle (Empowering Youth)
- Isabel's House
- Other: _____

Personally identifying information may be shared during case conferencing and the referral process. Information shared will be relevant to program criteria and may include: income sources, household composition, veteran status, health and disability status, and domestic violence history.

Your decision not to share your information for the purposes of case conferencing and referral will not affect the services you are able to receive from this agency, nor will it be used to deny outreach, shelter, or housing. If you agree to share your information, you have the right to revoke your consent at any time.

→ I consent to the sharing of my information with the above agencies as it applies to the referral and case conferencing process. I understand that I can revoke this release at any time.

→ First and Last Name of **Head of Household (Print)**: _____

→ Date of Birth (**Head of Household**) ___ / ___ / ___ SSN (**Head of Household**) _____

→ _____
Signature Date (MM/DD/YYYY)

Staff Signature Date (MM/DD/YYYY)

Staff Name Printed Agency Name

*The authorization (unless expressly revoked earlier) expires on: ___ / ___ / ___
(If the date is not identified, it will expire 120 days from the date signed.)

REVOCACTION

****I (The client) hereby revoke my consent for the release of the previously stated information****

Signature Date (MM/DD/YYYY)

APPENDIX F

Coordinated Entry System Metrics

Process Metrics

- Number of assessments completed
- Number of assessments completed weekly at each site/by each assessment staff member
- Percent of households receiving diversion assistance (currently tracking One Door Program)
- Number of households receiving diversion assistance (currently tracking One Door Program)
- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (client)
- Number of declined referrals (client)
- Average amount of time spent per assessment
- Number of complaints filed with Coordinated Assessment Committee (provider)
- Number of complaints filed with Coordinated Assessment Committee (consumer)
- Average wait time for an assessment

Outcome Measures

- Percent of households exiting from homelessness to permanent housing (RRH, PSH, other subsidized or non-subsidized housing)
- Number of households exiting from homelessness to permanent housing (RRH, PSH, other subsidized or non-subsidized housing)
- Percent of households diverted but requesting shelter placement within 12 months
- Number of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

APPENDIX G

Acknowledgment of Consumer Decline

Ozarks Alliance to End Homelessness Springfield-Greene, Christian, and Webster Counties CoC

Consumer Refusal Acknowledgment

By signing my name below, I am acknowledging that I was given the opportunity to participate in the _____ program run by _____.
(program name) (agency name)

At this time, I am choosing to not participate in the program.

Applicant Name

Applicant Signature

Date

Agency Staff Name

Agency Staff Signature

Date

APPENDIX H

OAEH Observational Assessment Request Form

Client Name: _____ SP ID: _____

Agency Personnel Requesting

Name: _____ Agency/Program: _____

Signature: _____

Observational Assessment Requirements

Client meets the HUD definition of literal homelessness

Client displays signs of a severe and persistent mental health condition or impairment

At least three (3) attempts have been made to conduct a standard front door assessment / VISPDAT

Assessment Dates: _____

Supporting Evidence

Please attach documentation to this form as possible and allowable

Agency personnel has reason to believe the following are applicable:

Mental health issues or impairments (*Documentation exists to support* Yes No)

Alcohol and/or substance use disorder (*Documentation exists to support* Yes No)

Physical health disability (*Documentation exists to support* Yes No)

Risk of harm to self and/or others (*Documentation exists to support* Yes No)

Frequent hospital and/or jail utilization (*Documentation exists to support* Yes No)

Other: _____

The following to be completed by administrative entity ONLY

Date discussed during case conferencing: _____

Observational Assessment Request Accepted? Yes No

If no, describe reason:

Name: _____

Signature: _____