Missoula County CoC/ARHC

Coordinated Entry Process

Policies & Procedures

Prepared & Updated by the City of Missoula's Office of Housing and Community Development as the MCES lead entity within the Missoula Continuum of Care (At-Risk Housing Coalition), with special thanks to Colleen Piluso of Mountain Home Montana and the MCES Implementation Team.

Important Note: The MCES Lead maintains up-to-date documents on the Google Drive.

Revision Notes:

May 2020: Prioritization Policy was updated

Table of Contents

Table of Contents

Title

PURPOSE AND BACKGROUND

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel**	**Mission** Date Reviewed **July 11, 2019**	
Approved by			
Reviewed By		Date Approved	
At-Risk Housing Coalition Executive Committee	**CFR 578.7(a)(8)**		
Related Documents:	**August 5, 2019**		
HUD Notice CPD-17-01; Housing **(HEARTH)** Act; **24**			

The Missoula County Continuum of Care (CoC), which is part of Montana's statewide CoC (officially the MT Balance of State CoC, known by HUD as MT-500), has established a coordinated entry (CE) process that aims to increase the efficiency of the local homeless crisis response system and improve fairness, intentionality and ease of access to resources, including mainstream resources. The local CE process is referred to as Missoula Coordinated Entry System (MCES). Goals of MCES include:

- Reduce the burden on households experiencing a housing crisis
- Identify the most appropriate housing resource to facilitate a rapid and permanent exit from homelessness
- Prioritize the most vulnerable households for housing resources
- Collect system-wide data to inform data-driven decision making at the CoC, organizational and project levels.

Coordinated Entry is a nationally recognized best practice for homeless housing and services that has been adopted by HUD and is required by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act as well as 24 CFR 578.7(a)(8) and HUD Notice CPD-17-01. This CE manual is organized by HUD`s four core elements: Access, Assessment, Prioritization and Referral. As stated in the Coordinated Entry Core Elements Guidebook published by HUD in 2017, "Established (1) access points use a standardized (2) assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows

established policies and procedures to (3) prioritize households for (4) referrals to appropriate and available housing and supportive services resources ("projects")."

The Missoula County CoC is an organized regional body within the Montana Balance of State (BOS) CoC. It is not a separate or independent CoC recognized by HUD, but uses the term "CoC" as modeled after the HUD CoC concept to address regional homelessness in MT, specifically Missoula, Mineral and Ravalli Counties (though Ravalli has established an independent regional CoC at present). Lead by At-Risk Housing Coalition (ARHC), the Missoula County CoC is committed to aligning with the MT BOS CoC and implements any and all requirements as instructed and/or mandated by the MT BOS Board.

Guiding Principles: Across the Missoula County CoC, our locally designed and operated Coordinated Entry System acknowledge the following:

1. Missoula is a reflection of its people as a whole and how we treat one another. We all deserve a safe place to call home.
2. Housing instability and homelessness disproportionately impacts people of color. We value diverse voices, experiences and perspectives and see the inclusion of these voices as important in producing successful processes and outcomes. We effectively implement outreach to those who may be or have been excluded or underserved in our communities.
3. We commit to achieving equality for all individuals. Policies and practices are developed and implemented without bias, unnecessary barriers or additional burdens.
4. We are trauma-informed and therefore mindful of the effects of addiction, mental illness, criminal histories, domestic and sexual violence and other barriers to housing. 5. As a community, we must ensure a wide-array of housing options are made available to effectively connect the most appropriate housing intervention to the right household, including, but not limited to, evidence-based practices.
6. The leadership, input and perspectives of people with lived experience of housing instability or homelessness – those who are most affected – must help guide the work.

Table of Contents
Title
DEFINITIONS

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by Reviewed By		Date Approved	
At-Risk Housing Coalition Executive Committee Related Documents:	**N/A August 5, 2019**		

By-Name List (BNL) - A real-time, dynamic list of households experiencing homelessness, typically literal homelessness and/or fleeing or attempting to flee domestic violence, who are in need of permanent housing. This list includes all populations (single adults, families, young adults, veterans) and can be sorted and filtered to prioritize and refer households to appropriate housing and services. This tool aligns with the United States Interagency Council on Homelessness (USICH) criteria and benchmarks for ending homelessness among veterans, people experiencing

chronic homelessness, and other populations as additional USICH criteria and benchmarks are released.

Case Conferencing - A weekly or bi-weekly convening of housing and service providers focused on problem solving and assigning navigation and available housing resources to prioritized households. Providers offer frequent client level updates and ensure the most vulnerable households are being engaged and have the opportunity to connect to the homeless system. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, reduce duplication, and facilitate rapid connection of the most vulnerable households to housing resources.

Case Management - "A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services" to meet individual/household needs (Case Management Society of America). Housing Case Management should be voluntary and person centered, with the goal of identifying strengths and client directed goals, while promoting "health, recognition, and well-being" (USICH, 2016). Case Managers should provide supportive services and linkages to mainstream resources that promote housing maintenance and stability.

Coordinated Outreach Teams – Housing assessments completed by an Outreach Team with households who are unable to visit a physical Regional Access Point location. Planning and ongoing coordination of outreach activities that includes a multidisciplinary approach that ensures the use of best practices to ensure the most vulnerable and disconnected people experiencing homelessness have access to the homeless system regardless of their geographic location.

Continuum of Care (CoC) - A community planning body, required by HUD, to organize and deliver housing and services for a specific geographic region, develop a long-term strategic plan for preventing and ending homelessness, and to apply for federal resources. It has a designated lead entity responsible for oversight and compliance with HUD requirements. The state of Montana has a "Balance of State" CoC and local work is divided by Human Resource Development Council (HRDC) regions and commonly referred to as a CoC (such as the Missoula At-Risk Housing Coalition).

Coordinated Assessment - A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool…" (CoC Program interim rule 24 CFR 578.3). This term is used interchangeably with "coordinated entry."

Coordinated Entry (CE) - A coordinated process designed to coordinate program participant intake assessment and provision of referrals. The primary goals of CE are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people

present. **The four components of a CE process are Access, Assess, Prioritize and Refer.**

Crisis Housing - Any facility with the primary purpose of providing temporary, emergency shelter for people experiencing literal homelessness or fleeing or attempting to flee domestic violence.

Crisis Response System - Focused on rapid connection to permanent housing at every stage, especially within outreach and emergency shelter responses. Elements of a Crisis Response System per HUD:
1. Coordinated Entry Process
2. Development of Collaborative Partnerships with Mainstream Systems
3. Strategic Resource Allocation and Reallocation
4. Increased Performance Measurement

Diversion - An approach that relies on a formally trained Diversion Specialist to facilitate a conversation about safe housing alternatives, outside the homeless system, often including mediation/conflict resolution between a person in crisis and their support system. Diversion focuses on a person's strengths and supports their process of identifying the resources available to them to help resolve their housing crisis (see Appendix E).

Dynamic Prioritization – From Abt Associates, Inc. - Dynamic prioritization is a loose term for a specific prioritization process wherein all available housing resources for persons experiencing homeless in a given community are flexibly and immediately offered to the individuals who need them most acutely in that moment, regardless of whether the individuals might be better-served in

the future by a type of program not presently available to them. These communities nearly uniformly wish to work towards a trio of ends: 1) Effective inflow management, including the use of diversion and progressive assistance to reduce demand for the most intensive CoC assistance; 2) Dynamic priority list management, which enables communities to account for changes as new people present and new units become available; and 3) Flexible use of CoC assets, so that service strategies (amount, intensity, type, and duration of assistance) can be adjusted to best serve those in need. Put another way, these communities seek to (1) reduce the flow of clients into the shelter system, (2) understand changes in their communities in real time, and (3) ensure that their community always serves those in highest need first.

Emergency Solutions Grant (ESG) - A HUD program that provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless.

Family - MCES uses the HUD definition, which states: a family is one or more individuals who live together. Members of the family do not need to be related by blood, marriage or in any other legal capacity. Family members who are away from the household for a certain period of time may be

considered part of the family, so long as the head of household has at least 50% custody of the children. Live-in aides are considered household members (as opposed to family members). HUD's definition of family is broad to help make sure decent and affordable housing is available to every type of family. There are no trimester limitations (a pregnant person is a family).

F-SPDAT (Family Service Prioritization Decision Assistance Tool) – A tool by OrgCode that is utilized for pregnant or parenting households to recommend the level of housing supports necessary to resolve their homelessness. Within those recommended housing interventions, the F SPDAT assesses families based on the presence of vulnerability.

Front Door - CE access point where households experiencing homelessness can meet with an intake professional in-person, via phone or through outreach workers on the street. Front door staff are trained in a common intake and assessment processes that provide access to the CE process and, therefore, local homeless housing and service resources.

Grant Per Diem (GPD) – Funding offered through the VA to community agencies that provide temporary supportive services and housing to veterans experiencing homelessness.

Housing Choice Vouchers (HCV) - The federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Participants work with Public Housing Authorities, who are funded by HUD, to find their own housing.

Homeless - The HUD Definition of Homelessness includes four categories: Literally Homeless, At Imminent Risk of Homelessness, Unaccompanied Youth and Families With Children and Youth

Defined as Homeless Under Other Federal Statutes, and Fleeing or Attempting to Flee Domestic Violence. The details of each category can be found in Appendix A.

Homeless Management Information System (HMIS) - A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Allows authorized Partner Agencies in Missoula Coordinated Entry System to input, use, receive and share information, subject to agreements, regarding clients. This information is then retrieved by the Lead Entity and populates the By-Name-List. Pathways MISI administers HMIS, trains workers on the use of the Service Point database system, and coordinates Partner Agency's access to the database.

Homeless Outreach Team (HOT) - The HOT Program works with unsheltered households in Missoula, building relationships and establishing rapport, with the ultimate goal of connecting them to appropriate services and housing.

Housing Assessors – Staff based at CE Access Points/Front Doors and other MCES identified individuals who administer the VI-SPDAT assessment tool with individuals and families who are eligible for MCES.

Housing First - An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry,

such as sobriety or treatment /service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent a return to homelessness versus addressing predetermined treatment goals prior to permanent housing entry.

Housing Navigation - A service offered to households experiencing homelessness to assist in navigating the homeless system and ensure the household can quickly move into housing as soon as it becomes available. Services may include continuous engagement, relationship building, document gathering (or document readiness, including identification, homeless verification, disability certification, chronic homelessness documentation, etc.), application assistance, transportation to/from intake meeting, and housing search/location. Outreach workers, case managers, and other homeless service providers may provide housing navigation assistance.

Housing Opportunities for Persons With AIDS (HOPWA) – A Federal program dedicated to the housing needs of people living with HIV/AIDS.

iCarol - Shared housing and homeless information database, which prior to November 2018, allowed authorized Partner Agencies in Missoula Coordinated Entry System to input, use, receive and share information, subject to agreements, regarding clients. This information is then retrieved by the Lead Entity and populates the By Name List. The Human Resource Council District XI administers iCarol, trains workers on the use of the iCarol database system, and coordinates Partner Agency's access to the database.

Inflow - Term used to track CE progress and outcomes, referring to the number of households who entering the homeless (typically tracked monthly). Inflow is analyzed alongside the outflow

(number of people permanently housed monthly) and active list to understand how close the community is to a balanced system (known as "functional zero").

National Alliance to End Homelessness (NAEH) - A nonpartisan organization committed to preventing and ending homelessness in the United States, found at https://endhomelessness.org/.

Outflow - Term used to track CE progress and outcomes, referring to the number of households who are permanently housed (typically tracked monthly). Outflow is analyzed alongside the inflow (number of people entering the homeless system monthly) and active list to understand how close the community is to a balanced system (known as "functional zero").

Outreach Grid – Outreach Grid provides a centralized platform that allows outreach workers to collect and store client and camp information and to provide referrals for individuals to services. This platform also engages community stakeholders by allowing them to contribute information that will assist in identifying and engaging homeless individuals and households, and connecting those at risk to proper housing and services.

Project for Assistance in the Transition from Homelessness (PATH) – In Montana, PATH provides outreach to homeless adults on the streets, in shelters, and in other non-traditional settings, targeting people living with serious mental illnesses and linking them to housing and mainstream services and supports.

Permanent Housing (PH) - Non-time limited, community-based housing, including both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) as defined by HUD, in which formerly homeless individuals and families live as independently as possible.

Permanent Supportive Housing (PSH) - Permanent housing for a household that is homeless and at least one person in the household is living with any type of disability. Households eligible for PSH typically have intensive, long-term service needs that impact their ability to maintain permanent housing. Intensive services are offered and encouraged but are not to be required as a condition of tenancy.

Prevention - An approach that focuses on preventing homelessness to households at imminent risk of homelessness (Category 2 of the HUD homeless definition) by providing assistance to households that otherwise would lose their housing and end up in a shelter or on the streets.

Rapid Rehousing (RRH) - Rapid re-housing is a critical part of a community's effective homeless crisis response system that connects people experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Shelter Plus Care (**S+C**) – Previous federal term for an intensive housing and service intervention that is now commonly known as "Permanent Supportive Housing."

SSI/SSDI Outreach, Access, and Recovery (SOAR) - A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

Supportive Services for Veteran Families (SSVF) - A rental assistance and supportive services program that promotes housing stability among very low-income Veteran families who reside in or are transitioning to permanent housing.

Transitional Housing (TH) - A time-limited intervention intended to provide a targeted level of support to attain permanent housing. Services continue to emphasize housing attainment through a housing-focused assessment and housing stability planning, which includes working with each household to identify resources in the community, to make referrals as needed, and to support ongoing family and housing stability.

Transition Age Youth (TAY) - Young people between the ages of 16-24 years who are in transition from state custody or foster care and are considered "at-risk."

TAY-VI-SPDAT (Transition-Aged Youth Vulnerability Index- Service Prioritization Decision Assistance Tool; AKA "Youth VI-SPDAT") – Developed by OrgCode and partners, this is a streamlined assessment tool designed specifically for youth aged 24 or younger.

U.S. Department of Housing and Urban Development (HUD) - A federal funder of homeless housing and services, HUD's mission is to create strong, sustainable, inclusive communities and

quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination, and transform the way HUD does business.

U.S. Department of Veteran Affairs (**VA)** - provides patient care and federal benefits to veterans and their dependents, including housing and service resources to veterans and their families who are experiencing homelessness.

VASH Voucher - A housing resource that combines Housing Choice Voucher (HCV) rental assistance for veterans experiencing homelessness with case management and clinical services provided by the Department of Veterans Affairs (VA).

VI- SPDAT - Vulnerability Index – Service Prioritization Decision Assistance Tool. An evidence based assessment tool that combines the Vulnerability Index (VI) to determine the chronicity and medical vulnerability of homeless individuals, and the Service Prioritization Decision Assistance Tool to help service providers allocate resources in a logical, targeted way.

Table of Contents

Title			
SYSTEM OVERVIEW			
Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission	Date Reviewed **July 11, 2019**	
Approved by		Date Approved	
Reviewed By			
At-Risk Housing Coalition Executive Committee Related Documents:	**N/A** **August 5, 2019**		

The lead entity of MCES in the Missoula County CoC is the City of Missoula Housing and Community Development (HCD) Office. The HCD Office also coordinates Reaching Home, Missoula's 10-Year Plan to End Homelessness, which ensures homeless system level coordination. As the lead entity, HCD is responsible for ensuring MCES compliance with HUD requirements, provision of operational infrastructure and oversight, ownership of the by-name list including ongoing maintenance, and convener of Front Door and Partner entities, the Implementation Team and Case Conferencing team.

The target population of the MCES are people experiencing homelessness per HUD's Homeless

[Definition](#). Homelessness prevention resources are targeted to people within Category 2 of the definition, and homeless housing and services (outreach, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing) are targeted to people within Category 1(literally homeless) and Category 4 (fleeing or attempting to flee domestic violence) of the definition. A system map of MCES can be found in Appendix G.

The Missoula County CoC's geographic area is defined as a tri-county area, including Missoula, Ravalli, and Mineral Counties. The geographic area mirrors the geographic region covered by Human Resource Council (HRC) District 11. The MCES geographic coverage matches that of the CoC (tri-county), as required by HUD. Reaching Home began MCES design and implementation work in Missoula County in 2017, building off of prior cHris system coordination efforts led by HRC. Ravalli and Mineral Counties lack staff capacity and infrastructure to build MCES, therefore Missoula County efforts are being tested within Missoula and will be expanded to Ravalli and Mineral Counties prior to January 28, 2018. Current Access Point locations and infrastructure are defined within the [ACCESS](#) section of this manual.

Through the ESG and CoC Regulations from the HEARTH Act of 2009, HUD requires every CoC to develop and implement a CE process that is designed locally in response to local needs and conditions. Since the requirement is for the Continuum of Care in its entirety, the local goal is for all providers (those that receive federal funding and those that do not) to participate in MCES. Providers receiving federal funding are required to participate, and those without federal funding

are strongly encouraged and welcomed to participate. A list of MCES participants is found in [Appendix B](#).

CoC and ESG recipients operating within the Missoula County CoC work together to ensure the CoC's MCES process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance established under 24 CFR 576.400(e) through the following requirements and partnerships:

- The MT BOS CoC Board requires that all projects receiving CoC and/or ESG funds must participate in MCES, and points are awarded based on participation within the BOS NOFA rating and ranking process.

- ESG funds flow through HRC as the recipient.

- HRC staff participate in case conferencing and the Implementation Team. HRC participated in the MCES Redesign Workshop and are a MCES front door (211, operated by HRC). Additionally, HRC is entering all community VI-SPDAT assessments into iCarol.

- As the ESG (federal funding) recipient, HRC is an active participant of MCES, receiving 100% of RRH referrals from MCES.

- HRC managed the build out of the iCarol database for MCES use while awaiting the statewide implementation of a more robust HMIS system in 2018.

Workflow

To illustrate how the MCES process functions, the following overview provides a brief description of the path a household may follow from an initial request for housing assistance through permanent housing placement. The four components of CE are Access, Assess, Prioritize and Refer. Additional details can be found in subsequent sections of this manual.

- **Step 1: Connect to the MCES process through a Front Door/Access Point** – To ensure fair and equal access to households in need of homeless housing assistance, the MCES process provides access to housing assistance through multiple, convenient Front Door and Access Point locations, the 211 call center, and the mobile homeless outreach team. Triage questions are asked at this stage to determine safety and MCES eligibility.
- **Step 2: Phased Assessment** – Assessors are located at Access Points and within the coordinated homeless outreach team. Prior to completing a housing assessment, assessors provide a thorough explanation of privacy and confidentiality practices so households know how their information is used and potentially shared (see Montana CoC - HMIS & Coordinated Entry Release of Information Data Entry Disclosure, Client Consent & Service Matching in Appendix F). Then they attempt to identify safe alternatives within a household's support network to help them avoid entering the homeless system through diversion (AKA Rapid Resolution) and resource connections, and if that's not an option, a housing assessment is completed with the household, if willing. By January 2020, the Implementation Team will roll out a data-driven system-wide self-resolution period before a

housing assessment will be completed. We will also continue to build and improve on Dynamic System Management strategies:
  - o *Prioritized Pool Sized to Resources*: Amount and type of available resources dictates how prioritization is designed
  - o *Centralized Prioritization List Management*: Participants on PSH list can simultaneously be considered (on list) for RRH
  - o *Active List Management*: Real-time list access/management when making housing matches
  - o *Case Conferencing*: Used to resolve conflicts, consider new case information in determining most vulnerable, facilitate quick and successful matches
- **Step 3: Matching & Prioritization based on household vulnerability** – Based on responses to assessment questions, household vulnerability is determined through an objective calculation and a project type (TH, RRH, PSH, OPH) is assigned. MCES intends to expand greatly upon this process; the current process is merely a starting point to enable a feasible launch of MCES given limited capacity/time.
- **Step 4: Eligibility screening** – Based on the project type that's matched to the household, an eligibility screening is completed to ensure the household meets basic eligibility criteria (to ensure their time will not be wasted by referring them to a resource for which they are not eligible).
- **Step 5: Case Conferencing**, as needed - Key community providers meet weekly or bi weekly to ensure focus on the most vulnerable households. When needed, navigation

services are offered to ensure households have the documents and verification needed to move quickly into housing.

- **Step 6: Referral to available housing resource** – Housing providers notify the MCES Staff of an opening and eligible households are referred to available housing and service openings based on the community's prioritization policy (Appendix L). See section on Housing Referral Policy as well.
- **Step 7: Intake process with housing provider** – Households meet with the housing provider to complete final steps (i.e. homelessness verification, documentation of disability) and be introduced to the housing resource and staff.

Table of Contents

Title

MONITORING AND EVALUTION

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by		Date Approved	
Reviewed By			
At-Risk Housing Coalition Executive Committee Related Documents: **Skilled Assessor Agreement and Training**	**Checklist August 5, 2019**		

To ensure ongoing refinement and adjustment, the CoC facilitates planning and stakeholder consultation on an ongoing and frequent basis. The monthly Access Point meeting is an opportunity for providers and partners to offer feedback and identify solutions to challenges. The CES Implementation Team, which meets bi-weekly, is another opportunity. The goal of the CES Implementation Team is to merge into a formal CES oversight subcommittee of ARHC.

To ensure clear expectations and training requirements, the Skilled Assessor Agreement and Training Checklist was created (see Appendix L). It is the responsibility of Access Points to keep and maintain this document on file for auditing and/or ongoing training purposes.
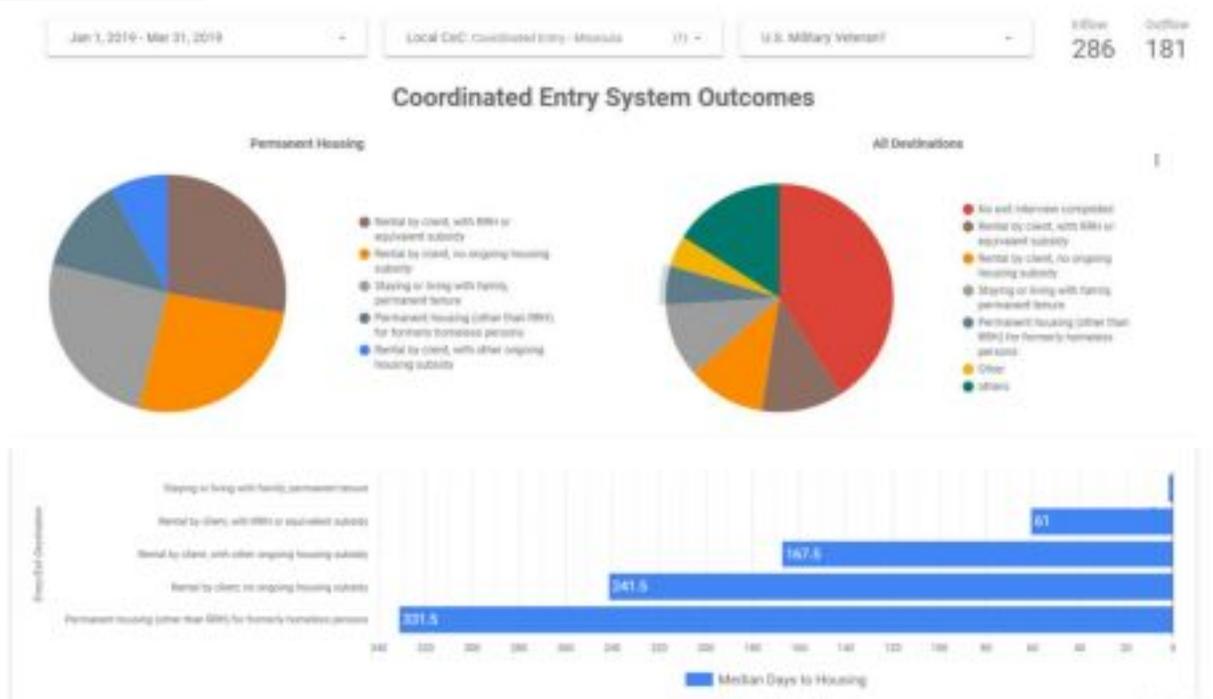
Through group discussion at the February 2017 MCES Redesign Workshop and a calculation of the average of all suggested outcomes, the community determined the following community level outcomes:

- 100% of CoC & ESG-funded housing providers will participate in MCES
- 98% of PSH & RRH enrollments come from MCES
- 88% of MCES referrals are accepted by housing providers
- The average length of time between referral to PH lease up is less than 31 days. ● The average length of time between initial contact with person experiencing homelessness and assessment is 2 days
- Average length of time homeless: 69 days

The City of Missoula's Office of Housing and Community Development (HCD) is monitoring outcomes monthly and intends for them to be adjusted over time as the community learns more and refines MCES. The MCES Lead Entity hosts an annual "Continuous Improvement Workshop" each Spring, which provides an opportunity to revisit and update as necessary. Outcomes are also reviewed on the monthly webconference with Pathways MISI and the Montana Local CES Leads.

The Montana Statewide CoC Data Dashboards can be found by visiting https://www.pcni.org/communities/montana-statewide/montana-statewide-data-dashboards. For CES specifically, participant destinations are included and a diversion dashboard is in the process of being built. Example below:

At least annually, the At-Risk Housing Coalition solicits feedback from participating projects and

households who participated in the MCES process (households with current participation or received a referral within the last year), addressing the quality and effectiveness of the entire MCES experience for projects and households. Mainstream service providers are included in this process. Feedback obtained through this process is utilized to make necessary updates and improvements to the MCES process. MCES evaluation process utilizes the methodologies developed by Anne Higgins, MSW student from the University of Montana. The proposed evaluation methodology can be found here. In addition, Pathways MISI is working with the local CES Statewide Leads across the state to develop survey questions for CES stakeholders across the state (providers and consumers) to find out how our CES implementation is working for them.

Table of Contents

Title		**Office**	**2019**
ACCESS Revision **#2**			
Last Effective Date **2/26/2018**	Prepared by **City of Missoula/HCD**	Date Prepared **July**	
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by Reviewed By **At-Risk Housing Coalition Executive Committee** Related Documents:		Date Approved **HUD Notice CPD-17-01 August 5, 2019**	

Access Points, also known as "Front Doors," have been designated through a community process to ensure fair and equal access to households regardless of where or how they are entering the Missoula County homeless system. People in different populations and subpopulations (people experiencing chronic homelessness, veterans, families with children, youth and survivors of DV) in the Tri-County region have fair and equal access to the MCES process regardless of the location (ex: in Missoula city or outside City limits) or method (ex: physical location, call center, outreach engagement) by which they access the system. Tri-County region expansion (beyond Missoula County) will occur in 2018.

Access Points have specific responsibilities and have signed an Access Point Agreement

acknowledging their role and responsibilities to function as a front door of the MCES process. Human Resource Council's 2-1-1 Program, Missoula YWCA, Salvation Army and The Poverello Center are the identified and advertised MCES Front Doors. MCES has non-advertised access points that have signed an Agreement as well. Advertised front doors have the following responsibilities, as outlined in the MCES Access and Partnering Agency Memorandum of Understanding (non-advertised access points have similar responsibilities, minus the advertisement piece):

- Dedicate specific staff that are trained (up front and on an ongoing basis) in triage, diversion, phased assessment process, and data input into HMIS.

- Ensure staff are trained in the phased assessment approach for each population (families, single adults, transition age youth) per the training expectations found in the MCES Policy and Procedure Manual.

- In the rare instance when an Access Point is unable to facilitate the full assessment process at the time a household/person shows up in person or calls for housing and service assistance, Access Point staff will facilitate a smooth transition ("warm handoff") to another assessor or Access Point. We absolutely want to avoid sending a household/person to another agency when we have not confirmed that there is actual help/assistance on the other end. It is also important that the referring person/agency provide the

assessor/organization with pertinent information about the household/person. Examples of a warm handoff include:

- o Offering the household/person an agency phone to call 2-1-1 or offer/provide private space for the household/person to call 2-1-1 with their phone.

- o Calling the Poverello Center Homeless Outreach Team and see if they can come to your agency and meet with the household/person: 406-493-7955 (M-F, 9-5).

- o If the phone is a perceived barrier and/or the HOT Team is unavailable, call another appropriate Access Point on the household/person's behalf or together and let them know you are going to refer a household/person to them. Ensure the household/person knows how to get to the specific agency and that the receiving agency knows that the household/person is on their way.

- Provide triage, diversion and assessment services for all eligible households experiencing homelessness who enter your organization, regardless of their eligibility for your specific program or services. The coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at-risk of homelessness, per the January 2017 **HUD Notice CPD-17-01**.

- Track diversion attempts and outcomes in HMIS. When not doing direct and immediate entry into HMIS, assessors must use the appropriate MCES paper assessments (not the

versions found online) with real time data that is not based on memory. Data must be entered into HMIS within 48 hours. Assessments added after 10:00 a.m. on Wednesdays will not be considered in that week's case conferencing.

- Commit to the importance of data quality and record the most accurate, consistent and timely information in HMIS.

- Attend monthly Access Point meetings coordinated by MCES Lead Entity to ensure consistency of triage, diversion and assessment services at all access points.

- Subscribe to MCES messaging as determined by the MCES Implementation Group and Access Points, ensuring households and stakeholders hear the same information and receive equal access to diversion and assessment services, regardless of the access point they enter.

- Commit to bringing challenges/concerns to monthly Access Point meetings, and address them as a community team.

- Be nimble and adaptable as we learn what processes and procedures are most effective in our CoC Geographic Region; change may be frequent, based on local learning/experience and is always consumer driven. All Access Points are responsible for adapting to changes.

- Consent to broad advertisement of your organization as an access point for people experiencing homelessness to access when in need of housing/services.

- Commit to ensuring the community meetings follow "access point" requirements as outlined by HUD. Access Point language within the Notice is listed below:
    - Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.
    - Street Outreach: Street outreach efforts funded under ESG or the CoC program must be linked to the coordinated entry process. Written policies and procedures must describe a process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site-based access points. CoCs may decide whether to incorporate the assessment process in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.
    - Homelessness prevention services. Persons must be able to access homelessness prevention services funded with ESG Program Funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this

Notice.

- o Assessor training. The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.
- o Commitment to referral success. CoCs should include a commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

Table of Contents

Title
MCES BY-NAME-LIST

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by		Date Approved	
Reviewed By			
At-Risk Housing Coalition Executive Committee Related Documents:	**N/A August 5, 2019**		

Households are placed on the by-name list and it is maintained to be a dynamic, real-time list of people experiencing homelessness in Missoula County as well as the tri-county area. Because situations change frequently and having current information ensures an efficient work flow within MCES, households are categorized on the list based on their current status. Definitions below provide clarity regarding the types and reasons for each category.

'Active-ES/TH' - currently literally homeless and residing in an emergency shelter, Safe Haven, or transitional housing. This includes households 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 who were in an emergency shelter just prior to entering the institutional care facility.

'Active-Unsheltered' - currently literally homeless and residing in 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. This includes households 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 who were unsheltered just prior to entering the institutional care facility.

'Inactive (unknown/missing)' - current whereabouts are unknown. A household's status is changed from "active" to "inactive" when the household has not accessed homeless system providers (ex: meal program, outreach, drop in center) or cannot be located by outreach staff after repeated attempts for 90 days or more. At that point, if the household is located at a later date and is identified as experiencing literal homelessness, the household is returned to "active" status and considered for housing resources for which they are eligible and prioritized.

'Inactive (Permanently Housed)' - currently no longer literally homeless; residing in permanent housing.

'Inactive (Non-Perm housing)' - currently no longer literally homeless; residing in other non permanent housing situation (e.g., friends/family-temporary tenure, residential treatment for more than 90 days, etc.).

Title
MARKETING

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission		Date Reviewed **July 11, 2019**
Approved by			Date Approved
Reviewed By			
At-Risk Housing Coalition Executive Committee		**MCES Marketing Materials available on the Shared Google Drive**	
Related Documents:		**August 5, 2019**	

Intentional and targeted marketing strategies are critical to ensuring the MCES process is available to all eligible persons on a fair and equal basis. Two flyers have been developed in English and Spanish, and distributed and posted throughout the community by the outreach team. One flyer is targeted to providers and community partners and one is targeted to people experiencing homelessness. Additionally, the ARHC general membership and email list serve receives regular email updates and announcements regarding MCES, which has led to word of mouth being a critical tool among partners as well as people experiencing homelessness. 211 has the information in their database and is spreading the word to callers. System leaders attend the Mayor's Downtown Advisory Commission on a quarterly basis to keep other system leaders informed. Future intentions around marketing include:

- Determine source of funding for printing budget

- Do a press release to increase awareness of general community

- Post flyers on public buses

- Ensure additional flyer languages are not needed by talking to Missoula Urban Indian Health Center and looking at education system data regarding languages in schools as well as iCarol data documenting primary languages of callers.

Title

FAIR AND EQUAL ACCESS

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**		Date Reviewed **July 11, 2019**
Approved by Reviewed By			Date Approved

At-Risk Housing Coalition Executive Committee Related Documents:

Understanding (MOU) **August 5, 2019**

HUD Homeless Definition; Memorandum of

Households who are eligible for the Missoula County CoC MCES process include households who fit within Category 1 (literally homeless) and Category 4 (fleeing DV) of the HUD Homeless Definition. Missoula County is looking into expansion of MCES to include prevention, which will target those households in Category 2 of the HUD definition.

Households are not screened out of the MCES phased assessment process due to perceived barriers related to housing or services (examples: little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease

violations, criminal history).

The Missoula County CoC ensures MCES is available to all eligible households regardless of perceived, actual, explicit and/or implicit barriers, through the following policies and procedures.

- The MCES process is accessible to all eligible households regardless of race, color, national origin, relation, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

- The MCES process is accessible to persons with Limited English Proficiency, in alignment with HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affective Limited English Proficient Persons (LEP Guidance) (72 FR 2732). When interpretation services are required, University of Montana services are utilized. The CoC ensures all written materials are available in Spanish and other languages as requested.

- The MCES process is accessible to all eligible households regardless of disabilities, including accessible physical locations for individuals who use wheelchairs. Access Points are required to meet ADA requirements as documented in the MCES Access Point MOU, and housing projects receiving public funding must also meet ADA requirements. Telephone interpretation is utilized through CTS Language Link (http://www.ctslanguagelink.com/). In person interpretation can be accessed through International Rescue Committee (IRC) (jen.barile@rescue.org) at a fee, as available. Additionally, IRC is working with MSU nursing students to develop an information packet on interpretation services, how to obtain both

  telephone and in-person interpretation services, and information for medical providers to get reimbursed for some of these interpretation costs.

- Access points are accessible to people who are least likely to access homeless assistance, including those actively using illegal substances and living with serious mental illness. The coordinated mobile outreach team includes Union Gospel Mission, Volunteers of America, PATH, Missoula Police Department's BID Officer, Open Aid Alliance, and the Poverello HOT team, and they are focused on engaging and building relationships with the most vulnerable people on the streets, particularly people who are actively using substances and those with severe mental illness that hinders their access to physical locations or impacts their ability to complete an informed process. Street outreach workers are trained in the full assessment process, including diversion, to ensure equal access to services through any access point. The CoC is building relationships with local law enforcement to engage them as outreach (non-punitive) partners and to assist in documenting chronic homelessness for people they've seen living on the streets long term.

- When a person is unable to complete an assessment due to substance use and/or mental illness, an Observational Assessment process is available. Please refer to the ASSESSMENT section for complete policy.

- Access points are accessible to people who are fleeing or attempting to flee domestic

violence (DV), dating violence, sexual assault or stalking, who are seeking shelter or services from non-victim service providers. The Missoula YWCA is the local domestic violence provider who specializes in safety planning and DV services with households fleeing or attempting to flee DV, and they assisted in designing the MCES safety assessment that is completed at each front door to determine whether a warm hand off to the DV system is needed. People fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the MCES process and victim services (including access to the comparable MCES process used by victim service providers), and access to emergency services including domestic violence hotlines and shelters. When a household is identified as needing DV-specific safety planning/support, the following process is followed:

○ If DV experience is identified prior to reaching an Access Point, the household is referred to the YWCA as the local DV provider and expert (also an Access Point). ○ When DV is the primary issue, they are referred to the Pathways Program and can talk to an advocate or call the crisis line (406-542-1944).

○ Shelter determines eligibility through an assessment to determine if they qualify for confidential DV shelter.
▪ If they do qualify and there is shelter capacity, they can move into shelter immediately.
▪ If they do qualify and there is no shelter capacity, or if the person is a male survivor, YWCA pays for a time-limited hotel voucher.

▪ If they do not qualify for the shelter, then Pathway's Advocates provide referrals.
○ The case manager within the shelter completes a VI-SPDAT within the first week of being in shelter.
○ To ensure privacy and confidentiality and alignment with all relevant regulations, a unique identifier is assigned and personally identifying information is kept confidential. The YWCA manages and updates a password protected excel spreadsheet and e-mails the spreadsheet to the MCES Lead on Tuesdays where they are combined with the HMIS BNL weekly report. This will replace the former policy of each agency keeping their own list of unique identifiers and instead, we will have one community list of people experiencing DV.
○ Households have the right to decline referrals and/or services to the YWCA for DV or SA services. If they decline a referral to the YWCA Crisis Line at the Triage Stage of the MCES Process, it is very important that the Assessor Staff receiving this information honor their choice and relay that their safety and wellbeing is important *and* reiterate that if they change their mind, they can contact any Access Point or the YWCA and request to lock down their information and provide them with the YWCA Crisis Line number (if they're not already at the YWCA). You can still give them the option of using a unique identifier per the language in the HMIS/CES Release of Information. If the household is no longer receiving services from the YWCA and

they're still active in MCES, they can make a formal request to rescind their unique identifier by contacting the YWCA or another Partner and completing a new Consent Form. **If you know that violence is actively occurring, call 9-1-1 immediately.** If you feel uncomfortable or unsure at any point during the conversation with the household, consult a Supervisor.

○ System process for assigning a unique identifier is to use first letter of name, month born, and organization (ex: L4YWCA; or at Salvation Army: L4SA).

○ Agencies attend case conferencing to ensure the people with unique identifiers are still discussed and prioritized per the community policy, guaranteeing integration with MCES.

● To ensure people who are not yet connected to the homeless system have equal access to the MCES process, HUD requires that street outreach efforts funded by ESG or the CoC program must be linked to the MCES process. ESG and CoC-funded street outreach does not exist in Missoula County at this time, but the CoC is making every effort to ensure all people doing street outreach are actively involved and trained in the MCES process. People encountered by street outreach workers are offered the same standardized processes as persons assessed at physical access points, which is ensured by consistent training between access points and outreach workers as well as monthly Access Point and Coordinated Outreach Team meetings as documented in this manual.

● In the event that a household contacts a physical access point but is unable to visit the location, the Access Point is responsible for completing the assessment over the phone or connecting the household to 2-1-1. Additional community partners including schools, the County jail, City/County library, food bank, mental health centers and hospitals are aware of the MCES process and can connect households with an access point.

All Access Points and outreach workers are trained on the following standardized process steps which are elaborated upon in the ASSESSMENT section of this manual:

1. **Triage** (Prompting Questions) – initial standardized questions asked by all Access Points that determine appropriateness for MCES process

2. **Client Consent** – ensures privacy protections are in place and households dictate what personal information can and cannot be shared within the MCES process.

3. **Universal Data Element Collection –** Basic demographic information is collected here.

4. **Diversion** – service attempted prior to assessment in which all safe alternatives are explored between Access Point staff and households experiencing homelessness in an effort to assist the household in not entering the homeless system unless absolutely necessary

5. **Pre-Screener Tool –** An eligibility screening tool that has been developed to determine eligibility for specific housing programs; it only includes the eligibility criteria that's included in funding contracts and align with Housing First philosophy (low barrier) to the

extent possible. Contact information is also kept current in this document.

6. **Standardized Assessment** – VI-SPDAT (population specific for families, single adults and transition age youth [TAY], Justice Discharge VI-SPDAT)
7. **Data Entry** into HMIS, which exports a by-name list report into Excel.

The MCES process offers the same assessment approach at all access points, and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. Entities who agree to be an Access Point must sign the [Memorandum of Understanding (MOU)](#) outlining the roles and responsibilities of Access Points.

Front Doors / Advertised Access Points in Missoula County CoC MCES, broken down by population and location, including the following (SEE NEXT PAGE):

Access Point Population Covered Location of Access Point Coverage		(hours/days/schedule)
Human Resource Council's 2-1-1 Any/all Dial 211, or (406) 549-5555 from outside Missoula 9AM-5PM Monday-Friday	Poverello Center Adults without children	1110 W Broadway St, Missoula Shelter open 365 days/year, check in at 8:45PM
Salvation Army Any/all 355 S Russell St, Missoula 9AM-3PM Monday-Friday (hours may change seasonally)		
YWCA Families with children,	DV/SA survivors	1130 W Broadway St, Missoula 9AM-5PM Monday-Friday

Detailed information regarding Access Point locations and hours of operation are posted on flyers throughout the community, including locations where people experiencing homelessness frequently visit, including the City/County library, transfer station and food bank.

When a household presents at an Access Point that is not dedicated to the population within which they fall, the household can easily access an appropriate assessment process that provides enough information to appropriately prioritize the household for resources. This is ensured through cross training of Access Points so staff are equipped to complete any population-specific VI SPDAT (family, single adult, TAY, justice discharge) and input the data into the shared HMIS database.

When an Access Point is unable to complete the MCES Process at the time a household/person shows up in person or calls for housing and service assistance, staff facilitate a smooth transition ("warm handoff") to another assessor or organization. Access Points must avoid sending a household/person to another agency without confirming there is real-time help/assistance on the other end. The referring person/Access Point should provide the assessor/organization with pertinent information about the household/person to avoid duplicative questions that place the burden on households experiencing homelessness. Examples of a warm handoff include:

○ Offering the household/person an agency phone to call 2-1-1 or offer/provide private space for the household/person to call 2-1-1 with their phone.

○ Calling the Poverello Center Homeless Outreach Team and see if they can come to your agency and meet with the household/person: 406-493-7955 (M-F, 9-5). ○ If the

phone is a perceived barrier and/or the HOT Team is not available, call another Access Point on the household/person's behalf or together and let them know you are going to refer a household/person to them for entry into MCES. Ensure the household/person knows how to get to the specific agency and that the receiving agency knows that the household/person is on their way.

Missoula County does not yet have an Access Point specifically for veterans (those with at least one person in the household who has served in the United States military); veterans can access any advertised Access Point. The Poverello Center has veteran-specific programming and staff trained to work with veterans; when there is an opportunity to refer a veteran to a specific Access Point, the Poverello is recommended. Additionally, the VOA is trained to complete assessments as they do outreach to veterans, but act in the role of partner agency and not an advertised Access Point.

When a reasonable accommodation is requested for a person with a disability, the MCES lead entity is responsible for granting a reasonable accommodation within two business days. To ensure effective marketing to and communication with individuals with disabilities, the Missoula County CoC has taken the following steps:

- Summit Independent Living is updated on MCES processes and access point information, has a MCES main point of contact as issues arise (HCD), and is invited to the MCES Executive Committee as another venue to bring up grievances.
- Flyers are posted at the Disability Rights Office, Civil Rights Office, ADA Center and on buses used to transport people with physical disabilities.
- When a physical location is not accessible to a person requesting a reasonable accommodation, the Homeless Outreach Team is contacted immediately and schedules an assessment at a location chosen by the requestor, which will be completed within two business days of the request.
- Disability advocates and organizations are invited and encouraged to attend feedback sessions and design/redesign/evaluation sessions to provide input and offer alternative solutions.

Examples of reasonable accommodations may include, but are not limited to, a mobility impairment request that requires completion of the assessment process at a different location, provision of sign language services for hearing impaired households, information provided in accessible formats including Braille, audio, large type. Reasonable accommodation requests will not result in access discrepancies; equal access to resources is guaranteed for all people based on the MCES prioritization policy and reasonable accommodation policy.

Table of Contents

Title
ASSESSMENT

Revision **#2**	**2/26/2018**	**City of Missoula/HCD**	Date Prepared **July**
Last Effective Date	Prepared by	**Office**	**2019**
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by		Date Approved	
Reviewed By			
At-Risk Housing Coalition Executive Committee Related Documents:		HUD Homeless Definition; available resources; **August 5, 2019**	

Advertised and non-advertised access points are responsible for implementing a standardized phased assessment approach that ensures fair and equal access to homeless system resources for all eligible households. The assessment approach provides sufficient information to make prioritization decisions for ESG and CoC-funded housing and service resources, in addition to non publicly funded housing and services that are participating in the MCES process. A current list of resources available through MCES can be found in Appendix D.

All access points and partners follow the following steps within the assessment process:

1. **Triage** (Prompting Questions) – initial standardized questions asked by all Access Points that determine appropriateness for MCES process
2. **Client Consent** – ensures privacy protections are in place and households dictate what personal information can and cannot be shared within the MCES process.
3. **Universal Data Element Collection –** Basic demographic information is collected here.
4. **Diversion** – service attempted prior to assessment in which all safe alternatives are explored between Access Point staff and households experiencing homelessness in an effort to assist the household in not entering the homeless system unless absolutely necessary
5. **Pre-Screener Tool –** self-reported information that helps determine eligibility for specific housing programs; information is not verified at this stage. Contact information is also kept current in this document.
6. **Standardized Assessment** – VI-SPDAT (population specific for families, single adults and transition age youth [TAY], Justice Discharge VI-SPDAT)
7. **Data Entry** into HMIS, which exports a by-name list report into Excel. In addition to these steps, assessors are asked to refer to their agency's community resource list and provide appropriate referrals to every household.

The following detail provides procedural information within each assessment process step (flowchart illustrating the flow of the access and assessment process can be found in Appendix G)

- **Triage** – initial standardized questions asked by all Access Points that determine appropriateness for MCES, limited to the following questions and restrictions:

27

Question Answers that Result in MCES Screening	Answers that Result in Mainstream Resource Provision but not MCES Screening
What is your household type (family, single adult, young adult)? Do you feel safe? Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful? All None	provider through the YWCA crisis line if households indicates a serious and active safety issue, so the YWCA can complete a DV safety plan and follow up plan for MCES Assessment (YWCA Crisis Line is not an Access Point). In situations in which suicidal or homicidal ideation is indicated, the assessor calls the appropriate agency or hotline: YWCA Crisis Line, WMMHC Crisis Line and/or 9-1-1.
All No restricted access to MCES process, but will complete a "warm hand off" to DV	
Where did you stay/sleep last night? Where are you sleeping tonight? HUD Homeless Definition: Category 1: Literally Homeless	Category 4: Fleeing DV or Sexual Assault HUD Homeless Definition:	Category 2: Imminent Risk of Homelessness (referral to prevention resources as appropriate)

- **Client Consent** - ensures privacy protections are in place and households dictate what personal information can and cannot be shared within the MCES process. This used to

be a local form and as of November 2018, it is now statewide.

• **Universal Data Element Collection –** See [MCES Triage & Phased Assessment Tool](#) Step 3 for more information.

• **Diversion** – service attempted prior to assessment in which all safe alternatives are explored between Access Point staff and household experiencing homelessness in an effort to assist the household in not entering the homeless system unless absolutely necessary. Successful diversion is defined as a client who has a safe place to stay for at least 30 days from time the diversion tool was completed. See Diversion and Exploratory Conversation in Appendix E to learn more about the steps taken by diversion specialists and/or trained assessors/partners.

• **Diversion Tracking** – Every diversion attempt, whether successful or unsuccessful, is tracked in HMIS. If it is successful, 30 days or more, then assessors do not complete the standardized assessment (VI-SPDAT). At this time, financial assistance is not available within the diversion approach at all Access Points, but there is local intention to incorporate flexible funding into the process in the future. Currently, we do not have a dashboard for diversion outcomes, but our HMIS and CES Administrator is working on building one. Diversion outcomes are reviewed monthly in Access Point Meetings.

   • **Pre-Screener Tool** - An eligibility screening tool that has been developed to determine eligibility for specific housing programs; it only includes the eligibility criteria that's

included in funding contracts and align with Housing First philosophy (low barrier) to the extent possible. Contact information is also kept current in this document. • **Standardized Assessment -** At the February 2017 MCES Redesign Workshop, participants accepted the recommendations of the BNL Development Committee and voted to adopt the VI-SPDAT as the common assessment tool to be used community wide for all populations. The ARHC Board approved the VI-SPDAT as the standardized assessment tool to be used. This tool is required of housing providers receiving CoC and/or ESG funding and requested/strongly encouraged of non-CoC/ESG funded housing providers. To participate in MCES, organizations must use the VI-SPDAT.

The VI-SPDAT is used as a vulnerability index that assists with prioritization for housing resources, and matching/referrals are made utilizing the VI-SPDAT score in conjunction with a case conferencing process. The single adult, family and young adult specific VI SPDAT tools can be found in Appendix G.

Beyond the VI-SPDAT and eligibility screening (see Pre-Screener Tool above), additional screening/intake processes should not occur at the project level to determine whether a household will be accepted, except when contractually required by funders (ex: housing authorities). A service-related assessment may be completed once a household moves into housing, but not prior to move-in. This service assessment, which is commonly occurring within the community now, is intended to assist with effective service delivery and should not assist in determining eligibility or appropriateness for specific housing openings. See Appendix F for the VI-SPDAT Scripts and Instructions.

a. **Overriding Assessment Scores**

Professionals (typically shelter staff, outreach, navigators) familiar with the household provide input through the case conferencing process and are required to go through specific questions on the VI-SPDAT and provide objective (non opinion) information that is evidence the question was answered inaccurately and therefore a household's score is negatively impacted, ultimately hindering their ability to be prioritized for resources based on MCES prioritization policy. The case conferencing group discusses the new information and makes override decisions based on the majority vote. The intention of this policy is to capture under-reported information and ensure the most vulnerable people are prioritized for resources. Only information relevant to factors listed in the MCES written policies and procedures may be used to make prioritization decisions and/or override vulnerability scores.

b. **Reassessment Policy** - Clients are eligible for reassessment with the VI-SPDAT after 12 months on the By Name List, or after a significant change in the areas of housing, emergency service utilization (more than a single use) interpersonal violence, coercion, exploitation, or physical wellbeing. Housing navigators and other MCES partners should review VI-SPDAT scores and determine whether a

score override or reassessment is warranted at the time of prioritization onto an 'on deck' or 'queue' list. If so, navigators should coordinate that process, though they themselves are not necessarily responsible for conducting the assessment. MCES staff who become aware that life changes are likely to yield a significantly different score for a client who is not on any priority lists should generate a plan for that client to get reassessed.

c. **Observational Assessment** - In cases where a person is impacted by substance use and/or severe and disabling mental illness and is unable to complete the MCES process, a skilled assessor from the Coordinated Outreach Team may complete an Observational Assessment. If the applicant looks younger than 18, Coordinated Outreach Team members need to consult with a Supervisor immediately and before completing the Observational Assessment.

　　i. **When to Complete an Observational Assessment:** Observational Assessments can only be completed on behalf of individuals who (1) display signs of a severe and disabling mental health condition and/or substance use intoxication, (2) sleep in places not meant for human habitation, and (3) who are not able to complete an Assessment due to their mental health condition and/or co-occurring substance use condition. Three attempts must be made to complete the Assessment and can be made by different Coordinated Outreach Team members. These attempts demonstrate that this practice of observing people and completing an

assessment on their behalf is the last resort.

ii. **How to Request an Observational Assessment:** Outreach professionals taking on this responsibility may complete this assessment after three attempts to engage a person with the standard process and after Coordinated Outreach Team discussion, quorum and majority vote.

iii. **How to Complete an Observational Assessment:** Identified Coordinated Outreach Team professionals serving as Observational Skilled Assessors will complete this assessment on paper and only non-identifying information will be entered into Outreach Grid and transferred to HMIS without an MCES HMIS consent. In these cases, a Unique Identifier will be assigned by the Observational Skilled Assessor. All information may be transferred if the person consented to share their basic information and assessment details in MCES. Observational Skilled Assessors must transfer the information from the assessment to HMIS as outlined above in the Access Point Responsibilities document.

iv. **Naming Convention (unique identifier):** A naming convention allows the outreach professional to name the person in order to create an Outreach

Grid and HMIS profile with no identifying information so that this can be accomplished without consent. This practice assumes the assessor will be the link between the housing provider and participant when this person is matched to housing as the housing provider will not have the name or contact information for this person.

v. **Record Keeping**: Observational Skilled Assessors shall write the naming convention on the paper copy of the assessment and safely store the assessment so that the person can be contacted for housing when a match is offered.

vi. **Scoring System:** Points will be assigned for observations made in the following areas:

1. Mental health

2. Alcohol and/or substance use disorder

3. Physical health disability

4. Risk of harm to self and/or others

5. Frequent hospital and/or jail utilization

6. Age 60 or older

vii. **Prioritization:** Those who are unable to complete the standard MCES process due to the severity of their mental health condition will be

prioritized above people with the same VI score with the date of application as the tie breaker. For example, ten people have scored a 15 on the Standardized Housing Assessment Vulnerability Index and two people score of 15 on the Observational Assessment, the first person to have the Observational Assessment submitted on their behalf will be first, the person with the next date of application in chronological order for the Observational Assessment will be second, followed by the person with Standardized Housing Assessment VI score of 15 who has the longest history of homelessness. The total score allowed on the Observational Assessment is 16 and the VI-SPDAT is 17 – this will need to be taken into consideration in Case Conferencing discussion.

· **Data Entry into Homeless Management Information System (HMIS) -** Households are free to refuse questions within the triage and phased assessment process without retribution or limitation of access to homeless housing assistance. When a household refuses to answer a specific question(s), the answer is marked "refused." The case conferencing process is utilized to ensure a household is prioritized appropriately whenever possible. When a case conferencing team member knows the household and

has objective and/or firsthand observational information that assists in prioritizing a household, the information is presented to the case conferencing team for brief discussion and decision. The information shared by the team member must directly connect to the VI-SPDAT question(s) that was refused; other/additional information is not relevant within the prioritization process. This process is utilized only to promote prioritization of the most vulnerable households and not to encourage direct service staff to advocate for households who are "ready for housing."

When an assessor has reason to believe that an assessment question is answered inaccurately, they must enter the response as self-reported by the person completing the assessment. The assessor may flag this issue to be discussed at case conferencing, and must provide evidence as to why the response is believed to be inaccurate (with the intention of elevating a person's vulnerability score for housing prioritization purposes).

As an additional data accuracy and monitoring measure, Pathways and MCES Lead Entity will complete data quality checks. Access Points Commit to the importance of data quality and record the most accurate, consistent and timely information in HMIS. When there are errors, Pathways or the MCES Lead Entity will contact each person who made an error in an attempt to prevent it from happening in the future.

Assessment Process Consistency & Ongoing Improvement

To ensure MCES process consistency at all Access Points, HCD hosts monthly Access Points meetings to address questions, inconsistencies, and trends in human error and data entry issues that arise. These monthly meetings function as an assessment process monitoring tool and opportunity to identify training needs. HCD owns follow through regarding issues that arise and

utilizes the Access Point and Implementation Teams to identify potential solutions. Access Point representatives are responsible for taking all information back to their agency and ensuring staff are fully informed. Meeting notes are posted on Trello and e-mailed within five business days to promote access to information and transparency.

To ensure MCES process consistency beyond Access Points, HCD intends to host quarterly face to-face or virtual convenings for all assessors to address questions, inconsistencies, and trends in human error and data entry issues that arise. These convenings will function as an additional assessment process monitoring tool and opportunity to identify training needs. Finally, HCD intends to host an annual convening of all Access Points and Partners, building in a training component, celebration, and opportunity to step back as a homeless system to look at bigger picture, utilizing MCES data.

The Missoula County CoC makes written training materials available via Google Docs and intends to provide at least one annual training opportunity. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's MCES process, including written policies and procedures, as well as an opportunity to ask questions. Annually, the CoC updates and distributes training protocols via Google Docs and through list-serve announcements.

Table of Contents

Title			
PRIVACY PROTECTIONS			
Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**		Date Reviewed **July 11, 2019**
			Date Approved
Approved by Reviewed By			
At-Risk Housing Coalition Executive Committee Related Documents:	**August 5, 2019**		

HUD Homeless Definition; Montana CoC - HMIS & Coordinated Entry Release of Information: Data Entry Disclosure, Client Consent & Service Matching Form

All MCES representatives are responsible for obtaining consent to share and store personally identifying participant information for purposes of assessing, prioritizing and referring households through the MCES process. People who do not consent still have access to housing and service resources, but cannot be discussed (or have data shared) by name or personally identifying information shared at any point within the MCES process, including in case conferencing.

Participants must be free to decide what information they provide during the assessment process without retribution or limited access to assistance. Services will not be denied if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation, or Federal statute requires collection, use, storage and reporting of personally identifying information as a condition of program participation.

Participants are not denied access to the MCES process on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault or stalking. Records containing personally identifying information (PII) are kept secure and confidential and the address of any family violence project is not made public.

Households are not asked or required to disclose specific disabilities or diagnosis except when it is needed to determine program eligibility to make appropriate referrals. Participants are informed of the ability to file a non-discrimination complaint.

The MCES process allows and depends on all emergency services operating with as few barriers to entry as possible, independent of the operating hours of the MCES's intake and assessment process.

For more information, please review the Montana CoC - HMIS & Coordinated Entry Release of Information: Data Entry Disclosure, Client Consent & Service Matching in Appendix H.

Title			
PRIORITIZE			
Revision **#3**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **May 12, 2020**
Last Effective Date	Prepared by		
Effective Date **May 12, 2020**	**Partnership Health Center, City of Missoula, Poverello Center, Inc.**		Date Reviewed **May 12, 2020**
Approved by			Date Approved
Reviewed By			
At-Risk Housing Coalition MCES Implementation Team Related Documents:		**MCES Prioritization Policy May 12, 2020**	

The MCES process prioritizes households experiencing homelessness within the CoC's geographic area for referral to housing and services. The Missoula County CoC has adopted a prioritization policy (see Appendix J) to ensure scarce housing resources are targeted to those who are the most vulnerable for Transitional Housing (TH), Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) projects. MCES utilizes household data collected via the MCES Triage and Phased Assessment process, local crisis service utilization data, and evidenced based practice research to prioritize households for available housing resources.

Prior to the COVID 19 pandemic, access to emergency shelter was offered outside of MCES to ensure a crisis response was available to meet immediate needs, extending beyond typical business hours. People presenting at emergency shelter programs are admitted on a first come, first served basis driven by bed occupancy. When shelters are full, the next bed opening may be filled based on the following factors (not in this particular order): current safety issues, VI-SPDAT

score (highest to lowest), medical vulnerability and/or age of child(ren). During the COVID-19 pandemic, Emergency shelters partnered with MCES to offer diversion and assessment services as well as access to the by-name list. Emergency shelter staff regularly attend case conferencing meetings to inform MCES of household needs/updates and ensure people are moving from emergency shelter to permanent housing as quickly as possible.

The Prioritization Policy continues to be reviewed and updated based on local learning and the implementation of HMIS in November 2018. During the COVID-19 pandemic, special privileges were given to the MCES Implementation Team by the ARHC Executive Committee to review and make recommended changes to the Prioritization Policy. These privileges allow the system to expedite responsiveness to changing community needs. When Missoula's CES first launched, households were prioritized for resources based on the vulnerability score provided by the VI SPDAT, starting with the highest vulnerability score and working down the list in numerical order with case conferencing discussion (other factors we need to consider, including medical vulnerability, current safety issues). As of June 2020, a new more sophisticated process was adapted, based on the efforts of _Our Path Home Prioritization_ from Boise, Idaho. In addition to Boise's policies, we included pregnancy under the "Children, high risk" range in recognizing the impacts of prenatal stress on pregnancy and human development

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5052760/). We continue to keep HUD Notice CPD 16-11 in mind. Our prioritization attempts to capture those who fall under the following priority groups, focused specifically on individuals with severe service needs:

- Homeless Individuals and Families with a Disability and Long Periods of Episodic Homelessness and Severe Service Needs
- Homeless Individuals and Families with a Disability with Severe Service Needs • Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs • Homeless Individuals and Families with a Disability Coming from Transitional Housing

Identified families and individuals are initially prioritized by MCES/FUSE Prioritization score (highest to lowest). When a tie exists, a number of additional filters are applied. The below factors are considered sequentially:

1. Non-VASH Eligible Veterans
2. Scored under "High Risk" factors
3. Unsheltered
4. Length of time homeless

In addition to the MCES Prioritization Policy, there is additional weight given to those in our community with the most severe service needs. This additional prioritization, the FUSE (Frequent User System Engagement) Prioritization, works in conjunction to the MCES prioritization. Additional points are given for those with the highest history of crisis service utilization (inpatient admissions, Emergency Room visits, police department contacts, and incarcerations). Severe service needs are identified and verified through data-driven methods such as an administrative

data match or through the use of a standardized assessment tool, for Missoula the VI-SPDAT is the current tool. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105 (a).

Local considerations were made in light of available data, adjusting some factors and scores accordingly. It is suggested that this prioritization be reviewed as gaps in data are identified and filled.

Scheduled for future design and implementation is the inclusion of prevention resources in MCES, which will require organization and buy-in from prevention providers, including the faith community and those funded by ESG. The City of Missoula intends to solicit technical assistance to determine the process and procedure for including prevention, identify how to best target prevention resources, how to prioritize households for prevention resources, and to identify tools and resources being utilized across the county.

Case conferencing is a MCES tool that ensures checks and balances are in place, including with the prioritization policy, and brings key stakeholders together weekly to ensure the most vulnerable households in the community are supported and not slipping through the cracks. The case conferencing process is detailed here (link provided goes to the Google Drive).

Table of Contents

Title			
HOUSING REFERRAL			
Revision **#2**	**2/26/2018**	**City of Missoula/HCD**	Date Prepared **July**
Last Effective Date	Prepared by	**Office**	**2019**
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by Reviewed By			Date Approved
At-Risk Housing Coalition Executive Committee Related Documents:		**Procedure** **August 5, 2019**	
HMIS Training Manual; **Housing Navigator**			

MCES refers eligible households based on the prioritization policy, unique population-based vulnerabilities and risk factors raised at case conferencing, and program eligibility. CoC and ESG Rapid-Rehousing funded projects are required to receive 100% of referrals from the MCES. Homeless housing providers that do receive federal funding (CoC, ESG, HOPWA, PATH and RHY funds, specifically) are not required to participate in MCES but the Missoula County CoC strongly encourages participation and is working closely with local funders to create one streamlined system in which all housing providers participate. Programs that participate in MCES must provide written eligibility criteria for their program to ensure referrals are appropriate and people are not being referred to programs for which they are not eligible (thereby avoiding additional, unnecessary steps in the process for consumers).

The Missoula County CoC is committed to ensuring all people have fair and equal access to

homeless system resources and have adopted written standards that prohibit the MCES process from screening people out of the MCES process due to perceived barriers related to housing or services (examples: little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations, criminal history).

The housing inventory is a list of all homeless beds, units and services available through MCES and includes only those partnering resources in which access is offered exclusively through MCES: ᐧ Missoula Housing Authority's Permanent Supportive Housing Program (Known as Shelter + Care)
ᐧ YWCA's Rapid Rehousing Program (medium-term subsidy)
ᐧ Mountain Home Montana's Permanent Supportive Housing and Group Home Programs ᐧ Poverello Center's Valor House and Housing Montana Heroes Programs ᐧ Human Resource Council's Emergency Solutions Grant (Rapid Rehousing short-term subsidy)
ᐧ Volunteers of America's Supportive Services for Veteran Families (Rapid Rehousing) Timely matching of a client to resources is dependent on accurate inventory tracking. Currently, MCES does not have real-time tracking of resources (whether beds, units, rental assistance, or case-management enrollment). This is a goal for 2020. When a partnering agency (listed within the

housing inventory) has a homeless housing or service opening, they inform MCES via email and that triggers the process of making a referral for the opening. MCES uses the prioritization policy to make referrals, which takes into account the organization's target population and eligibility criteria of each program. The referral process occurs exclusively within the HMIS database, with the exception of households fleeing or attempting to flee domestic violence in which case they may have a unique identifier and their PII is not in HMIS (HUD Category 4).

Policy
Designated MCES Staff identify the next eligible household for an open unit in MCES based on the prioritization policy and tiebreakers, then a referral is made to a housing program based on: ᐧ Appropriate/Best Match – Unit Eligibility and available services are right fit to client need ᐧ Client choice – Households have the right to reject housing and service options without retribution of limiting their access to additional housing options.
ᐧ Client Availability (document ready/nearly ready to move in so as to reduce vacancy times) Case Managers or Housing Navigators are authorized to accept a housing referral for their client.

Procedures
1. A housing provider emails Theresa Williams at TWilliams@ci.missoula.mt.us when a housing resource is available. Housing providers are encouraged to work toward quarterly rolling projections.
2. Referrals come from the pool of prioritized households for each population. Households in the Priority Pool may be matched to any housing resource available if they choose the resource and are eligible.
3. Through a Case Conferencing model, the MCES Staff (CES Lead Entity, CES Housing

Navigator or CES Specialist) or designee matches the most vulnerable household that has been nominated to the resource. If the household or case manager accepts the referral, the MCES Staff makes the referral to the provider via HMIS. The MCES Staff outlines the procedure the provider will follow to make contact with the household and inform them of the next steps. If the household refuses the referral, they are kept in the Priority Pool until another eligible resource becomes available.

4. When a housing provider receives a referral electronically, the referral outcome in HMIS will need to be updated as "accepted" to acknowledge they have received the referral and plan to contact the household by switching the need status of the referral from "identified" to "in progress."

5. The housing provider should make initial contact with the household or their designated Housing Navigator/Case Manager within 24 hours of receiving the referral, trying all contact information listed in HMIS. The housing provider will at minimum make two distinct attempts to reach the household within 72 hours before denying the referral. Households with higher vulnerability scores may be more difficult to reach. Housing providers can continue to

attempt to reach a household past 72 hours to accommodate any barriers the household may have.

6. Households are expected to return call/email/letter, etc. within 72 hours (three business days), so that the Housing Provider can set the intake appointment.

7. Once a household is accepted to a program, they should begin housing search with voucher/subsidy or schedule a move-in date with the housing provider if it is project-based. 8. MCES staff will follow up with housing providers who have not acknowledged referrals they have received via HMIS on a weekly basis to ensure a household is not left pending and therefore not connected with other housing opportunities (in reference to #4 above). 9. The housing provider is responsible for updating the Need Status and Outcome in HMIS by selecting the appropriate responses.

10. The housing provider is responsible for exiting the household from Coordinated Entry – Missoula Program in HMIS when they have moved into permanent housing or they are no longer eligible for MCES.

Table of Contents

Title

CASE CONFERENCING

Revision **#2**	**2/26/2018**	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date	Prepared by		
Effective Date **August 5, 2019**	**YWCA, Human Resource Council, Missoula Housing Authority, City of Missoula & Union Gospel Mission**	Date Reviewed **July 11, 2019**	
Approved by		Date Approved	

Reviewed By

At-Risk Housing Coalition Executive   **August 5, 2019**
Committee Related Documents:

Housing Navigation Script and Client Agreement; Veteran Case Conferencing Agenda; Non-Veteran Agenda; Case Conferencing Sign-in Sheet

Case conferencing is the tool that is used by assessors, advocates, case managers and other professionals who are familiar with households that fall within Category 1 and Category 4 of HUD's

[definition of homelessness.](#) The primary focus of case conference meetings includes:

- Update/maintain the BNL through case conferencing team updates.
- Coordinate services and assign housing navigators based on the prioritized BNL. • Ensure people aren't slipping through the cracks of the standard housing placement process.
- Troubleshoot challenges that arise during the placement process and take steps to ensure housing retention.
- Future: Troubleshoot challenges that arise after households are placed in permanent housing but are at risk of losing housing and the placement agency requests support from the MCES team (eviction prevention).

At times, the assessment tool and/or assessment process does not produce the entire body of information necessary to determine a household's prioritization. This may be due to the limited nature of self-reported data, withheld information, or circumstances outside the scope of assessment questions that address one or more of the adopted prioritization factors. Prior to implementation of the MCES process, the homeless system was difficult to access and navigate, especially for households with high vulnerability and/or barriers, and the system has historically de incentivized full disclosure of barriers by people experiencing homelessness, as barriers to entry have existed at every level of the homeless system (from equal access to project level to systemic barriers). Due to the historic reality of our system and the negative experiences of some households experiencing homelessness, the Missoula County CoC MCES process does not operate with reliance solely based on self-reported data collected through the assessment process, but adds a human and professional component to the MCES process through case conferencing. Standardized policies and procedures guide the functionality of case conferencing in ensuring the process works effectively and efficiently for the most vulnerable households in the community.

Case conferencing relies heavily on the success of Housing Navigation. Housing Navigation is the process by which people experiencing homelessness, who are prioritized on the by-name list, are provided ongoing engagement, document collection, and "light" case management services in order to facilitate a match to an appropriate housing resource. As people move to the top of the by name list and are in the queue to soon receive a housing referral (based on MCES prioritization policy, housing availability and program eligibility criteria), they are assigned a navigator within case conferencing meetings. The person providing navigation services may be an outreach worker, case manager, volunteer or other homeless service provider. For the most part, professionals step into the navigation role based on their capacity to do so; only one full time paid navigator currently exists in Missoula and is a Partnership Health Center employee.

CoCs are commonly utilizing Housing Navigators to ensure efficient and effective enrollment and subsequent movement of program participants from crisis response to permanent housing. A Housing Navigator is a household's primary point of contact in MCES. Specific staff duties might vary, but a Housing Navigator can perform a variety of functions to reduce the time it takes persons

in crisis to obtain housing. Examples of Housing Navigator functions include:

- Work closely with referring agencies to determine a person's likely eligibility
- Develop a Housing Stability Plan
- Assist the program participant with completing housing applications
- Perform housing search and enrollment
- Perform outreach to and negotiate with landlords
- Assist the program participant with submitting rental applications and understanding leases
- Address barriers to project entry
- Collect documentation for housing eligibility determinations
- Assist the program participant with obtaining utilities and making moving arrangements
- Coordinate resources such as federal, state, and local benefits
- Assist with mediation between the program participant and owner/landlord
- Assist the program participant with credit/budget counseling
- Provide renter education (e.g., landlord/tenant rights, maintenance, care of the home)

Due to fairly large numbers of people experiencing homelessness in Missoula County, case conferencing meetings occur based on population to ensure the group can talk about as many households as possible on a weekly bases. The following meetings occur:

- Veteran case conferencing (bi-weekly)
- Adult/Family case conferencing (weekly)
- TAY case conferencing (bi-weekly)

Case conferencing meetings occur weekly for 60 minutes each, and are facilitated by MCES staff and interns or a designated community representative. They are attended by shelter staff, the coordinated outreach team, navigators, mainstream service providers and housing providers. The

40

by-name list is updated in real time as people share new information with the group. The agenda for each meetings may change based on current needs and priorities, but generally is as follows:

TOPIC

Amount of Time

5 minutes **Review Dashboards** (Inflow Rate, Active BNL Number, Permanent Housing Rate). Discuss trends/changes.

5-10 minutes **Review new people on BNL** (inflow since last meeting). Who knows the person? Able to complete assessment? Need to be assigned to outreach worked to engage and complete assessment? Any concerns with score? Diversion attempted (multiple times)?

5-10 minutes **Review list of people within 1-2 weeks of becoming inactive.** Anyone interacted with them or seen them around?

5-15 minutes **Review housing openings and make appropriate matches/referrals.**

Review prioritized BNL from top down, with goal of getting through 15% of the list at each meeting.

In addition, attendees sign in each week to ensure quorum is met and to acknowledge the Primary Focus (as stated above) and the below Agreements:

- Ensure each agency has signed the MCES Access Point and Partnering Agency Memorandum of Understanding (which includes the links to the important documents embedded within the MOU) and each person from the respective agency has reviewed the MOU and important documents.
- Be effective and efficient
- Don't meet if it's not necessary
- Trust one another and the process
- This is a new way of housing people; case conferencing isn't an advocacy platform. Be objective. Be committed to housing the most vulnerable people in our community (not just the people you know).
- Core team must commit to being physically present at majority of meetings or send an agency representative with the updated information when unable to attend · Incorporate and celebrate wins
- Monitor and evaluate case conferencing process – do we need to make adjustments to agenda and/or the approach, for example
  - Updates and other information are solely focused on housing – we only need to know the right amount information to connect a person experiencing a housing crisis to a service strategy and housing plan that best meets the person's needs as rapidly as possible.
  - Information about the diagnosis or treatment of a health/mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns will not be shared.

41

Title

GRIEVANCE PROCEDURE

Revision **#3**	**August 5, 2019** Prepared by	**City of Missoula/HCD Office**	Date Prepared **July 2019**
Last Effective Date			
Effective Date	Reviewed By		Date Reviewed **August 2019**
September 3, 2019 Approved by	**Montana Continuum of Care and Pathways**		Date Approved
At-Risk Housing Coalition Executive Committee	**MCES Grievance Form September 3, 2019**		
Related Documents:			

All households served by the Missoula Coordinated Entry System have the right to file a complaint or grievance if they feel that have been treated unjustly by the 1) Coordinated Entry System Process or by 2) any housing program or agency within the Missoula Coordinated Entry System. This client grievance procedure is in place to ensure that complaints are dealt with quickly and fairly. Missoula Coordinated Entry System agencies as well as Coordinated Entry System Staff, when needed, should explain clients' rights to them and how the grievance procedure works,

including that a staff member will help them complete the form and file the grievance if asked.

Client concerns and grievances should be resolved promptly and fairly, in the most informal and appropriate manner first:

- Client discusses grievance with whomever grievance is against and works to resolve grievance informally between the parties involved.
- If the grievance is not resolved through this informal process, the client should file a formal grievance following the below grievance process(es), as applicable:
  - **Housing Program Provider or Access Point** – Grievances about experience(s) with homeless housing programs or by any program or agency within the MCES will be redirected back to the program to follow grievance policies and procedures of that organization. The decision of the Executive Director/Designee for the agency regarding your request for Grievance is final.
  - **Coordinated Entry System Process** (example: denied entry to or removal from the housing list, how people are prioritized) – Grievances about MCES policies and procedures should be sent to MCES within fifteen (15) days from the date of notice to make such a request and it must be received by MCES on or before the date that this time period ends following the process outlined below.
    - Please request the Grievance Form (see Appendix K) and send to MCES, Theresa Williams, Office of Housing and Community Development at the City of Missoula: 435 Ryman Ave, Missoula, MT 59802 or by TWilliams@ci.missoula.mt.us.
    - Theresa Williams reviews grievance, attempts to substantiate the claims, and routes grievance to the At-Risk Housing Coalition Executive Committee.
    - The Executive Committee then reviews grievance form and any additional information and works to resolve grievance with client. The Executive

Committee will confer with the Montana Continuum of Care (CoC) Coalition and other CoC partners as necessary.
- Theresa Williams will then provide a written response to the grievance within fifteen (15) days of the review. Copies of the response will be forwarded to the Montana Continuum of Care (CoC) Coalition and other CoC partners as necessary within ten (10) business.
- If client is not satisfied with response to grievance, they will be invited to participate in a case conference with staff from MCES, Executive Committee, and other CoC partners as necessary.
- If client is not satisfied with results of the case conference, client can then file grievance with the Montana Continuum of Care Coalition: admin@montanacoc.org

APPENDIX A - HUD HOMELESS DEFINITION

Category 1	Literally Homeless	• An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of: 　o Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground); 　o Publicly or privately-operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations; 　o In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering that institution.
Category 2	Imminently at Risk of Homelessness	• Individual or family is being evicted within 14 days from their primary nighttime residence and: 　o No subsequent residence has been identified; and 　o The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.
Category 3	Unaccompanied Youth and Families with Children and Youth Defined as Homeless Under Other Federal Statutes	• People with ALL of these characteristics: 1. Unaccompanied youth (less than 25 years of age) or family with children and youth; 2. Defined as homeless under other federal statutes (ex: the definition used by Department of Education) who do not otherwise qualify under HUD's homeless definition; 3. Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance; 4. Has moved two or more times in the 60 days immediately prior to applying for assistance; Has one or more of the following: 1. chronic disabilities, 2. chronic physical or mental health conditions 3. substance addiction 4. histories of domestic violence or childhood abuse 5. child with a disability 6. two or more barriers to employment, which include: 　i. Lack of a high school degree or GED 　ii. Illiteracy 　iii. Low English proficiency 　iv. History of incarceration or detention for criminal activity 　v. History of unstable employment
Category 4	Fleeing or Attempting to Flee Domestic Violence	• Any individual or family who: 　o 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; 　o Has no other residence; and 　o Lacks the resources or support networks to obtain other permanent housing.

APPENDIX B - MCES ORGANIZATIONAL PARTICIPANTS

Last Updated on August 1, 2019

Agency	Access Point Advertised	Access Point Non-Advertised	Partnering Agency	Date Signed	MOU MCES Contact	
District XI Human Resource Council, Inc.	X		X	10/10/2018	Jim Morton and Lena Negrete jpm@hrcxi.org lle@hrcxi.org	Jim Morton a
Poverello Center	X		X	10/2/2018	Amy Allison Thompson amyat@montana.com & jbonny@montana.com	front desk: 4 jbonny@mon
YWCA Missoula	X		X	10/1/2018	Melissa Richards & Dacia Griego mrichards@ywcaofmissoula.org & dgriego@ywcaofmissoula.org	Melissa Rich org & dgrieg
Salvation Army	X		X	10/4/2018	Bill Dickison	Julie Clark a Ryan.boyd@
WMMHC - Missoula Adult Services (PATH Program)		X	X	10/15/2018	Melinda Smith & Matt Hendry msmith1@wmmhc.org & mhendry@wmmhc.org	Melinda Smi mhendry@w
Union Gospel Mission of Missoula		X	X	9/30/2018	April Seat and Don Evans outreach@ugmofmissoula.org, execdirector@ugmofmissoula.org	April Seat an execdirector
WORD		X	X	10/5/2018	Jenea Buhler & Suzin Gratina jbuhler@wordinc.org & slratuna@wordinc.org	Jenea Buhler slratuna@w
Open Aid Alliance		X	X	11/13/2018	Devra Ince and Melissa Brooks Devra@openaidalliance.org, melissa@openaidalliance.org	Devra Ince a melissa@op
MIC - Family Promise/HAN			X	10/8/2018	Marilyn Thorn & Jen Certa marilyn@micnt.org jencerta@micnt.org	Marilyn Thor org
Missoula Housing Authority			X	10/22/2018	Jim Mcgrath & Kristina Gauthier jmcgrath@missoulahousing.org & kgauthier@missoulahousing.org	Jim Mcgrath & kgauthier
Partnership Health Center			X	10/5/2018	Netta Linder linder@phc.missoula.mt.us	Netta Linder missoula.m
Mountain Horse Montana			X	11/1/2018	Colleen Piluso & Abrey Reed colleen@mountainhoment.org & aubrey@mountainhoment.org	Colleen Pilus aubrey@mo
City of Missoula - Housing and Community Development Office			X	10/1/2018	Theresa Williams williamst@ci.missoula.mt.us	Theresa Will
Winds of Change			X	11/14/2018	Darin Austin and Angel Mothka daustin@wocmt.com, amothka@windsofchangemontana.com	Darin Austin amothka@w
Missoula Aging Services			X	11/7/2018	Rob Edwards and Theresa Ragsdale redwards@missoulaagingservices.org tragsdale@missoulaagingservices.org	Rob Edwards redwards@n tragsdale@
Sunburst Community Service Foundation			X	2/22/2019	Lara Clark and Brittney Doney lclark@sunburstfoundation.org bharvell@sunburstfoundation.org	Heidi Whyte
St. Patrick Hospital			X	3/18/2019	Hatton, Merry M <Merry.Hatton@providence.org>	Hollie Timme
Community Medical Center			X	5/17/2019	Liz Davies edavies @communitymed.org Alex Redfern aredfern@communitymed.org	Liz Davies ed aredfern@co
Missoula Foodbank and Community Center			X	5/17/2019	Kelli Hess and Aaron Brock aaron@missoulafoodbank.org kelli@missoulafoodbank.org	Kelli Hess an kelli@misso
Volunteers of America			X	1/23/2019	Nancy Sproul and Carlos Thompson nsproul@voanr.org, cthompson@voanr.org	John Gardipe
Missoula Co-Occurring and Veterans Treatment Courts			X	6/6/2019	Jenny Clark Jennifer.clark@mt.gov	Jenny Clark
Missoula Police Department			X	7/15/2019	Traci Beighle tbeighle@ci.missoula.mt.us Randy Krastel dkrastel@ci.missoula.mt.us	Randy Krastel eunuth@ci.n

45

APPENDIX C - MEMORANDUM OF UNDERSTANDING: ACCESS POINTS AND PARTNERING AGENCIES

Missoula Coordinated Entry System

Access Point and Partnering Agency Memorandum of Understanding

To coordinate and streamline access and prioritization of homeless housing resources, the Missoula At-Risk Housing Coalition has developed a Coordinated Entry System in partnership with community stakeholders.

There are two primary roles in which ARHC membership agencies can participate in this innovative system:

Access Points: Where households experiencing homelessness can meet with an intake professional in-person, via phone or through outreach workers on the street. Access Point staff are trained in a common intake, diversion approach and assessment processes that provide access to MCES and local homeless housing and service resources.

Partnering Agencies: Partnering Agencies do not facilitate the assessment process (triage, diversion, assessment tool) for MCES, but they are knowledgeable about the process and messaging. They attend Case Conferencing meetings on a regular basis, they refer eligible households to Access Points, and/or they are a homeless system provider receiving housing/service referrals directly from Coordinated Entry.

Specific Roles and Responsibilities for Access Points and Partnering Agencies are attached.

By signing this form, our agency agrees to participate in the ARHC Missoula Coordinated Entry System as a(n):

☐ Access Point (Advertised)

☐ Access Point (Non-Advertised)

☐ Partnering Agency

I confirm that my agency will adhere to the attached responsibilities and I will contact the MCES Lead Entity immediately if I have any questions or concerns.

_____

Agency (or Program)

_____

Agency Director and Title (Printed Name)   *Signature*   *Date*

_____

MCES Lead Entity (Printed Name)   *Signature*   *Date*

Last update 2017 0710; 2018 0814; 2019 0327   Page 1

Access Point and Partnering Agency Responsibilities:

- Read and understand the following:

  - ○ Notice CPD-17-01, the January 2017 HUD Notice establishing specific requirements of local coordinated entry systems.

  - ○ Montana CoC-HMIS & Coordinated Entry Release of Information / Data Entry Disclosure, Client Consent & Service Matching

  - ○ Authorization for use only by HIPAA Covered Entities

  - ○ HMIS Participation Agreement (if applicable)

  - ○ HMIS Policies and Procedures

  - ○ MCES Policies and Procedures

  - ○ MT CoC Statewide CES Policies and Procedures

  - ○ City of Missoula Housing and Community Development MCES HMIS Volunteer Agreement (if applicable)

  - ○ Your agency's confidentiality agreement/policy and privacy rights

  - ○ The MCES Grievance Procedure (see MCES Policies and Procedures)

- Designate one point of contact for the MCES Lead Entity to communicate directly and a back-up person in their absence.

  - ○ Primary Point of Contact (name and email) _____

  - ○ Back Up Point of Contact (name and email) _____

Additional Access Point Responsibilities:

- Dedicate specific staff that are trained (up front and on an ongoing basis) in triage, diversion, phased assessment process, and data input into HMIS.

- Ensure staff are trained in the phased assessment approach for each population (families, single adults, transitional age youth) per the training expectations found in the MCES Policy and Procedure Manual.

- In the rare instance when an Access Point is unable to facilitate the full assessment process at the time a household/person shows up in person or calls for housing and service assistance, Access Point staff will facilitate a smooth transition ("warm handoff") to another assessor or Access Point. We absolutely want to avoid sending a household/person to another agency when we have not confirmed that there is actual help/assistance on the other end. It is also important that the referring person/agency provide the assessor/organization with pertinent information about the household/person. Examples of a warm handoff include:

- Offering the household/person an agency phone to call 2-1-1 or offer/provide private space for the household/person to call 2-1-1 with their phone.
- Calling the Poverello Center Homeless Outreach Team and see if they can come to your agency and meet with the household/person: 406-493-7955 (M-F, 9-5).
- If the phone is a perceived barrier and/or the HOT Team is unavailable, call another appropriate Access Point on the household/person's behalf or together and let them know you are going to refer a household/person to them. Ensure the household/person knows how to get to the specific agency and that the receiving agency knows that the household/person is on their way.

- Provide triage, diversion and assessment services for all eligible households experiencing homelessness who enter your organization, regardless of their eligibility for your specific program or services. The coordinated entry process must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at-risk of homelessness, per the January 2017 HUD Notice (CPD-17-01).

- Track diversion attempts and outcomes in HMIS. When not doing direct and immediate entry into HMIS, assessors must use the appropriate MCES paper assessments (not the versions found online) with real time data that is not based on memory. Data must be entered into HMIS within 48 hours. Assessments added after 10:00 a.m. on Wednesdays will not be considered in that week's case conferencing.

- Commit to the importance of data quality and record the most accurate, consistent and timely information in HMIS.

- Attend monthly Access Point meetings coordinated by MCES Lead Entity to ensure consistency of triage, diversion and assessment services at all access points.

- Subscribe to MCES messaging as determined by the MCES Implementation Group and Access Points, ensuring households and stakeholders hear the same information and receive equal access to diversion and assessment services, regardless of the access point they enter.

- Commit to bringing challenges/concerns to monthly Access Point meetings, and address them as a community team.

- Be nimble and adaptable as we learn what processes and procedures are most effective in our CoC Geographic Region; change may be frequent, based on local learning/experience and is always consumer driven. All Access Points are responsible for adapting to changes.

Additional Advertised Access Point Responsibility:

- Consent to broad advertisement of your organization as an access point for people experiencing homelessness to access when in need of housing/services.

Agencies receiving MCES housing and service referrals agree to the following:

- Commit to ensuring the community meets the requirements as outlined by HUD:

48

- Homelessness prevention services. Persons must be able to access homelessness prevention services funded with ESG Program Funds through the coordinated entry process. The coordinated entry process may include separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed, e.g. on-site at a courthouse or hospital, provided that the separate access point(s) meet all requirements in II.B.2 of this Notice.

- Commitment to referral success. CoCs should include a commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

Revocation:

If an Access Point or Partnering agency is determined by a consensus of case conferencing participants to be in non-compliance with any of the above policies, MCES reserves the right to revoke Access Point or Partnering Agency status from that agency.

Access Point and Partnering agencies also are able to self-revoke if they find they are unable to comply with the above standards/policies. The MCES Lead Entity requires 30 days written notice of the choice to revoke.

APPENDIX D - MCES HOUSING RESOURCE LIST

Programs marked with an * indicates that referrals come exclusively through MCES

Carole Graham House
(406) 549-8309
1330 S. 4th Street W.
Missoula, MT 59801
https://www.wmmhc.org/index.php/missoula/1516
Provides transitional housing & recovery program for women with children struggling with substance abuse.

Family Promise
(406) 529-4671
202 Brooks Street
Missoula, MT 59801
http://micMT.org/family-promise/
Each church hosts for week-long stays, and families can rotate through churches (one week at one church, next week at a different church, etc.). Provides homeless services and support for families including info, community referrals, and case management.

First Presbyterian
(406) 549-5144
253 S. 5th Street West
Missoula, MT 59801
http://fpcmissoula.org/site/homepage.html
Call to request assistance. Potential assistance provided includes emergency financial aid (e.g. for utilities, rent, car repairs, medical bills).

Habitat for Humanity
(406) 549-8210
3655 Hwy 200 East
Missoula, MT 59802
www.habitatmsla.org
Provides low-cost housing to families "at-cost" with no interest charged.
Families must show need, ability to pay, willingness to partner with habitat in building their new home, and residency in Missoula County for at least one year.

Homeword
(406) 532-4663
1535 Liberty Ln. #116a

Missoula, MT 59808

www.homeword.org

Provides homebuyer education classes, down payment assistance, housing counseling, and financial fitness classes. Also provides affordable, energy-efficient, environmentally & economically sound housing and housing advocacy for low-income families.

Home Resource

(406) 541-8300

1515 Wyoming St

Missoula, MT 59801

www.homeresource.org

Provides reusable building materials to buy.

Human Resource Council

(406) 728-3710

1801 S. Higgins

Missoula, MT 59801

www.humanresourcecouncil.org

Provides a variety of services for renters & homeowners.

*ESG Short-Term Rapid Re-Housing Provider.

LIEAP (Low Income Energy Assistance Program)

(406) 728-3710

http://dphhs.mt.gov/hcsd/energyassistance.aspx

Qualified households can get emergency heating assistance and/or energy conservation help.

Medicaid

(406) 329-1200

2677 Palmer St. #100

Missoula, MT 59808

http://dphhs.MT.gov

Medicaid serves eligible low income parents, children, seniors, and people with disabilities.

Missoula Child Start Inc.

(406) 728-5460

1001 Worden Ave

Missoula, MT 59802

http://thechildstartinc.com/

Provides free services to families that income qualify, meeting federal poverty income guidelines, and serves children 3-5 years old and their families.

Missoula County Office of Public Assistance

1-888-706-1535
2677 Palmer St Suite 100
Missoula, MT 59808
http://dphhs.mt.gov/hcsd/OfficeofPublicAssistance.aspx
Apply for Medicaid, food stamps, TANF, and other public assistance programs.

Missoula Housing Authority
(406) 549-4113
1235 34th Street
Missoula, MT 59801
www.missoulahousing.org
Provides public housing, section 8 rental & ownership assistance, shelter plus care, low-income tax
credit project, and homeless housing programs.
*CoC Permanent Supportive Housing Provider

Missoula YWCA Domestic Violence Shelter & Ada's Place
(406) 543-6691 (Office)
542-1944, 1-800-483-7858 (Crisis Hotline)
1130 W. Broadway
Missoula, MT 59802
www.ywcaofmissoula.org
Provides 24-hour crisis hotline & emergency shelter to victims & survivors of domestic violence &
sexual assault. Ada's place provides transitional housing to homeless women & their children.
*CoC Medium-term Rapid-Rehousing Provider

Montana Fair Housing
1-800-929-2611
1280 S. Third Street W. Ste. B
Missoula, MT 59801
www.fairhousing.montana.com
Provides legal advocacy to individuals experiencing housing discrimination.

Montana Red Cross Hotline
1-800-272-6668
www.montanaredcross.org
Provides disaster relief services (especially during Montana's fire season) such as food, clothing,
and temporary shelter to those affected by disaster.

Mountain Home Montana
(406) 541-4663

2606 S. Avenue

Missoula, MT 59804

www.mountainhomeMT.org

Provides services to pregnant & parenting teens.

*CoC Permanent Supportive Housing Provider and Group Home Provider

Next Step Housing

(406) 728-4535

1332 River Street

Missoula MT, 59801

Transitional recovery home for males who have substance abuse issues and are homeless or without stable living after treatment.

YWCA Gateway Center

(406) 543-6691

1130 W Broadway Street

Missoula, MT 59802

http://ywcaofmissoula.org/services/adas-place-housing-programs/

Provides emergency shelter & case management for families and individuals who are homeless.

Gateway: Monday, Wednesday, Thursday and Friday mornings.

Help Housing Opportunities for Persons With Aids (HOPWA)

(406) 543-4775

Open Aid Alliance: (406) 543-4770)

1500 W Broadway Street A

Missoula, MT 59802

https://www.hudexchange.info/programs/hopwa/

Provides tenant-based rental assistance (TBRA), short-term, rent, mortgage, utility assistance (STRMU), and emergency housing assistance to those at-risk of homelessness and living with HIV/AIDS

Poverello Center, Inc.

(406) 278-1809

1110 W. Broadway

Missoula, MT 59801

Provides Short-term, housing focused, emergency shelter; Veterans housing and services; Daily hot meals, sack lunches and food pantry services; Toiletries, bathrooms, and shower facilities; Emergency laundry services; Mail, phone, and messaging services; Computer lab; Medical services through the Healthcare for the Homeless Clinic; 12 step meetings and other addiction services; Community resource and referral; Homeless outreach services; Community outreach and educational programs

*Veteran TH Provider – Housing MT Heroes and Valor House

Watson's Children Shelter

(406) 549-0058

4978 Buckhouse Lane

Missoula, MT 59804

https://watsonchildrensshelter.org/

Provides a safe haven for children in crisis with short term shelter or group home care. Admission and application needed to serve boys and girls infant to age 14.

WMMHC Share House

(406) 532-9830

1335 Wyoming Street

Missoula, MT 59801

https://www.wmmhc.org/index.php/share-house

Provides non-medical detoxification & recovery transitional housing to homeless chemically dependent people.

Missoula Craigslist

http://missoula.craigslist.org/hhh/

Lists rental properties to lease or buy in Missoula and surrounding areas.

Missoulian

http://missoulian.com/app/rentals/

Lists rental properties to lease in Missoula. Also check out the classifieds in the printed newspaper.

MT housing search

www.MThousingsearch.com

Free housing locator website assists in finding affordable housing in Montana.

Missoula Independent

http://classifieds.missoulanews.com/?nav=classifieds

Free local paper that lists rental properties to lease in the classifieds; check online or in the paper.

APPENDIX E – DIVERSION

Diversion and Exploratory Conversation

DIVERSION STEP ONE: Introductions

- Briefly introduce yourself, your organization, and your role
- Explain the goals of the conversation and the availability of your organization's services
- Inform the participant that their most important resource for exiting/avoiding homelessness is their own resiliency, including their existing support network. Explain the purpose of the discussion, limited availability of housing resources, and that your goal is to assist people in finding an immediate place to stay. Encourage them to talk about the immediate crisis and the steps that led up to it. Before you discuss anything else, ensure that the person or household is not in immediate danger. Explore this issue before you more on to any other discussion. Use the following prompts to move the conversation along. Allow them to lead the conversation.
- Sample script: "Our goal is to learn more about your specific housing situation right now and what you need so that together we can identify the best possible way to get you a place to stay tonight and to find safe, permanent housing as quickly as possible. That might mean staying in emergency accommodation tonight, but we want to avoid that if at all possible. We will work with you to find a more stable alternative if we can."

DIVERSION STEP TWO: Active Listening

- Active listening & empathy
- Open body language
- Paraphrasing
- **Refrain from problem-solving at this stage**

DIVERSION STEP THREE: Strength Exploration

This step has two purposes:

1. Help them identify times when they have been of hope or support to others, and
2. Begin to identify networks and support persons that may be able to help them with income or housing.

Guiding questions may include:

- What were things like for you when things were going better?
- Who are their allies, friends, and family members?
- Who would be heartbroken to know that you are homeless?
- Can you stay where you have been staying for 3-7 more night while we work on other solutions?
- What have you thought about trying but haven't yet?
- What haven't you told me that would be important for me to know?
- Are you working with anyone else? VA, CPS, mental health, and other case manager? What do they do to assist you? Can we reach out to them?
- Why are you finding it difficult to secure housing?

Last Updated: 5/30/2019

55

Our clients may feel dependent - we can help them remember times of interdependence.

DIVERSION STEP FOUR: Moving Forward

After we have listened, then explored past strengths, what housing options do they want to pursue?

1. Going back to live with friends and family
2. Is there anyone (in or out of state) who you can stay with temporarily?
3. Returning to their own residence
4. Temporary diversion as they seek new housing
5. Relocating to a safe, permanent place out-of-town

Guiding questions may include:

- Is there anyone (in or out of state) who you can stay with temporarily?
- How is your relationship with that household? Can we help in any way by talking to them? What would it take for you to stay there?
- If admitted to shelter, what are your plans to obtain housing at this point in time?

Consider the options the household has presented. What can you do to assist them? If diverting them to temporary solutions is possible or preferred, let the household know their options and review any follow that would be needed. If the household is seeking to access the shelter system, let them know what this will mean, and give a summary of the pros and cons of this form of temporary accommodation. Be sure to give the participant specific information on shelter rules, expectations, and curfews so they can decided for themselves if it is a good fit. **Empower the participant with knowledge.**

DIVERSION STEP FIVE: Connections to mainstream services/referrals

- Provide Housing Sustainability Plan to the person or household (assist them in completing, if needed/possible)
- Provide warm-hand off whenever possible

Note: Remember that "diversion" can be a multi-visit process. Build on information you already know about the participant to create avenues for on-going diversion and intervention.

More information: https://drive.google.com/open?id=1r7mlb51acyRaglH8ySagJAya7dyOYW65

Last Updated: 5/30/2019

APPENDIX F – ASSESSMENT

Downloadable VI-SPDAT tools can be found here near the bottom of the page:
http://www.orgcode.com/spdat

VI-SPDAT Scripts and Instructions – Last updated 2/15/2019

(Only complete assessment if diversion was unsuccessful)

1. Select the appropriate version of the VI-SPDAT:
   - VI-SPDAT for Single Adults – Use this version for adults age 25 or older with no children in the household.
   - VI-SPDAT for Families – Use this version for households with at least one child under the age of 18. This includes women who are pregnant.
   - TAY VI-SPDAT – Use this version for transition age youth (ages 24 and under) and unaccompanied minors.
   - Justice Discharge VI-SPDAT – Use this version for incarcerated adults meeting HUD's Category 1 definition of homelessness prior to their release. *(currently not available in HMIS)*

2. Read the Opening Script:

   I am going to be asking you some questions that will take about 10-15 minutes. The purpose of these questions is to help me learn about your housing and service needs. Some questions may be of a sensitive nature and they all only require yes/no or one word answers; there is no need to answer further.

   Your responses to questions will make it easier for me to identify services for you and you still have the right to skip or refuse any question. Please let me know if you do not understand a question and I can help provide clarification. There is no right or wrong answer to any question. It is highly important you offer accurate information in your answers. Lack of and/or inaccurate information will limit my ability to identify your needs.

   There is no need to conceal information. All of your information is confidential and treated as such.

3. Read the Closing Script:

   Thank you for taking the time to complete this assessment. Coordinated Entry is not a housing program or guarantee of shelter or housing, but works to coordinate the limited homeless housing resources as well as make the process quicker and easier for you. Please continue to search for housing and use the resources we have provided for you today. We will reach out to you when there is an appropriate housing option available but

57

   we expect you to check in with us on a monthly basis to let us know if your housing status

and/or contact information changes. If we have no contact with you for 90 days, we will assume that you are no longer interested or in need of housing assistance in Missoula County. [Note to Assessor: the closing script is just as important as the opening script – we need MCES clients to understand what happens if we do not hear from them].

Here are the places you can check in and update us:
YWCA: 1130 W. Broadway 406-543-6691
Poverello Center: 1110 W. Broadway 406-728-1809
Salvation Army: 355 S. Russell 406-549-0710
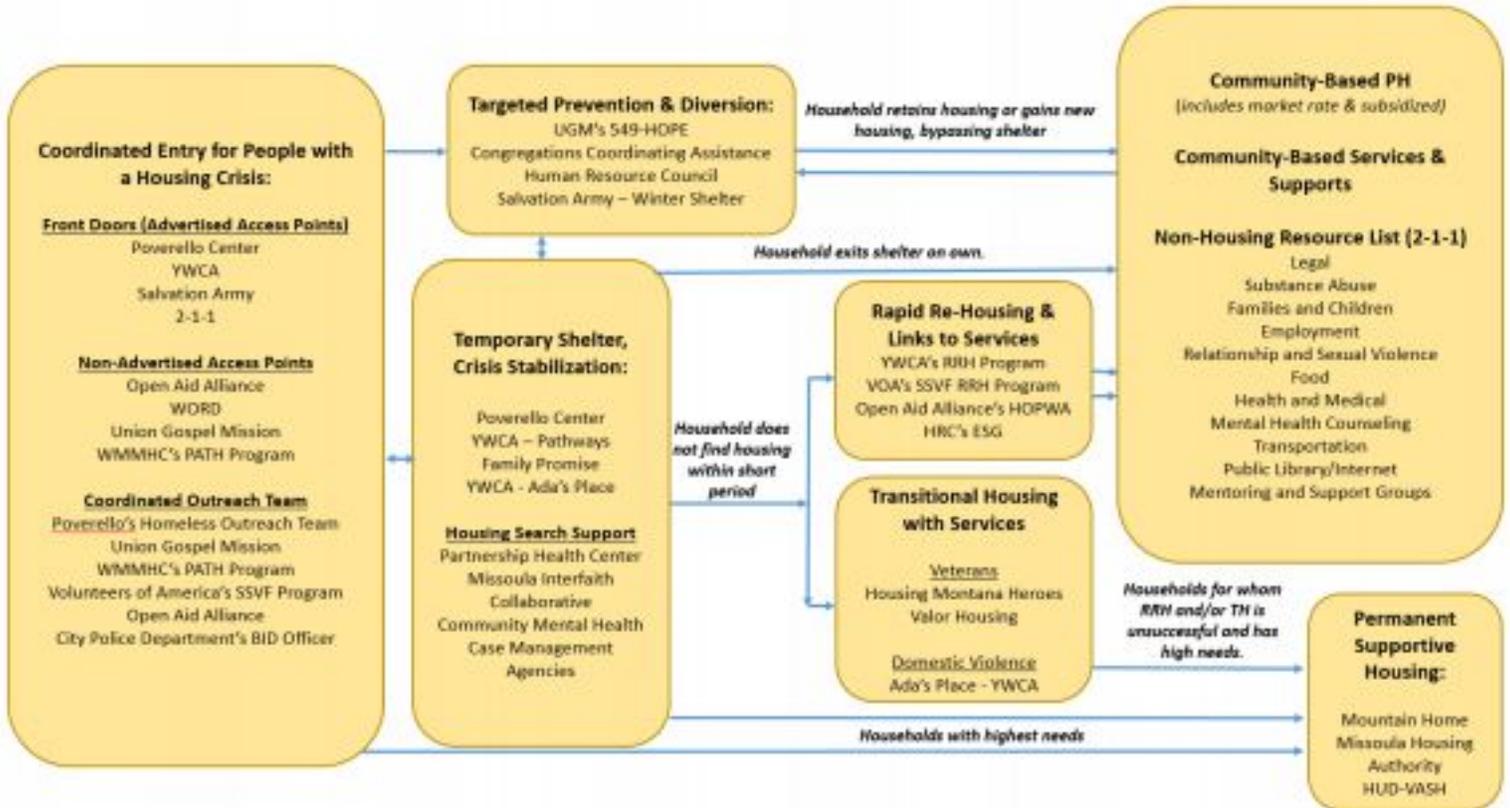*2-1-1: Please dial 211 or 549-5555 from any phone.*

4. **Do NOT** share the numerical score from the VI-SPDAT. Refer the individual/family to resources in the community that will help them address barriers, such as: public benefits, employment programs, security deposit assistance, etc. Encourage them to continue to seek housing on their own.

5. Include relevant observation notes about what lead to the current episode of homelessness as well as strengths and barriers to housing. State your observations as observations rather than facts, i.e. 'client appeared disoriented at times' or 'client reported problems with mental health.' Please do NOT report any medical diagnoses i.e. 'client is diagnosed with Schizophrenia.' Even if you are appropriately licensed to make the diagnosis, or have seen credible medical records, HMIS is not an appropriate receptacle for clinical diagnoses or any protected health information. A good rule of thumb is to not record any notes you would not be comfortable reading in an open courtroom.

6. It is critical that clients remain in contact with MCES in order to stay active in the system. We would like monthly updates about any changes to where they are staying, contact information, or significant life changes that might impact the assessment score. If we cannot contact families, or they become inactive in the system due to a lack of monthly updates, they will not receive referrals. Updates can be made at any advertised front door organization.

  · If you suspect that the score is inaccurate, please alert your supervisor or Case Conferencing Representative. From the Policy and Procedure Manual:
    · **Assessment Score Override Policy:** Professionals (typically shelter staff, outreach, navigators) familiar with the household provide input through the case conferencing process and are required to go through specific questions on the VI-SPDAT and provide objective (non-opinion) information that is evidence the question was answered inaccurately and therefore a household's score is negatively impacted, ultimately hindering their ability to be prioritized for resources based on MCES prioritization policy. The case conferencing

    group discusses the new information and makes override decisions based on the majority vote. The intention of this policy is to capture under-reported

information and ensure the most vulnerable people are prioritized for resources. Only information relevant to factors listed in the MCES written policies and procedures may be used to make prioritization decisions and/or override vulnerability scores.

For more information, please visit:

https://www.youtube.com/watch?v=z_pHYPTw0Zw

http://www.orgcode.com/learn

59

APPENDIX G - MCES MAP

Coordinated Entry for People with a Housing Crisis:

Front Doors (Advertised Access Points)
Poverello Center
YWCA
Salvation Army
2-1-1

Non-Advertised Access Points
Open Aid Alliance
WORD
Union Gospel Mission
WMMHC's PATH Program

Coordinated Outreach Team
Poverello's Homeless Outreach Team
Union Gospel Mission
WMMHC's PATH Program
Volunteers of America's SSVF Program
Open Aid Alliance
City Police Department's BID Officer

Targeted Prevention & Diversion:
UGM's 549-HOPE
Congregations Coordinating Assistance
Human Resource Council
Salvation Army – Winter Shelter

Household retains housing or gains new housing, bypassing shelter

Community-Based PH
(includes market rate & subsidized)

Community-Based Services & Supports

Non-Housing Resource List (2-1-1)
Legal
Substance Abuse
Families and Children
Employment
Relationship and Sexual Violence
Food
Health and Medical
Mental Health Counseling
Transportation
Public Library/Internet
Mentoring and Support Groups

Household exits shelter on own.

Temporary Shelter, Crisis Stabilization:

Poverello Center
YWCA – Pathways
Family Promise
YWCA - Ada's Place

Housing Search Support
Partnership Health Center
Missoula Interfaith Collaborative
Community Mental Health
Case Management
Agencies

Household does not find housing within short period

Rapid Re-Housing & Links to Services
YWCA's RRH Program
VOA's SSVF RRH Program
Open Aid Alliance's HOPWA
HRC's ESG

Transitional Housing with Services

Veterans
Housing Montana Heroes
Valor Housing

Domestic Violence
Ada's Place - YWCA

Households for whom RRH and/or TH is unsuccessful and has high needs.

Permanent Supportive Housing:

Mountain Home
Missoula Housing Authority
HUD-VASH

Households with highest needs

APPENDIX H - MONTANA COC – HMIS & COORDINATED ENTRY RELEASE OF INFORMATION DATA ENTRY DISCLOSURE, CLIENT COSENT AND SERVICE MATCHING

Montana CoC - HMIS & Coordinated Entry Release of Information

Data Entry Disclosure, Client Consent & Service Matching

About HMIS and Coordinated Entry:
The Coordinated Entry System (CES) streamlines and matches available housing and services for people experiencing homelessness. In order to ensure that I am connected to the most appropriate housing that I am eligible for, I will be asked questions about my specific situation.

This agency participates and enters data into the Homeless Management Information System (HMIS), which is a secure online database used by homeless service providers to store personal information, track program and client outcomes. Information entered into HMIS may include my name, social security number, date of birth, gender, race, ethnicity, housing status, Veteran status, income and source, referrals, referral outcomes, assessment information and services received.

What am I agreeing to?
By agreeing to this document, you acknowledge:

- The providers participating in Coordinated Entry and/or HMIS agree to maintain confidentiality.
- Information about my household will be shared with and updated by service providers that are assisting me - which may include a case conferencing team that meets on a regular basis.
- This consent form is completely voluntary and I do not have to agree to authorize any use or disclosure.
- This consent is valid for SEVEN YEARS from the date of signature unless revoked. And I understand that I have the right to revoke this consent at any time by submitting a request in writing. I understand that the revocation will not apply retroactively to any information that has already been shared.
- The Privacy Policy describes the ways in which CES and HMIS client data information may be used or disclosed.
  _____ I have received a paper copy of the complete Privacy Policy.
- A list of service providers participating in HMIS and Coordinated Entry and Case Conferencing can be found at https://www.pcni.org/communities/montana-statewide, or a printed list is available on my request.

My signature below indicates that I have read (or been read) the information provided above and have received answers to my questions.

❏ YES. I agree to share my household's information for all the purposes listed above and with the providers participating in Coordinated Entry and HMIS.

❏ I do not agree to my household's personally identifying information being shared with other CES and HMIS providers, but understand it will still be entered in HMIS, and I still wish to be considered for available resources, using a unique identifier rather than my name.
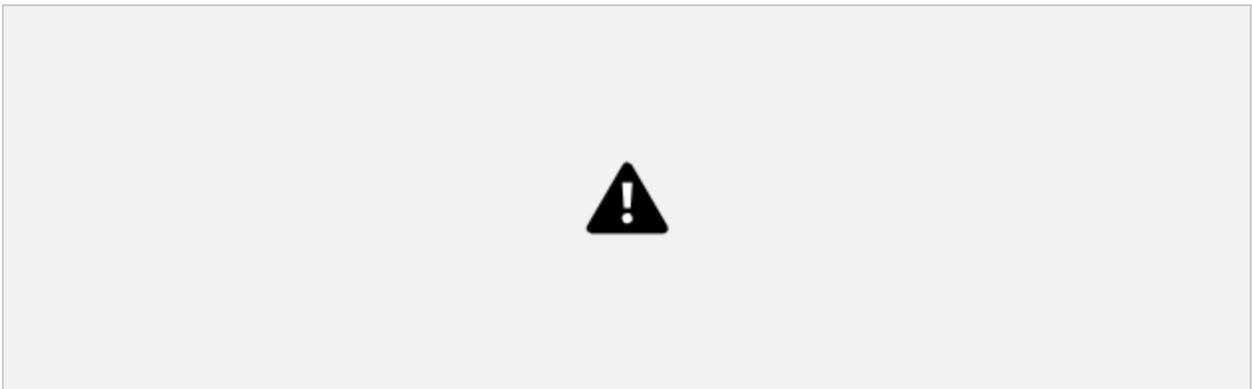
_____
Printed Name

_____   _____   _____   _____
Signature of Client   Date   Agency Name   Date

APPENDIX I - EVALUATION METHODOLOGY
Draft by Anne Higgins, MSW Student

Research Design

Evaluation of the MCES process can be accomplished through a mixed method approach of quantitative and qualitative measures. Evaluating the intake, assessment, referral data and specific HUD performance measures contributes to the most objective evaluation of the coordinated entry process for national level comparisons but doesn't capture the experience of the client, provider, and lead agency. Relying solely on HMIS and parallel-systems collected data will not give a complete picture of the coordinated-entry process and services. A sequential explanatory implementation strategy (Padgett, 2009) characterized by collecting and analyzing quantitative data followed by qualitative data, will be used so that qualitative results can be used to assist in explaining and interpreting the local quantitative data. A logic Model of MCES is included here.

i. QUANTITATIVE

Measurements

The majority of cities, track their HEARTH Act outcomes through their HMIS systems. The data collected by HMIS and associated add-on platforms focuses on client demographic information, client entry and exit dates, number of housing placements made, number of clients eligible for services, and incidence of repeat clients. Specific HUD's system performance measures to be reviewed include:

> · Number of new entries to homelessness;
>
> · Rates at which people leave the system to permanent housing;
>
> · Time that people spend being homeless; and
>
> · Frequency of subsequent returns to homelessness.

Data included in the Missoula By Name List (BNL) captures VI-SPDAT scores and information, the date of assessment, age, veteran status, fleeing domestic violence status, notes on housing navigation, exit destination, housing intervention (where individuals were reported to have gone or to be living when they were removed from the CES prioritization list) and date of removal from the "Active" MCES prioritization list. A Full detail of outputs are listed here.

Procedure

Data will be retrieved from MCES inventory of emergency shelter, transitional housing, rapid re housing, and permanent supportive Housing Inventory Count (HIC), Prioritization and HMIS data (iCarol). Evaluation of MCES is to be reviewed and outcomes of referrals and housing stability every six months; and cross systems data review yearly. MCES first sixth month mark will be January 2018.

Sample

Reaching Home will provide de-identified By-Name List data that covers the timeframe from MCES implementation, June 2017 and the co-occurring 2017 Point in Time Survey data sets.

Analysis

Analysis of the data with The Homeless System Evaluator Tool (National Alliance to End Homelessness) is able to measure whether the system is meeting goals set out by the planning committee and basic HUD/HEARTH expectations. Specifically, this tool helps determine whether a community's homeless assistance system moves people into permanent housing quickly, helps people remain in housing, and generates these and other positive outcomes cost-effectively. Missoula's data will be entered from HMIS, APRs, and program budgets into the tool, which then displays the data in charts and graphs that can help identify trends. This Evaluator tool includes graphs that compare the performance of individual programs, the ability to measure performance compared to national benchmarks, and simplified cost-effectiveness and system performance data entry. Cost and performance data will be analyzed with the Performance Improvement Calculator (National Alliance to End Homelessness).

ii. QUALITATIVE

Qualitative data addressing the processes of Case Conferencing, the accessibility of the system, the soundness of the assessment tools and the functionality of the provider referral network will be evaluated through surveys, interviews and a negative case analysis of newspapers and public comments.

Sampling Strategy

Stakeholder Samples

Stakeholders will be identified by MCES Implementation group and range MCES different organizations and intervention types, including outreach, shelters, transitional housing, and permanent supportive housing that serve a range of subpopulations (veterans, chronically homeless people, and individuals with mental illness). A Full List of stakeholders is listed here.

Stakeholders will be given a survey at the February 2018 monthly ARHC meeting to capture one representative from each agency. The surveys will include an ordinal level measurements Likert scale questions, with codebook targeting the specific outcome areas listed below:

Initial Screening and Intake

· Outreach and engagement

· Emergency Services

· Assessment

· Scoring

Export/Import to BNL

· iCarol to BNL

Case Conferencing

· Prioritization

· Housing Navigator assignment

· Eligibility Determination

Referral and Document Review

· SSI/SSDI Application Assistance

· Homelessness verification Assistance

· Landlord identification and recruitment services

Program Acceptance and Refusal

· PSH

· RRH

· TH

· ES

Data Tracking

Households

Semi-Structured phone interviews with heads of families who have experienced homelessness will be conducted. Households to be interviewed will be selected through a Quota Sampling of VI SPDAT scores from the BNL. Sampling will continue until 10% of interviews are completed in each VI-SPDAT scores range that is correlated to different housing intervention assignments to capture the full breadth of housing interventions.

Procedures

1. Household in each Vi-SPDAT score range will be selected at random.

2. Upon phone contact the Interviewer will review the program evaluation, answer any questions and obtain verbal consent

3. Pre-interviews will last approximately one hour and will review current information and updates in living situations.

4. Interviews will be schedule within one week and may be conducted over the phone or at a central service provider.

5. Each interview will begin with a request for demographic information and CES status

6. The questions that follow will be open-ended and permit participants to discuss what is most relevant to them about their experience with the coordinated entry system and focus on the following topics:

· Participant Autonomy

· Barriers

· Privacy

· Training

· Person-Centered Assessment

· Accessible tools and processes

· Clear referral expectations

· Services provided

· Quality of service provided
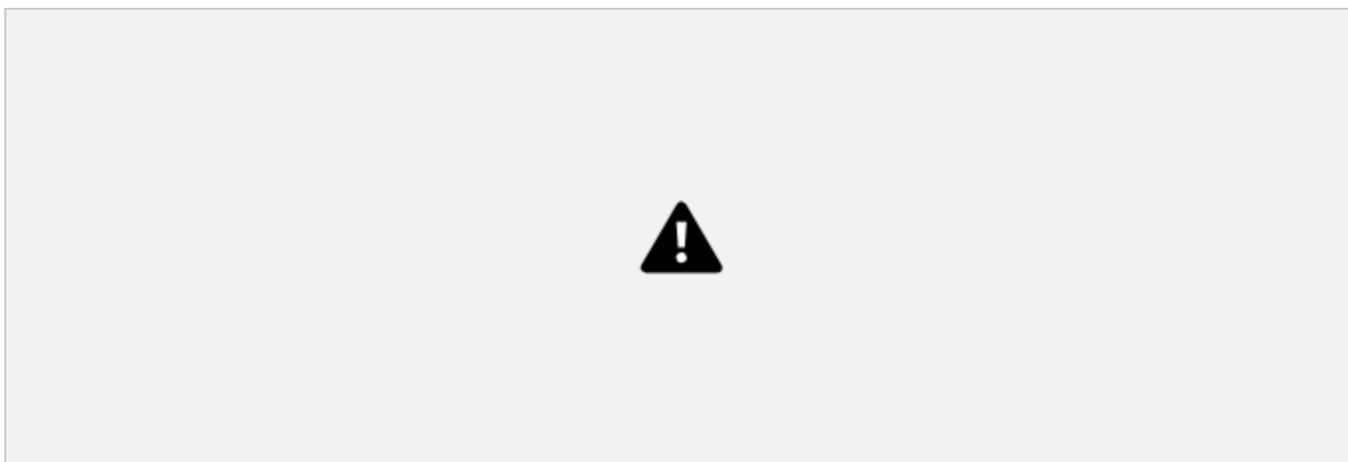
7. Interview will last approximately 2 hours in length

8. After each interview notes will be made on both the content and process of the interview

Analysis

The interview and process notes will be reviewed for emergent themes, patterns and insights. When this process is complete, similar ideas and themes will be grouped and given a conceptual label. Once the conceptual codes are established the coding process will begin. The data from each file will be reviewed and subthemes and the relationships between subthemes will be identified and summarized. Any data that are unique, markedly dissimilar or contradictory will also be noted.

A full review of existing planning and governance documents will also be conducted. Document Review will include: MCES Review of Policies and Procedures to Date, Reports looking at Privacy Protections, Data Security, Policies and Procedures. A full List of Documents are listed here.

Logic Model

HMIS Outputs

Prioritization

· VI-SPDAT

· iCarol

· BNL

Entry

· Incidence of new entries to homelessness

· Entries from Homeless Prior Living

· Entries from non-Homeless Prior Living

· Incidence of re-entry from previously housed

Referral

· Utilization Rate

· Rate of inventory vacancies; different rates between providers

· Number of interactions the client has with different providers

Time

· Length of Stay in shelter or actively unsheltered

· Rate of Exit to Permanent Housing

· Rate of Return to Homelessness

· Time on waitlists

· Wait time and housing placement time with needs level of household (high, medium, or low needs)

<u>Cost per Permanent Housing Exit</u>

· Program budget data collected directly from homeless program providers

List of Documents

ARHC Policy Guide

CoC Program interim rule 24 CFR 578

Coordinated Entry Policy Brief (2015)

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)

HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)

Emergency Solutions Grants interim rule 24 CFR 576

Missoula Coordinated Entry System (MCES) - Agency Partnership Agreement Missoula

Coordinated Entry System (MCES) -Client Release of Information and Data Sharing Plan

Missoula Coordinated Entry System (MCES) - Reference Guide

Missoula Coordinated Entry System (MCES) - Training Manual

Missoula Coordinated Entry System (MCES) - User Responsibility and Code of Ethics

Agreement Missoula County CES Re-Design Workshop

Reaching Home – Missoula's 10-Year Plan to End Homelessness

Stakeholders

Associated Students of the University of Montana Off-Campus

Renter Center
Missoula Urban Indian Center

Child Development Center Missoula Interfaith Collaborative

Child Start, Inc. Missoula Job Service City-County Health Department

Montana Innocence Project Co-Occurring Court Montana Innocence

Project Department of Corrections Mountain Home Montana Early

Head Start MSOTA

Garden City Harvest North-Missoula Community Development Group

Planning Services

Grants & Community

Open Aid Alliance

Programs; Community

Habitat for Humanity Partnership Health Center Homeword Poverello

Center

Housing and Community Development Ravalli Headstart

Human Resource Council, XI Reaching Home

Jail Diversion Master Plan Council Ronald McDonald House of Missoula Justice

Court Salvation Army

International Rescue Committee State Probation and Parole Magellan

Health Stepping Stones Counseling Missoula Aging Services Summit

Independent Living

Missoula City-County Health Department Tamarack Property Management

Missoula Correctional Services United Gospel Rescue Mission Missoula

County Detention United Way of Missoula County

Missoula County Dept. of Grants   Volunteers of America
and Community Programs

Missoula County Office of Public
Assistance
VA Montana - HUD-VASH

Missoula County Public Schools Western Montana Mental Health Center Missoula

Early Head Start WORC Program

Missoula Food Bank WORD

Missoula Forum YWCA Missoula

Missoula Housing Authority

REFERENCES

Culhane, D. P., Metraux, S., & Byrne, T. (2011). A prevention-centered approach to homelessness assistance: A paradigm shift? Housing Policy Debate, 21(2), 295-315. doi:10.1080/10511482.2010.536246

CoC Program interim rule: 24 CFR 578.7(a)(8)

Coordinated Entry Policy Brief (2015)

ESG interim rule: 24 CFR 576.400(d)

National Alliance to End Homelessness, Coordinated Entry: The Basics. Available online: https://www.hudexchange.info/programs/coc/system-performance-measures/

National Alliance to End Homelessness, One Way In: The Advantages of Introducing System Wide Coordinated Entry for Homeless Families, May 25, 2011. Available online: http://www.endhomelessness.org/content/article/detail/3974

HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)

HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)

Padgett, D. K. (2009). Qualitative and mixed methods in social work knowledge development. Social Work, 54, 101–105.

Padgett, D., Stanhope, V., Henwood, B., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing housing first with treatment first programs. Community Mental Health Journal, 47(2), 227-232. doi:10.1007/s10597-009-9283-7

Pearson, C., Montgomery, A. E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. Journal of Community Psychology, 37(3), 404-417. doi:10.1002/jcop.20303

Reaching Home: Missoula's 10-Year Plan to End Homelessness, 2012-2022, Reaching Home Work Group, Missoula, Montana, 2012

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. American Journal of Public Health, 94(4), 651. doi:10.2105/AJPH.94.4.651

APPENDIX J - PRIORITIZATION POLICY
Missoula Coordinated Entry System
Prioritization Policy
Updated 6/29/2020

The MCES Prioritization Policy ensures that scarce housing resources are targeted to those who are the most vulnerable by utilizing household data collected via the MCES Triage and Phased Assessment process, local service utilization data, and evidenced based practice research.

MCES Prioritization

Factor Range Points Notes Age, high risk Age 55+ 2 Age, moderate risk Age 18-25 or 50-54 1 Children, high risk Children's age 0-5 or pregnant 2

Children, moderate risk   Children's age 6-17 1

Chronic
Homelessness

unavailable use date identified in MCES) **AND** noted disabling condition.

Current episode of homelessness meets HUD category 4 – currently fleeing, or attempting to flee, DV

Length of time homeless

1 point for every 12 months homeless (pulled from "approximate date homelessness started" per self-report, if

1 Literally homeless

Domestic Violence, high risk
Pulled from pre-screen "approximate date homelessness started" per self-report (if

unavailable use date identified in MCES).

1+ Literally homeless

2

Risk of Continued Trauma

Answered "yes" to any VI-SPDAT Risk questions 1

Physical Health Answered "yes" to any of the Physical Health questions on

1

the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT
Substance Use Answered "yes" to any of the Substance Use questions on

1

the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT
Mental Health Answered "yes" to any of the Mental Health questions on

the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT | 1

Tri-morbidity Received a point for physical health, substance use, AND mental health | 1

Factors included when prioritizing for FUSE

Factor Range Points Notes

Factor	Range	Points	Notes
MCES Prioritization		MCES prioritization point total	Varies
ED Visits	5+ ED visits per year	1	
Number of Hospital Admissions	3+ admissions per year	1	
PD Contacts	6+ contacts per year	1	
Incarceration	6+ incarcerations or 60+ days	1	
MESI Contacts	*8+ contacts per year*	*1*	*Acquiring data*

Tiebreakers

1. Non-VASH Eligible Veterans
2. Scored under "High Risk" categories – age, young children, DV risk
3. Unsheltered – literally homeless, lacking a fixed, regular, and adequate nighttime residence not meant for human habitation (outdoors)
4. Length of time homeless – Pulled from pre-screen "approximate date homelessness started" per self-report, if unavailable use date identified in MCES

Added priority related to COVID-19*

Factor Range Points Notes

Factor	Range	Points	Notes
Age 55+***		1	
Underlying health conditions**, any age	Yes	1	
Tested positive for COVID-19	Yes	1	If all 3, automatically prioritized for appropriate intervention.

*In light of COVID-19 pandemic a need to prioritize based on risk factors of COVID-19 have been identified.

**Underlying health conditions include chronic lung disease, moderate-severe asthma, serious heart conditions, immunocompromising conditions – cancer treatment, smoking, bone marrow or organ transplantation, poorly controlled HIV/AIDS, and/or prolong use of corticosteroids and other immune weakening medications, people with BMIs of 40 or higher, those with diabetes, chronic kidney disease or liver disease. (CDC, 2020, https://www.cdc.gov/coronavirus/2019-ncov/hcp/underlying-conditions.html)

***Age was lowered to 55 (from the CDC's recommended 65) due to extensive research highlighting how age-related health issues of homeless adults at age 55 is similar to that of housed adults at age 65.

APPENDIX K – GRIEVANCE FORM

Coordinated Entry System Process

Grievance Form

INSTRUCTIONS: This form is to be filled out in its entirety if you have a grievance with the Coordinated Entry System (CES) process. Clients have fifteen (15) days from the date of notice to make such a request and it must be received by MCES on or before the date that this time period ends. A grievance may include any complaint against the Coordinated Entry System policies and/or procedures. Grievances against specific agencies within the CES should be filed specifically with that agency. By completing this Grievance Form, you are consenting that your information be shared by and with any and all of Missoula's Coordinated Entry System members involved in the grievance process.

_____ _____ _____/_____/_____
Participant Print Name Signature Date

_____ _____ _____
Phone Number Address E-mail

EXPLANATION OF YOUR CONCERN/GRIEVANCE

_____

_

_____

_

_____

_ **WHAT ACTION YOU BELIEVE WOULD SOLVE THE PROBLEM:**

_____

_____

_____

_

MCES will respond to your grievance in writing within 15 days. If you are not satisfied with MCES's response to your grievance, you can request an investigation with the Montana Continuum of Care Coalition: admin@montanacoc.org

FOR OFFICE USE ONLY

_____ _____ _____/_____/_____

Reviewed By Signature Date

Outcome:

_____

_____

_____

_____

Questions? Contact Theresa Williams at 406-552-6398,
or e-mail Theresa Williams at williamst@ci.missoula.mt.us

APPENDIX L – SKILLED ASSESSOR AGREEMENT AND TRAINING CHECKLIST MCES Training Checklist

76

78