



PROGRAM STANDARDS FOR COORDINATED ENTRY

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PURPOSE

The purpose of this document is to provide consistent guidance for programs within the MS Balance of State in provision of programming, in line with the vision and principles established by the Governing Council. Developing these standards promotes program accountability, compliance with HUD regulations, data uniformity, and coordinated, continuing and comprehensive staff training and competence. The overarching goal of implementing the Coordinated Entry process and Program Standards is to insure equal dignity for all clients.

VISION AND PRINCIPLES FOR THE CONTINUUM OF CARE

Our vision:

No one should be homeless –everyone needs a safe, stable place to call home. Homelessness within the Mississippi Balance of State should be temporary and rare; lasting less than thirty days.

Our principles are to:

- **Prioritize vulnerable populations**
Homelessness has significant detrimental effects on everyone, yet there are some whose health and safety are placed at even greater risk for harm without a safe and stable place to call home. These groups include, but are not limited to: children, women fleeing from domestic violence situations, veterans and people with disabilities. Strategies to identify and assist the most vulnerable groups will be prioritized. We are committed to serve all people in need of assistance regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation or gender identity.
- **Promote justice for all vulnerable populations**
To eliminate the disproportionate rates of homelessness among many communities of vulnerable populations, we will adopt strategies to achieve equity in both access and outcomes in all areas of housing and services. These strategies will include culturally specific services, using a racially equitable lens across all program investments and dedicated funds to eliminate disparities.
- **Use data-driven assessment and accountability**
To best utilize our resources, we must understand the outcomes of our investments, evaluate progress and demonstrate accountability. We will continue to improve and expand our community-wide data system so funders and providers can efficiently collect data, share knowledge for better client outcomes and report outcomes against the goals of the CoC.

- **Engage and involve the community**
Policy makers and community stakeholders must understand the magnitude of the challenge, the costs if we don't meet the challenge, our strategies for ending homelessness and the importance of obtaining and allocating resources equal to our aspirations. An action plan for ending homelessness in Mississippi will ensure that the specific concerns and interests of our local, regional and national stakeholders are heard.
- **Strengthen system capacity and increase leveraging opportunities**
The longstanding solutions to prevent and end homelessness transcend multiple systems of care, foster care, domestic violence, community justice, health, mental health and addictions and available resources. To permanently end homelessness, we must strengthen efficiencies in our current system and better align other resources towards ending homelessness.

COORDINATED ENTRY

The Mississippi Balance of State within its Bylaws established a Coordinated Entry Committee whose role is to establish and guide a coordinated assessment system that will provide initial, comprehensive assessment of needs and can be easily accessed. This system will document the plan to coordinate the implementation of a housing and service system within the CoC's geographic area to encompass outreach, engagement and assessment.

The purpose of Coordinated Entry is to:

1. reorient housing and service provision to be focused on the needs of the people it serves, creating a more client-focused environment;
2. minimize the time and frustration people spend trying to find assistance
3. maximize the use of available system resources, including mainstream resources, to meet their needs
4. identify and quantify housing and service gaps and any areas that have excess capacity

The primary advantage provided by the use of Coordinated Entry...

- ...to the CoC is a comprehensive, continuous, and coordinated process to end homelessness in the Mississippi Balance of State.
- ...to Programs and Agencies is real-time access to priority clients and the opportunity for agencies to serve them accordingly.
- ...to Communities is the historic opportunity to have solutions to reduce homelessness in their respective locales. This also gives citizens the opportunity to participate in the process of ending homelessness
- ...to Clients is the ability to be quickly housed without the frustration of some of the historic challenges of multiple agency interactions.

DEFINITIONS

Chronically Homeless person is:

- (a) An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (b) An individual who has been residing in an institutional care facility, including a 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 (a) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

Coordinated Entry is defined as a process designed to coordinate program participant intake, assessment, and provision of referrals. It covers the geographic area, is easily accessed by individuals and families seeking housing and services, is well advertised, and includes a comprehensive and standardized assessment tool. The process of Coordinated Access can be implemented regardless of geography, housing stock, service availability, or unique community makeup.

Disabling Condition is a condition that:

- (i) is expected to be long-continuing or of indefinite duration;
- (ii) substantially impedes the individual's ability to live independently;
- (iii) could be improved by the provision of more suitable housing conditions; and
- (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a development disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Diversion is a strategy that prevents homelessness for people seeking shelter 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 programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

Family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) 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.

Homeless is 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);
- (iii) An individual who is exiting an institution where he or 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;

An individual or family who will imminently 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;

Any individual or family who:

- (i) Is fleeing, or is 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 a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has 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.

Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., “sober housing”).

Permanent Supportive Housing is community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. Permanent supportive housing means long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Rapid Rehousing is an intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance, operating in a Continuum of Care and/or Housing First model, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium term rental assistance and move-in (financial) assistance, case management and housing stabilization services

A Veteran is a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable. This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged. However, with regard to applicable benefits, other considerations are worth note for respective Veteran Programs.

Veterans Affairs Supportive Housing (VASH): A person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable and has at least 180 days of active duty.

Supportive Services for Veterans Families (SSVF): A person who served in the active (at least one day) military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable. Note that the period of service must include service in active duty for purposes other than training.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) is a pre-screening, or triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available. A score is given based on information given by the client.

Intervention Recommendations within MS Balance of State

Intervention Recommendation	VI-SPDAT Score
Permanent Supportive Housing/Housing First	10-16
Rapid Re-Housing	5-9
Diversion	4

CLIENT INTAKE

MS Balance of State (MSBoS) will strive to ensure that homeless programs throughout the state are active members of the coordinated entry system. It is the policy of the MSBoS that all programs will utilize the VI-SPDAT and that its criteria are used to run the By-Name List (BNL). The “Move-In Date” will be used as the criteria for removal from the BNL (see CES Discharge Policy for details). If a client is referred to another agency through the BNL, the referring agency will be the primary referral source. If it's self-referral, it should not be counted as a referral

it is the policy of the MSBoS that programs will prioritize clients first by Chronically Homeless status and VI-SPDAT. It is also the policy of the CoC that funded CoC-funded and State-funded ESG and RRH programs will serve using the BNL as a priority.

Through the BNL and the VI-SPDAT, special needs populations will be referred directly to the following agencies for housing services:

- HIV+ persons will be referred to:
 - AIDS Services Coalition: www.ascms.org
- Persons experiencing Mental Health Issues are to be referred to:
 - MUTEH Inc.: www.muteh.org
- Veterans are to be referred to:
 - MUTEH Inc.: www.muteh.org
 - Oak Arbor SSVF: www.southmsveteransresources.com/
 - Catholic Charities: www.catholiccharitiesjackson.org/services/ssvf
 - Voice of Calvary Ministries/Soldier On: <http://vocm.org/rebuilding-lives/supportive-services-to-veterans-families-ssvf/>
 - Note: A Coverage Map for SSVF services can found here: <https://msboscoc.files.wordpress.com/2015/07/ssvfcoveragemapinfo-2016-2017.pdf>
- Persons with disabilities are to be referred to:
 - University of Southern Mississippi – Institute for Disability Studies: www.usm.edu/disability-studies
- Persons experiencing domestic violence shall be referred to:

- Care Lodge Domestic Violence: <http://www.carelodge.com/>
- Catholic Charities' Guardian Shelter for Battered Families: www.catholiccharitiesjackson.org/natchez/shelters
- Our House Domestic Violence Services: www.ourhousenewbirth.com
- Shelter and Assistance in Family Emergencies (S.A.F.E.): www.safeshelter.net
- Domestic Abuse Family Shelter (DAFS): www.domesticabusefamilyshelter.org/
- Women in Need of God's Shelter (WINGS): www.wingsdvs.com

Each Regional Coalition will be responsible for maintaining the BNL. By maintaining the list, it is implied that Coalitions are responsible for:

- Noting engagement or housing of persons on the list
- Adding memos about literally homeless persons on the respective list
- Offering housing to engaged clients on the list every 14 days
- Contacting the HMIS Lead or CoC Coordinator to get additional information to engage clients.

An agency receiving a BNL referral will attempt to engage the client within one (1) business day. Referral will be placed in [HMIS AWARDS](#).

Any agency that has been contacted concerning a current client's whereabouts and homeless status should respond within 24-48 hours. This will allow the agency handling the BNL referral to be timely in their response to the client so that he or she can be served accordingly.

It shall be the policy of the MSBoS that a client shall be removed from the BNL if no contact is made within 90 days of diligent effort, as they will be assumed to be missing or housed.

ACCESS POINTS

As the CoC continues to develop its Coordinated Entry (CE) system, the following details will be mandated in the implementation in regards to access points into the CE system:

- The CoC will work to develop a web portal, texting service, a call service to report homelessness in any region of the continuum.
- CoC-, ESG-, and SSVF-funded programs will be required to serve as access points for homeless engagement and outreach for CoC CES.
- Any program conducting outreach for the CoC CES shall log all records of outreach in HMIS AWARDS. This will be recognized as a source list for the creation of the By-Name List.
- Dashboard reports will be generated by the HMIS Lead to better understand how the CoC is documenting the path of homelessness.

CES DISCHARGE/REMOVAL POLICY

There are 2 criteria warranting discharge or removal from the CES BNL:

1. If a client on the by-name list is housed by any agency in the continuum, the client will be removed from the BNL.
2. If a client on the by-name list has not been successfully contacted in 90 days (with agencies applying great diligence to make contact in said period), the client will be removed from the BNL with the assumption that the person is missing or stably housed.
 - **NOTE:** If a client who was removed from the BNL is re-engaged through outreach contact, the client is allowed to be re-added to the CES BNL for housing services. The same will also be done for someone who was previously housed via the CoC CES.

The HMIS Lead, MUTEH Inc. will be responsible for the removal of clients from the by-name list. MUTEH Inc. will consult with Coalition CES BNL participants to ensure the process yields accurate information and consistency as reflected by the CES policy.

COORDINATED ENTRY ACCESS

As a policy of the MSBoS CES, CoC-, ESG-, and SSVF-funded programs are required to participate in the CoC Coordinated Entry System. **Agencies given the mandate to access the CoC BNL are required to attend CES BNL Training.** This training can be accessed online at the following URL: <https://msbos.org/2016/07/18/access-ces-bnl-training/>

From this link, interested parties must watch two 1-hour webinars and take a training quiz to be certified to gain access to the BNL. If the score of the quiz is equal to or greater than 75%, it is considered a passing grade and the contact person will be given access to the BNL. If the score is less than 75%, the contact person must retake the quiz until the scoring threshold is attained.

For more information about the CES BNL Training, contact the CoC Coordinator.