**Central MN Continuum for Care Coordinated Entry System Memorandum of Understanding**

**Effective Date May 1, 2017**

**Memorandum of Understanding (MOU) between the Central MN Continuum of Care and**

**Input Provider Name Here**

**I. BACKGROUND**

Provisions in HUD’s Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) Program interim rules require that all CoCs establish a Coordinated Entry System. Minnesota funders of homeless and housing assistance have also adopted the Coordinated Entry System requirement for their grantees.

Coordinated Entry Systems (CES) represent a CoC-wide process for facilitating access to all homeless designated resources, identifying and assessing the needs of persons experiencing a housing crisis, and referring clients to the most appropriate service strategy or housing intervention. The Central MN Continuum of Care Coordinated Entry System (CES) is a strategy guided by statewide framework that enables Central CoC to work consistently with the other CoCs across the state and accurately document needs, enables comparisons and analysis across all CoC jurisdictions, and ensures limited resources are allocated to achieve the most effective results.

**II. GUIDING PRINCIPLES OF THE MINNESOTA CES**

As adopted by the Minnesota CES Interim Decision Group (IDG), the following guiding principles have been adopted by all 10 MN CoCs and the MN tribal nations. This MOU ensures that the regional CoC provider in the Central MN Continuum of Care also agrees to adopt these guiding principles:

1. **Adopt statewide standards** but allow flexibility for regional customization beyond the baseline standard.
2. **Promote client-centered practices** – Every person experiencing homelessness should be treated with Dignity, offered at least minimal assistance, and participate in their own housing plan. CoCs will provide ongoing opportunities for client participation in the development, oversight, and evaluation of the CES. Participants should be offered choice whenever possible.
3. **Prioritize most vulnerable participants as the primary factor among many considerations –** LimitedResources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow. Vulnerability is defined in the Central MN Policies document.
4. **Eliminate barriers to housing placement** – Identify system practices and individual project eligibility criteria which may contribute to excluding participants from services and work to eliminate those barriers. Barriers could include conditions such as income or sobriety as eligibility requirements for enrollment.
5. **Transparency** – Make thoughtful decisions and communicate directives openly and clearly.
6. **Exercise continuous quality improvement efforts** – Continually strive for effectiveness and efficiency and agree to make changes when those objectives are not achieved.
7. **Promote collaborative and inclusive** planning and decision making practices.

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1. **Diversity** – Acknowledge and honor diversity. For example; respect all cultures, tribal sovereignty, regional, programmatic, linguistic, and philosophical differences.
2. **State and regional communities will use CE data to analyze regional and statewide housing needs and** create a diversity of housing options.

**III. PURPOSE**

While Minnesota has established a statewide strategy for CES, that strategy also requires that each CoC design and implement their own regional CES that reflects community resources, client needs, provider capacity and unique CoC geographic characteristics.

In order to ensure the consistent implementation of the MN CES Guiding Principles and Strategic Plan, the MN CES IDG has developed several documents, including this MOU, to establish standard agreements for the implementation of MN CES. Central CoC has used the state document as a template to additionally, ensure that all Providers, Assessors, and Priority List Managers in Central CoC are using the CES in an open, transparent, and consistent way.

**IV. DESIGNATION OF YOUR ROLE IN THE COORDINATED ENTRY SYSTEM (Check all that apply):**

□ Participating Provider

□ Point of Access

□ Assessment

□ Priority List Manager

**V. RESPONSIBILITIES OF THE COC**

The Central MN Continuum of Care will:

1. Represent the CoC at MN CES Governing Board meetings, and provide regular updates on the MN CES efforts to Central MN CoC;
2. Execute a CES partnership agreement with any CoC, tribal nation, or other jurisdiction with which:
   1. CES data will be shared
   2. eligibility criteria and program preferences will be coordinated
   3. cross-jurisdictional referrals will be coordinated
   4. or CES planning and management decisions will be coordinated
3. Coordinate with ESG recipients in Central CoC on coordinated entry, performance measurement, written standards, and other related topics;
4. Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness;
5. Identify the CES lead entities within Central CoC charged with managing daily activities associated with CES planning, implementation, operations, and evaluation.

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1. Develop written standards for Central CoC, as required by the CoC Program interim rule, which include descriptions of program components that are in alignment with the definitions provided in the MN CES Strategic Plan
2. Develop and implement written policies and procedures on how the CoCs CES will be operated
3. Provide at least annual training to all staff dedicated to the CES;
4. Provide guidance and feedback to CES staff in their CoC;
5. Oversee the client grievance and any case conferencing process as necessary;

**Access**

1. Identify access points for its CES that cover full geographic area of Central CoC and can be accessed by all households in need of assistance;
2. Develop an affirmative marketing plan that communicates how stakeholders can access their CES;
3. Provide marketing materials to providers to ensure consistent communication about the CES;

**Assessment**

1. Incorporate the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and variations to the VI-SPDAT as appropriate per sub-population, as a component of the Comprehensive Assessment phase of their CES;
2. Ensure that the defined assessment process includes an assessment tool that is publicly available, well-crafted, comprehensive, and results in an explicit score or referral result for all households that complete it;

**Referral**

1. In concert with the VI-SPDAT referral scores, publish standards for prioritization and referral, and ensure that all participating providers are following these expectations;
2. Ensure that Central CoC agencies are providing consumers with the opportunity to enroll in Central CoC component types that are less intensive, but not more intensive, that the CES referral choice offered;

**Data and Evaluation**

1. Work with the MN Homeless Management Information System (HMIS) staff and Local System Administrators (LSA) to maintain Central CoCs implementation of HMIS, including the MN CES Workflow;
2. Provide open HMIS access to CES staff in Central CoC;

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1. Provide regular performance reports to agencies participating in CES.
2. Evaluate at least annually Central CoC’s CES performance and progress of the CES. Implement quality improvement adjustments to the CES as necessary.

**RESPONSIBILITIES OF PARTICIPATING PROVIDERS**

**The above named provider will:**

**Planning;**

1. Participate in Central MN CoCs Coordinated Entry planning and management activities as established by Central MN CoC

**Leadership;**

1. Publish written standards for client eligibility and enrollment determination;
2. Notify Central MN CoC of any changes to staffing that impact CES;
3. Ensure that all staff participating in CES receive at least annual training from the CoC on the system;
4. Provide regular supervision of staff participating in CES;

**Access**

1. Ensure that persons experiencing a housing crisis must access Central MN CoC services and housing using Central MN CoC defined access points;
2. Communicate project vacancies (bed and/or unit) to the CES administrative entity established by Central MN Coc leadership;
3. Limit project eligibility requirements to those that are required by funders and or approved by the Central MN CoC Governing Board;

**Referral**

1. Only enroll those clients referred in accordance with Central MN CoCs designated referral strategy;
2. Provide consumers with the opportunity to enroll in Central MN CoC’s component types that are less intensive, but not more intensive, than the CES referral choice offered;

**Data and Evaluation**

1. Enter all data on clients in HMIS, as required by MN HMIS data timeliness, completeness, and quality standards;

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1. Review any reports from Central Mn CoC on the performance of the agency in CES; and
2. Ensure that the agency is meeting performance standards for CES

**RESPONSIBILITIES OF THE POINTS OF ACCESS:**

**The above named Point of Access will:**

1. Follow all Central MN CoC Coordinated Entry policies as outlined in the Central MN CoC’s Coordinated Entry Policies document;
2. Be willing to collect Step 1 and Step 2 data through Central MN CoC approved assessment tools and report all required data into HMIS within the timeframe required in Central MN CoC Coordinated Entry Policies Sections 3 and 7;
3. Ensure all Coordinated Entry assessors receive initial training and ongoing education in accordance with Central MN CoC Coordinated Entry Policies Section 3;
4. Agree to abide by the Central MN CoC CES data quality and privacy standards outlined in Central MN CoC Coordinated Entry Policies Section 8, including assuring client data privacy and obtaining required releases of information when necessary.

**RESPONSIBILITIES OF THE PRIORITY LIST MANAGER:**

**The Above Named Priority List Manager will:**

1. Manage data from Central MN CES Assessments within the priority list according to the Central MN Coordinated Entry Policies Section 4;
2. Manage the available housing resources in HMIS to keep data up to date and clean;
3. Manage referrals to vacant program openings;
4. Facilitate or participate in regular CES meetings specific to Priority List Management;
5. Coordinate with other list managers across Minnesota;
6. Complete quarterly reporting of CES data and outcomes (according to the Central Mn Coordinated Entry Policies Section 8) to the Central MN CoC Governing Board;
7. Analyze reports for trends and system needs and communicate to Coordinated Entry Work Group on a quarterly basis;
8. Communicate policy and procedure questions to the Central MN CoC Governing Board for resolution.

**VI. CONFIDENTIALITY**

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes

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or regulations pertaining to the confidentiality of client records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties’ contract responsibilities, except with the written consent of such recipient, recipient’s attorney, or recipient’s parent or guardian.

**VII. EQUAL OPPORTUNITY**

Central MN CoC and insert Provider name mutually agree to be bound by and abide by all applicable anti-discrimination statutes, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.

**VIII. TERMS OF AGREEMENT**

This MOU shall be effective upon adoption by each signatory agency and entity. Annually, this MOU will be reviewed and updated to incorporate changes and clarification of roles and responsibilities. Any party must provide written notice of change ninety (90) days before the annual termination date or it will be automatically renewed. Otherwise, this Agreement may be terminated in accordance with the section on Termination below.

Tribal Sovereignty- this agreement or any subsequent agreements shall not require an Indian tribe or band to deny their sovereignty as a requirement or condition.

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**Termination**

Any party may terminate this MOU for any reason or no reason by giving the other parties ninety (90) days prior written notice.

FOR PROVIDERS, IDENTIFY BELOW THE HOUSING PROGRAMS WITHIN YOUR AGENCY THAT WILL BE PARTICIPATING IN THE COORDINATED ENTRY SYSTEM.

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**Insert Provider Name Central MN Continuum of Care**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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