Front Door Assessment & Referral Process
Policies & Procedures Manual

The St. Louis City Continuum of Care has initiated a process to improve the delivery of housing and shelter services for families and individuals who experience homelessness or great risk of homelessness throughout St. Louis city. This process, the **Homeless System Front Door Assessment Process**, institutes consistent and uniform assessment processes to determine the most appropriate response to each individual or family's immediate and long-term housing needs.

The Service Delivery Committee, a planning body of the St. Louis City Continuum of Care, has instituted this process with a set of guiding principles that inform the design, implementation, and oversight of the system of care for persons experiencing a housing crisis in St. Louis city. The St. Louis City Continuum of Care members and homeless assistance providers will work to:
- Rapidly exit people from their homelessness to stable housing
- Ensure that the hardest to serve, with the greatest needs, are served
- Serve clients as efficiently and effectively as possible
- Ensure transparency and accountability throughout the referral and assessment process

FRONT DOOR ASSESSMENT PARTNERS: ROLES AND EXPECTATIONS
All households who enter any of the participating community shelters or who are homeless and on the street are assessed using the same Front Door Assessment tool. All providers funded by CoC or ESG are required to participate, others are invited and strongly encouraged to participate.

Objective: Front door assessment providers will work collaboratively with clearly defined roles and expectations that guide the day-to-day operations of the front door assessment and referral process.

Front Door Assessment Providers
- Complete Prevention and Diversion screening for those requesting front door services
- Complete initial Front Door VI-SPDAT assessments within 7 days of entering shelter, and begin full SPDAT assessment within 7 days of completing VI-SPDAT (full SPDAT is only completed by front door staff if no case management services are offered at shelter, otherwise shelter case management staff will complete full SPDAT).
- Make a referral in HMIS to program type appropriate for each client based on VI-SPDAT assessment and housing barriers screen.
- If client rejected by two referrals, initiate Case Conference Meeting (see Case Conference Meeting section).
- One representative from each Front Door Assessment provider participates in regular Assessment Process Management meetings to discuss referral operations and specific referral cases and make recommendations for system refinements.
- Participate in Case Conference Meetings as appropriate and as needed (only for clients the front door provides case management services for).

Program Receiving Referrals
Emergency Shelters:
- Send vacancy information to front door provider on a daily basis.

- Provider must accept 1 of every 4 referrals. Detailed documentation of reason for rejection is maintained in HMIS.
- Participate in Case Conference Meetings as appropriate, and as needed.
- If case management services are provided at shelter, full SPDAT assessment is started within 7 days of VI-SPDAT being completed.

Housing Programs:
- Send vacancy information to waitlist provider on a weekly basis.
- Review Front Door referrals and conduct any additional screening processes (client interview, case review, etc.).
- Make determination to accept or reject referral within 7 days of receiving HMIS referral from Front Door Assessment provider. For PSH this may be a conditional acceptance pending final eligibility determination as required for LIHTC, Section 8 and Shelter+Care.
- Provider must accept 1 of every 4 referrals. Detailed documentation of reason for rejection is maintained in HMIS.
- Participate in Case Conference Meetings as appropriate, and as needed.
- Adhere to base-line eligibility requirements listed below.

Waitlist Provider and HMIS Staff
- Manage waiting list for participating transitional housing, rapid rehousing and permanent supportive housing programs.
- Receive program vacancy notifications and contact front door/shelter case manager to notify them of vacancies.
- Identify top priority clients for referral to vacancy. Maintain and revise order of waitlist according to VI-SPDAT scores, CoC priorities, and date of referral on a weekly basis.
- Participate in Assessment Process Management Meetings as appropriate.

REFERRAL DECISION PROCESS
Front Door Assessment providers will use established program referral criteria to determine the type of program appropriate for each client. The referral decision is based on a set assessment filters associated with each program type. All providers funded by CoC or ESG are required to participate, others are invited and strongly encouraged to participate.

Program Referral Criteria- Single Adult

Program Type	Program Referral Criteria (Assessment Filters)
Rapid Rehousing	• VI-SPDAT Score of 4-7 • No income required
Transitional Housing	• VI-SPDAT Score of 4-7 • No income required • Early recovery, pregnant, transitioning from DV or prison
Permanent Supportive Housing Scattered Site	• VI-SPDAT Score of 8+ • Documented disability that impeded ability to live independently
Permanent Supportive Housing Facility Based	• VI-SPDAT Score of 8+ • Documented disability that impeded ability to live independently • Previously referred to scattered Site PSH • High user of hospitals/ER and/or higher score in medical section of VI-SPDAT

Program Referral Criteria- Family (Two+ people in one household)

Program Type	Program Referral Criteria (Assessment Filters)
Rapid Rehousing	• VI-SPDAT Score of 4-8 • No income required
Transitional Housing	• VI-SPDAT Score of 4-8 • No income required • Early recovery, pregnant, transitioning from DV, young adults (18-24) with children
Permanent Supportive Housing Scattered Site	• VI-SPDAT Score of 9+ • Documented disability that impeded ability to live independently • 1 adult with 1 or more children
Permanent Supportive Housing Facility Based	• VI-SPDAT Score of 9+ • Documented disability that impeded ability to live independently • Previously referred to scattered Site PSH • High user of hospitals/ER and/or higher score in medical section of VI-SPDAT

Program Referral Criteria- Youth

Program Type	Program Referral Criteria (Assessment Filters)
Independent Living Program/ Rapid Rehousing	• VI-SPDAT Score of 4-7 • Ages 16-24 • No income required
Transitional Living Program	• VI-SPDAT Score of 8+ • Ages 16-24 • No income required • Early recovery, pregnant, transitioning from DV, young adults with children

MAKING REFERRALS

- Complete *Client Intake, Assessment,* and *Housing Barriers Screen* and enter all information into HMIS.
- Review the *Program Criteria* for each program type and align the client's barriers and characteristics with the program type designed to address those specific barriers and circumstances. Front Door Assessment providers will identify a single program type to which the client will be referred.
- Make a program referral in HMIS to waitlist provider.
- Once a program opening is identified for a client on the waitlist, waitlist provider staff will notify the Front Door referral provider for that client and the agency with the vacancy that will receive the referral.
- If the referral is rejected by the 'referred to' provider, the provider will notify the agency working with the client, and waitlist provider staff that the client has been rejected and that the next scoring client needs to be referred.

RECEIVING REFERRALS

- All participating emergency shelters, transitional housing, rapid rehousing and permanent supportive housing programs must fill all vacancies through the Front Door. Requests for referrals should be made if:
  - For programs with multiple partners, both agencies agree to request referral.
  - The unit is vacant and ready for move in.
  - The unit has passed inspection, if required and occupancy permit is obtained, if required.
- When a notification about a referral is received, log on to HMIS and review the client in using the client name and ID number, look up the clients *Intake*, *Assessment* and *Housing Barriers Screen* information. Conduct any additional screening processes (client interview, case review, etc.)
- RRH, TH and PSH projects will make determination to accept or reject referral within 7 days of receiving referral from Front Door provider. For PSH this may be a conditional acceptance pending final eligibility determination as required for LIHTC, Section 8 and Shelter+Care. Providers may schedule client interviews to collect additional data and assess for program fit. Interview must be conducted within 7 days of receipt of referral.
- If receiving agency accepts the referral, the provider contacts the Front Door provider that has contact with the client to establish move in date and arrange logistics.

REFERRAL PRIORITIZATION

Objective: Front Door Assessment providers will refer those experiencing homelessness for limited beds and resources based on CoC priority populations and criteria that prioritize individuals that have historically been the hardest to serve and those individuals and families that have been waiting the longest for housing.

Clients will be referred to available housing and service slots for Permanent Supportive Housing based on the following set of ranked prioritization criteria:
- Clients who meet the definition of chronic homeless and those that are at risk of becoming chronically homeless (as documented by providers that the person has a disabling condition and 4 episodes of homelessness in a three year period or 1 year of continuous homelessness)
- Clients who are veterans (as documented by DD214)
- Families with children (as documented by birth certificate(s)).
- Youth aged 16-24
- Medically frail

REFERRAL MANAGEMENT PROCESS

*Objective***:** Front Door Assessment providers will assess client, needs, and housing barriers, and refer clients to the most appropriate housing option available.

Vacancy Notification

All participating agencies with transitional housing, rapid rehousing and permanent supportive housing programs will send information about vacancies when unit is move in ready and/or voucher is available to waitlist provider.

Centralized Waiting List

A centralized waiting list by program type for transitional housing, rapid rehousing and permanent supportive housing will be maintained by waitlist provider.

Referral Procedures

If there are no programs with vacancies, client is put on the waiting list for the most appropriate program type.   (Reporting will track both the program type client scored for as well as program type that client was referred to, to identify gaps in the system.) If the client is in a priority category, client will access the next available vacancy or be placed at the top of the centralized waiting list based on the *Referral Prioritization Criteria*.

SECONDARY ASSESSMENTS

Re-Assessment at Emergency Shelter

If an individual or family is still an emergency shelter and more information is obtained which would change barriers to housing placement, an updated assessment can be completed by the assessor to determine if a level of care change needs to occur.

If an individual or family is still residing in shelter for more than 6 months, an updated full SPDAT assessment will be completed to determine if a level of care change needs to occur.

Mid-System Re-Assessment

If a client is placed in a program and it is determined that the household has barriers that were not identified in the original assessment which are supported by new documentation, the agency currently serving the client will update full SPDAT and Housing Barriers Screen. If the client scores for another program type, the Program will call the waitlist provider to make the referral. The client will not have to return to an emergency shelter to complete the mid-system assessment.

Moving On Assessment

For tenants ready to move on from PSH to another subsidy program or housing in the open market (not another PSH), the Housing Barriers Screen will be updated and a new referral made in HMIS if necessary.

Lateral Move [1]

If a client housed at a facility based PSH program is determined to need less supportive services and /or would benefit from scattered site placement, a lateral move can be made, as long as the client meets the receiving program requirements. If a client is housed in a PSH scattered site program and is not succeeding (with evidence that attempts have been made to assist the client in maintaining current housing), and it is determined that the client would benefit from facility based housing in order to not return to homelessness, a lateral move can be made as long as the client meets the receiving program requirements. **All** lateral moves must be case conferenced with supportive services staff, landlords(if applicable), and waitlist provider staff to determine if a lateral move is appropriate and will prevent the client from returning to homelessness.

FRONT DOOR ASSESSMENT MONITORING

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[1] This section will only take place if HUD will allow St. Louis community to so, this cannot be implemented until given approval from HUD.

Objective: To support transparent operations of the referral process, the waitlist provider staff will review HMIS data, monitor the effectiveness of the referral process, and engage in case conferencing to problem solve individual referral and linkage problems as necessary.

Assessment Process Management Meetings
Assessment Process Management meetings are designed to allow transparent and systematic review of Front Door Assessment functioning. All system providers are welcome to attend. Participation is required for at least one representative from each Front Door Assessment provider and waitlist provider staff and/or HMIS staff as needed.

A typical Assessment Process Management Meeting agenda will include the following:
- Status of the Centralized Waiting List
- Review of referral process functioning
- Review of appropriate HMIS report(s) (clients served, length of stay, outcomes, etc.)
- Review VI-SPDAT refusal rates

Case Conference Meetings
Case conferences will be provided as needed. Waitlist provider staff will initially participate in these meetings via telephone and in person as schedule allows. Case conferences will review the following cases:
- Two providers reject the same client
- Provider rejects four referrals in a row
- Involuntary termination[2]
- A client is placed in a program and it is determined that the client needs to go to another program option
- A Client VI-SPDAT refusal takes place and it has been determined client is not competent to complete the assessment

Case Conferences will assess the housing planning (placement options) for clients with most difficult/challenging barriers and the accuracy of the assessment process in making an appropriate referral. Case Conferences will include:
- Referring agency
- Receiving agency
- Waitlist provider staff
- Front Door staff (not necessary for lateral moves)

Front Door Assessment Monitoring Meetings
Service Delivery Committee will serve as the general oversight body for the Front Door Assessment and Referral process. The Committee will meet to review appropriate HMIS reports, discuss any assessment and referral updates to barriers, and identify major programmatic and policy questions, changes or potential impacts. A front door monitoring subcommittee will be designated to work closely with the HMIS subcommittee and formulate and report on key data measures for monitoring.

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[2] If a client is to be involuntarily terminated from a program, the agency must notify the waitlist provider staff. Case conferences will be held to discuss appropriate placement and follow up.   In cases where the client poses an immediate threat to self or others, the provider will seek emergency removal as needed to ensure safety. In cases where the client will not be returned to the program, the waitlist provider and Front Door Assessor will be notified of the removal within 24 hours and the case will be referred for case conferencing. Program exiting the client from services can refer the client back to the front door for housing/shelter planning/referral.