

## **Memorandum of Understanding for ACCH Coordinated Entry**

Provisions in the Continuum of Care (CoC) Program interim rule (24 CFR part 578.7) require that CoCs establish a Centralized Coordinated Assessment System. HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all the needs of people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. This can result in severe hardships for people experiencing homelessness.

Coordinated Entry processes:

1. Help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.
2. Provider information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD requires that all funded partners of a CoC, which includes funding from HUD, Emergency Solutions Grants (ESG), and Solutions to End Homelessness programs (STEHP) actively participate in their CoC's Coordinated Entry (CE) project.

The following is a description of the requirements for Albany County Coalition on Homelessness (ACCH) CoC funded agencies and non-funded agencies that participate in the Coordinated Entry project, as it relates to participation in the Coordinated Entry process or CE project. The ACCH CoC invites:

Name of Agency: \_\_\_\_\_ agrees to:

- Actively participate in the Coordinated Entry System as specified in the ACCH CoC Coordinated Entry Policy and Procedures
  - Designate a minimum of one staff member to facilitate and administrate the Coordinated Entry System at their respective agency. This includes completing CE assessments, entering those assessments, and sending referrals through Homeless Management Information System (HMIS) CE project. If the above agency does not have access to HMIS, paper assessments will be completed and sent on to the CE Lead.
  - Designate a minimum of one staff member to represent their agency at Coordinated Entry case review meetings to discuss program vacancies, intakes, and consumers on the priority list.
- Ensure all staff involved in the CE project practice appropriate confidentiality of protected personal information, CE forms, and all information related to CE.

- Work cooperatively with all ACCH agencies participating in the CE system to maintain active releases of information gathered through the CE process.
  - Share information gathered on comprehensive assessment forms with the participating CE agencies for the purpose of populating the Priority List, discussing program vacancies, current open cases and consumer information shared through the CE process.
  - Ensure designated CE staff from your agency practice strict confidentiality when discussing cases at all meetings.
  - Note: Domestic Violence programs and agencies are prohibited from sharing protected personal information of consumers and clients involved with their programs, services, or agency. It is strongly recommended that agencies and partners that encounter a situation involving domestic violence, dating violence, and/or a situation involving stalking, refer the individual(s) to a domestic violence program. It is imperative to not share protected personal information with anyone.
- Maintain an active HMIS membership with CARES of NY, Inc., and ensure all staff working on the CE system have access to HMIS (if applicable)
  - The agency designated for CE will keep timely and complete records in HMIS as it relates to CE.
- Participate in stakeholder meetings, focus groups, and strategic planning processes for the ongoing improvement of the CE system.



This Memorandum of Understanding (MOU) is in effect from:

Date: \_\_\_\_\_ and will remain in effect for one year from the date of signing or until terminated by either party. The MOU is required to be signed annually or when a substantive change to the document is instituted by an authorized representative of the participating agency.

The MOU will be reviewed annually and signed by the designated agency representative from the participating agency.

Name of participating agency: \_\_\_\_\_

Name of designated representative authorized to sign MOU: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of designated agency representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

