**Long Island (NY-603) Continuum of Care**

**Coordinated Entry System**

**Memorandum of Understanding**

Memorandum of Understanding (MOU) between the NY-603 Continuum of Care

and

[INSERT NAME OF COC-FUNDED OR ESG-FUNDED PROVIDER AGENCY]

1. **BACKGROUND/HUD COORDINATED ENTRY REQUIREMENTS**

Provisions of HUD’s Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) Program interim rules require that all CoCs establish a Coordinated Entry system (CES). The NY-603 CoC has adopted the CES requirements as outlined in HUD Notice CPD 17-01 for all CoC and ESG grantees. Coordinated Entry on Long Island has been piloted (voluntary vacancy reporting and referrals) since February 2017 and officially launched (mandated vacancy reporting and referrals) on August 1, 2017. Coordinated Entry policies are reviewed and updated by the CoC Governance Board. Coordinated Entry procedures are regularly reviewed by the CE Steering Committee. CE projects participate in CoC monitoring, including a review of policies and procedures and focus groups in consultation with technical assistance.

The core components of coordinated entry are Access, Assessment, Prioritization, and Referral. Coordinated Entry represent a CoC-wide process for management of a By-Name List that identifies all homeless households through various system access points and outreach, assesses the living situations, vulnerabilities and needs of persons experiencing homelessness, streamlines the connection of homeless persons to the most appropriate and available housing and services based on client needs and preferences. Coordinated Entry will ensure that scarce available housing resources in the region are prioritized/offered to households with the most severe service needs and least likely to exit homelessness on their own, using a person-centered approach, and in the most equitable ways possible, as well as target designated resources to those actively fleeing domestic violence, youth, unsheltered homeless, and those with a diagnosed mental illness.

1. **GUIDING PRINCIPLES OF THE NY-603 COORDINATED ENTRY SYSTEM**

The NY-603 Continuum of Care will adopt all requirements of the *CoC Interim Rule* *24 CFR 578.7(a)(8),* and additional requirements outlined in *HUD Notice CPD-17-01*. As approved by the CoC Governance Board, Long Island Coalition for the Homeless (LICH), will act as the CES management entity for NY-603, including the assessment of presenting homeless and at-risk persons and coordination of referrals to CoC-funded, ESG-funded programs, and other housing alternatives and supports based on prioritization, eligibility and client needs and preferences. ESG Homeless Prevention programs will also act as CES access points for persons at risk of becoming homeless. Additionally, as of 7/1/2019, The Safe Center of Long Island (TSCLI) will act as the CES management entity for persons fleeing or attempting to flee domestic violence for NY-603, including the assessment of presenting persons experiencing domestic violence, safety planning, and coordination of referrals to CoC-funded, ESG-funded programs, and other housing alternatives and supports based on prioritization, eligibility and client needs and preferences. The CoC Governance Board is the policy-making entity for CE prioritization and other policies, while the CE Steering Committee works with persons with lived experience to continue to evaluate and update CE procedures and operations to best serve people experiencing homelessness locally. The CoC also utilizes technical assistance and other trainings and cohorts available to evaluate best practices.

1. **PRIORITIZATION OF PERSONS EXPERIENCING HOMELESSNESS FOR PERMANENT HOUSING OPPORTUNITIES\* (including those experiencing literal homelessness and/or actively fleeing or attempting to flee domestic violence)**

The NY-603 CES will prioritize referrals to permanent housing programs in the following ways based on the current local CE prioritization policy:

CoC PSH: Dedicated Plus beds for those experiencing chronic homelessness for the greatest lengths of time.

CoC/OMH PSH: Dedicated Plus beds for those experiencing chronic homelessness for the greatest lengths of time and approved by SPA Long Island for OMH supported housing.

CoC RRH: Households experiencing homelessness for the greatest lengths of time.

CoC DV RRH: Households actively fleeing violence and experiencing homelessness for the greatest lengths of time.

CoC DV TH-RRH: Households actively fleeing violence and experiencing street homelessness, living with their abuser and attempting to flee, and households timing out of DV shelter with nowhere to go.

CoC Youth TH-RRH: Households 18-24 years old experiencing street homelessness, youth timing out of youth shelter with nowhere to go, and youth experiencing homelessness for the greatest lengths of time.

Full Prioritization Policy and Chart: <https://www.lihomeless.org/coordinated-entry-prioritization>

1. **HOUSING FIRST APPROACH**

All programs funded through the NY-603 competitive funding round are required to operate using a Housing First approach, outlined in the *Housing First in Permanent Supportive Housing HUD Brief*. Housing First removes barriers for homeless households accessing housing and services and ensures that every effort is made for clients to remain in housing and services.

1. **UNIVERSAL ASSESSMENTS**

All homeless households seeking assistance through the CoC will be assessed for housing and services in the same way, regardless of where in the region they present using the following process:

1. CES staff will confirm living situation to meet the HUD homeless definition and verify household type.
2. Persons/Households who are determined to be HUD homeless will work with CES staff on housing placement. Persons/Households presenting as actively fleeing will work with CES staff and be provided safety planning support by TSCLI. At risk of homeless clients will be assessed by CES and CES HP access points and referred to other community resources.
3. Persons/Households will complete the local CE phased assessment tool or local targeted homeless prevention assessment.
4. CES staff will verify program eligibility for clients with HUD approved documentation (such as disability documentation, verification of length of time HUD homeless, SPA acceptance for OMH programs, etc.)
5. Persons/Households will be placed on a housing waitlist by the CES Manager for appropriate housing resources in prioritized order based on length of time homeless and level of service needs.
6. PSH transfers approved by CE for available units, including DV transfers as part of the DV Emergency Transfer Policy

Please note that households presenting as actively fleeing or attempting to flee a domestic violence situation will not have data entered in HMIS by CES. DV CES uses a comparable secure database. Further, households can choose which CE system they want to connect with (CE, DV CE, or both).

1. **COORDIANTED ENTRY REFERRALS**

A CES, as mandated by HUD (*HUD Notice CPD-17-01*) requires that all CoC-funded programs and all ESG-funded rapid rehousing receive 100% of client referrals to from LICH or TSCLI (no side door referrals).

1. Persons/Households will be offered available housing and services for which they are eligible. Persons/Households can choose to accept or decline the housing and services based on their preferences. Persons/Households are not penalized for rejecting housing and services offered to them.
2. Providers are only to review referrals based on meeting project eligibility. Once confirmed that the household is eligible, a CE acceptance form should be completed. This is not a review of whether the household is a “good fit” or “appropriate” for referral, or whether a households “level of care” can be met by the program.
3. The intention of Coordinated Entry and Housing First is to screen in, not screen out. Often locally, households experience ongoing homelessness and trauma because of strict program eligibility criteria, being screened out of other programs, or expectations such as sobriety which are not put on households that are not experiencing homelessness in their housing situations. This, in part, has led to more households locally experiencing chronic homelessness.
4. Permanent housing programs must accept eligible clients who are offered their housing and services; declining referrals is only permissible in limited circumstances that can be discussed with CES on a case-by-case basis upon referral to fully assess each situation. Reasons permissible for denial are outlined in the CES Manual and outlined with each referral and must be documented and submitted to CES, using the CE referral decline form.
5. **RESPONSIBILITIES OF PARTICIPATING PERMANENT HOUSING PROVIDERS**

[INSERT LOCAL COC OR ESG PROVIDER NAME] will:

1. Establish clearly written policies and procedures with program eligibility requirements
2. Operate using a Housing First model, as demonstrated by the acceptance of eligible client referrals with low barriers to program entry, confirmed and indicated on all CoC funding applications, with language used in and carried out according to program documentation (intake forms, program rules, leases, subleases, program manuals) and CoC monitoring
3. Report all vacancies/program availability to the CE Manager
4. Receive 100% of referrals from the CES, which will be referred following the CoC Prioritization Order
5. Only make lateral transfers of households from a permanent supportive housing unit to another unit, for household that have been assessed by the CES, with adherence to procedures outlined in the NY-603 PSH Transfer Policy with CES approval and/or DV emergency transfer plan
6. Resolve any errors regarding referrals or admissions in a timely manner
7. Provide feedback to CoC on how to better serve homeless households through the CES, including but not limited to CoC focus group participation
8. Participate in trainings (required annually by HUD) on the CES and staff trainings provided in areas determined by CoC focus groups as regional best practices
9. Notify the CE Manager if there are staffing changes with established CES program points of contact
10. Enter all data on clients in HMIS in a timely and complete manner and maintain a standard level of data quality, as determined by the HMIS lead (excluding DV providers);
11. Uphold all fair housing regulations, as outline in the *Fair Housing Act*
12. Ensure client confidentiality, in accordance with all Federal and State regulations
13. Actively seek and encourage feedback from people with lived experience
14. Contact CE if any program participant is at-risk of returning to homelessness or returns to homelessness to prevent returns to homelessness whenever possible and deploy street outreach to persons that returned to unsheltered living situations.

**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 clarifications of roles and responsibilities. Agencies and entities that do not agree to the terms mentioned above in this MOU will not be eligible to apply for funding through the CoC and would be out of compliance with HUD policies which mandate CES participation of CoC-funded and ESG-funded programs. Please work with ESG jurisdictions to ensure compliance with CES and other associated HUD mandates.

[INSERT PROVIDER NAME]

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Signature of Program CEO/Executive Director

Print Name:

Title:

Date:

NY-603 Continuum of Care- DV CES Management Entity

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Signature of CES Lead Agency Executive Director/CEO

Print Name: Greta Guarton, LMSW

Title: Executive Director

Date:

NY-603 Continuum of Care – DV CES Management Entity

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Signature of DV-CES Lead Agency Executive Director/CEO

Print Name: Cynthia Scott

Title: Executive Director

Date: