

St. Joseph Continuum of Care

St. Joseph/Andrew, Buchanan, DeKalb Counties
Continuum of Care – MO 603

CoC Governance Charter and Consolidated Policies and Procedures

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A. GOVERNANCE CHARTER & BYLAWS

Section I – Name & Purpose

The official Housing and Urban Development (HUD) Designation is: St. Joseph/Andrew, Buchanan, DeKalb Counties Continuum of Care. The official HUD CoC number is MO-603. The CoC is more commonly referred to as the St. Joseph CoC.

The Governance Charter & Bylaws (i.e., this document) are established to provide the framework for the activities of the St. Joseph Continuum of Care (CoC).

Section II – Vision and Mission Statement

Mission: The purpose of the CoC is to promote community dialogue that creates community awareness of homelessness, establishes priorities on target populations to serve, and supports the development of an effective and compassionate response that assists a person's move from homelessness to permanent housing.

Vision: A community where everyone lives in safe and secure housing that meets their needs.

Section III – Meetings

1. The CoC will have regularly scheduled meetings; these meetings usually occur monthly on the last Wednesday of each month. A minimum of 4 meetings will be held per year for full membership of the CoC. In January, July and December the regular meeting may be replaced by or included in events such as the Point In Time Count or the Homeless Memorial Service.
2. The Chair of the CoC may call special meetings that could occur between the regularly scheduled meetings, if needed.
3. The Chair may cancel meetings if there is no business to be brought before the CoC.
4. Inclement weather may force the cancellation of meetings of the CoC. Rescheduling of the meeting will be left to the discretion of the Chair.

Section IV – Tasks of the CoC

The tasks of the CoC shall include, but not be limited to:

1. Facilitating the CoC process as defined by HUD including, designing, operating, and following a collaborative process for the development of applications and approval of the submission of applications.
2. Prioritizing the need and establish funding priorities for homeless prevention, housing, shelter and support services in the CoC.
3. Increasing awareness of homelessness and homeless support services in the CoC service area.
4. Focusing on the availability of decent affordable housing and adequate and effective support services in the community, and developing a plan for the coordination of a housing and service systems.
5. Working with other CoCs and agencies across Missouri to end homelessness in the state.
6. Whenever possible the CoC membership at large should vote on major issues/decisions. Especially those issues related to CoC/ESG funding, project ranking, and program malfeasance resulting in disciplinary actions for a funded agency.

Section V– Membership; Composition, Rights and Voting

1. Membership in the CoC is voluntary, and may be comprised of representatives from social service agencies, city, county and State departments, faith communities, businesses and any other entities, including citizens at large, that are dedicated to preventing homelessness in the CoC area and to providing effective services for individuals and families who do become homeless.
2. The CoC will recruit new members on an ongoing basis. At least once per year the CoC will announce a public call for additional members to join the CoC.
3. The CoC encourages participation by individuals that are currently or formerly homeless.
4. Agencies that receive funding from the HUD CoC grants process will be required to participate in at least 75% of the CoC meetings annually and must participate in work done by the committees of the CoC in order to be considered a CoC member and thus eligible for funding.
5. Agencies that receive funding from the Missouri Housing Trust Fund or Emergency Solutions Grant (ESG) are required to participate in at least 75% of the CoC meetings annually. These agencies are also strongly encouraged to participate in CoC activities and committees.
6. Agencies that receive funding from the Community Development Block Grant, Public Housing Authorities, Mental Health Providers, other HUD or housing programs are strongly encouraged to participate.
7. Participation in CoC related activities is required when requests are made to the CoC for letters of support for new or existing programs.
8. A member is considered a voting CoC member if they have attended 75% of CoC meetings in the 12 months prior to the vote.
9. Each member of the CoC shall receive one vote. Votes may not be cast by proxy. Each voting member in attendance at CoC or committee meetings may cast their vote for items that require action by the membership.
10. Under general ethical principles regarding conflict of interest, members shall recuse themselves when they have or anticipate having a direct organizational financial gain in the outcome of a vote by the CoC or committee of the CoC.

Section VI – Officers

1. Three officers will serve the membership of the CoC: Chair, Vice Chair and Secretary.
2. The term for the Chair of the CoC will be for 2 years. These officers will also serve as officers of the Executive Committee.
3. The term for the Vice Chair and Secretary will be at the discretion of the CoC.
4. Should the Chair resign before completing their term of office, the Vice Chair will assume that role on an interim basis until a new Chair is elected.
5. The Chair is responsible for scheduling and facilitating meetings of the CoC.
6. The Chair or their designee will also represent the CoC at public meetings and media requests.
7. The Vice Chair will fulfill the responsibilities of the Chair in the event that the chair is unable to attend meetings or complete other duties due to scheduling conflicts, vacation etc.
8. Elected officers of the CoC may be removed from the CoC by a 2/3 majority of the voting membership whenever in its judgment the best interests of the CoC would be served thereby. Prior notice of such action shall be given to all CoC members with not less than five (5) days notice.

9. Under general ethical principles regarding conflict of interest, members shall recuse themselves when they have or anticipate having a direct organizational financial gain in the outcome of a vote by the CoC or committee of the CoC.

Section VII – Executive Board of the Continuum of Care

1. The Executive Board of the CoC shall be the governing body of the CoC and will oversee the day to day business of the CoC.
2. The Executive Board will be responsible for ensuring the CoC functions properly between regular meetings, will set agendas, work plans, and will conduct the business of the CoC ensuring CoC compliance with policies and funding requirements of federal, state and local agencies. Further, it is the role of the Executive Board to provide oversight and take direct action in the following areas:
 - a. Systems Development
 - Implement a coordinated entry system focusing on quality assurance, access, interdependency between programs.
 - Develop and implement written standards for providing CoC assistance, including written policies and procedures as required by HUD.
 - b. HMIS
 - Design and operate the St. Joseph CoC Homeless Management Information System.
 - Designate a single HMIS lead agency.
 - Ensure consistent participation in HMIS by recipients and subrecipients, and that the HMIS is administered pursuant to all HUD requirements.
 - c. Performance Measurements
 - Develop performance measures for population and program type, set targets, and evaluate outcomes that can be used to inform a variety of tasks, including CoC Program competition project scoring and reporting; determining how federal, state, and local funds should be utilized; and, creating a responsive system.
 - Consult with recipients and subrecipients of CoC and ESG funding, evaluate their performance, and initiate corrective action with poor performers.
 - Facilitate and support the reporting of outcomes of CoC and ESG programs to HUD in coordination with the Collaborative Applicant.
 - Conduct an initial comprehensive assessment in coordination with ESG Program, and then annually conduct a gaps analysis of the needs of homeless people, as compared to available housing and services within the St. Joseph CoC.
 - d. Point-in-Time Count
 - Plan for and conduct, at least biennially, a point-in-time count of homeless persons within the CoC geographic area that meets HUD requirements, including a housing inventory of shelters, transitional housing, and permanent housing reserved for homeless persons, in general, and chronically homeless persons and veterans, specifically, as HUD requires.

- e. Funding Coordination
 - Develop, facilitate, and coordinate the implementation of a housing and service system in partnership with local jurisdictions located in the St. Joseph CoC.
 - Provide information required to complete the relevant Consolidated Plan(s) of ESG recipient jurisdictions with overlapping geography.
 - Consult with State and local government ESG recipients within relevant counties on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients.
3. The Executive Board receives information from committees, works to finalize recommendations from committees and from the Executive Board itself and then brings issues to the full CoC membership for approval. Approval will pass with a majority of votes, constituting 2/3 of the membership present at the meeting. If issues require action outside of the timeframe of regular CoC meetings the Executive Board can act on behalf of the CoC.
4. The Executive Board shall be comprised of a minimum of 7 and a maximum of 11 voting members and one non-voting member representing three broad categories, Governmental Jurisdictions, Funded Agencies and Community Representatives:
 - a. Governmental Jurisdictions:
 - The City of St. Joseph
 - A Representative from County Government
 - b. Funded Agencies:
 - These members shall be representatives from the currently funded HUD CoC Grant, the currently funded ESG agencies, or from a MHTF funded agency.
 - Three (3) agencies will be nominated by the executive board from agencies receiving the designated funds. These agencies will choose a representative to fulfill the duties of a member of the Executive Board.
 - Representatives of Funded Agencies will serve two (2) year terms. Representatives may serve two consecutive, two year terms. After two consecutive terms they must sit out one year before again serving on the Executive Board.
 - c. Community Representatives:
 - These members shall be a minimum of One (1) homeless or formerly homeless individual and Two (2) other members for a total of Three (3) Community Representatives.
 - Open announcements will be made at CoC meetings when Community Representative openings are available. CoC members will be encouraged to apply for these openings.
 - Community Representatives will be selected by the other members of the executive board by a majority vote.
 - Community Representatives shall serve a two year term. They may serve two consecutive, two year terms. After two consecutive terms they must sit out one year before again serving on the Executive Board
 - d. Homeless Management Information System (HMIS) Representative:
 - The Lead Agency for HMIS as defined by HUD will have One (1) non-voting HMIS Representative. The HMIS Representative will be appointed by the HMIS Lead Agency and will not have a term limit

5. The Executive Board shall have regularly scheduled meetings to discuss the activities of the CoC, make appropriate work plans and set meeting agendas.
6. Each meeting shall begin with a Roll Call to establish the presence of a quorum of members to conduct business. At least 51% of board members must be present to establish a quorum. If a sufficient number of board members are not present to establish a quorum, the meeting may continue but no actions may be taken that require a vote of the board.
7. Actions taken by the Executive Board are considered passed if the majority of representatives present vote in favor of the motion or action.
8. Meetings and votes of the Executive Board may take place through conference calls or via email. A quorum of members must either be present on a conference call or respond an emailed request for action. Actions taken through these means are considered passed if the majority of members, in attendance or responding, votes in favor of the motion.
9. Minutes of Executive Board meetings shall be taken. These minutes shall be kept by the secretary of the CoC. These minutes shall be typed and distributed to the executive board prior to the next meeting.
10. Under general ethical principles regarding conflict of interest, Executive Board Members, and any persons acting on their behalf, shall recuse themselves when they have or anticipate having a direct personal or organizational financial gain in the outcome of a vote. Conflicted Executive Board Members will notify the Executive Board of a conflict and abstain from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, shall yield that position during discussion and abstain from voting on the item.
11. Executive Board Members may not solicit and/or accept gifts or gratuities on behalf of the Executive Board by anyone for their personal benefit in excess of minimal value.
12. The Executive Board will appoint a representative to serve on the Missouri Governor's Committee to End Homelessness (GCEH). This representative will attend meetings of the GCEH and vote on behalf of the CoC in matters before the GCEH.
13. Members of the Executive Board may be removed for cause on a majority vote of the CoC whenever, in its judgment, the best interests of the CoC would be served thereby. Prior notice of such action shall be given to all CoC members with not less than five (5) days notice.
14. If a member of the Executive Board is removed, the Executive Board will replace that member by seeking nominations from the CoC or appointing members with CoC approval.
15. The Executive Board will appoint a committee for the purpose of selecting funding priorities. These priorities should correspond to priorities from HUD, listed in the local 10-Year Plan and the local Consolidated Plan. These priorities should serve as the basis for any RFP's for funding issued by the CoC and should be reviewed annually.
16. The Executive Board will appoint a committee for the purpose of reviewing, endorsing or ranking proposals for grant funding for homeless related activities. These panels may be used for such funding as HUD CoC grants, ESG funding, MHTF (if mandated by MHTF) and other sources of federal, state and local funds deemed appropriate by the Executive Board.

Section VIII – Committees and Work Groups

1. The CoC will maintain committees that will perform all necessary work to complete the requirements for CoCs as outlined by HUD and all work identified as being important to successfully addressing homelessness in the community.
2. The CoC will maintain committees that may include but not limited to: Homeless Management Information System (HMIS), Point-in-Time Count, Strategic Planning/10-Year Plan Coordination/HUD NOFA, Chronic Homeless Task Force, SOAR committee, CE Committee.
3. If new committees or work groups are deemed necessary, the CoC Chair will appoint a committee/work group chair to lead the effort.
4. Committees will meet on a regular basis as determined by the Chair of the committee.
5. Any member of the CoC may participate in committees that are of interest. Some committees will require participation from some CoC agencies. For example, the HMIS committee will require participation from each agency entering data into the HMIS system. Each agency must designate a member to represent the agency at meetings and that member will be eligible to vote on matters before the committee.
6. Committee and work group members shall have the right to vote on matters being considered by the committee or work group.
7. Committees will have a chair that is elected or who volunteers to Chair and is approved by the CoC Chair.
8. Committee Chairs can be removed from office whenever in its judgment the best interests of the CoC would be served thereby by a majority vote of the CoC.
9. Committees shall take written records of their meetings and will report on activities to the CoC during its meetings.

Section IX – Amendments to Governance Charter & Bylaws

1. It is the role of the Executive Board to develop, follow, review, and update the Governance Charter & Bylaws annually.
2. The Governance Charter & Bylaws of the CoC may be revised, amended or repealed by a majority vote of the Executive Board and a majority of members of the CoC.
3. Notice of proposed changes must be submitted to the Executive Board at least one (1) week prior to its regularly scheduled meeting. If the changes are approved by the Executive Board, then notice of the proposed change shall be provided at the next regularly scheduled CoC meeting and voted on during the meeting and following discussion.
4. All members of the CoC in attendance shall be allowed to vote on changes to the Governance Charter & Bylaws.

Section X – Collaborative Applicant Responsibilities

The City of St Joseph is the Collaborative Applicant for the St. Joseph CoC. The Collaborative Applicant's role is to:

- Submit the consolidated application,

- Apply for CoC planning funds on behalf of the CoC,
- Develop a governance charter with the CoC,
- Evaluate the outcomes of projects for which funds are awarded under the CoC and ESG programs
- Participate in the consolidated plans for the geographic area

The Collaborative Applicant designated by the Executive Board must comply with HUD regulations for the CoC Program by keeping records documenting compliance with HUD requirements.

Specifically, the Collaborative Applicant will follow (or designate an entity to follow) the Executive Board’s approved record keeping requirements and maintain records of CoC compliance with HUD regulations, including:

1. Published agendas and meeting minutes,
2. Approved Governance Charter,
3. Written process for selecting Executive Board,
4. Evidence that the Executive Board meets the requirements of 24 CFR 578.5(b),
5. Evidence of designating single HMIS for the CoC,
6. Monitoring reports of recipients and subrecipients,
7. Preparation of application for funds and,
8. Evidence of use of planning funds for eligible costs and other grants management documentation.

In addition, the Collaborative Applicant coordinates the activities of the St. Joseph Continuum of Care, which includes the following:

1. Developing a community wide or region wide process involving the coordination of a diverse continuum of care network
2. Development of a Continuum of Care system
3. Evaluate the outcomes of projects for which funds are awarded in the CoC, including the Emergency Solutions Grant program
4. Participate in the consolidated plan for the jurisdictions in the geographic area of the CoC
5. Prepare and submit an application to HUD on behalf of the entire CoC membership, including conducting a sheltered and unsheltered point-in-time count and other data collection as required by HUD
6. Establish and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs for housing and services
7. Monitor recipients of the continuum of care program and enforce compliance with program requirements

B. COC ANTI-DISCRIMINATION POLICY

Section I – Policy

This policy will be followed by the CoC, all CoC-funded agencies within the CoC, all ESG-funded agencies within the CoC, and the Coordinated Assessment system (together, “CoC agencies”), and CoC agency and Coordinated Assessment staff, volunteers, and interns (referred to, jointly, as “agency staff” herein).

CoC- and ESG-funded providers shall not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. CoC- and ESG-funded housing shall be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. The CoC and CoC agencies will ensure equal access to programs, for all individuals and their families; provide housing, services, and/or accommodations in accordance with a clients' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

Involuntary Family Separation

In compliance with CoC Program interim rule 24 CFR § 578.93(e), involuntary family separation is prohibited in CoC- and ESG- funded projects. CoC- and ESG- funded projects may not deny admission to any household on the basis of:

- Age and gender of a child under age 18, or
- Gender or marital status of a parent or parents.

The CoC will work with providers to ensure that placement efforts are coordinated to avoid involuntary family separation.

Any person who believes that they or a family member has experienced involuntary family separation may report the issue to the CoC. The CoC will investigate the claim and take remedial action when appropriate.

Faith Based Activities

CoC agencies and staff shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief. In providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, programs shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

Section II – Procedures

1. The CoC will provide annual and as needed training to CoC agencies and agency staff regarding the Equal Access Rule and related requirements.
2. The CoC and CoC agencies will use appropriate, inclusive language in communications, publications, trainings, personnel handbooks and other policy documents that affirms the CoC's commitment to serving all eligible clients in adherence with the HUD Equal Access Rule.
3. The CoC and CoC agencies will continue to develop partnerships with organizations that can provide expertise around the process of changing gender markers on identification and benefit applications or will ensures subject matter expertise among staff.
4. The CoC and CoC agencies support all clients in understanding their privacy rights and the implication of releasing information.

5. CoC agencies will ensure that staff, volunteers and contractors understand that a client may not present as the way they identify.
6. CoC agencies will ensure all staff, volunteers and contractors maintain the confidentiality of a client's legal name and gender at birth and understands the potential impact that disclosure can have on a client's progress to self-sufficiency.
7. When possible, CoC agencies will ensure that construction or property rehabilitation includes and promotes privacy and safety in sleeping area, bathrooms, and showers.
8. If a CoC program only offers congregate bathrooms or showers, all urinals/toilets and shower heads will have individual stalls to support client safety.
9. CoC agencies will offer individual gender-neutral bathrooms and gender-neutral shower rooms, where feasible.
10. CoC agencies will mediate and resolve conflicts between clients in a way that is respectful, fair and equitable.
11. CoC agencies will take immediate action to resolve inappropriate behavior, harassment, or equal access issues by any person (staff, volunteers, contractors or clients).
12. Agency staff shall not consider a client or potential client ineligible because their appearance or behavior does not conform to gender stereotypes and will serve all individuals that are eligible for the project/program.
13. Agency staff shall not ask questions or seek information concerning a person's anatomy or medical history beyond elements necessary for the purpose of providing services.
14. If a client needs to be moved for harassment and safety concerns, agency staff will have a preference to move the client with a bias (e.g. move the individual who is having concerns towards the person who may not conform to mainstream gender expression/identity.)
15. Agency staff will honor the request of an individual for a private space to complete intake and data collection.
16. Agency staff will honor the request of an individual for accommodations based on their personal safety and privacy concerns, whenever feasible. An "accommodation" will not be given as a "requirement."
17. Gender identity is not required to match the gender listed on the ID or documents.
18. Agency staff will assist the clients without identification documents to understand the resources available to obtain identification documents.
19. Agency intake materials will allow for clients to indicate their legal name and the name they prefer to be called.
20. Clients with prescribed hormones or other medications as part of their gender-affirming healthcare regime will have access to those medications.
21. Agency staff and clients will use client's preferred gender and pronoun and support the client's gender identity.
22. Agency staff will be alert to and correct any misinformation or inaccurate conclusions that transgender clients threaten the health or safety of other clients solely based on their non-conforming gender identity/expression during risk-based conversations.
23. Agency staff will keep a client's transgender status confidential, unless the client gives permission to share this information.
24. Agency staff will ensure that only essential staff, identified by administrators, are told about a client's transgender status to ensure equal access and safety.
25. Agency staff will ensure that when a client's gender identity and sex assigned at birth differ, that difference is treated as confidential medical information and may not be disclosed without specific, time-limited written client consent. Similarly, a client's legal name will be treated as confidential information.

C. COC EDUCATION POLICY

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

- A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.
- B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.
- C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
- F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- G. Designate staff that will be responsible for:
 1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to; and
 2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.

D. COORDINATED ENTRY POLICIES AND PROCEDURES

Section I – Overview & Scope

Coordinated Entry (CE) is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A CE System covers a specific geographic area, is easily accessed by households seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The St. Joseph/Andrew, Buchanan, DeKalb Counties Continuum of Care (MO-603) (CoC) has formed a CE System to ensure that homeless assistance is allocated as effectively as possible and is easily accessible no matter where or how people present with a housing crisis. These Policies and Procedures will be used to guide the operation of the CoC CE System.

The purpose of a CE System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most acute service needs are prioritized.

The intention of the CE Policies and Procedures is to comply with all relevant HUD notices, rules, and regulations. All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the homeless system of care. For the purposes of these policies, the term household includes both an individual and family seeking services.

Except as otherwise specified, CoC CE Policies and Procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the CoC.

Section II – Guiding Principles

The following are the Guiding Principles of the CoC CE System:

1. The system will provide low-barrier, low-threshold points of entry that take into consideration transit issues and regional preferences.
2. The system will be person-centered; will respect consumer choice, safety, and cultural preferences; will be informed by cultural competency and trauma-informed care; and will be flexible enough to respond to changing needs.
3. The system will utilize a consistent assessment tool and process across all points of access in the CoC geographic area. The assessment will be made available via multiple methods, such as over-the-phone and in-person.
4. The system will rely on a centralized and accurate database that has availability of housing resources.
5. All access points will serve or refer all sub-populations with respect for their unique needs.
6. The system will reduce barriers by increasing program accessibility, limiting restrictive program criteria and turnaways, and focusing on matching the household in need to the right resources.

7. In rolling out the system, there will be a strong communication plan in order to educate consumers and providers about coordinated access.
8. Trustworthiness and transparency will be fundamental principles of the system. As entry into the CE system does not guarantee housing, providers will offer consumers accurate information about the probability of obtaining housing through CE.
9. The system will coordinate with other systems of care, including but not limited to, the health care system, the criminal justice system, and the different geographic areas of the CoC.
10. The system will build on current infrastructure and will be mindful of cost and capacity.
11. In order to ensure a high-quality coordinated access system, the CoC will implement policies and procedures, regular training and evaluation, and a standardized assessment tool.
12. Performance metrics and data captured through the CE system will be used to evaluate the success of the CoC's homeless housing and services, driving continuous quality improvement.
13. Providers in the CE system will take all reasonable steps to prevent households from falling out of housing, through coordination with all available resources.

Section III – System Overview

The CoC CE System is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services ranging from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing. The CE is uniform and coordinated for all beds, units, and services available at participating projects within the geographic area, with a targeted access point (YWCA of St. Joseph) for survivors of domestic violence. All vacancies in CoC and ESG-funded permanent housing shall be filled through the CE referral process. The CoC utilizes a Housing First approach.

The CoC has authorized the CE Committee as the policy oversight entity and the evaluation entity for the CE System. The CE Committee establishes reviews policies and procedures on participation and data collection/sharing expectations and protocols, for approval by the CoC. The CE Committee also assesses the performance of the system and creates a feedback loop to the CoC. The CE Committee is made up of agencies participating in the CE System and is led by a chair chosen by the Committee. CE Staff cited at InterServ are the CE management entity, staff implement day-to-day workflow, support infrastructure of CE process, and supports CE Committee functions.

Section IV – Entry Points

CoC has a “many door” approach in which a homeless household can present at any homeless or housing provider in the geographic area.

All households encountered by street outreach workers are offered the same standardized process as households who access CE through site-based access points.

CoC access points provide opportunity for households experiencing a housing crisis to present for initial assessment screening.

CoC access points will take reasonable steps to offer CE materials and instructions to meet the needs of minority, ethnic, and groups with Limited Language Proficiency.

The CoC will provide appropriate auxiliary aids and services necessary to ensure effective communication.

Section V – Assessment

CoC consistently utilizes one standardized assessment tool (see Appendix A) throughout the CoC in order to achieve fair, equitable, and equal access to services within the community.

Multiple points of entry are available into the CE system in regard to certification of homelessness and assessment which includes a scoring system. The answers provided result in a numerical score that determines what system resources are most appropriate for the household. The assessment and score is then entered into HMIS in an accurate and timely fashion. The assessment tool contains no items which would screen people out of the CE process due to perceived barriers to housing or services to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Any household with a mobility impairment may request a reasonable accommodation at a different assessment location in order to complete the CE process based on their needs.

All assessments are conducted using client-centered methods. Assessment areas are safe and private to allow households to identify sensitive information or safety issues in a private and secure setting.

All CoC coordinated assessment households are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance or placement on the By-Name list.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Section VI – Prioritization and Match

The CoC has established a community-wide list of all known homeless households who are seeking or may need CoC housing and services to resolve their housing crisis. The list generated during the prioritization process, referred to as the "By-Name list" or "Master List", provides an effective way to manage an accountable and transparent prioritization process.

1. Written Standards for Prioritization for Permanent Supportive Housing

The By-Name list will be sorted first by those households who meet the definition of chronically homeless, and then by score. Those scoring ten and above on the assessment tool qualify for PSH.

A semi-monthly meeting will be held to review the By-Name list, match households to PSH programs (after review of published program eligibility criteria), make appropriate referrals, and follow-up on past households.

In order to prioritize those most in need of housing and respond to homelessness in our community as effectively as possible, this policy incorporates the priorities of Notice CPD 16-11 into St Joseph CoC's policies for placement into CoC-funded permanent supportive housing beds. Households selected for CoC-funded permanent supportive housing (PSH) shall be prioritized in the following order:

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Households Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Households Experiencing Chronic Homelessness

1. First priority shall be chronically homeless households residing in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the household's service needs by By-Name List order.
2. Where there are no chronically homeless households within the CoC's geographic area, such PSH beds will be prioritized based on the Section B below.

B. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Households Experiencing Chronic Homelessness

1. First Priority—Homeless Households with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs. A household that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
2. Second Priority—Homeless Households with a Disability with Severe Service Needs. A Household that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
3. Third Priority—Homeless Households with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. A household that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the household has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
4. Fourth Priority—Homeless Households with a Disability Coming from Transitional Housing. A household that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes households residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project

even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

- C. Target Populations: Recipients of CoC Program-funded PSH shall follow the orders of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project.
- D. CE Prioritization: In addition to the prioritization of CoC-funded permanent supportive housing beds as stated above in Sections A and B, the CoC prioritizes entry to other housing and homelessness assistance programs through the CE system using any combination of the following factors to prioritize homeless households:
 - 1. Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing.
 - 2. High utilization of crisis or emergency services to meet basic needs.
 - 3. Extent to which households, especially youth and children, are unsheltered.
 - 4. Vulnerability to illness or death.
 - 5. Risk of continued homelessness.
 - 6. Vulnerability to victimization, including physical assault, trafficking, or sex work

In cases where the assessment tool does not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the CoC allows case workers and others working with households to provide additional information through case conferencing or another method of case worker input.

In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household with most months homeless in the determination of which household receives a referral to the next available unit.

2. Written standards for prioritization for Prevention Services/Rapid Rehousing (RRH)

ESG households are assessed for CE.

Within the CoC, households selected for CoC-funded RRH shall be those who are not chronically homeless and then organized by the following:

- 1. First priority-Homeless households who have not been identified as having severe service needs.
- 2. Second Priority-Homeless households who have been residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for less than 90 days. The length of time in which households have been homeless should be considered when prioritizing households that meet the criteria, but there is not a minimum length or maximum length of homeless time required.
- 3. Third Priority-Homeless households who are actively seeking or have sustainable income to retain housing when the RRH program exits.
- 4. Fourth Priority-Homeless households who are coming from Transitional Housing. A household that is eligible for CoC program-funded RRH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes households residing in transitional housing who were fleeing or attempting to

flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Households must pay 30% of their adjusted annual gross income while receiving rapid rehousing assistance.

3. Written Standards for Transitional Housing Prioritization

No transitional housing assistance is available through the CoC funding hierarchy.

4. Emergency Transfer Prioritization

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG- funded programs). Survivors of domestic violence, dating violence, sexual assault, or stalking who are eligible for, and expressly request an emergency transfer, qualify for Emergency Transfer priority.

When determining and prioritizing which eligible individuals and families will receive CoC- or ESG-funded housing assistance, the CoC will follow the CoC's Emergency Transfer Priority protocols as detailed in its VAWA-Required Emergency Transfer Plan, contained in this document.

Section VII – Referrals to Participating projects

CoC's CE process includes uniform and coordinated referral process for all beds, units and services available at participating projects within the CoC's geographic area for referral to housing and services.

CoC and ESG-program recipients and sub-recipients use the CE process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

CoC maintains and annually updates a list of all resources that may be accessed through referrals from the CE process.

Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.

Upon referral, CoC households receive clear information about the project they are referred to, what households can expect from the project, and expectations of the project. If a household declines a referral to a housing program, their name remains on the By-Name List until the next housing opportunity is available.

If a household declines three PSH referrals in a twelve month period, the household will not be prioritized for PSH for the following twelve months. The household will be referred to other services.

If a household is prioritized for PSH but no PSH resources are available, that household is offered any other CoC resource available in the CoC's geographic area.

Section VIII – Reasons for Denial by Programs

It is expected that provider agencies will only rarely reject a referral from the CE System. Reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a household referred by the CE system are if:

1. The household is ineligible to participate in the program because of funding restrictions.
2. The program lacks the capacity to safely accommodate that household.
3. The household will not engage with housing provider after multiple attempts.
4. Household presents with more people than referred and doesn't fit available unit.
5. Program has a history of serving this household unsuccessfully.

Section IX – Emergency Services

People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment process. Emergency services include:

1. YWCA (domestic violence shelter): 816.232.4481/800.653.1477
2. The Salvation Army: 816.279.2101
3. The Crossing Shelter: 816.775.2111
4. My Brother's House Cold Weather Shelter: 816.390.8884
5. Help Me Hotline: 816.364.1131/800.365.7724
6. Hope House in Leavenworth: 913.250.5790
7. Green Hills Women's Shelter in Cameron: 816.632.4900

Section X – Incorporating Mainstream Resources

CoC access points provide connections and referrals to mainstream and community based emergency assistance services.

CoC includes relevant mainstream service providers in the following activities:

1. Identifying people at risk of homelessness;
2. Facilitating referrals to and from the CE process;
3. Aligning prioritization criteria where applicable;
4. Coordinating services and assistance; and
5. Conducting activities related to continual process improvement.

Section XI – Participant Autonomy

CoC incorporates a person-centered approach into the referral process. A person-centered approach includes:

1. Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what households need.
2. Clear expectations concerning where households are being referred, entry requirements, and services provided.

Section XII – Data Protections and Safety Protections

The CoC ensures adequate privacy protections of all participant information and complies with HUD’s HMIS Data and Technical Standards and other legal standards. The CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the CE process.

The CoC prohibits denying services to households if the household declines to allow their data to be gathered or shared, unless federal statute requires collection, use, storage, and reporting of a household’s personally identifiable information (PII) as a condition of program participation.

The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

People fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the CE process and victim services such as domestic violence hotline and shelter.

Section XIII – Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing domestic violence, dating violence, stalking, trafficking and/or sexual assault, regardless of whether or not such people are seeking shelter or services from a victim service provider.

In compliance with State and Federal confidentiality provisions, victim services providers will not utilize HMIS, but will maintain victim-identifying information in a comparable database that protects confidentiality. When non-victim services providers become aware that the household they are serving is fleeing/attempting to flee domestic violence, dating violence, stalking, trafficking and/or sexual assault, they will ensure that the household is given information regarding the possible risks associated with having their information entered into HMIS and will give them the option of having their data excluded from HMIS. If the household chooses not to have their information entered into HMIS, the service provider will not enter their information into a shared database and will maintain any identifying information in an alternate manner that safeguards confidentiality.

Homeless households who are in need of supported housing and are fleeing/attempting to flee domestic violence, dating violence, stalking, trafficking and/or sexual assault, will have access to the CE process in the following manner:

1. Information will be provided to the victim/survivor regarding the CE process and possible risks associated with being entered into a shared, prioritized list, including the possibility that protected data could be inappropriately disclosed or unintentionally breached.
2. If the victim/survivor chooses to be entered onto the shared list, she/he will be referred to a non-victim services provider to complete the assessment tool for prioritization and be entered onto the shared list. The non-victim services provider shall ensure that the

assessment tool is administered in a location that protects confidentiality and in a manner that incorporates trauma-informed practices. If the victim/survivor currently resides in a domestic violence shelter, the service provider entering the information for the shared list shall ensure that the location of the victim/survivor is not identified. Entering information in this manner will assist in protecting the location and safety of the victim/survivor.

3. If the victim/survivor chooses not to be entered onto the shared list, a victim services provider will complete the assessment tool for prioritization and will present the case through the coordinated entry process using only non-identifying information. If the victim/survivor's case is approved for housing through the CE process, the victim services provider will obtain a signed, release of confidential information form before disclosing any victim-identifying information to the housing provider.

Section XIV- Program Transfers

To meet the preferences and needs of household served by CE, households may be transferred between programs. If assessment by a program indicates that the level or type of service a household is receiving should be changed, increased, or reduced (due to e.g., increased or decreased personal needs, changes to family composition, the defunding of an agency or program). The goal of this program transfer policy to provide a flexible strategy to structure assistance to meet a household's needs and employing ongoing assessment to determine those needs.

When a household is assessed as needing to transfer either to a program within the same program model or to a different level of care, the current provider should complete a Transfer Request (Appendix E) and submit it to the CE Committee. The CE Committee will review the request at the next case conferencing meeting and make a determination on whether to transfer and communicate this decision with the housing provider. If the transfer is approved, the household will be placed back on the By-Name List and a new match will be made.

Program transfers may be made so long as the household meets the eligibility criteria under the specific project that will receive the household.

Section XV – Non-Discrimination

All aspects of the CE process will comply with all Federal, State, and local Fair Housing laws and regulations. CoC-funded providers shall not discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. CoC-funded housing shall be made available to all otherwise eligible households regardless of actual or perceived sexual orientation, gender identity, or marital status. The CoC and CoC agencies will ensure equal access to programs, for all households; provide housing, services, and/or accommodations in accordance with a clients' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

If a non-discrimination complaint is received, the CE provider in coordination with the CoC Executive Committee will complete an investigation of the complaint within 60 days by attempting

to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CE Provider will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

Section XVI – Evaluation

A random sampling of households will be offered a survey annually to evaluate the CE process. Results of the survey will be presented to the CE Committee and CoC Executive Committee for review and action. CoC ensures adequate privacy protections of all household information collected in the course of the annual CE evaluation.

The CoC will regularly review HMIS data and collect qualitative feedback to monitor and evaluate the performance of the CE System. Agencies participating in CE will annually evaluate the intake, assessment, and referral processes associated with CE, as well as to assess the quality and effectiveness of the CE experience. The process will be monitored for fairness and consistency through case notes, HMIS, and independent tracking. Findings will be presented to the CoC Executive Committee and CE Committee for review and discussion of changes and improvements to CE. CoC incorporates system performance measures into the annual CE evaluation plan. The CoC invites and welcomes feedback from all agencies, community partners and participants.

Section XVII – Marketing

The CoC will affirmatively market housing and supportive services to eligible households who are least likely to apply in the absence of special outreach. The marketing may be conducted using methods such as brochures, flyers, community announcements, and websites. Marketing will be designed to ensure the CE process is available to all eligible households regardless of membership in any protected classes under federal and state law. Similarly, marketing and outreach efforts will be designed to ensure people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CE process.

Section XVIII – Training

CoC provides training opportunities at least once annually through HMIS provider MAACLink to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually through MAACLink. 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 CE written policies and procedures.

All staff administering assessments use culturally and linguistically competent practices, including the following:

1. CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and
2. Assessments use culturally and linguistically competent questions for all households that reduce cultural or linguistic barriers to housing and services for special populations.

All assessment staff are trained on how to conduct a trauma-informed assessment of households. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization. All assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of household assessment.

E. VAWA-REQUIRED EMERGENCY TRANSFER PLAN

Section I – Overview & Scope

This Emergency Transfer Plan was created to comply with the Violence Against Women Act (VAWA), 24 CFR 5.2005 and 24 CFR 578.99(j)(6) and to protect victims of domestic violence, dating violence, sexual assault or stalking served by our CoC.

This Plan will be implemented by the CoC, the Coordinated Entry system, CoC-funded and ESG-funded agencies (“funded agencies), and related staff. The Plan applies to all CoC Program-funded and ESG Program-funded recipients or subrecipients.

The CoC and funded agencies will provide emergency transfers for domestic violence survivors receiving rental assistance or otherwise residing in CoC- or ESG-funded units.

Section II – Eligibility for VAWA Emergency Transfer

A tenant of a CoC-funded agency qualifies for an emergency transfer if:

1. The tenant is a victim of domestic violence, dating violence, sexual assault or stalking;
2. The tenant expressly requests the transfer; *and*
3. Either:
 - (a) The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains in the same dwelling unit; or
 - (b) If the tenant is a victim of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

Section III – Procedures

1. All funded agencies shall have an Emergency Transfer Plan in place on or prior to December 31, 2017. An example of an acceptable Emergency Transfer Plan is provided in Appendix B (page 45) of these consolidated policies.
2. The CoC, the Coordinated Entry system, funded agencies, and all related staff shall have and maintain strict confidentiality procedures in place to ensure that the location of the dwelling unit of a tenant is not disclosed to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the tenant. These include that if served by a domestic violence provider the tenant will not be entered into the Coordinated Entry system by such provider with any identifying information and will not be entered into HMIS.
3. When a tenant is eligible for VAWA emergency transfer, a funded agency will take all reasonable steps to complete the emergency transfer as soon as possible. The CoC, coordinated entry system, and all funded providers will make reasonable efforts to assist funded agencies to support emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant (i.e., tenant must undergo an application process to reside in the new unit) if an internal transfer unit where the tenant would feel safe is not available.

4. Within this CoC, if any tenant is eligible for VAWA emergency transfer but a unit where the tenant feels safe is not immediately available for an internal transfer, the household shall have priority over all other applicants for CoC-funded rental assistance, TH and PSH, projects provided:
 - (a) The household meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and
 - (b) The household meets any additional program eligibility criteria or preferences established in accordance with 24 CFR 578.93(b)(1), (4), (6), or (7).¹
 - (c) The individual/family shall not be required to meet any other eligibility criteria or preferences for the project and shall retain their original homeless or chronically homeless status for purposes of the transfer.
5. The CoC, coordinated entry system, and/or all funded providers asked to assist with an emergency transfer between programs may require the following documentation, but no other documentation, from the tenant seeking an emergency transfer:
 - (a) The tenant's written request to their housing provider, in which the tenant has certified that they meet the criteria for an emergency transfer, and
 - (b) Within the discretion of their housing providers, documentation of the occurrence for which the individual is seeking the emergency transfer.
6. The CoC will:
 - (a) Make this emergency transfer plan available upon request and, when feasible, must make its plan publicly available (e.g. by posting on a CoC website),
 - (b) Keep a record of all emergency transfers requested under its emergency transfer plan and the outcomes of such requests for a period of 5 years, all providers will report emergency transfers to the CoC Executive Committee, which will record such information within the CoC recordbook, and
 - (c) Report requests and outcomes of requests to HUD annually or as indicated by HUD.
7. None of the provisions of this emergency transfer plan supersede any eligibility or other occupancy requirements.

¹ 24 CFR 578.93(b) authorizes recipients to exclusively serve or exclude a specific subpopulation in transitional or permanent housing under certain circumstances where doing so addresses a need identified by the CoC. This includes, for example, housing limited to one sex, households that need the specialized supportive services provided in the housing, etc.

F. ST. JOSEPH HOMELESS COURT PROGRAM

Section I – Overview and Eligibility

Goal: Alternative sentencing and activities to reduce/eliminate fines for homeless individuals.

Eligibility:

1. A warrant (not required but a warrant is eligible for Homeless Court-for a missed court date or violation of probation).
2. The client must be homeless (literally homeless, living in a shelter or Safe Haven, living in a residential care facility/respite bed, or living in a place not meant for human habitation).
3. The client must be receiving services or working with a case manager. If the client is not currently enrolled in services, the client will be given three weeks or until the first court date to enroll in services through an agency that can provide case management.
4. The client must be willing to participate. Participation is voluntary.
5. Individuals who have already participated in Homeless Court will be considered on a case-by-case basis on re-entry to Homeless Court (if they were discharged from the program for lack of participation vs. successfully completing Homeless Court).

Referrals to Homeless Court:

1. Prosecutor
2. Service Agency
3. Law Enforcement

Section II – Schedule and Location

Schedule and Location:

1. Monthly court session to:
 - a. Meet with new homeless court clients and review/approve Action Plan
 - b. Meet existing homeless court clients to monitor progress on Action Plan and determine amount of fine reduction
 - c. Case manager will attend Homeless Court with client
2. The first court session will be April 18 at 1pm. Beginning in May, Homeless Court will be held on the second Wednesday of the month at 1pm.
3. Court will be held at the City Municipal Court, located in the lower level of the Buchanan County Courthouse, 411 Jules.

Section III – Activities

Activities:

1. Life skills
2. Substance Use Disorder treatment or AA/NA meetings
3. Computer and literacy classes
4. Training or searching for employment (MO Job Center)
5. Medical care (physical and mental)

6. Counseling
7. Staying med compliant
8. Participation in agency programs
9. Apply for housing
10. Secure legal documents (State ID, Social Security Card, Birth Certificate)
11. Community service
12. Other to be determined based on individual needs

Section IV – Process

Process:

1. Client applies to Homeless Court or is referred by prosecutor, service agency or law enforcement (See Appendix C for the Homeless Court Application).
 - a. If issued a citation by law enforcement, client is given a court date of the third Wednesday of the month at 1pm.
2. Application is reviewed by Judge or Prosecutor and either approved or denied.
3. If approved, client works with case manager on completing the Homeless Court Case Management Assessment of Needs and developing the Homeless Court Case Management Plan of Action.
4. If client is not currently enrolled in services, client will be given three weeks to enroll in services through an agency that can provide case management.
5. Court clerks will run a docket list one week prior to Homeless Court. The docket list will be shared with key agency contacts so agency case managers know if they have a client who needs to attend Homeless Court. Case managers should attend court with their client.
6. Client can either plead guilty or not guilty and still be accepted into Homeless Courts.
7. At the initial session after the Application is approved, client and case manager present proposed Plan of Action to Judge and Prosecutor for review, adjustments, and approval. Client may already have completed some items and case manager can note that on the Plan of Action.
8. Client works throughout month to meet goals in Plan of Action. Case manager monitors and verifies completion of activities.
9. Client and case manager return to monthly Homeless Court session to present status update on Plan of Action.
10. Prosecutor and Judge review Plan of Action.
 - a. If adequate progress made, prosecutor can recommend a fine reduction.
 - b. If adequate progress is not made, fine remains intact.
11. Client continues to work on Plan of Action with case manager support.
12. At monthly Homeless Court sessions, prosecutor and judge review progress and reduce fine accordingly until fine is eliminated.
13. At completion of Plan of Action, client graduates from Homeless Court and fines are eliminated.
14. If adequate progress is not made for 3 consecutive months, client is dismissed from Homeless Court and returns to standard municipal court.

Expected Time: 3-6 months

G. St. Joseph CoC HMIS Policy and Procedures

Section I – HMIS Overview

Homeless Management Information System (HMIS):

Uniform, longitudinal data is necessary to understand the extent and scope of homelessness in individual communities and across the country. A Homeless Management Information System (HMIS) provides communities with a tool to collect and analyze ongoing data on people using homeless service programs. By allowing communities to accurately calculate the size and needs of the homeless population as well as the outcomes of specific interventions, HMIS provides a means for tracking service and demand for homeless programs and understanding where improvements need to be made.

What is a Homeless Management Information System?

An HMIS is a computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a continuum. An HMIS can also be statewide or regional, possibly including several continuums.

Prior to the development of HMIS, the data on homelessness in many communities was neither reliable nor accurate because service providers across jurisdictions lacked compatible tracking capabilities. In addition, many communities could only estimate the size of local homeless populations by using point-in-time census counts. However, this has begun to change since HUD's national HMIS initiative, which was formulated in response to a 2001 Congressional directive to help communities implement and operate management information systems.

Section II- Roles and Responsibilities

In addition to the roles and responsibilities set forth in Sections V and VI of this document, the following entities have the stated responsibilities with regard to the HMIS.

The Continuum of Care

The CoC is responsible for HMIS implementation providing oversight, project direction, policy setting and guidance for HMIS, including:

1. Designating the HMIS lead agency and the software to be used for HMIS, and approving any changes to the HMIS lead agency or software;
2. Reviewing and approving all HMIS operational agreements, data quality standards and plans, policies and procedures;
3. Monitoring compliance with HUD Technical and Data Standards (as amended or updated by HUD from time to time), including a privacy plan, security plan and data quality plan for the HMIS;
4. Providing accurate, reliable data reporting for CoC data gathering including: Annual Homeless Assessment Report (AHAR), Housing Inventory Charts (HIC), Point In Time counts (PIT), HMIS participation coverage rates (Note: DV agency participation excluded in

HMIS coverage rates), data required for the CoC consolidated application, and other HUD requirements; Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;

5. Using HMIS data to inform CoC program and system design, and measuring progress toward implementation of the CoC Strategic Plan and other CoC-established goals;
6. Collaborating to improve HMIS reporting, outcomes, and analysis; and
7. Coordinating participation in the HMIS (and broader Continuum of Care) by all programs serving homeless people or working to prevent homelessness.

The HMIS Lead Agency and its contractor(s)

The HMIS Lead Agency and its contractor(s) oversees management and administration of all HMIS operations and activities and compliance with HUD requirements, which include:

1. Working with the CoC and contractors to implement the HMIS activities;
2. Entering into an agreement with HMIS software provider, the Mid-America Assistance Coalition (MAAC), owner of the software application known as MAACLink (for so long as CoC designates MAAClink as the CoC's HMIS software);
3. Applying for and administering the HUD HMIS grant for management of HMIS operations;
4. Providing the services of the accounting department to administer the grant's fiscal requirements, including letting of bids for equipment and services under the direction of the Contractor, processing requests for reimbursement and draw down of grant funds, tracking matching supplemental funds, collaborating with the lead agency and its Fiscal Manager, and generating all fiscal reports to HUD; and
5. Providing the services of the Community Development Grants Specialist to act as the liaison between the CoC, the City and the Contractor in the administration of the HMIS grant and its requirements.
6. Oversight of MAACLink
 - a. Appointing a System Administrator to serve as MAAC contact and to be the primary information technology support contact for MAAC;
 - b. Working with MAAC to assure that untrained and/or unauthorized personnel of participating organizations do not have access to or use MAACLink and that all users adhere to the General Rules and Confidentiality Guidelines of the MAACLink Service Provider Agreement;
 - c. Ensuring that MAAC develops and implements (after CoC adoption) each of the following:
 - i. Written policies and procedures for the operation of HMIS, including requirements and standards for any agency participating in HMIS, and providing for the regular update of these procedures as required by changes to policy;
 - ii. A data quality plan consistent with requirements established by HUD, and reviewing and updating this plan annually and upon update to HUD regulations, notice, or guidance;
 - iii. A security plan consistent with requirements established by HUD, and reviewing and updating this plan annually and upon update to HUD regulations or guidance;
 - iv. A disaster recovery plan consistent with requirements established by HUD, and reviewing and updating this plan annually according to the most current HUD regulations or guidance;

- v. A privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence, dating violence, sexual assault, and stalking included in the data warehouse; and
- vi. HMIS Participation Agreements with each participating agency.

7. Grant Administration

- a. Preparing and submitting the project application for the HUD HMIS grant in e-snaps;
- b. Supporting HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;
- c. Assisting the City's Department of Planning and Community Development with the timely compilation of performance and progress reports as required by HUD;
- d. Providing services of a Fiscal Manager to collaborate with the City in the release of funds and fiscal reporting; and
- e. Together with the City, assuring that property records are maintained on any equipment, including any replacement equipment, acquired in whole or in part with Continuum of Care funds. Property records must include a description of the property, a serial number or other identification number, the source of property, who holds title, the acquisition date, the cost of the property, percentage of CoC participation in the cost of the property, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property. A copy of the property records that Contractor maintains shall be provided to City.

8. Governance and Reporting

- a. Supporting the submission of Housing Inventory County and Point-in-Time count data reports to HUD;
- b. Working with the CoC to facilitate participation by programs serving homeless people to participate in the HMIS;
- c. Attend CoC meetings;
- d. Respond to CoC and City directives; and
- e. Provide data needed to inform CoC's progress toward its goals.

9. System Administration

- a. Ensuring MAACLink software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including unduplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- b. Ensuring MAACLink data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- c. Providing or coordinating technical assistance and support; and
- d. Documenting technical issues experienced by providers.

10. Data Quality and Compliance Monitoring

- a. Monitor compliance by all participating agencies with HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards.

Each agency participating in HMIS is responsible for:

1. Signing and complying with the Memorandum of Understanding and all applicable plans, forms, standards and governance documents,
2. Obtaining signed Release of Information (ROI) forms from clients, and maintaining archives or records showing which clients have signed the ROIs,
3. Conducting a thorough annual review of internal compliance with all applicable HMIS plans, standards and governance documents,
4. Detecting and responding to violations of any applicable HMIS plans, standards and governance documents,
5. Completing thorough and accurate data collection as specified by HMIS forms and standards,
6. Monitoring and maintaining security of all staff workstations used for HMIS data entry,
7. Ensuring End User adherence to workstation security policies,
8. Safeguarding client privacy through compliance with confidentiality and security policies,
9. Securing and maintaining documentation of client informed consent,
10. Designating a Partner Agency Technical Administrator to provide first-level End User support,
11. Managing End User licenses,
12. Ensuring all agency End Users complete the User Agreement and maintaining documentation of all User Agreements,
13. Ensuring all agency End Users complete mandatory training and forwarding documentation of training provided by an authorized Partner Agency Technical Administrator to the HMIS Lead Agency,
14. Providing and maintaining workstations with internet connectivity,
15. Maintaining agency and program descriptor data in HMIS,
16. Completing agency-level HUD reporting,
17. Performing authorized imports of client data.

Each Partner Agency Technical Administrator is responsible for:

1. Overseeing agency compliance with the Memorandum of Understanding and all applicable plans, forms, standards and governance documents.
2. Ensuring all agency End Users complete the HMIS End User Agreement and maintaining necessary HMIS forms and documentation.
3. Serving as the primary contact for all communication regarding the HMIS at this agency and forwarding information to all agency End Users as appropriate.
4. Ensuring all agency End Users complete mandatory training and forwarding documentation of training to the HMIS Lead Agency.
5. Providing first-level End User support, including front-line training, technical support, and resetting passwords that are forgotten by End Users within a Partner Agency.
6. Ensuring thorough and accurate data collection by agency End Users as specified by HMIS forms and standards.

7. Completing agency-level HUD reporting and/or supporting agency programs with reporting needs.
8. Conducting appropriate audits of security, privacy, and data quality practices within the Partner Agency and assisting with corrective action as necessary.
9. Safeguarding client privacy by ensuring End User and agency compliance with confidentiality and security policies.
10. Continually monitoring and maintaining security of all staff workstations used for HMIS data entry.
11. Preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the agency's control.
12. Preventing inadvertent release of confidential client-specific information through physical, electronic or visual access to the workstation.
13. Tracking the authorized users of HMIS within a Partner Agency.
14. Tracking the computers and mobile devices that have been authorized by a Partner Agency to access HMIS.
15. Ensuring the agency provides and maintains adequate internet connectivity.
16. Detecting and responding to violations of any applicable HMIS plans, forms, standards and governance documents.

Section III – Benefits of HMIS

Information gathered from HMIS can be used to target limited resources and inform community planning and policy decisions. Within a specific community, HMIS can provide the following important benefits at the client, program, and systems level:

1. Front-line service staff can provide faster, more effective services to clients through streamlined referrals, benefits eligibility, and coordinated case management.
2. Agency administrators can better manage operational information through access to a variety of agency, program, and client-level reports.
3. Policymakers and advocates can make informed decisions by having access to system-wide data describing the extent and nature of homelessness and a greater understanding of service usage, effectiveness, and gaps.

Regional and statewide HMIS implementation offers an opportunity to achieve all of these service coordination and policy benefits across even greater geographic areas.

Section III – Components

A community should select the components to be included in its HMIS based on its specific information needs, goals, and vision for its homeless service system. Basic HMIS components include client intake, case management, service tracking, information and referral, and a report generation tool. A community may choose to broaden the scope of its HMIS by including components beyond homelessness.

1. **Client Intake.** Information about people served at the point of entry into shelters or other homeless assistance programs. All client information is associated with a unique identifier that can be used to create an unduplicated count of homeless persons served in a particular area. (Data elements: name, social security number, gender, age and bed assignments).
2. **Case Management.** Information about clients gathered throughout the process of providing program services. At the client level, information can be used to determine client needs, program use, and program outcomes. Collectively, these data may be used to modify program design and to provide a compelling case to boards, funders, and other stakeholders about program and system effectiveness. (Data elements: needs assessment, history, program participation, and service plan goals).
3. **Service Tracking.** Information about services delivered to a client by a provider. This service allows a provider the ability to plan, schedule, and follow up on the delivery of services. Tracking services and comparing that information with the case management component can generate service utilization patterns, provide an understanding of the percentage of clients who use multiple services, and assess service needs and gaps in delivery. (Data elements: services received, destination, and reason for leaving).
4. **Information and Referral.** Requires the development and maintenance of an electronic database of available resources in a particular area, including shelter, food pantries, health services, and education programs. Resource directories are most effective when available on a website or in a real-time format so that users can always access the most current information. When linked with intake or case management, this component can be used to match client needs with available community services.
5. **Benefits Eligibility.** Provides clients with immediate information and access to important income, housing, and supportive service resources. This component can be paired with the information and referral component to find services and maximize benefits to address client needs. Some tools even include an application and the means to submit it.
6. **Report Generation Tool.** Generates reports at the individual client, program, agency and community levels. HMIS reporting components come programmed with standard homeless funding reports, such as the HUD APR.

Section IV – Privacy and Security

Privacy and Security Issues:

Given the personal nature of the information shared by clients during the case management process, continuums must establish privacy protection policies as part of the design of an HMIS. These safeguards are necessary to protect the confidentiality and, in cases of domestic violence, the safety of clients who agree to have their personal information stored in the HMIS. While most agencies are already familiar with client confidentiality protocols related to case management, these protocols need to be supplemented with HMIS provisions that include parameters for inputting, revising, aggregating, and sharing client information.

HMIS Privacy Concerns:

Web-based systems are created to optimize accessibility and technology; however, there are increased security risks inherent in these systems:

1. Web-based servers entail greater risk than the use of paper-generated or decentralized electronic record keeping systems.
2. Most shelters report a high level of staff turnover, contributing to the likelihood of inadequate training and ineffective enforcement of security policies and standards.
3. Most security breaches are by people who are authorized to use the system.

Always secure an HMIS with limitations on how the information can be accessed, shared, modified, or used. Data should only be publicly released in anonymous aggregate formats. Additionally, to protect the privacy of the individuals whose information is stored in the system, data should not be publicly released if characteristics of an individual can be inferred due to small sample sizes. There are statistical methods to determine appropriate data suppression policies.

Privacy policies can be implemented through written policies that prescribe how staff may use client information and through limitations programmed into a system so that an HMIS conforms to established policies. For those issues that are too critical to rely on individual behavior, HMIS programmatic solutions should be used. A CoC's privacy policy should include the basic elements described below:

1. **Informed Consent.** Informed consent is the first component of a sound privacy protection policy. Individuals should understand exactly what they are consenting to, including the specific content of the information that will be shared. For clients to consent, they must be informed about the system – the purpose of HMIS, the security mechanisms and privacy measures in place, and benefits for clients. While this should be done orally, it is also appropriate to provide a written description that the client may keep to review. After the HMIS has been explained, the case management staff should request oral consent from a client to enter the information into the HMIS.
2. **Written Consent.** To release client identifiable information to other organizations, providers must obtain written client consent. The written consent should document the information being shared and with whom it is being shared and must explain a client's right to protect and limit its use. When developing a written consent form, communities must ensure that they comply with federal, state, and local privacy laws.
3. **Interagency Data Sharing.** Communities should formulate procedures regarding information sharing. These procedures should include written client consent forms, written interagency data sharing agreements, and appropriate data security elements. Individual agreements between agencies should include specific sections of HMIS data that will be shared and the commitment to abide by the defined privacy controls.

Section V – Data Quality Assurance Plan

Purpose:

The following are policies and procedures to ensure the data integrity of the St. Joseph CoC Homeless Management Information System (HMIS), MAACLInk.

St. Joseph HMIS Committee Procedures:

1. The Committee will review, revise, and approve, as needed the privacy plan, security plan, and data quality plan for HMIS.
2. The Committee will perform standard, regular data integrity checks of MAACLink agencies. Any patterns of error at an agency will be reported to the agency's Executive Director. When patterns of error have been discovered, agencies will be required to develop a plan of corrective action with assistance from the Committee to correct MAACLink data entry technique findings. All plans of corrective action will be reviewed and monitored by the Committee for compliance.

The Committee will conduct the following quarterly oversight procedures of MAACLink agencies:

1. Run quarterly reports for all agencies in MAACLink which will be filtered based on specific program types (e.g., Emergency Shelter, Transitional Housing.)
2. Create a quarterly HMIS Findings Report regarding data quality assurance for non-compliant agencies/programs and submit to agency's Executive Director with findings and timelines for needed corrective actions.
3. After corrective actions deadline, rerun reports for non-compliant agencies/programs. Complete follow-up with on-site trainings or technical assistance if necessary.

Agency Data Quality Assurance Procedures:

Agencies will provide the following levels of data accuracy and timeliness to ensure data integrity in MAACLink:

1. All household names will be accurate.
2. Blanks, 'Don't Know' or 'Refused' entries in required data fields will not exceed 5% per quarter.
3. All services entered will be consistent with corresponding program.
4. In all reports of shelter or housing provided for a client, the client must be eligible to receive such services from the listed provider per program specific eligibility criteria.
5. Data entry for all services initiated or provided by an agency must be entered as soon as possible after the initial service date, but no later than 1 week after the initial service date.

Section VI – Agency Agreement Details

Purpose:

Establish minimum standards for agencies to collect and maintain records for every client receiving services to assure the accuracy and completeness of records in MAACLink.

A. Agency Responsibilities:

Agencies agree to:

1. Assure the accuracy of information entered into MAACLink. Any updates in information, error, or inaccuracy that comes to the attention of the agency will be corrected by such agency.
2. Perform routine Data Quality Assurance procedures by running reports then review and promptly correct inaccuracies.

B. Agency Confidentiality Responsibilities:

1. The agency agrees to abide by all present and future federal and state laws.
2. The agency Executive Director must accept responsibility for the validity of all records

entered into MAACLink by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities as an Agency Site Administrator who will be responsible for verifying the accuracy of information. The agency will provide Committee with the name(s), and title(s) of the staff member(s) authorized to supervise data entry personnel.

C. Data Tracking of Client Services:

1. The agency will implement a written policy for the delivery of services and tracking of clients that will include but not be limited to the process for determining and recording program specific outcomes and exits.
2. The agency will implement a written intake and client record keeping procedure so that files will reflect:
 - a. The intake interview process.
 - b. How program eligibility was determined.
 - c. All records of services provided.
3. All shelter and supportive housing programs will maintain an up-to-date resident/bed list that shall include but not be limited to the name of each person residing in the program.

D. Data Entry and Reporting Submission Deadlines:

1. Intake data should be entered into MAACLink as soon as possible but no later than 1 week after the intake process.
2. Shelter exits (emergency and transitional housing programs only)
 - a. Housing status must be updated in MAACLink within 3 days of program exit.
3. Each agency will run and submit quarterly Service Summary and Clients in Program reports which shall be submitted to the CoC Lead as point of contact for the Committee by the fourth working business day of the month following the end of the designated quarterly reporting period.
 - a. For example, reports for the first quarter must be submitted to the CoC Lead by the fourth working business day of April.

E. Data Accuracy Responsibilities:

1. The agency will ensure that all clients entered into MAACLink will have a unique identification number, either a social security number or system-generated identification number, which matches the client files for tracking purposes.
2. The agency will ensure that missing/unknown data in MAACLink will be less than 5% per quarter in required variable fields.
 - a. For example, if the data for the variable veteran is 'Don't Know' or 'Refused' for less than 5% of clients during the quarter, the data is accurate. If 'Don't Know' or 'Refused' is greater than or equal to 5%, the data is inaccurate. The only exception is the variable, "Destination," where 'Unknown' is acceptable.
3. The agency will ensure data is compatible with their available programs in MAACLink.
 - a. For example, a family cannot be entered at a single men's shelter or a women's shelter
4. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' in MAACLink should be the date the client physically exited the shelter.
5. Entry and Exit dates for programs are VITAL. Please make every effort to ensure that the correct dates for program entry and exit are recorded accurately in HMIS. Failure to do so

will result in erroneous reports and inaccurate APRs.

F. Data Quality Assurance Responsibilities:

1. The agency will have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.
2. Agency Site Administrators will assure the following:

Table 1.1

Task	If annual number of householdsserved<200	Ifannualnumberof households served > 200
1. Run a MAACLink report for each program. Review number of open cases to verify that they equal the number of actual open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open.	Quarterly	Monthly
2. Pull 10% of paper files and compare with MAACLink data to verify that data is accurate.	Quarterly	Quarterly
3. If an overnight shelter, then check Resident/Bed List to verify accuracy against paper shelter list.	Monthly	Monthly
4. If shelter or transitional housing program, check Resident/Bed List to verify that number of open cases on MAACLink report equals the number of individuals and households on Resident/Bed List.	Quarterly	Monthly
5. Issue monthly Data Quality Assurance Report to agency Executive Director on status of quality assurance monitoring check.	Quarterly	Monthly

G. Monitoring Responsibilities and Expectations:

1. Members of the Committee will be responsible to contact and visit each agency to ensure data quality assurance at least once every twenty four (24) months.
2. The details of this Assurance Plan as well as HUD HMIS standards and thresholds will be checked with client files against MAACLink to ensure agencies are meeting guidelines.
3. A report of the monitoring will be given to the agency. If corrective action is needed, a timeline will be given along with the report to the agency. Within the decided timeline, the agency will submit a corrective action plan to the CoC Lead as point of contact for the Committee.

G. Diversion Procedures

For when someone contacts an agency (Community Services, United Way, The Salvation Army, HEALTH Team, etc.), and there are no shelter beds available, below is a script of questions to ask to better assist the individual in need of shelter.

1. Explain the purpose/process of the diversion conversation.
 - a. “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. There are currently no emergency shelter beds for men/women. We will work with you to find a more stable alternative if we can.”
2. Ask client to articulate why exactly they are seeking shelter today.
 - a. “Why are you seeking emergency shelter today? What are all the other things you tried or thought about trying before you sought shelter today?”
3. Ask where they stayed last night, how long they’ve been there, whether they can return safely for at least another 3 days while figuring out next steps. (If they cannot return – skip to step 6).
4. Ask them to name the primary reason they had to leave the place they stayed the night before. As a follow up, ask if there are other reasons.
 - a. “What is the primary/main reason that you had to leave the place where you stayed last night? Are there additional reasons why you can’t stay there any longer?”
5. Find out if their time at their previous place could be extended if the person knew they were seeking permanent solutions and connections. If not, ask what it would take to extend their stay.
 - a. “Do you think that you/you and your family could stay there again temporarily if we provide you with some help or referrals to find permanent housing or connect with other services? If no, why not? What would it take to be able to stay there temporarily?”
6. Explore other potential people/places they could stay with that may be safe and appropriate to connect with.
 - a. “Are you a client of Family Guidance or on their waiting list? If so, there may be a respite bed you can use for a couple of nights.”
 - b. “Is there somewhere else where you/you and your family could stay temporarily if we provide you with some help or referrals to find permanent housing and access other supports? For example, what about other family members? Friends? Co-workers? What would it take for you to be able to stay there temporarily?”
 - c. “Would it help if I called?”
7. Ask questions that explore why they are having difficulties finding permanent housing.
 - a. “What is making it hard for you to find permanent housing for you/you and your family – or connect to other resources that could help you do that?”
 - i. For example, do you or does anyone in your family have special needs or a medical condition? How does this affect your housing situation?
 - ii. Do you owe money for rent or utilities?

- iii. Are you new to the area?
8. Ask what resources they may have at their disposal or through family that may allow for an alternative to shelter and could inform their pathway to permanent housing.
- a. “What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?”
 - i. For example, are you getting any help from other family members or friends?
 - ii. Do you have income? What are the sources?
 - iii. Are you involved with any other services right now?
9. If there are no housing options for them, refer them to the 8th Street Drop In Center for a place to stay during the day and connection to case management services.

Not relevant for our community at this point but an important note:

Even upon entry into shelter, communicate that shelter is not the ultimate solution.

- a. “If admitted to shelter there is still an expectation that you will be attempting to secure permanent housing for you and your family. What is your plan at this point for securing housing if you are admitted to shelter?”

H. Discharge Policy

The Governor's Committee to End Homelessness adopted a discharge policy on December 5, 2011, revised on June 3, 2013, and further revised January 7, 2019. The policy addresses discharge planning for a variety of populations in the eight continua in Missouri, including: St. Louis City, St. Louis County, St. Charles (St. Charles, Lincoln, and Warren Counties), Springfield (Greene, Christian, and Webster Counties), Joplin (Jasper and Newton Counties), St. Joseph (Andrew, Buchanan, and DeKalb Counties), Kansas City (Jackson County) and Balance of State (101 rural counties, not included in another continuum).

St. Joseph CoC has signed a Memorandum of Agreement on February 27, 2019, that it has reviewed the Governor's Committee to End Homelessness Discharge Policy, and has agreed to comply with the Discharge Policy, and that any policies and procedures developed, adopted, and implemented by St. Joseph CoC will conform with this Discharge Policy. As such, the Governor's Committee to End Homelessness Discharge Policy is integrated into these consolidated policies:

DEFINITIONS AND TERMINOLOGY

I. HUD Definition of "Homeless"

According to the U.S. Department of Housing and Urban Development (HUD), a person is considered homeless if they meet one of the following four categories:

- Category 1: Literally Homeless
 - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
- Category 2: Imminent Risk of Homelessness
 - Individual or family who will imminently lose their primary nighttime residence, provided that:
 - Residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks needed to obtain other permanent housing
- Category 3: Homeless under other Federal Statutes
 - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under the other listed federal statutes;
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
 - Can be expected to continue in such status for an extended period of time due to special needs or barriers
- Category 4: Fleeing or Attempting to flee domestic violence
 - Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence;
 - Has no other residence; and
 - Lacks the resources or support networks to obtain other permanent housing

II. Violence Against Women Act (VAWA) 2005 and 2013

VAWA significantly expanded housing protections to victims of domestic violence, dating violence, sexual assault, and stalking across HUD's core housing and homelessness programs. VAWA applies regardless of sex, gender identity, or sexual orientation, and must be applied consistent with all nondiscrimination and fair housing requirements.

VAWA applies to the following HUD funds:

- Public housing;
- Section 8 Housing Choice Vouchers;
- Section 8 project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for the disabled;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR);
- HOME;
- Housing Opportunities for People with Aids (HOPWA);
- McKinney-Vento Act programs;
- Rural Development multifamily housing; and
- Low-Income Housing Tax Credit (LIHTC) housing.

This is not an exhaustive explanation of VAWA and its housing protections. Refer to HUD's Final Rule for more details or contact MCADSV for technical assistance (<http://www.mocadsv.org/>).

1. If a Continuum of Care (CoC), agency or landlord receives one of the designated HUD funds then VAWA must be followed or a HUD complaint should be filed.
2. VAWA Housing Protections include:
 - a. Victims cannot be denied assistance or evicted due to having been a victim of the designated crimes;
 - b. Victims have the option to bifurcate a lease;
 - c. Victims have the right to an emergency transfer when there is a safe and available unit;
 - d. There should be a low barrier certification process for victims including self-certification; and
 - e. Victims cannot be denied or evicted due to issues related to the victimization (i.e. abusive partner destroys property and victim cannot pay repair fee, abusive partner ruined victim credit history, etc.).

3. Individuals must be notified of their VAWA Notice of Occupancy Rights at time of application, eviction and termination.
4. For more information refer to HUD's Final Rule on VAWA:
<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

GUIDING PRINCIPLES

In order to develop recommendations for this discharge policy, the following guiding principles were developed:

1. Homelessness is unacceptable in Missouri.
2. Efforts to secure permanent housing shall be made prior to being discharged from a federal, state or, public facility, such as a mental health facility, substance use treatment facility, jail/prison, skilled nursing facility, assisted living, hospital, or being released from state custody.
3. If "temporary" shelter placement is unavoidable, the reasons for this should be documented.
4. If after having exhausted efforts to engage the client in a discharge plan or if the client continues to refuse services, the efforts should be documented.
5. If a client is experiencing homelessness or is at imminent risk of homelessness, then refer to the Coordinated Entry System (CES) of their Continuum of Care (CoC) to seek available community resources for suitable housing solutions. CES directory: https://dmh.mo.gov/housing/housingunit/docs/CEDirectory_004.pdf.

PROCEDURES

Adoption of Guiding Principles: All agencies and institutions serving the homeless population in Missouri shall adopt the guiding principles outlined above.

Agency Adoption of Discharge Policy: All agencies and institutions within Missouri shall develop and implement a discharge policy that includes the following:

1. Individual Discharge Plan: Where applicable or feasible, begin planning an individual discharge plan that includes client involvement and buy-in.
2. Adequate information systems and tracking: Agencies receiving McKinney-Vento HUD funding and other state homelessness assistance funding are required to participate in the Continuum of Care Homeless Management Information System (HMIS). For agencies not required, HMIS is preferred, but not mandatory, in order to improve communication, facilitate access to resources, and track completion of the discharge plan. Please note that Domestic Violence agencies are exempt from the HMIS requirement.
3. Integration of Community Resources: Agencies shall collaborate to reduce the duplication of services. Effective discharge planning procedures and policies should be supported by all relevant community planning documents.
4. Collaboration and partnerships: A variety of forms of partnerships and collaborations are needed to achieve an effective discharge planning system. It is the responsibility of each agency to partner and collaborate with other agencies in their CoC and CES to ensure the best outcome for Missouri residents.
5. Agreement: As part of discharge, agencies, CoCs and landlords receiving designated Housing and Urban Development (HUD) federal dollars will adhere to the Violence Against Women Act (VAWA) 2005 and 2013 housing protections for victims of domestic violence,

sexual assault, dating violence and stalking.

APPENDIX

Appendix A – St. Joseph CoC Assessment Form

➤St. Joseph CoC Assessment Form

	RESPONSE		AGENCY USE
What is your age?			
	YES	NO	
Do you have a serious mental illness?			
Do you have a drug use disorder?			
Do you have an alcohol use disorder?			
Do you have a developmental disability?			
Do you have HIV or AIDS?			
Do you have Post-Traumatic Stress Disorder (PTSD)?			
Do you have any cognitive impairments resulting from a brain or head injury?			
Do you have a physical disability?			
Do you have any of the following:	YES	NO	
Kidney disease, end-stage renal disease, or use of dialysis			
History of frostbite, hypothermia, or immersion foot			
History of heat stroke or heat exhaustion			
Liver disease or cirrhosis			
History of heart disease, heart attack, stroke, or irregular heartbeat			
Emphysema or chronic obstructive pulmonary disease (COPD)			
Diabetes			
Severe asthma or bronchitis			
Cancer			
Hepatitis C			
Tuberculosis			
	RESPONSE		
How many times have you been physically assaulted in the past year?			

In the past six months, how many times have you been to the emergency room?			
In the past six months, how many times have you used a crisis service such as a suicide hotline?			
In the past six months, how many times have you been hospitalized as an in-patient?			
In the past 12 months, how many separate times have you been in jail or prison?			
In the past three years, how many months total have you been in jail or prison?			
	YES	NO	
Do you have any legal stuff going on now that may result in you being locked up or having to pay fines?			
Since becoming homeless, have you ever been attacked or beaten up?			
Since becoming homeless, have you ever engaged in risky behavior, such as sharing needles, having unprotected sex with a stranger, or exchanging sex for money?			
How many times have you been homeless in the past three years? No score			
How long was your longest homeless episode? No score			total

Veteran: Y N

Appendix B – Emergency Transfer Plan Template for Providers

[Insert name of covered housing provider]

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

[Insert name of covered housing provider (acronym HP for purposes of this model plan)] is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

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

Eligibility for Emergency Transfers

- A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
- A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.
- Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP’s management office and submit a written request for a transfer to [HP to insert location]. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either:

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

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

Confidentiality

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

Emergency Transfer Timing and Availability

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

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

Safety and Security of Tenants

- Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.
- Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).
- Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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

Appendix C – Homeless Court Application

Date: _____

Case Number: _____

**City of St. Joseph, Missouri
Homeless Court Application**

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Aliases: _____ **Birth Date:** _____ **Age:** _____

Mailing Address City State Zip

Phone Number: _____ **Email Address:** _____

- Sex:**
- Male
 - Female

Are you a Veteran/Active Military? Yes No

- Race:** *Select all that apply*
- American Indian/Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Multi-Racial
 - Other: _____

Are you Hispanic or Latino? Yes No

- Where are you currently staying?**
- Outdoors/Street/Park/Encampment
 - Emergency Shelter
 - Haven
 - Residential Care Facility (RCF)
 - Transitional Housing
 - Abandoned Building
 - Camper/RV
 - Storage Unit
 - Motel
 - Other: _____

Please answer the following questions:

Do you need vital documents for housing, employment or other services? Yes No

If yes, which documents? _

Are you an undocumented worker? Yes No

Are you receiving Social Security Disability? Yes No

Are you currently employed? Yes No

If no, are you seeking employment? Yes No

If no, why are you not seeking employment? _

Do you currently experience any of the following conditions?

- Alcohol Abuse
- Substance Use
- Health Problems/Medical Conditions
- Post-Traumatic Stress Disorder (PTSD)
- Mental Illness
- Physical Disability
- Traumatic Brain Injury (TBI)
- Chronic Physical Illness
- Developmental Disability

Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking? Yes No

I certify that the information above is true and correct. I understand that submitting an application does not guarantee referral to the Homeless Court docket, nor does it automatically result in dismissal of offenses.

Applicant Printed Name

Applicant Signature

Date

Case Manager Printed Name

Case Manager Signature

Date

Appendix D – CE Transfer Form

Please complete the CE Transfer form for current program participants assessed as needing to transfer to a different program and submit it to the CE Committee.

HMIS Number: _____

Current Program: _____

Address (Building/Unit #): _____

Name of Staff Submitting Transfer Form: _____

Phone/Email of Staff Submitting Transfer Form: _____

Date of Request: _____

What program type will the client be transferring from? (check one)

Permanent Supportive Housing Permanent Housing Rapid ReHousing

What program type are you requesting the client be transferring to? (check one)

Permanent Supportive Housing Permanent Housing Rapid ReHousing

If requesting a transfer to permanent supportive housing, was this household chronically homeless when it entered the current program and is it well documented?

Yes No Not applicable

Why are you submitting this request to transfer? What is the rationale for requesting a transfer to this program type? Why do you feel this would be a more successful model for the client?

Has this client been transferred previously?

What other interventions and steps have been taken to address this household's needs?

Please include any other information you feel pertinent to the review of this transfer request:

Signature - Staffer Completing Transfer Request Form

Date