

# MCES Process + Assessment Paper Tool

When not doing direct and immediate entry into HMIS, this form is to be used. It may also be used for training purposes. **Data must be entered into HMIS within 48 hours.** MAP Assessments added after midnight on Monday will not be considered in that week's case conferencing.

(Note to Data Entry Person: The steps below do not necessarily correspond with the data entry flow in HMIS; remember to search the person in HMIS CES first.)

Interviewer Information	
Today's Date:	
Interviewer Name/Agency:	

Step 1: Triage (Safety and MCES Eligibility Questions) <i>Not entered in HMIS</i>	
<p><b>1. Are you homeless or do you believe you will be homeless tonight?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Literally Homeless (Category 1) - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</u></p> <ul style="list-style-type: none"> <li>• Primary nighttime residence that is a public or private space not meant for human habitation (i.e. no running water or electricity);</li> <li>• living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels <u>paid for</u> by charitable organization or by federal, state and local government programs); <u>or</u></li> <li>• is exiting an institution where individuals has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
<p><b>2. Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?</b></p>	<p><input type="checkbox"/> Yes - Offer immediate connection to YWCA Crisis Line (406-542-1944). If they decline to be connected to the YWCA and opt to go through the standard MCES process instead, it is their choice and we need to respect it. It is their decision whether or not to have their personally identifying information in HMIS or not (see Consent Form for more details). <b>Call 911 if it's an immediate safety concern.</b></p> <p><input type="checkbox"/> No</p>
<p><b>3. (Optional) Complete COVID-19 At-Risk and Symptom Screening</b></p> <p><a href="#">(click here for link to tip sheet)</a></p>	<p><a href="#">Click here to access questionnaire</a> (remember it needs to be added to HMIS; questionnaire updated 7/20/2020 to reflect new potential symptoms)</p> <p>If yes to any COVID-19 Screening questions and/or someone is concerned about symptoms, advise them to call the local health department, their primary care provider or a nurse's help line. <a href="#">Visit the Missoula County Health Department's Website</a> and see the section, "What should I do if I think I have it? . Where should I go for screening?"</p>

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**STOP:** If no to Question 1 AND Question 2, refer to mainstream services and natural supports and do not continue MCES Process.

<b>Household Type</b> <i>Enter into HMIS</i>	
<b>Household Type:</b>	<input type="checkbox"/> Couple with No Children ( <i>be sure to complete this entire form with the second adult</i> ) <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) and child <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Non-Custodial Caregiver(s) <input type="checkbox"/> Other <input type="checkbox"/> Two Parent Family
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:
<b>Household Member:</b>	First Name: Last Name: Age: Relationship to HoH:

<b>Step 2: Obtain Client Consent</b> <i>Enter into HMIS</i>	
<b>Coordinated Entry/HMIS ROI</b> (HIPAA Covered Entities release if/as needed)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes in part (no PII) <input type="checkbox"/> No
<b>Start Date</b>	
<b>End Date (7 years from today)</b>	

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## Step 3: Universal Data Element (UDE) Collection *Enter into HMIS*

First Name:	
Last Name:	
Alias:	
SSN:	
US Military Veteran:	
DOB:	
Age (auto-populated in HMIS)	
Do you have a photo ID, birth certificate, or social security card?	
Gender: (What gender do you identify as?)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Secondary Race (optional):	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused

## Step 4: Engage in Diversion and Housing Problem Solving Conversation and provide linkages to mainstream services and natural supports.

<b>Can flexible funding assist in shelter/unsheltered diversion or self-resolution to an eligible housing outcome type?</b>	<input type="checkbox"/> Yes - Request assistance from the <a href="#">Centralized Housing Solution Fund</a> (this can only be submitted in HMIS and is based on funding availability). <input type="checkbox"/> No
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## Step 5: Diversion Tracker

*Enter into HMIS following diversion conversation and following the outcome of a Centralized Housing Solution Fund request (if applicable).  
(Term in HMIS - "Interim Assessment")*

<b>Diversion attempted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No - If no, why?: <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff Capacity</li> <li><input type="checkbox"/> Household Refused</li> <li><input type="checkbox"/> Outside CES Access Point Hours</li> <li><input type="checkbox"/> Meeting/Call Interrupted</li> <li><input type="checkbox"/> Client Capacity (i.e. mental health, intoxicated)</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul>
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<b>Diversion successful?</b>	<input type="checkbox"/> Yes – Permanent <input type="checkbox"/> Yes – Temporary (30 days or less) <input type="checkbox"/> No – If no, why?: _____
<b>What type of service was provided?</b>	<input type="checkbox"/> Creative Problem Solving Conversation <input type="checkbox"/> Mediation or dispute resolution <input type="checkbox"/> Housing Search/Placement <input type="checkbox"/> Landlord/Tenant Mediation <input type="checkbox"/> Connection to Mainstream Resources <input type="checkbox"/> Tenant Legal Services <input type="checkbox"/> Credit Repair <input type="checkbox"/> Other type of service (specify: _____)
<b>Was financial assistance required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what type and how much financial assistance was provided?</b>	<input type="checkbox"/> Moving cost                      Amount: _____ <input type="checkbox"/> Rental Assistance                      Amount: _____ <input type="checkbox"/> Security Deposit                      Amount: _____ <input type="checkbox"/> Utility Assistance                      Amount: _____ <input type="checkbox"/> Transportation                      Amount: _____ <input type="checkbox"/> Basic Needs                      Amount: _____ <input type="checkbox"/> Other (specify): _____ Amount: _____

INTERVIEWER NOTE: STOP HERE IF DIVERSION WAS SUCCESSFUL (complete Steps 8 and 9, if applicable, and Step 12 to exit them from MCES Program)

<b>Step 6: Pre-Screener Tool</b> <i>Enter into HMIS (Term in HMIS - Interim Assessment)</i>	
<b>Current CES District (not a question to ask out loud)</b>	<input type="checkbox"/> District 1,2,3 - Eastern MT: Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, Wibaux <input type="checkbox"/> District 4 - Hill, Liberty and Blaine <input type="checkbox"/> District 5 - Cascade, Chouteau, Teton, Pondera, Toole and Glacier <input type="checkbox"/> District 6 - Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland <input type="checkbox"/> District 7 - Big Horn, Carbon, Stillwater, Sweet Grass, and Yellowstone <input type="checkbox"/> District 8 - Broadwater, Jefferson, and Lewis & Clark <input type="checkbox"/> District 9 - Gallatin, Meagher, and Park <input type="checkbox"/> District 10 - Flathead, Lake, Lincoln, and Sanders <input type="checkbox"/> District 11 - Missoula, Mineral and Ravalli <input type="checkbox"/> District 12 - Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow
<b>Where were you before you came to this area (city and state)?</b>	

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<b>How long have you been in this area (years)?</b>	<input type="checkbox"/> None <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-4 years <input type="checkbox"/> 5+ years
<b>Tribal Affiliation?</b>	<input type="checkbox"/> Blackfeet <input type="checkbox"/> Crow <input type="checkbox"/> Flathead <input type="checkbox"/> Fort Belknap <input type="checkbox"/> Fort Peck <input type="checkbox"/> Northern Cheyenne <input type="checkbox"/> Rocky Boy <input type="checkbox"/> Little Shell <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other _____
<b>What are all of the ways we can contact you?</b>	Phone (including text): Can we text this number? <input type="checkbox"/> Yes <input type="checkbox"/> No  E-mail: Social media (private messaging only): Service provider: Other:
<b>Can we leave you a message? (ask individually for all contact methods)</b>	<input type="checkbox"/> Yes, you can leave a message <input type="checkbox"/> No, do not leave a message
<b>Where is the best place to find you (where do you typically hang out)?</b>	
<b>Have you ever served in the US Military, whether basic training, active duty, reserve duty or National Guard?</b>	<input type="checkbox"/> No <input type="checkbox"/> Basic Training <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve Duty <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
<b>If Yes do you have your DD214, VA card, etc.? (if no, discuss usefulness in starting the process to obtain them)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does anyone in the household have a disabling condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
<b>Have you ever aged out of foster care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>If female bodied: Are you pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
<b>If yes, how many months?</b>	
<b>What is the zip code of your last permanent address?</b>	

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<p><b>What is your current living situation?</b></p>	<p>Start Date _____ End Date _____</p> <p><u>Homeless Situations -</u></p> <p><input type="checkbox"/> Place not meant or habitation</p> <p><input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ ES voucher or Host Home</p> <p><input type="checkbox"/> Safe Haven</p> <p><u>Institutional Situations -</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><u>Temporary and Permanent Housing Situations -</u></p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Host Home</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH housing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH for formerly homeless persons)</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><u>Other -</u></p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Worker unable to determine</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>
<p><b>Is client going to have to leave their current living situation within 14 days?</b></p>	<p><input type="checkbox"/> Yes*</p> <p><input type="checkbox"/> No*</p> <p><input type="checkbox"/> Client doesn't know*</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p> <p><i>*Please refer back to Step 1: Triage to ensure they are eligible</i></p>
<p><b>Location details (I.e., if current living situation is unsheltered, where is camp/car located?)</b></p>	

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<p><b>In the past two years, have you experienced domestic violence, sexual violence and/or sex trafficking? (Consider referring to YWCA)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p><b>Last night, did you stay in emergency shelter or place not meant for human habitation? (or exiting institution w/ stay of less than 90 days and entered as literally homeless)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>How long have you been staying there (place they stayed last night)?</b></p>	
<p><b>Approximate date that this episode of homelessness started (month/year):</b></p>	
<p><b>Number of times/episodes (period of time such as "last spring, not the summer, but again in the fall." This would count as 2 episodes) the client has been literally homeless in the past three years including today:</b></p>	
<p><b>Total number of months experiencing literal homelessness in the past 3 years</b></p>	
<p><b>Does the person in the household who meets the CH length of time requirement also have a disabling condition? (not a question to ask out loud)</b></p>	<input type="checkbox"/> Yes - self-reported CH status is confirmed. <input type="checkbox"/> No

<b>Step 7: <a href="#">MAP Assessment Tool</a></b> <b>Enter into HMIS (Term in HMIS - "Interim Assessment")</b>	
<p><b><a href="#">Matching to Appropriate Placement (MAP) Assessment</a></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> If no, why? _____
<p><b>Attached the completed MAP to this form?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> If no, why? _____

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Step 8: Observations/Notes <i>Enter into HMIS (Term in HMIS - Client Notes)</i>
<i>Reminder: No Protected Health Information.</i>

Step 9: Flag for Review <i>Enter into HMIS (Term in HMIS - Notes and Service Transaction Follow Up)</i>
<i>Please indicate the reason(s) below by checking the appropriate box(es), adding a brief summary, <u>and</u> contacting your agency Case Conferencing Representative or a Supervisor.</i>
<input type="checkbox"/> <b>Safety:</b> <hr/> <hr/>
<input type="checkbox"/> <b>MAP Assessment Score Override is recommended</b> <hr/> <hr/>
<input type="checkbox"/> <b>Other:</b> <hr/> <hr/>

Step 10: Data Quality <i>Not entered into HMIS</i>	
<b>Date entered into HMIS (within 48 hours of interview date):</b>	
<b>Name of person completing HMIS data entry:</b>	
<b>Flag for Review? (See step 9)</b>	<input type="checkbox"/> Yes, follow up as appropriate <input type="checkbox"/> No



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Step 11: Monthly Check-In <i>Enter into HMIS</i>	
<b>Ask Triage Questions (see Step 1)</b>	<input type="checkbox"/> Ensure they are safe and still eligible for MCES.
<b>Profile Tab</b>	<input type="checkbox"/> Review information in the client record and demographics and collect missing information or update as needed
<b>Household Tab</b>	<input type="checkbox"/> Review information for accuracy
<b>ROI Tab</b>	<input type="checkbox"/> Check to ensure they have a Start and End Date that is 7 years from the start date. If it isn't, then they need to consent to the new ROI.
<b>Entry/Exit Tab</b>	<input type="checkbox"/> Verify that they are still active in MCES. If they were previously exited and eligible for MCES, add a new entry. If they are not eligible (housed), complete an exit. <input type="checkbox"/> Review and update the Pre-Screen document (including living situation). <input type="checkbox"/> After 12 months, clients are eligible for reassessment with the CE Assessment, or after a significant change in the areas of housing, emergency service utilization (more than a single use), interpersonal violence, coercion, or exploitation or physical wellbeing.
<b>Service Transaction</b>	<input type="checkbox"/> Add a service to keep them active on the By-Name-List report
<b>Diversion</b>	<input type="checkbox"/> Make and record the attempt.
<b>Note</b>	<input type="checkbox"/> Provide a short summary of the update.

Step 12: Exit Household <i>Enter into HMIS</i>	
<b>Exit Date</b>	
<b>Reason for Leaving (Choose one)</b>	<input type="checkbox"/> Completed Program (i.e. Housed via MCES Intervention)* <input type="checkbox"/> Criminal Activity / Violence <input type="checkbox"/> Death <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opp. before completing program (self-resolution / diversion)* <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Other (please ask a Supervisor before choosing this option) <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Unknown / Disappeared* <i>*These are the most common</i>
<b>If "Other", specify</b>	
<b>Destination (Choose one)</b>	<input type="checkbox"/> Deceased

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	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility of nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons* <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy* <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy* <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project of halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure* <input type="checkbox"/> Staying or living with family, temporary tenure (e.g. room, apartment or house)* <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Other (please ask a Supervisor before choosing this option) <input type="checkbox"/> No exit interview completed* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <i>*These are the most common</i>
<b>If "Other", specify</b>	
<b>Notes</b>	<input type="checkbox"/> Provide a short summary of the update.

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