

Wisconsin Balance of State Continuum of Care Coordinated Entry System Agency Partnership Agreement for Other System of Care

I. Purpose

The purpose of this Agreement is to specify what Agency Partners agree to as members of the Wisconsin Balance of State Coordinated Entry System. _______ ("Agency") agrees to participate in the Wisconsin Balance of State Coordinated Entry System. Coordinated Entry is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

The Wisconsin Balance of State Continuum of Care (WI BOSCOC) achieves these goals through a set of processes developed and adopted by the BOSCOC membership, known as the Coordinated Entry System. The WI BOSCOC is responsible for planning, implementing, and evaluating the Coordinated Entry System.

II. Guiding Principles & Strategies

- **A.** Coordinated Entry will be easy for the client by providing quick and seamless entry into homeless services.
- **B**. Individuals and families will be referred to the most appropriate resources for their individual situation.
- **C.** Coordinated Entry will prevent duplication of services.
- **D.** Coordinated Entry will reduce the length of homelessness for individuals and families.
- **E.** Coordinated Entry will improve communication among agencies.

III. Core Components of Coordinated Entry

The WI BOSCOC Coordinated Entry System includes the following:

- **A.** The WI BOSCOC Pre-Screen Form is used to obtain basic information related to homeless/housing status, the Client Rights and Responsibilities, and HMIS Release of Information (as needed).
- **B.** The WI BOSCOC Assessment tools/Prevention is used to assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.
- **C.** Screening for safety issues related to domestic/sexual violence or abuse, and appropriate referrals according to the client's wishes.
- **D.** Screening for chronic homelessness and priority need for Permanent Supportive Housing. Referral and project enrollment according to the agreed protocol.
- **E.** The WI BOSCOC Coordinated Entry User Agreement for Partner staff.
- **F.** Use of HMIS, according to funder requirements and in compliance with Wisconsin HMIS Policies and Procedures.



- **G.** Use of the Non-HMIS Referral Form for people requesting an anonymous referral to the Prioritization List and/or for agencies without access to HMIS.
- **H.** Initial and ongoing training of Agency staff to ensure uniform application of screening, assessment, referral, follow-up, and project prioritization protocols.
- I. A local inventory of homeless assistance resources.
- **J.** Regular Coordinated Entry meetings at the local level to evaluate the success of the Coordinated Entry System in achieving goals, analyzing data, and assessing gaps in services, as needed. A commitment by Agencies to engage in problem solving with mutual respect.
- **K**. HMIS Prioritization lists for households with children/households without children that are homeless and/or at-risk of homelessness for the purpose of referral and enrollment in appropriate Agency projects and programs.
- **L.** Anonymous Prioritization lists for households with children/households without children that are homeless and/or at-risk of homelessness for the purpose of referral and enrollment in appropriate Agency projects and programs.
- **M.** Agreement to only accept clients into CoC and EHH funded programs or projects through the processes established by the WI BOSCOC Coordinated Entry System; and
- **N.** WI BOSCOC Coordinated Entry Committee is responsible for planning, oversight and evaluation of coordinated entry policies and protocols.

IV. Description of Coordinated Entry

- **A. Access**: The WI BOSCOC Coordinated Entry System follows a "No Wrong Door" approach. A client can seek housing assistance through any of the Agencies and will receive integrated services. Agencies have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their agency unless or until another Agency assumes that role. Agencies will complete the Pre-Screen Form, Client Rights and Responsibilities, HMIS Release of Information (as needed), identify immediate housing or shelter needs, and assist clients with accessing services for these immediate needs.
- **B. Assessment:** One of the triage tools, the WI BOSCOC Barriers Assessment/Prevention will be completed for all households to facilitate connection to an appropriate housing intervention. All triage tools will be completed by trained staff.
- **C. Referrals:** Agencies refer households to the appropriate Prioritization List (Households with Children/ Households without Children) based on household composition, as well as the HMIS or Non-HMIS List based on client preference. Agencies will maintain unique identification numbers within the agency. Connection to appropriate services will be based on eligibility and written programs standards.
- **D. Follow-Up:** Referring Agencies will follow-up with each household no less than every 30 days. Timely follow-up ensures Prioritization Lists are accurate and keep the Coordinated Entry System current.
- **E. Evaluation:** The WI BOSCOC Coordinated Entry System will include evaluation of consumer outcomes and system performance to increase effective use of resources, improve quality of service to consumers, and to proactively identify and plan services. Agencies will promote and review system-wide performance standards. Additionally, an annual review of Coordinated Entry tools and processes will be conducted with feedback from clients, Agencies, and WI BOSCOC members.



V. Other System of Care Agency

A Coordinated Entry Agency may be a homeless service provider or other organization that provides services to people experiencing homelessness or who are at risk of homelessness, and who has elected to become a part of the WI BOSCOC Coordinated Entry System. Agency responsibilities differ based on funder requirements and the services provided by the agency.

- A. Signing compliant Releases of Information.
- **B.** Sharing any information with Agencies in a compliant manner.
- **C.** Informing households that they are receiving screening and referral services under the WI BOSCOC Coordinated Entry System.
- **D.** Using established Coordinated Entry policies and processes to refer and accept clients into projects and programs.
- **E.** Maintain high level of communication and coordination with the Local Coordinated Entry Lead, the List Holder, WI BOSCOC Coordinated Entry System Specialist, and other Agencies.

VI. Local Coalition Meetings

- **A.** Agree to have a representative on the local homeless coalition to provide input into the operations and evaluation of the Coordinated Entry processes.
- **B.** When issues arise, agree to joint problem solving with individual Agencies, the local Coordinated Entry Lead, and the WI BOSCOC Coordinated Entry System Specialist.

VII. Data Sharing

In respect to data sharing, all Agencies agree to:

- **A.** Ensure that all staff understand and agree to HUD, State and HMIS data privacy, data rights, and data quality requirements.
- B. Ensure that all staff understand and sign the Coordinated Entry Participating Staff Agreement.
- **C.** Make sure that clients understand how their data will be shared, with whom it will be shared, and the purpose for the data sharing. Also ensure clients understand they can refuse to provide information or opt out of data sharing, and it will not impact their ability to be referred to a Prioritization List.
- **D.** Agencies can obtain verbal consent to share this information, which must be documented on the Client Release of Information. If verbal consent is obtained on the Client Pre-Screen Form or a Release of Information (including the HMIS Release of Information) a signature must be obtained at the next in-person meeting. Domestic violence service providers are not allowed to obtain verbal consent.
- **E.** Use the Non-HMIS system for any client that requests their information to remain anonymous until housing is offered.
- **F.** Ensure that any staff entering data into HMIS are properly trained on HMIS, assessment tools, and data sharing.
- **G.** At least quarterly, review of Agencies data quality and completeness and performance as it pertains to Coordinated Entry.



- **H.** Storing Coordinated Entry Forms correctly to maintain confidentiality.
 - a. If the Agency has access to HMIS, all Coordinated Entry forms must be uploaded to the HMIS System
 - b. If the Agency does not have HMIS access, all Coordinated Entry forms must be kept in the client's file.

VIII. Confidentiality

The Agency agrees that by entering into this Agreement they will have access to certain confidential information regarding each other's operations related to this Local Coordinated Entry System. The Agencies agree that they will not disclose confidential information and/or material without consent of the affected party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a breach of this agreement. At all times client Releases of Information will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

IX. Non-discrimination

There shall be no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age. All individuals or groups of individuals, regardless of age, actual or perceived gender identification, actual or perceived sexual orientation, and marital status, identifying as a family at a program or project that serves families, must be served as a family and must not be separated when entering the program or project. There will be no inquiry, documentation requirement, or "proof" related to family status, gender identification and/or sexual orientation. The prohibition on inquiries or documentation does not prohibit inquiries related to an individual's sex and/or age for the purposes of determining the number of bedrooms to which a household may be entitled.

X. Termination of Agreement

Any party may terminate their participation in this agreement with written notification to the Local Coordinated Entry Lead and the WI BOSCOC Coordinated Entry System Specialist. This Agency acknowledges that non-compliance of this agreement may result in termination of Agency Participation.

XI. Costs

Unless otherwise specified by grant funds that may become available during the duration of this Agreement, any and all expenses incurred by the participants of the BOSCOC Coordinated Entry System are the responsibility of the Agency.

XII. Conformance

If any provision of this Agreement violates any statute or rule of law of the State of Wisconsin, or Federal statutes, it is considered modified to conform to that statute or rule of law.



XIII. Grievance Policy

- Each Agency agrees to follow the WI BOSCOC Coordinated Entry Grievance Policy. The Agency will inform clients of both the Agency and the WI BOSCOC Coordinated Entry grievance process at system access.
- If a grievance is filed, the Agency will send the grievance to the Coordinated Entry Lead.
- If the Coordinated Entry Lead is unable to resolve the grievance, the grievance will be sent to the WI BOSCOC Executive Director.

XIV. Marketing

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A.	Agree to distribute the following information to the public regarding how to access homelessness assistance, all of which will be created by the WI BOSCOC and utilize WI BOSCOC branding standards: (Check all that apply)	
	□Brochures	
	□Flyer	
	\square Website information	
	☐ Public Service announcements	
	□Other:	
	☐ Other:	
V. Tra	aining Requirements	
V. Tra	A. Agree to ensure Agency staff members attend all trainings as required by the WI BOSCOS CES before administering the Homeless/Prevention Assessment tool or having access to the Non-HMIS Prioritizatio List. Required trainings include:	
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XVI. Shared Responsibilities

The following are the responsibilities of this Agency to make the Coordinated Entry System processes is well-known to all clients served.

Α.	The Agency will explain the WI BOSCOC Coordinated Entry process to clients so that they are empowered to make an informed choice about available services that best meet their needs.			
В.	Provide access to Coordinated Entry: Complete the WI BOSCOC Pre-Screen form for all households experiencing homelessness or at-risk of homelessness that present at your agency.			
	\square Yes, our Agency will complete the Pre-Screen form.			
	\square No, our Agency will not complete the Pre-Screen form.			
	If you are unable to complete the Pre-Screen form, please indicate who will be responsible for doing so:			
c.	If the client consents to entering Coordinated Entry, complete the Client Rights and Responsibilities. The Agency will provide each client with a copy of their Rights and Responsibilities. If the client declines to receive a copy of their Client Rights and Responsibilities, it must be recorded on the form.			
	$\ \square$ Yes, our Agency will complete the Client Rights and Responsibilities form.			
	$\ \square$ No, our Agency will not complete the Client Rights and Responsibilities form.			
	If you are unable to complete the Client Rights and Responsibilities form, please indicate who will be responsible for doing so:			
D.	Assessment processes for Coordinated Entry: Ensure the appropriate Assessment has been completed (based on household composition).			
	$\ \square$ Yes, our Agency will administer the Barriers/Prevention Assessment tool.			
	$\hfill \square$ No, our Agency will not administer the Barriers/Prevention Assessment tool.			
	If you are unable to complete the Barriers/Prevention Assessment tool, please indicate who will be responsible for administering it:			
E.	Referral to Coordinated Entry: Ensure the household has been referred to the appropriate Prioritization List (HMIS or Non-HMIS).			
	$\ \square$ Yes, our Agency will make referrals to the Coordinated Entry System.			
	\square No, our Agency will not make referrals to the Coordinated Entry System.			
	If you are unable to refer to the Coordinated Entry System, please indicate who will be responsible for making the referrals:			
F.	Follow-up to homeless programs and services: Follow-up with all households referred by your agency a minimum of every 30 days.			
	 Follow-up will include confirming/updating the following information: housing/homeless status, contact information, household composition, and new information that may impact placement on the Prioritization List. 			
	 Update the referral in HMIS or with the List Holder with follow-up information so the household is prioritized accurately. 			
	☐Yes, our Agency will complete follow-ups as required.			



	☐ No, our Agency will not complete follow-ups as required. If you are unable to complete the follow ups, please fill in who will be responsible for conducting the required follow ups:						
	If pulling from Coordinated Entry, how do you intend to use Coordinated Entry to fill your housing project?						
XVII. Term of the Agreement The effective date of this Agreement shall be the date it is signed and shall continue in effect for one year, or unt modified or terminated by the Local Coordinated Entry System or the WI BOSCOC. This agreement must be renewed and signed on June 1 st , annually.							
The signat	XVIII. Approval The signature of the Executive Director or designated signee of the Partner Agency indicates agreement with the terms set forth in this Agreement.						
By signing	this Agreement, I understand and agree with the ter	ms within.					
Name, Tit	le	Date					
Name, Tit	le	Date					
Name, Tit	le	 Date					



To be completed:

Initial Agreement signed	Date:
Renewal Agreement signed	Date:
Submitted to Local Coordinated	l Entry Lead
o Name of CE Lead:	
CE Lead phone:	
CE Lead email:	
o Date submitted:	
Received information on requir	ed trainings to be completed.
Submitted signed Agency Agree	ement to WI BOS Coordinated Entry System Specialist
o Name of WI BOS CES Specia	alist <u>: Holly Sieren – holly.sieren@wibos.org</u>
Date submitted:	
Copy retained by Agency.	