



# Wisconsin Balance of State Continuum of Care Coordinated Entry System Other Systems of Care Participating Staff Agreement

## I. Purpose

The purpose of this Agreement is to specify your responsibilities in implementing the Wisconsin Balance of State (BOSCOC) Coordinated Entry System. Your agency has agreed to participate in the WI BOSCOC 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 WI BOSCOC achieves these goals through a set of policies and processes developed and adopted by the WI 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

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

## III. Description of Coordinated Entry

“Coordinated Entry Staff” may include anyone who:

- ✓ Completes Coordinated Entry access paperwork and/or services,
- ✓ Administers the Coordinated Entry triage tools (Wisconsin Balance of State CE Barriers Assessment/Prevention Assessment),
- ✓ Enters referrals into HMIS or the Non-HMIS system,
- ✓ Provides follow up contacts and/or services, and/or
- ✓ Contacts individuals to offer housing programs.

### Key Roles

Information on each coalition’s point of contact and resources is listed on the WI BOSCOC website, on the Find Services tab: [Find Services - Wisconsin Balance of State Continuum of Care \(WIBOSCOC\)](#)



**Coordinated Entry System Specialist** is the person who provides leadership, coordination, and oversight of the WI BOSCO Coordinated Entry System.

**Coordinated Entry System Coordinator** is the person who provides leadership, coordination, and oversight of the WI BOSCO Coordinated Entry System in regards to other systems of care.

**Local Coordinated Entry Lead** is the person chosen by the local homeless coalition to provide leadership, coordination and oversight of the local implementation of Coordinated Entry.

**List Holder** is the person who manages the Non-HMIS Prioritization List and responds to inquiries from housing providers seeking referrals to their programs.

### **Components of the Coordinated Entry System**

Access: Staff will complete the Pre- Screen Form, Client Rights and Responsibilities, identify immediate housing or shelter needs; and assist clients with accessing services for these immediate needs. Staff 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 Partner Agency assumes that role. This includes guiding the client in applying for assistance or accessing services from another provider regardless of whether your agency provides the specific housing services required by the presenting client.

- A. **Assessment:** One of the triage tools (Wisconsin Balance of State Barriers Assessment/Prevention Assessment) will be completed for all households to facilitate connection to an appropriate housing intervention (homeless prevention programming, Transitional Housing, Rapid Re-Housing, Permanent Supportive Housing, or other Permanent Housing). Do not administer any of the triage tools until you have completed the appropriate training. Staff must complete training on how to input results in HMIS or in the Non-HMIS Referral Form.
- B. **Referrals:** Partners 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 system based on client preference. Connection to appropriate services will be based on assessment, prioritization, eligibility and written program standards.
- C. **Follow-Up:** Referring Partners 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. Once follow-up information is obtained the Coordinated Entry Assessment in HMIS must be updated or the List Holder must be contacted to update the Non-HMIS Referral, as appropriate.
- D. **Filling project openings:** Documentation that the household was the highest prioritized at the time of enrollment, according to their established program policies, must be in the client program file.

If a provider does not take the highest prioritized individual or family, according to their established program policies, the Staff must document the reason in the client file or provide a written explanation to the CE Lead. If the client has been removed from CE, It is the responsibility of the housing program to ensure that the household is offered a new referral



to the Prioritization List, if needed. If a household declines a referral to a housing program, their name remains on the Prioritization List until the next housing opportunity is available.

#### IV. Coordinated Entry Staff Responsibilities

- A. Explain the WI BOSCOCCoordinated Entry process to clients so that they are empowered to make an informed choice about available services that best meet their needs.
- Yes, I agree
- B. Provide access to Coordinated Entry: Complete the WI BOSCOCCoordinated Entry Pre-Screen form for all households experiencing homelessness or at-risk of homelessness that present at your agency.
- Yes, I will complete the Pre-Screen form.
- No, I 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 and 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.
- Yes, I will complete the Client Rights and Responsibilities form.
- No, I 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).
- Yes, I will administer the WI BOSCOCCoordinated Entry Barriers Assessment/Prevention Assessment tool.
- No, I will not administer the WI BOSCOCCoordinated Entry Barriers Assessment/Prevention Assessment tool.
- If you are unable to complete the WI BOSCOCCoordinated Entry Barriers Assessment/Prevention Assessment tool, please indicate who will be responsible for administering it: \_\_\_\_\_



E. Referral to Coordinated Entry: Refer all households experiencing homelessness who choose to have a referral to the Prioritization List even if they are not eligible for services at your agency. Refer all households who are imminently homeless or at risk of homelessness to the Homeless Prevention Prioritization List.

- Yes, I will make referrals to the Coordinated Entry System.
- No, I 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: \_\_\_\_\_

If yes, make sure that clients understand how their data will be shared, with whom it will be shared, and the purpose for the data sharing. 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. Ensure that clients are made aware that their personally identifying information will be entered into the Wisconsin HMIS. Your agency may require clients to provide explicit or implicit client consent. Staff must follow the consent requirements of their agency. Client consent may be revoked by that client at any time by a written notice.

F. Clients that choose not to share personally identifying information in HMIS should be referred to the Non-HMIS System with an anonymous unique identifier and keep an internal tracking system of those unique identifiers.

- Yes, I agree.
- No, I do not agree.

G. Clients will not be removed from the Prioritization List because they declined a referral.

- Yes, I understand.

H. Follow-up to homeless programs and services: Follow-up with all households you referred 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 for Non-HMIS with follow-up information so the household is prioritized accurately.

- Yes, I will complete follow-ups as required.
- No, I 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: \_\_\_\_\_



## V. 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.

## VI. COORDINATED ENTRY RESOURCES

Policy & Procedures: [CE2023 - Wisconsin Balance of State Continuum of Care \(WIBOSCO\)](#)

Grievance Policy and Forms:

[ce\\_grievance\\_policies\\_and\\_procedures\\_final.pdf \(wiboscoc.org\)](#)

Institute for Community Alliances: [Wisconsin — Institute for Community Alliances \(icalliances.org\)](#)

## VII. AFFIRM THE FOLLOWING:

- A. I have read and will abide by all applicable CE policies and procedures in BOSCOOC Coordinated Entry Policies and Procedures Manual according to agreed upon participation in Coordinated Entry.
- B. I agree to the applicable Coordinated Entry training requirements as required by my agency, local Coordinated Entry Lead, and the WI BOSCOOC. This includes attending future trainings related to Coordinated Entry, Program Standards, and Prioritization. These trainings may be via recorded webinar or in-person.
- C. I will only collect, enter and extract data in the Coordinated Entry System (HMIS and Non-HMIS System) relevant to the delivery of services for the clients with whom I provide service.
- D. I agree to maintain the confidentiality of all clients’ personal information and to refer households to the Non- HMIS System as requested.

## VIII. 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 until modified or terminated by the Local Coordinated Entry System or the WI BOSCOOC. This agreement must be renewed and signed on June 1<sup>st</sup>, annually.



**IX. Termination of Agreement**

Any party may terminate their participation in this agreement with written notification to the Local Coordinated Entry Lead and the WI BOSCOCC Coordinated Entry System Specialist. I acknowledge that non-compliance of this agreement may result in termination of Staff Participation.

First Name:	Last Name:
Email:	Job Title:
Agency's Full Name:	
Local Homeless Coalition Affiliation:	
Effective Dates:	<input type="checkbox"/> Initial Agreement <input type="checkbox"/> Renewal Agreement

\_\_\_\_\_

Staff Name

\_\_\_\_\_

Date

Submitted to Local Coordinated Entry Lead

- Name of CE Lead: \_\_\_\_\_
- CE Lead Phone: \_\_\_\_\_
- CE Lead Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Copy retained by Agency

Copy retained by Staff