



Coordinated Entry Services Central MS CoC-500: Policies and Procedures Manual

Presented by: CES Personnel & Committee

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TABLE OF CONTENTS

INTRODUCTION.....	3
Coordinated Entry System Overview	3
Benefits of Coordinated Entry	4
CE Participation Expectations	5
CoC and ESG Coordination	5
Guiding Principles.....	6
Terms and Definitions	7
Key Roles and Responsibilities	10
Versions of Document	12
Full Coverage Area	13
Affirmative Marketing and Outreach	13
Safety Planning and Risk Assessment	13
Nondiscrimination	14
ACCESS.....	15
Access Model	15
Designated Access Points	15
Access Coverage	15
Accessibility of Access Files	16
Emergency Services	16
Prevention Services	16
Street Outreach	17
ASSESSMENT	17
Standardized Assessment Approach	17
Assessment Screening	17
Assessor Training	18
Participant Autonomy.....	18

Discrimination Complaint and Appeal Process	<u>18</u>
Privacy Protections	<u>19</u>
Disclosure of Disability or Diagnostic Information	<u>19</u>
Updating the Assessment	<u>20</u>
PRIORITIZATION	<u>20</u>
Standardized Prioritization	<u>20</u>
Emergency Services	<u>20</u>
Prioritization List	<u>21</u>
REFERRAL	<u>21</u>
Notification of Vacancies	<u>21</u>
Provider-Declined Referrals	<u>21</u>
DATA SYSTEM(S)	<u>22</u>
Data System & Participant Consent Process	<u>22</u>
Data Collection Stages and Standards	<u>23</u>
EVALUATION	<u>23</u>
Evaluation of CE System	<u>23</u>
Role of Participating Agencies in CE Evaluation	<u>24</u>
HUD SOURCES	<u>25</u>
APPENDICES	<u>27</u>
HMIS Consent Form	<u>27</u>
Discrimination Complaint and Appeal Process Form	<u>29</u>
CES Important Notice	<u>30</u>
Contact Information for CES Staff	<u>31</u>

INTRODUCTION

Coordinated Entry System Overview

Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. The purpose of establishing a coordinated entry system is to increase the efficacy and productivity of local crisis response systems and to improve fairness and ease of access to resources, including mainstream resources. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

An effective Coordinated Entry System (CES) is an essential component of the Central MS CoC's homelessness prevention and intervention system, and critical to ensuring that homelessness is rare, short-lived, and recoverable. The CES provides and monitors emergency shelter coordination, allowing clients and providers to easily check shelter availability and basic eligibility in one place. The CES prioritizes and refers people experiencing homelessness to all projects receiving Emergency Solutions Grants (ESG) program and Continuum of Care (CoC) program funds. In addition, the CES coordinates projects from designated housing and service providers. The CES provides the CoC with information on service needs and gaps to help the community strategically allocate and identify additional resources.

Benefits of Coordinated Entry

Coordinated entry changes the way people experiencing a housing crisis access resources in the crisis response system, resulting in benefits for all of the system's stakeholder groups:

- Persons at risk of or experiencing homelessness are able to
 - locate housing or services they need faster.
 - be referred only to projects that they are likely eligible for.
 - get access to projects once referred; and
 - appeal rejections by projects through a transparent procedure.
- Housing and supportive services projects can
 - avoid inappropriate or ineligible referrals for their projects.
 - better manage prospective project participants through a centralized prioritization list; and
 - comply with CoC Program and ESG Program requirements.
- Public and private funders can
 - be confident that housing and supportive services projects are serving the intended people.
 - see increased compliance with eligibility requirements.
 - have access to better data for system and project planning; and
 - experience improved reporting.
- CoC or homeless system planners can
 - identify areas for improvement and act on better outcomes specific to McKinney-Vento Act system performance measures.
 - comply with CoC Program and ESG Program requirements.
 - identify areas for improvement and act on increased efficiency of local crisis response activities.
 - improve fair access and ease of access to resources, including mainstream resources (mainstream housing and service providers include public housing

affordable housing operators; Veterans Affairs (VA) Medical Centers; public child welfare agencies; providers of mental, physical, or behavioral health services; schools; out-of-school care providers; hospitals; correctional facilities; and workforce investment programs).

- improve data for system and project planning and resource allocation to facilitate system change; and
- standardize understanding of who will be served, which will help system and project monitoring.

CE Participation Expectations

All CoC Program- and ESG Program-funded projects are required to participate in the local CE. Other homeless assistance projects participating in the CE process will be required to enter into an MOU (Memorandum of Understanding) to better define how it will participate in the CE process. This includes all participating programs in the CoC's geographic area.

As part of the annual CoC and ESG application processes, each project must submit a report that identifies the number of participants its project referred, accepted, rejected, and/or served from the CE process.

CoC and ESG Coordination

The CoC is committed to aligning and coordinating the CE policies and procedures' assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Program funds.

The CoC will include at least one representative from the local ESG recipient in its membership of the CE System Committee. Additionally, at least annually, representatives from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the CoC's CE System Committee so that the changes may be reflected in the CE Policies and Procedures document.

Guiding Principles

The CoC establishes the following guiding principles for its CE:

1. The CE System will operate with a person-centered approach, and with person-centered outcomes.
2. The CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
3. The CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
4. The CE will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. The CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy for him or her.
6. The CE will integrate mainstream service providers into the system, including local Public Housing Authorities and VA medical centers.
7. The CE will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.
8. The CE will ensure that participants do not wait on the prioritization waiting list for periods in excess of 60 days.
9. The following terms and definitions and key roles and responsibilities are being given, so you know what to expect and the guidelines by which the CE System operates.

Terms and Definitions	
Chronically Homeless	HUD's definition: Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. This process may include all service providers necessary to assist in making the most effective referrals.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service

	providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency

	shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant- level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid Re-housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional Housing (TH)	<p>Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services.</p> <p>Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.</p>

Key Roles and Responsibilities	
CoC Board	Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document
CES Coordinator	Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes,

	monitoring CE activity and preparing CE monitoring and evaluation reports.
CE Governing or Leadership Committee	Primary governing body for coordinated entry. Meets at least monthly to oversee the implementation and evaluation of the CE system.
Collaborative Applicant	Entity that must (at the request of the CoC Board) apply for HUD funding for coordinated entry, including planning grants.
HMIS Lead Agency	Operates the Homeless Management Information System on the CoC's behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS.
Participating Project	Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.

Referral Partner	A type of participating project. Referral partner will receive and consider referrals to its project from the CE system.
Mainstream System Provider	Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

Versions of Document

The CoC's CE Governing Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to rwiggins@stewpot.org.

Version	Date Released	Key Changes
1.0	06/28/2021	N/A
1.1	07/21/2022	Participation Expectations

Full Coverage Area

The Central MS CoC services an expansive geography that includes Hinds, Rankin, Madison, Warren and Copiah counties. The CE covers this full geography by identifying access, standard assessments, and uniform referral processes that are unique to each of those regional areas. These regions have been organized for other local coordination efforts (such as regional point-in-time counts of persons experiencing homelessness) and are suitable hubs for the implementation of the coordinated entry system.

Affirmative Marketing and Outreach

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all 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, shall have fair and equal access to the coordinated entry process.

Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice (Appendix C) should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

Safety Planning and Risk Assessment

All CoC providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the

participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the service needs of survivors of abuse, neglect, and violence.

Nondiscrimination

The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

The CoC has designated the CES Committee as the entity responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process for the annual funding application process.

- **Fair Housing Act** – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- **Section 504 of the Rehabilitation Act** – prohibits discrimination based on disability under any program or activity receiving federal financial assistance.
- **Title VI of the Civil Rights Act** – prohibits discrimination based on race, color, or national origin under any program or activity receiving federal financial assistance.
- **Title II of the Americans with Disabilities Act** – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
- **Title III of the Americans with Disabilities Act** – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on disability.

ACCESS

Access Models

The CoC adopts a “no wrong door” approach, which allows all participants to access coordinated entry through any Central MS CoC and ESG funded agency and places where our homeless population frequent such as day shelters or overnight shelters. There will be staff trained in the intake and assessment process to provide CE services. This policy ensures that all participants will have equal access to all processes relative to the coordinated entry system.

Designated Access Points

The Central MS CoC will designate one representative from each agency to serve as an access point to coordinated entry. All access points will openly advertise the CE process by posting information about the Coordinated Entry.

Each homeless service provider designated by the CES Committee will provide access to crisis response services through diversion for persons experiencing homelessness or at imminent risk of literal homelessness.

Specialized Access Points

The Central MS CoC will designate through diversion a separate access point for families to better address the unique needs of unaccompanied youth and individuals who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other life-threatening conditions that relate to violence.

To ensure that there is sufficient coordination and specialized attention given to unaccompanied youth and individuals fleeing domestic violence or other life-threatening violent situations, the Central MS CoC will identify specialized access points to accommodate families experiencing homelessness.

Access Coverage

The Central MS CoC’s entire geographic area is accessible to CES processes through multiple defined access points or through a community information and referral hotline that is accessible throughout the five counties within the Central MS CoC geography.

The community information and referral hotline will provide access to basic CE intake

services 24 hours a day and can be contacted from any location within the CoC.

Accessibility of Access Sites

The Central MS CoC will ensure that CES services are accessible to persons who are physically, visually and/or audibly impaired. All CES communications and documentation will be accessible to persons with limited ability to read and understand English.

The Central MS CoC will designate the CES staff to serve as the primary point of contact for ensuring that all CES materials are available in English, Spanish, and any other locally common language. In addition, CES participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CES coordinating entity will provide visually and audibly accessible CES materials when requested by agencies or participants in coordinated entry.

Emergency Services

CES initial screening and assessment services may only be available during business hours—9:00 am to 5:00 pm each day. During non-business hours—5:00 pm to 9:00 am the following day—participants will still be able to access emergency services, including emergency shelter, when those services are available.

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency services. CES screening and assessment will be completed on all ES participants within 3 days after entry to an emergency shelter and 7 days after entry to transitional and/or permanent supportive housing.

Prevention Services

Coordinated entry will ensure that all eligible participants will be screened for homelessness prevention (HP) assistance, regardless of the access point at which they initially seek assistance.

General access points will coordinate information and referrals to ensure persons at imminent risk of literal homelessness are provided access to coordinated entry. As

emergencies arise, eligible participants will be responsible for providing documentation to support need for immediate emergency services.

Street Outreach

Street outreach teams will function as access points to the coordinated entry process and will seek to engage persons who may be served through coordinated entry.

Street outreach teams will be trained on coordinated entry and the assessment process and will have the ability to offer CE access and assessment services to participants they contact through their street outreach efforts. Street outreach teams will be considered an access point for CE.

ASSESSMENT

Standardized Assessment Approach

The CoC's CE process will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

All persons served by coordinated entry will be assessed using the VI-SPDAT 2.0 tool. All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the coordinated entry staff who manages the Central MS CoC's prioritization list.

Assessment Screening

The CE process may collect and document participants' membership in civil rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to referral options.

Assessor Training

The Central MS CoC is committed to ensuring that all staff who assist with coordinated entry operations receive sufficient training to implement the system in a manner consistent with HUD's vision and framework of coordinated entry, as well as the policies and procedures of its coordinated entry system.

The Central MS CoC will provide annual web-based or one-on-one training for persons who will manage access point processes and conduct assessments for coordinated entry. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer who is identified by the Central MS CoC. Topics for training will include the following:

- Review of Central MS CoC's written CE policies and procedures, including variations adopted for specific subpopulations
- Requirements for use of assessment information to determine prioritization
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals.
- HMIS Training

Participant Autonomy

Participants served by the Central MS CoC's CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the participant will remain on the list and services will continue to be offered every fourteen days. Participants unwilling to provide documentation are eligible for referrals and supportive services, but not housing assistance. Any Participants who don't have the required documentation for a housing referral will be assisted with obtaining documents.

Prior to assessing the need of the participant, all staff operating as access points will inform participants that failure to answer all questions during the assessment process may result in lower prioritization for housing assistance.

Discrimination Complaint and Appeal Processes

The Central MS CoC is committed to ensuring that no information is used 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, sexual orientation, gender identity, or marital status.

The CES participant information packet must include a form that details who the point of contact is for filing and addressing any discrimination complaints, which can be filed by participants if they believe the discrimination policy has been violated in their case during the CES process.

Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CES staff and must be signed by each participant. All discrimination complaints and appeal processes will be addressed by the Central MS CoC Planning Director.

Privacy Protections

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

The CoC must protect all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether PII is stored in HMIS. All CES participating agencies will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements and other applicable federal guidelines.

Disclosure of Disability or Diagnostic Information

Throughout the assessment process, participants must not be pressured or coerced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

In the event a participant does disclose a specific disability or medical diagnosis and needs accommodations, CoC and ESG funded agencies will work to provide those accommodations, as needed. CoC and ESG funded agencies will work to become and maintain ADA compliant facilities. Upon monitoring, agencies not ADA compliant will be provided written notice with 30-60 days to address the required improvements.

Updating the Assessment

Participant assessment information should be updated at least once a year, if the participant is served by the CES for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The CoC should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

PRIORITIZATION

Standardized Prioritization

The Central MS CoC will use data collected through the CES process to prioritize chronically homeless persons within the Central MS CoC's geography. The Central MS CoC will utilize the following VI-SPDAT score recommendations.

- 0-3: No Housing Intervention
- 4-7: Assessment for Rapid Re-housing
- 8+ : Assessment for Permanent Supportive Housing/Housing 1st

Emergency Services

Emergency services are a critical crisis response resource and access to such services will not be prioritized. Emergency services include all services except housing.

Prioritization List

The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant need, vulnerability, and risk. In the event two participants have the same VI-SPDAT score, participants will be prioritized based on factors included, but not limited to safety of current location, medical or chronic health needs and family composition. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.

The CoC's prioritization list will be managed by the CES staff. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CoC's written policies and procedures. Only Outreach workers and Staff working at points of entry can add to prioritization list. Participating agencies are required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodation needs.

REFERRAL

Notification of Vacancies

All CES participating agencies will enroll new participants only from the CoC's CES referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CES coordinating entity of any known and anticipated upcoming vacancies during bi-weekly within 48 hrs. after availability or during CES case conference calls.

Provider-Declined Referrals

There may be instances when agencies decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the CES Coordinator of the denial and the reason for the denial.

Refusals by programs are acceptable only in certain situations, including these:

- The person does not meet the program's eligibility criteria.
- The person would be a danger to self or others if allowed to stay at that particular program.
- The services available through the program are not sufficient to address the intensity and scope of participant need.
- The project is at capacity and is not available to accept referrals at that time.
- Other justifications as specified by the "referred to" project.

The agency must communicate the refusal to CES staff via the HMIS messaging system. The agency must notify the CES staff why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the program staff foresee additional, similar refusals occurring in the future. Program staff will refer to another agency or resource, if declined. This information will then be shared by the CES Coordinator with the CES Case conferencing team which will discuss and decide on the most appropriate next steps for both the program and the participant.

DATA SYSTEM(S)

Data System & Participant Consent Process

CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed,

and potentially shared, with whom, and for what purpose. Data must not be collected without the consent of participants. Participants must receive and acknowledge a HMIS Participant Consent form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Data Collection Stages and Standards

Participating agencies should collect all data required for CE as defined by the CoC, including the “universal data elements” listed in HUD’s HMIS Data Standards Data Manual.

EVALUATION

Evaluation of CE System

Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified that results are shared and understood, and that the CE system is held accountable.

The CE will be evaluated using HMIS data on a quarterly basis. Results will be published on the public CE System website, after they have been reviewed by the CE Committee. The CE Committee has selected the following as key outcomes for CE:

1. Length of Time Persons Remain Homeless.
2. The Extent to Which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness.
3. Number of Homeless Persons
4. Employment and Income Growth for Homeless Persons in CoC-Program funded.
5. Number of Persons Who Become Homeless for the 1st Time

The CoC will evaluate the effectiveness of its CE System using participant feedback gathered via a web-based survey that each CE project must request participants

complete at the time of entry and exit from the project. Indicators measured via the participant feedback survey will include:

1. Appropriateness of questions asked on assessment.
2. Effectiveness of process to find and secure referrals.
3. Satisfaction with placement.

Role of Participating Agencies in CES Evaluation

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

At least one representative from each participating agency will be sent the draft results of the CE System evaluation, prior to its distribution to the CE Committee.

Representatives will have 14-30 business days to review and provide feedback on the results. While reviewing the data, agency representatives are encouraged to communicate directly with the CE team about any concerns or questions and to detail how best to interpret and use the evaluation results.

HUD SOURCES

Coordinated Entry (CE) Notice:

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017.

<https://www.hudexchange.info/resource/5208/notice-establishing-additionalrequirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

COC Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012.

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

Emergency Solutions Grants (ESG) Program Interim Rule:

Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011.

[https://www.hudexchange.info/resources/documents/HEARTH ESGInterimRule &ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)

Final Rule defining chronically homeless:

Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless," 24 CFR Parts 91 and 578. December 4, 2015.

<https://www.hudexchange.info/resources/documents/Defining-ChronicallyHomeless-Final-Rule.pdf>

HMIS Data and Technical Standards:

HUD Exchange [website], "HMIS Data and Technical Standards," 2017.

<https://www.hudexchange.info/programs/hmis/hmis-data-and-technical-standards/>

Prioritization Notice (addressing Permanent Supportive Housing):

Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (CPD-16-11). July 25, 2016. <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizingpersons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-personsin-psh.pdf>

APPENDIX A

HMIS Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.
- This authorization will remain in effect for the time period listed below unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system:
 - HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 - Domestic violence information, such as abuse history, abuser information, trauma information.
 - Behavioral health information, such as substance and alcohol abuse and mental illness.
 - Clients supportive services contacts, medication information and case notes.

- If I revoke my authorization, all information about me already in the database will remain but will become invisible to all partner agencies, except public (county, state or federal) cash disbursements.
- If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

*Client Informed Consent / Authorization for Release of Information

a) I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.

b) I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.

c) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted.

**Restriction Disclaimer

Please check here if you chose option A. I understand that choosing option A means that data elements from Intake/Admission will not be shared with other agencies.

*Client's Name (Signature):

*Client's Date of Birth:

*Date Signed/Not Signed:

This consent form expires in 36 months.

APPENDIX B

Discrimination Complaint & Appeal Process Form

The Central MS CoC Coordinated Entry System is committed to ensuring that no information is used 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, sexual orientation, gender identity, marital status or otherwise as may be prohibited by federal and state law.

Any program participant who believes that s/he has been discriminated against is strongly encouraged to report this concern and to submit a written and signed statement to CES personnel. Additionally, if program participants are not satisfied with or have any questions regarding how their complaints are handled, s/he is encouraged to contact CES personnel at 601-969-1895.

All discrimination complaints and appeal processes will be reviewed and addressed by the Central MS CoC Planning Director.

Please sign below indicating you have read the non-discrimination policy and understand the process for filing a discrimination complaint, as well as the appeal process.

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Important Notice

We collect personal information directly from you for reasons that are discussed in our Privacy Notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. The personal information we collect is important to run our programs, to improve services for persons experiencing homelessness. We only collect information that we consider to be appropriate.

APPENDIX D

CES Staff

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