

**Coordinated Entry Policies and Procedures
For Charlotte-Mecklenburg, NC (NC505)
Updated January 2020**

INTRODUCTION

What it is:

Coordinated Entry (CE) is the front door of a process used to assess and assist homeless people to become re-housed as quickly and efficiently as possible. Key components of CE include:

- Centralized call number (2-1-1) as entry point for all homeless persons
- A designated set of CE physical locations and staff members
- Street Outreach
- The use of standardized assessment tools to assess consumer housing needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate)
- Capture and management of data related to assessment and referrals in a Homeless Management Information System (HMIS)
- Prioritization of HUD Continuum of Care and Emergency Solutions Grant funds for consumers with the most barriers to returning to housing.

The implementation of CE is a requirement under 24 CFR 578.7(a)(8), for receipt of Emergency Solutions Grant(ESG) and Continuum of Care(COC) funds from the Department of Housing and Urban Development (HUD), and is also considered national best practice.

What it is not:

CE is not a guarantee of housing for any individual or family who is homeless.

How it works:

In brief, an individual or family that is literally homeless or at imminent risk is directed (by any and all agencies in the CoC) to call 2-1-1 first. The 2-1-1 Call Specialist asks triage questions and then directs the caller who is literally homeless to one of the physical CE locations. At the physical location the consumer receives an in-person assessment. The consumer is provided with suggested next steps for action based on vulnerability and available housing resources. Callers to 2-1-1 who are at imminent risk of becoming homeless (within in 14 days) will receive an abbreviated assessment over the phone, and are provided with any appropriate referrals. Consumers who are not homeless, but are precariously housed, are provided with information about any available and appropriate housing resources. Homeless consumers, with their consent, are entered into the Homeless Management Information System; precariously housed consumers are not.

Target Population:

This process is intended to serve people experiencing homelessness and those at imminent risk of homelessness in the Charlotte-Mecklenburg geographic area as defined by HUD. Both populations are defined in accordance with the official HUD definitions.¹ People who do not

¹ The definition is available here:

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

meet either definition are directed to other prevention-oriented resources available in the community.

Guiding Principles:

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some choice about which programs they participate in. They will also be engaged as key and valued partners in the implementation and evaluation of CE through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the CE process.
- **Collaboration:** Because CE is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the CE Oversight Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the CE process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the CE process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with re-allocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS in a timely fashion (with the exception of some special populations and special cases outlined later in this document). Consumer rights with regard to access to and release of privileged information will always be made explicit to consumers, and no consumer will be denied services for refusing to share personal data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the CE process will be driven primarily by HUD System Performance Measures. These measures include: reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** CE supports a housing first approach, and therefore works to connect households with an appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing Vulnerable Households:** CE referrals prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Client-Centered:** CE follows a client-centered approach, including 1) physical assessment areas are safe and confidential at all sites, and 2) questions are orally reframed when possible to reflect participants' development capacity and sensitivities to lived experiences, and integrate cultural and linguistic competencies.

Governance:

The CE Oversight Committee, a sub-committee of the CoC, provides general oversight and guidance, and monitors and evaluates CE activities. The CE Oversight Committee is comprised of membership from: The City of Charlotte, Mecklenburg County, United Way of Central Carolinas, an emergency shelter provider, a permanent supportive housing provider, and a rapid rehousing provider.

This Document governs the implementation, governance, and evaluation of coordinated entry in Charlotte-Mecklenburg County NC (NC505). These policies and procedures will review annually and may only be changed by the approval of the Continuum of Care Board based on recommendations from the Coordinated Entry Committee of NC505.

SYSTEM ENTRY AND ADDITIONAL RESOURCES

All persons experiencing housing instability, at imminent of risk of homelessness or are literally homeless are directed to call 2-1-1 or 888-892-1162 to be assessed and referred to appropriate resources. 2-1-1 provides 24/7/365 access.

Experiencing Housing Instability

Person experiencing housing instability but do not meet the HUD definition of homelessness, 2-1-1 staff will provide information about community resources that may be able to assist including location and contact information.

Imminent Risk of Homelessness

2-1-1 will complete an abbreviated assessment for persons who are at imminent risk of homelessness (within 14 days) over the phone and provide referrals to any transitional housing programs, if appropriate. Minimum eligibility requirements, location and contract information will have provided.

Additionally, 2-1-1 may refer these eligible persons to an ESG funded prevention provider for assistance.

Literally Homeless

NC505 offers **the same assessment approach** at all in-person assessment access points, and all of the access points are usable by all people who may be experiencing homelessness, except that the Veterans Services Office site serves veterans only. All homeless individuals, unaccompanied youth, and families are first directed to call 2-1-1 or 888-892-1162. Interpreters are available for person limited English prophecy (LEP). TDD line is available to assist deaf and hard of hearing persons.

All callers identified as homeless or at imminent risk are entered into the HMIS database, with client consent.

Street Outreach staff also direct homeless persons to call 2-1-1 first, after which they may conduct a face-to-face assessment with them. The written standards pertaining to outreach allow for discretion if calling 2-1-1 at that time is not feasible.

The 2-1-1 call specialists direct literally homeless persons to designated CE sites*. These sites include:

- Salvation Army Center of Hope Shelter for Women and Children
- Men's Shelter of Charlotte (Tryon location)
- Urban Ministry Center (basic services, soup kitchen, Room in the Inn)
- Mecklenburg County, Veterans Services Office (veterans only)
- Davidson Housing Coalition (located in the northern part of the County)

*This list will be updated if and when additional CE sites are added or removed. All are accessible for persons with disabilities.

All homeless clients must call 2-1-1 and receive an assessment before they can be referred to a housing or shelter provider. Persons fleeing domestic violence, sex trafficking, dating violence, sexual assault and stalking who call 2-1-1 will be referred immediately to the Domestic Violence Shelter hotline. Any homeless person who is fleeing DV is eligible to receive a CE in-person assessment after having received safety planning from the DV Shelter. Persons needing emergency shelter (ES) after hours (when CE sites are not open) will be referred to emergency shelter and then later referred for a CE in-person assessment.

Ease of Access

Four of the five CE sites, the Salvation Army Center of Hope, Men's Shelter of Charlotte, Urban Ministry Center, and Veterans Services Office, are centrally located and on a bus line in Charlotte. The fifth site, in Davidson, was added to make it convenient for persons in the northern part of the County to access CE. All of the physical locations are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs and for those who may be unlikely to access homeless assistance. In the event that a homeless person refuses to come into one of the physical CE sites, a CE assessment may be conducted on the street by one of the Street Outreach Teams. Persons encountered by street outreach workers are offered the same standardized process as persons who access CE through site-based access points.

The CE sites have access to language line and sign language interpreters for consumers who have these needs. The 2-1-1 call specialists also have this access. The 2-1-1 marketing materials are printed both in English and Spanish.

2-1-1 and the CE sites also routinely provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs, transportation and child care assistance, and job search. The CE sites have community resource guides available for customers.

Emergency Services

The CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in services and emergency shelters, to operate with as few barriers to entry as possible. People are able to access emergency shelter independent of the operating hours of the CE sites. Specifically, the 2-1-1 call center operates 24/7/365. If someone needs emergency shelter at a time when the CE sites are not open, they are directed to call one of the shelters directly to see if there is an available opening. Also, persons seeking entry to Room in the Inn, winter shelter provided through local houses of faith, are admitted to Room in the Inn with the caveat that they have 3-5 days to receive an assessment through one of the CE sites.

Coverage

Through the combination of 2-1-1 phone access, the centrally located CE sites, Street Outreach, and the site in the Northern part of the County; CE services are accessible throughout the geographic area of the CoC.

Safety Planning

People fleeing or attempting to flee domestic violence, sex trafficking, dating violence, sexual assault and stalking who call 2-1-1 are referred first to the Domestic Violence Shelter hotline for safety planning. If a warm hand-off is possible, 2-1-1 will do the warm hand-off. If not, the caller is provided with the Shelter phone number and 2-1-1 will strive to ensure they have a safe place from which to make the call. 2-1-1 will advise the caller to call 9-1-1 in an emergency unsafe situation. Once that has occurred, these individuals are offered confidential access to face to face assessment at one of the CE sites or, when resources permit, at the DV Shelter. It is explained to these consumers that they do not have to consent to having their information entered into HMIS in order to be eligible for housing assistance.

Informing the Public and Mainstream Service Providers

A CE information sheet is updated periodically and posted on the City of Charlotte, United Way and Mecklenburg County government websites. The sheet is also sent to agencies in the community that work with homeless consumers. Additionally, 2-1-1 flyers and cards are widely distributed in the community at libraries, mainstream service providers, criminal justice system, etc. The 2-1-1 flyers are in English on one side and Spanish on the other.

The CE Oversight Committee holds periodic meetings to gather feedback and share information with mainstream service providers about any changes in the assessment process, referral process, and prioritization processes.

A statement shall be posted at CE sites that inform persons with disabilities will be accommodated. Accommodations include, but are not limited to: use of interpreters, Language Line and large type. The 2-1-1 call specialists have been informed that CE accommodates persons with disabilities, and have been directed to relay this information to consumers, when asked.

Non-Discrimination

NC505's CE process complies with the non-discrimination and equal opportunity provisions of Federal civil right law as specified at 24 CFR 5.105(a) including but not limited to: 1) Fair Housing Act, which prohibits discrimination in all housing transactions based on race, national origin, sex, color, religion, age, disability or familial status, 2) Section 504 of the Rehabilitation Act, 3) Title VI of the Civil Rights Act, 4) Title II and III of the Americans with Disabilities Act and 5) HUD's Equal Access Rule prohibiting discriminatory eligibility determination in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender, identity or marital status including any project funded by the CoC program, ESG Program and HOPWA program.

All CE centers post information about housing discrimination and how to file a complaint (Appendix F). CE staff receives on-going information about non-discrimination practices as part of the training curriculum.

For additional information on grievances and appeals process in available in NC505 Written Standards (Appendix J).

IN-PERSON ASSESSMENT PROCESS

All assessments follow a client-centered approach, including 1) physical assessment areas are safe and confidential at all sites, and 2) questions are orally reframed when possible to reflect participants' development capacity and sensitivities to lived experiences, and integrate cultural and linguistic competencies.

In-person assessment refers to the face-to-face process of interviewing a literally homeless consumer, using a consistent and uniform set of questions, to determine which programs or services are most appropriate to meet his or her housing needs and to gather information to prioritize the needs of that consumer relative to others who have presented for assistance. A standardized set of assessment tools is used at all of the sites to make these determinations. Assessment staff is trained on administering the questions, including the appropriate version of the SPDAT (Service Prioritization Decision Assistance Tool) when appropriate. Given the limited housing assistance resources available, every effort is made to assist the consumer to determine if there are diversion options available. Consumers in need of immediate shelter are referred either to the Men's Shelter of Charlotte or to the Salvation Army Center of Hope Emergency Shelter for Women and Children.

Every consumer is provided with a Release of Information form, which is explained by the CE staff. The signed form is uploaded to HMIS.

In-person assessments are administered at:

- Salvation Army Center of Hope Emergency Shelter for Women and Children
- Men's Shelter of Charlotte
- Urban Ministry Center
- Davidson Housing Coalition
- Mecklenburg County, Veterans Services Office

Assessment is a phased process that reflects the Housing First philosophy. The CE assessors explore diversion, whenever appropriate. If diversion is not appropriate, the assessors collect information related to the immediate housing crisis and service needs. Whenever possible, information is also gathered to support the evaluation of the participant's vulnerability and prioritization for assistance.

The assessment process includes the following phases:

1. Diversion
2. Household information and housing needs
3. Prioritization Questions
4. Emergency Shelter Referrals
5. Next Steps

Diversion

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements, and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion arrangements may take a few days to finalize.

As part of the standard CE process, assessors routinely explore diversion opportunities. If there is potential for diversion, the assessor makes a direct referral to a diversion specialist housed at the Men's Shelter of Charlotte and Salvation Army Center of Hope. These diversion specialists have access to local dollars to effect diversion through: bus passes, rental deposits, as per the community guidelines.

Household information and housing needs

Individuals and families are asked standardized questions to capture household information and housing needs that includes: homeless history, domestic violence/safety, veteran status, foster care involvement, employment and education, health and wellness, and housing challenges (i.e. credit, rental history)

Prioritization

Chronic individuals and families

Individuals and families who are identified as "chronically homeless" as defined by the Final Rule 24 CFR Parts 91 and 578 by the U.S. Department of Housing and Urban Development (HUD) complete the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) triage tool with Coordinated Entry staff. The VI-SPDAT is a survey administered to chronically homeless individuals and families to determine risk and prioritization when providing homelessness assistance. There is a specific VI-SPDAT tailored to each of the following: chronically homeless individuals, chronically homeless families with dependent children and unaccompanied youth. In addition, Coordinated Entry staff complete the Coordinated Entry Assessment.

Data collected at Coordinated Entry is entered into the Homeless Management Information System (HMIS). The VI-SPDAT generates a score. The score for the individual-VI-SPDAT ranges from 0 to 17. The score for the family-VI-SPDAT ranges from 0 to 22. The score for the youth-TAY-VI-SPDAT ranges from 0 to 17. Because different factors are considered for each population-specific VI-SPDAT which result in varying ranges, the scores can be compared within each specific population (for example, all individual VI-SPDAT scores only), but the scores cannot be compared across populations (for example, an individual VI-SPDAT and family VI-SPDAT score cannot be compared). Higher scores indicate higher vulnerability. Therefore, the VI-SPDAT scores will be used to prioritize access to permanent supportive housing within each specific population in the following order: chronically homeless families with dependent children; chronically homeless youth; and chronically homeless single adults and/or other multiple-adult chronically homeless households.

For any population-specific category, if a tie score occurs, a tie-breaker is used. For chronically homeless individuals with a VI-SPDAT score of 12 or higher, the secondary criteria used is the Health Risk Score, followed by Risk Score and length of time homelessness. For all other population-specific categories, length of time homeless is considered as the primary factor for a tie-breaker. Individual and/or family preference for scattered site housing, single site housing, neighborhood, proximity to resources and services, and other factors may be taken into account when a referral is made.

Additionally, the Charlotte-Mecklenburg Continuum of Care (CoC) NC-505 adopted and implemented a Vulnerability Review Process (VRP) (Appendix J). The VRP is used to review cases in which a chronically homeless individual or family has a low VI-SPDAT score but can demonstrate high vulnerability on par with a high VI-SPDAT score. The purpose of the VRB is to provide a safety net for individuals and families in which an existing assessment tool does not reveal the full depth and/or urgency of their current situation.

A by-name list of all active chronically homeless individuals and families is generated from HMIS. After 90 days of inactivity in HMIS, an individual or family is removed from the actively homeless by-name list. The Coordinated Entry Staff supervisor coordinates with others in local housing and homelessness assistance organizations to complete the Permanent Supportive Housing Standard Application for individuals and families with the highest VI-SPDAT scores (or, if applicable, the next highest prioritized individual as outlined in the process above) to ensure quick access to program entry and housing when an available housing resource opens.

Veterans:

Veterans go through the in-person assessment and prioritization, as do all others. In addition, the community has a by-name list of homeless veterans maintained independently of the Chronic Homeless Registry. There is not a current prioritization process for veterans who are not chronic. Assistance is based on discharge status and available funding. (Note: the community is considering changes for prioritization for veterans).

Emergency Shelter and Transitional Housing projects

Emergency Shelter is filled on a first come-first served basis, and is not based on prioritization. Emergency Shelters accept only consumers who have come through CE (or who will come through as soon as practical).

Transitional Housing funded with HUD dollars is filled on a first-come, first served basis and is not based on prioritization. These TH projects only accept consumers who come through the CE process and meet their eligibility criteria.

Referrals to Emergency Shelter

During the in-person assessment process, if a shelter bed is needed, CE staff does a warm hand-off to ES staff for assistance.

Next Steps:

At the end of each assessment all participants are given a printed document with individualized next steps that reflect the consumer's housing goals and circumstances. The form also tells the consumer: available mainstream resources specific to their needs, how to get back in touch with an assessor, how to access shelter if a space is not immediately available, the goal is to provide participants with concrete actions they could take to improve their housing situation, and to clarify availability of housing opportunities.

CE in-person assessments may be updated if the consumer has a new shelter entry and/or housing situation changes. Additionally, assessments will be updated at least annually if the consumer still requires housing assistance.

BASIS OF HOUSING REFERRALS

Coordinated Entry is a problem-solving resource for individuals and families who are homeless and seeking housing. Housing placement is dependent on eligibility and availability. In the absence of sufficient funding and housing resources for all who need them, immediate housing is unlikely and a variety of solutions may be explored.

CoC and ESG funded permanent housing programs receive 100% of referrals to their programs from CE. To ensure that list of available opening remains current, participating programs notify the CE supervisor immediately when there is an opening.

Permanent Supportive Housing

When there is a program opening for Permanent Supportive Housing, the Coordinated Entry Staff Supervisor verifies if the opening is for an individual or family (for family, this means that the unit is dedicated for a household of more than 1 individual). If the program opening is for a family, and there are chronically homeless families with dependents on the by-name list, the family with the highest VI-SPDAT score (or, if applicable, the next highest prioritized individual as outlined in the process) and completed Permanent Supportive Housing application is matched with the program opening. If a Permanent Supportive Housing application is not yet completed, the Coordinated Entry Staff Supervisor works with staff to complete the application. All Permanent Supportive Housing program openings that can serve families will be assigned to chronically homeless families with dependent children first. Once all chronically homeless families with dependent children have been served, Permanent Supportive Housing openings will be matched with chronically homeless youth followed by other chronically homeless single adults and/or multiple adult households.

It is a CoC expectation that rejections of Permanent Supportive Housing applications will be rare. Exceptions include when chronic homelessness cannot be documented. Referrals to the Permanent Supportive Housing program occur while document verification is in process. When a rejection occurs, the Permanent Supportive Housing Standard Application is returned to the Coordinated Entry Supervisor who then attempts to find an alternative opening. If a rejection occurs for any other reason, the CoC will request an explanation (Appendix A). All HUD funded Permanent Supportive Housing projects utilize a Housing First approach.

Rapid Re-Housing

Families

All literally homeless families come through the CE process and are connected to Shelter. Those families are given guidance and assistance by RRH projects about how to search for affordable units in areas of town that meet their needs. When a family finds a unit, the RRH project assists with application process, move-in, and on-going subsidy and case management.

Individuals

All literally homeless individuals come through the CE process. Currently there is no prioritization for RRH for individuals who are not chronic. Individuals who meet definition of chronic status and have score of 10 may be referred to RRH. RRH funds serve sheltered and unsheltered individuals. The individuals served are given guidance and assistance by RRH projects about how to search for affordable units in areas of town that meet their needs. When an individual finds a unit, the RRH project assists with application process, move-in, and on-going subsidy and case management. Non-CoC-funded RRH projects also serve persons who come through CE.

Participant Choice

Participants maintain their place in the CE prioritization list when the participant rejects project referral options if those options do not meet the participant's needs.

Access to Housing

- **Housing Navigation**
Individual projects have housing navigators on staff that identify available housing and assist with the application and move-in process.
- **Documentation for program intake**
Project staff assists with persons to complete program intake documentation, including homeless verification and disability verification. CE staff assists with this process as needed.
- **Length of time to housing move-in**
Length of time varies based on availability of affordable units and specific consumer rental histories and personal choice. As a community we are working to reduce length of time homeless using system performance measure data.
- **Case management and housing plans**
All persons have a case manager and housing plan that, at minimum, meet requirements of the funding source. Specific community guidelines are outlined in CoC written standards. (Appendix J)

CE STAFFING

NC 2-1-1 Call Center Specialist

NC 2-1-1 serves as the entry point to the coordinated entry system for the community and is accessible 24/7/365 by simply dialing 2-1-1. Calls are answered by trained call center specialists who:

- Explain to the caller the role of 2-1-1 in the coordinated entry process and ask the caller's permission to gather important information to assess the caller's situation;
- Ask the caller a specific set of questions to determine if the caller meets the federal definition for homelessness and should be sent on for full coordinated assessment or diverted with other resources;
- Enters the caller's information into the NC 2-1-1 call management platform and HMIS;
- Directs callers meeting the definition of "literally homeless" to an in-person assessment site;
- Provides all other callers with referrals to community resources to meet their needs and potentially divert them from needing shelter.

In-Person Assessment Staff

CE Staff

- Administer assessments to homeless consumers
- Administer the SPDAT to chronically homeless persons, as identified early in the assessment process.
- Report capacity and operational concerns to the CE staff supervisor
- Attend required trainings
- Follow approved work flow, including appropriate HMIS data entries
- Respect consumer privacy and confidentiality; explain these rights to consumers
- Obtain signed Release of Information from consumers.
- Explore diversion and alternative housing options with consumers.
- Refer to mainstream services, as appropriate.
- Enter data into HMIS

CE staff are prohibited from screening anyone out of CE due to perceived barriers to housing or services, including, but not limited to: little or no income, history of substance abuse or DV, resistance to services, any type of disability, criminal record, or evictions.

CE Staff Supervisor

- Ensure that fluctuations in consumer demand are met with staff re-allocations, to the extent possible, in a timely manner.
- Provide support and guidance to CE staff to ensure they are trained and, in compliance with CE policies, and procedures.
- Assess consumer satisfaction with CE services.
- Communicate regularly with CE Oversight Committee re concerns and victories.

Hours

Assessment site hours vary slightly from location to location, but, in general, they are open Monday – Friday during regular business hours. No one who needs emergency shelter is prevented from entering emergency shelter because an assessment site is closed.

Assessment Site Staffing

The designated CE staffing agencies are:

- Mecklenburg County Community Support Services Department (Homeless Support Services Division and Veterans Services Division)
- Urban Ministry Outreach
- Supportive Housing Communities PATH Team (outreach to severe and persistently mentally ill customers)
- Davidson Housing Coalition

Mecklenburg County CSS has one supervisor and 5 social workers dedicated to CE. This staff perform the majority of the in-person assessments for the CoC. They are located at three sites: Salvation Army Shelter for Women and Children, and Men’s Shelter of Charlotte | Urban Ministry Center. Urban Ministry Center Outreach staff do assessments with consumers living on the street. Supportive Housing Communities PATH Team staffs do assessments with homeless persons on the streets who have severe and persistent mental illness. Davidson Housing Coalition does assessments for persons in Northern part of Mecklenburg County.

Training of CE Staff

CE staff receives training at least annually. CoC’s CE process training curricula includes the following topics for staff conducting assessments:

- Review of CoC’s written CE policies and procedures, including any adopted variations for specific subpopulations
- Requirements for use of assessment information to determine prioritization
- Criteria for uniform decision-making and referrals
- Non-Discrimination
- Protection of all data collected through the CE Assessment Process
- Disclosure of specific disabilities or diagnosis.
- Diversion best practices

All CE staff receives periodic training and guidance on: how to ask the standardized assessment questions in a non-leading manner, Homeless Management Information System workflow, how to help consumers identify potential housing options that would prevent having to enter emergency shelter, how to assess and assist consumers who are fleeing DV, and other population-specific topics, as needed. CE staff is directed to inform consumers of their ability to file a discrimination complaint and their freedom to refuse to answer questions without retribution. The Release of Information form so specifies. The CE Supervisor trains all new assessors.

DATA MANAGEMENT

This section describes the data collection process for consumers going through CE. CE follows all HMIS data privacy and security protections prescribed by HUD for HMIS practices as outline in NC HMIS Operating Policies and Procedures and Charlotte-Mecklenburg Data Quality Standards. (Appendices F ((pages 61-67)) & G)

Once a consumer has been identified as literally or at risk of homelessness, the call center (2-1-1) specialist reads the verbal consent statement to the consumer and then asks the consumer for consent to enter data in HMIS. Data points include: zip code, date of birth, gender, where did you sleep last night, do you have any other housing options for the next few days/weeks, Housing Status, Household Type, and “Are you currently residing with or trying to leave an intimate partner who threatens you or makes you fearful”. This verbal consent allows information entered in HMIS to be shared with designated referral provider agencies to which the Call Center specialist may refer, and is valid only for 14 days. If consent is given, the call center staff member begins the phone assessment process in HMIS.

For consumers who present for an in-person assessment, the CE staff member reviews with them the Release of Information (Appendix D). The CE staff explains what data will be requested, how it will be shared, whom it will be shared with, and what the consumer’s rights are regarding the use of the consumer’s data. Assessment staff members are responsible for ensuring consumers understand their rights regarding release of information and data confidentiality. If the customer signs the ROI form, the assessment staff member begins the in-person assessment process in HMIS.

Some consumers are never entered into HMIS. These include:

- Domestic Violence: Consumers who are fleeing domestic violence, sex trafficking, dating violence, sexual assault and stalking and enter a DV shelter. If the consumer needs to be connected with HUD funded housing opportunities, the in-person assessment is done by CE staff on a paper form and provided to the appropriate housing provider. Consumers, who are served by a domestic violence provider have their information entered into a HMIS-comparable database.
- All: Consumers who do not agree to share their data through HMIS on the consumer release of information form.

Agencies Participating in Formal Data Sharing

Once the CE assessment process has been completed, agencies identified in a formal data - sharing agreement will be able to see the completed assessment in HMIS. This reduces the need to ask the same questions over again and streamlines coordination of care. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request. List of participating agencies and projects participating in data sharing is available on the Qualified Services Organization Business Associates Agreement (QSOBBA). (Appendix H)

No participant shall be denied services for refusal to allow their data to be shared unless Federal statute requires collection of that personally identifiable information as a condition of program participation.

Data Privacy and Security

The CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices to the Prioritization List as outline in NC HMIS Operating Policies and Procedures. (Appendix I)

Confidentiality and Record Retention

Participating agencies must comply with any and all applicable laws and regulations concerning the confidentiality of consumer records, files or communications.

- a. Participating agencies must secure privacy, confidentiality and integrity of consumer data as proscribed in NC HMIS Operating Policies and Procedures.
- b. Participating agencies must either have or develop a record retention policy consistent with the Health Insurance Portability and Accountability Act (HIPAA).
- c. Participating agencies must ensure the protection of and ultimate destruction of paper copies of a consumer assessment.

EVALUATION

At minimum of once per quarter, the CE Oversight Committee will schedule a time and encourage Continuum of Care Committee members to provide feedback and ask questions about CE.

The CE process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the CE Oversight Committee members and any consultants or third parties they engage to help them. Evaluation mechanisms will include the following:

- **A monthly review of metrics from the CE process.** The data to be reviewed, and the thresholds that should be met, will be developed based on the document in Appendix C.
- **An annual forum with people experiencing homelessness that have been through the CE process.** The CoC ensures adequate privacy protections of all participant information collected in the course of the annual CE evaluation.
- **Public Posting of Data Reports:** Quarterly CE data reports will be posted to the Charlotte-Mecklenburg Housing & Homelessness Dashboard.
- **An annual report on the homelessness assistance system with a section devoted to CE.** A member of the CE Oversight Committee will facilitate a presentation of the major findings from this report at the CoC and other community meetings.

Local government and private foundation donors also conduct evaluations of CE from time to time, as they deem necessary.

GOVERNANCE

Roles and Responsibilities

The CE process will be governed by the CE Oversight Committee of the CoC (also known as the CE Oversight Committee). This group will be responsible for:

- Providing general oversight and management of CE
- Investigating and resolving consumer and provider complaints or concerns about the process.
- Providing information and feedback to the CoC Board and the community at-large about CE
- Evaluating the efficiency and effectiveness of the CE process
- Reviewing performance data from the CE process
- Recommending changes or improvements to the process, based on performance data, to the CoC Board.
- Operationalizing CE process changes.
- Updating Policies and Procedures
- Implementing prioritization and referral protocols
- Analysis of outcome and performance information to update prioritization policies

In addition to the above responsibilities connected to CE, the CE Oversight Committee will also be responsible for reviewing and responding to grievances filed when a consumer is terminated from a project and has exercised their appeal rights outline by the project and Charlotte Mecklenburg Written Standards. (Appendices A & D)

CE Oversight Committee Composition

This committee will include the following membership:

- An emergency shelter staff representative (from the provider community);
- A Rapid Re-Housing representative (from the provider community);
- A Permanent Supportive Housing representative (from the provider community);
- A United Way representative;
- A City of Charlotte employee representative;
- A Mecklenburg County employee representative; and
- A Youth representative (from provider community)

The City of Charlotte (on behalf of CoC) and Mecklenburg County have permanent membership on this committee. Others that may be included in future include: faith-based organizations, substance use service providers, mental health service providers, school system representatives, and assessment center front-line staff. These seats may be part of an arrangement where each group rotates having a seat on the committee each year. Committee membership will be reviewed as part of the annual review of CE Policies and Procedures.

Committee Chair

The Committee will have a chair. The chair will be responsible for:

- Developing an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the CE process; and
- Ensuring minutes are taken at each meeting of the committee.

The CE Oversight Committee chair will be elected by a majority vote of the CE Oversight Committee members. Each chair will hold the position for the length of their designated term on the Committee, unless otherwise determined by committee members.

Expectations of Members

In order to remain in good standing, vote on issues, and participate fully, all members must attend at least 75 percent of meetings, reviewed quarterly. The chair must delegate an acting chair to run the meeting in the chair's absence.

Term Length and Limits

Term limits will be two years for each member of the Committee selected by provider community, with the ability for two additional one-year extensions each year after that. Term extensions must be requested by the individual member and approved by the CoC Board. Term limits for Committee members representing the City, County and United Way will be determined by each of their organizations.

Appointments

At least one month prior to the start of a new term (terms begin July 1), the chair will solicit nominations for each open seat from the community via website posting and agency distribution, as well as determine which members are eligible for and wish to serve an additional term. The chair will provide a list of names and committee recommendations to the CoC Board, which will then appoint someone to each seat.

Seats representing the City, County and United Way will be appointed by each of their organizations.

Meeting Schedule, Agenda, and Minutes

Meeting schedule will be determined by the chair, in consultation with members. All meetings are open meetings. Minutes and attendance will be taken. At minimum of once per quarter, the Oversight Committee will schedule a time and encourage Continuum of Care Committee providers to attend and provide feedback and ask questions. Ongoing communication will be issued to the CE staff to keep them informed about decisions made by the committee such as new policies and procedures.

Voting Procedures

For the purposes of conducting business, a quorum of the Oversight Committee will be one half of the voting members. Changes to the assessment tool or policies and procedures manual,

must be approved by the CoC Committee. All other decisions require a simple majority of those present at the Oversight Committee meeting. A discussion or vote may be tabled until the next CE Oversight committee meeting if there are two members in support of this action. If more than half of the Committee members are not present or at least two members wish to take a vote via email, then it may be done. In an email vote, all members must reply (even if replying with a choice to abstain).

Grievances and appeals will be handled in-person and with decisions requiring a simple majority.

Conflicts of Interest

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or agency that has a representative on the CE Oversight Committee, that member must recuse him/her from participating in those proceedings or voting on the outcome of that particular issue.

Contact Information

Questions about these policies and procedures should be directed to: CoC Coordinator, Rebecca Pfeiffer (rpfeiffer@charlottenc.gov | 704.336.2266)

APPENDIX LIST

- Appendix A – Declined Referrals and Grievance Procedures
- Appendix B – CE Memorandum of Understanding
- Appendix C – CE Metrics
- Appendix D – CE Release of Information
- Appendix E – Charlotte Mecklenburg Data Quality Standards
- Appendix F – Discrimination Posting
- Appendix G – Vulnerability Review Process
- Appendix H – Sharing Qualified Services Organization Business Associates Agreement (QSOBBA)
- Appendix I – NC HMIS Operating Policies and Procedures
- Appendix J – Charlotte Mecklenburg Written Standards

APPENDIX A

Declined Referrals and Grievance Procedures

There may be rare instances where program staff does not accept a referral from the CE process. Refusals are acceptable only in certain situations, including:

- The person does not meet the program's eligibility criteria;
- Documentation of chronic status cannot be obtained;
- The person would be a danger to themselves if allowed to enter into this particular program;
- The person has previously been involved with violent activity.

If program staff determines a consumer is not eligible for their program after they have received the referral from CE, program staff will notify CE supervisor to determine another appropriate referral. CE staff will connect with consumer for next steps. If a program is consistently refusing referrals they will need to meet with the CE Oversight Committee to discuss the issue that is causing the refusals.

Consumer Declines Referral

Assessment staff, through the administration of the assessment tools and the assessment process (which includes consumer input), will attempt to do what they can to meet each consumer's needs while also respecting community wide prioritization standards.

Provider Grievances

Providers should bring any concerns about CE to the CE Oversight Committee, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the CoC. The chair should then determine an appropriate course of action. If the issues need more immediate resolution, the chair will determine the best course of action to resolve the issue.

(A more detailed protocol will be developed by the CE Oversight Committee within the coming year.)

Consumer Grievances

The CE staff member or the CE staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or assessment staff supervisor include complaints about how they were treated by CE staff, in-person center conditions, or violation of data agreements. A current posting stating the non-discrimination policy and grievance procedures and contacts will be maintained in the waiting area of all CE sites.

If the consumer is not satisfied with the outcome after speaking with CE supervisor, they may file a formal grievance with the CoC Oversight committee within 10 business days of the incident. Providing the following information:

- Action being reported
- Basis for grievance

After receiving information, the CE oversight committee will:

- Review all submitted information
- Request additional or clarifying information from consumer or provider
- Schedule a time where consumer and/or provider can appear in person to meet with oversight committee.

CE Oversight Committee will work with CE staff to: 1) address consumer grievance and provide additional training, if applicable and 2) review policies and procedures and determine if any changes are needed to process.

CE Oversight Committee will also be responsible for reviewing and responding to grievances filed when a consumer: 1) is terminated from a project, 2) evidence of provider's violation of CoC or provider policies, violation of data agreements or relevant regulations (ex. HIPAA) and has exercised their appeal rights outline by the project and Charlotte Mecklenburg Written Standards. (Appendix I).

Any consumer, who wishes to exercise their right of appeal upon an unsatisfactory resolution of a properly filed grievance with provider, may file an appeal with the CoC Oversight Committee within 10 business days of unsatisfactory resolution with provider with the following information:

- Action being appealed
- Basis for the appeal
- Copy of notification from provider

Additionally, the housing provider can submit the following information:

- Documentation and information supporting appeal decision

After receiving information, the CE oversight committee will:

- Review all submitted information
- Request additional or clarifying information from consumer or provider
- Schedule a time where consumer and/or provider can appear in person to meet with oversight committee.

CE oversight committee's decision is final and binding.

APPENDIX B

(DRAFT- in process of being updated; will be routed to agencies for review prior to signatures)

Memorandum of Understanding (MOU) Between Designated Coordinated In-Person Assessment Centers, Designated In-Person Assessment Staff Agencies, and the Charlotte-Mecklenburg Continuum of Care (CoC). This Memorandum of Understanding is entered into as of the ____ day of ____, 2018.

WHEREAS, the parties to this agreement agree to implement a Coordinated Entry Process for the purposes of ending homelessness in Mecklenburg County; NOW THEREFORE, the parties will provide services and resources upon the following conditions:

For Agencies Providing Staffing:

- Provide a designated number of staff, which may change over time based on consumer's needs and agency capacity, for the coordinated entry process.
- Allow assessment staff members to be evaluated on a regular basis by the CoC and any outside evaluators they might bring in
- Ensure assessment staff receive training on the assessment, referral, and data entry processes associated with coordinated assessment, as well as any other trainings the Coordinated Assessment Committee deems necessary
- Make referrals based on the agreed-upon system-wide prioritization criteria, bed availability, and the assessment tools
- Travel to other designated coordinated assessment sites to conduct assessments if the coordinated assessment supervisor determines that demand is not being adequately met
- Work with the coordinated entry supervisor to find replacement staff if the designated staff members are temporarily unavailable or leave their position with the organization
- Allow the assessment staff to take holidays and vacations, in accord with the policies of the employer agency

Allow the in-person assessment staff to participate in meetings and trainings (at least quarterly) of the employer agency to enhance skills, maintain up to date knowledge of policies and procedures, and sustain interpersonal relationships with co-workers.

Coordinated Entry Staff Member Duties:

- Administer in-person assessments to consumers attempting to access the coordinated entry process
- Report any capacity issues to the coordinated entry staff supervisor
- Record assessment tool results on paper and in the HMIS system
- Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer

- Obtain a signed data confidentiality agreement from each consumer whose information is entered into the HMIS system
- Manage the priority list and bed availability lists for various interventions as requested
- Refer consumers ineligible for homeless assistance services to other, more appropriate community resources

Coordinated Entry Staff Supervisor Duties:

In addition to the responsibilities listed above:

- Ensure fluctuations in consumer demand are met with reallocation of staff resources in a timely manner
- Ensure coordinated entry staff are following all policies and procedures and help them address any obstacles to doing their jobs

For agencies providing locations:

- Provide a walk-through of the facilities to evaluators of the assessment process and CoC Committee and Coordinated Assessment Committee members
- Provide access to a convenient functioning printer and copier, basic office supplies, and office furniture in good condition
- Exclusively accept referrals to their own organization that come to them as a result of the coordinated assessment process (except when assessment hours are over for the day)

For all agencies participating in coordinated entry:

- Treat all consumers with respect and kindness
- Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness
- Provide all program eligibility criteria to the Coordinated Assessment Committee
- Participate in the Homeless management Information System (HMIS) and enter coordinated assessment information into the HMIS unless they are legally prohibited from doing so
- Abide by the policies and procedures of the coordinated entry process
- Meet with the Coordinated Assessment Committee when requested to discuss concerns and issues around the coordinated entry process
- Abide by the policies and procedures of the coordinated entry process
- Discourage staff from administering system wide assessments or any program assessments that duplicate questions asked during the coordinated entry

Termination of MOU

This MOU becomes effective upon execution of all parties and will remain in effect unless sooner terminated by either of the following:

- Upon 180 days written notice by one party to the others;
- Upon mutual consent of all parties;

- Upon good cause of any party if the other parties fail to comply with the terms of the MOU. However, prior to any such unilateral termination of good cause, the party wishing to terminate must give the other parties written notice of the alleged non-compliance and a 180 day opportunity to cure;
- Upon filing of bankruptcy or liquidation of any party.

Miscellaneous

A. Severability

The invalidity or unenforceability of any particular provision of this Memorandum of Understanding shall not affect the provisions hereof, and the Memorandum of Understanding shall be construed in all respects as if such invalid or enforceable provision were omitted.

B. Amendments

This Memorandum of Understanding may be amended only in writing signed by applicable parties. The parties agree to make a good faith effort to agree on any amendments as may be necessary to achieve the goals and commitments set forth herein.

C. Notices

All notices provided herein shall be in writing and served upon the parties at the current mailing address or email address for each party.

D. Non-exclusive

All parties agree that this Memorandum of Understanding is non-exclusive in that each party shall have the right to provide services to other entities and receive services from other entities independent of the Coordinated Assessment Process.

E. Indemnification and Hold Harmless

Each party will be responsible for its own acts or omissions and any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to be caused by that party, its employees, or representatives in the performance of omission of any act or responsibility of that party under this Agreement. In the event that a claim is made against multiple parties, it is the intent of all parties to cooperate in the defense of said claim and to cause the insurers to do likewise.

F. Confidentiality

- a. All parties hereto agree to comply with any and all applicable laws and regulations concerning the confidentiality of consumer records, files or communications in addition to the terms of this agreement
- b. all parties agree to secure privacy, confidentiality and integrity of customer, employee and administrative data on automated systems and install antivirus protection and a firewall.

Please sign and date below if you agree to these criteria.

Name/Agency: _____ Date: _____

APPENDIX C

CE Metrics

The Metrics to be collected and reviewed may be altered from time to time to better assess effectiveness and efficiency of CE.

Process Metrics will include:

- Number of calls to 2-1-1 monthly
- # homeless/#at risk of homelessness
- #families/individuals/unaccompanied
- #youth/DV Call outcome/referral target(s)2-1-1 quality and efficiency metrics, including duration of call and time to respond (if available)
- Number of in-person assessments completed, and locations
- Breakout of individual and multi-person assessments
- Wait time for in-person assessments
- Consumer satisfaction with in-person assessments
- Percentage of callers referred by 2-1-1 to in-person CE who present for in-person CE
- Data quality and completeness in HMIS

Outcome Measures will include:

- HUD System Performance measures, including:
- Length of time homeless
- Exits to permanent housing
- Returns to homelessness
- First time homelessness
- Diversions from Shelter

APPENDIX D
NC-505 NCHMIS
CLIENT RELEASE OF INFORMATION & SHARING PLAN

SECTION 1 - Identifying Information

Introduction: Local homeless services programs use the North Carolina Homeless Management Information System (NC HMIS) to keep information about people that they help. We collect personal information from you that we need to help us help you. We have strict rules about sharing your information. All persons using HMIS are trained and certified in privacy.

What basic identifying information is collected about you?

- Your name
- Your gender
- Your Social Security Number
- Your date of birth
- Your Veteran Status
- Your household information

Basic identifying information can be seen by all North Carolina agencies that use HMIS. We need this additional identifying information to insure your information is not confused with someone else. This information allows us to select the correct record.

Why do we collect information about you?

- To learn more about your situation to make sure you are eligible for services
- Work with other agencies to help you
- Help case managers work together and better coordinate services for you
- Connect you with other helping agencies. You may be eligible for other benefits.
- Reduce the number of times you have to tell your story
- To enable agencies to receive funding for services they provide.
- To help agencies meet their legal obligations.

If you have a specific privacy concern you can ask to close this information so that only our Agency can see this information. Please initial here if you want to close your record_____.

SECTION 2 – Coordination of Care Sharing Plan

Many agencies also use the System to improve services to you through coordination of care. If you are receiving services from multiple agencies that participate in the System, agreement to the Sharing Plan defined below allows for these Agencies to see your information. You will only have to sign this release once and it applies to all Agencies listed below in “The Plan”.

Description of Information Shared through the Coordination of Care Plan

Shared Information:

- Homeless History and Status

- Program Participation
- Health and Disability Information
- Income and Benefits Information
- Client/Household Intake and Demographic Information
- Mecklenburg County Coordinated Entry: Notes, Information & VISPDAT Score
- Case Manager Information
- Documentation of yours that might be used for housing or care coordination purposes

This information (above) can be seen by all the agencies listed below to help coordinated your care. Any of these agencies can share your information with each other:

Another Choice for Black Children	ABCCM	Charlotte Family Housing
City of Charlotte	Community Link	Crisis Assistance Ministry
Davidson Housing Coalition	Family Endeavors	Family Forum Inc.
Florence Crittenton	Friendship Community Development Corporation	HomeCare for the Carolinas
Mecklenburg County Community Support Services	Men’s Shelter of Charlotte	Salvation Army Center of Hope
Sunshine Village	Supportive Housing Communities	The Relatives
Urban Ministry Center	YWCA	Veteran’s Bridge Home
Carolinas Care Partnership	Atrium Health	Project Outpour

This information will only be shared with the agencies listed on this form and cannot be shared with other agencies without your permission.

Your Rights (Instructions) Put your initials next to the statements that you understand and agree to:

_____ I have received a copy of this Agency’s Privacy Notice/script that explains NC HMIS and my rights and responsibilities associated with how information is kept and shared through this system.

_____ I understand that my written consent allows the information listed in the Sharing Plan to be shared among the agencies listed in the Sharing Plan. All sharing agencies where I am receiving services may

update that information as I provide additional or new information. The purpose of sharing my information is to better coordinate care for me and my family.

___ I understand that the confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Sharing Plan or as required by law¹ and certain North Carolina laws.

___ I understand that Agencies included in my Sharing Plan must follow strict privacy guidelines.

___ I can withdraw my consent to share at any time; however any information already shared with another agency cannot be taken back. I also understand that the request to discontinue sharing will have to be coordinated between sharing partners. I should tell any agencies that I am seeing included on the Plan when I withdraw my consent.

___ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request. An agency can refuse to change information in my record, but must provide me with a written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.

___ I understand that the refusal to share information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.

___ I understand that some of my information may be disclosed for academic research purposes without identifying information included. My name and other identifying information may be used to match records but will not be released to be used directly in the research unless I sign a separate consent when identifying information is a requirement for the Study (example: so a researcher can contact me).

¹The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164.

Instructions: Check the box next to the statement that you understand and agree to:

I agree to have all of my information visible to all helping agencies listed above.

- a. Yes, I agree to share my information as described in the Coordination of Care Sharing Plan.
- b. No, I do not agree to the Sharing Plan (Only our agency will able to see all your detailed information).

This Release is active for two years effective the date of Signature.

Client signature: _____ Date: _____

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____

Date signed by guardian/authorized representative: _____

SECTION 3 – External Sharing Plan

Sharing Plan for the purpose of improving access to individuals who may qualify for certain benefits

Many North Carolina community programs have requested to use your information to see if you might qualify for **housing, income, or social service supports**. Only the agencies listed above will be able to access your data directly in HMIS. However, staff at other agencies may be included in the discussion of your case to better connect you to resources you may qualify for. These staff are only able to discuss your information to coordinate your case plan. All persons participating in these discussions are required to sign a confidentiality agreement stating that they will not share your information and receive training in data security.

A list of specific agencies involved in these process will be available upon request.

Please read each statement below and circle your response(s).

1. If you are homeless, you might be eligible for housing in our community. We have a housing review committee that has case managers from many community agencies. To participate in this process, the agencies will need to review and discuss information recorded in HMIS. With your permission, an agency may contact you if that information shows that you may be eligible for local housing services.

Information that will be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability.

Yes I agree to share my HMIS data for Housing Prioritization: (Circle Response): Yes/No/NA

2. If you are homeless, you might be eligible for support services in our community. We have a case review committee that has case managers from many community agencies. To participate in this process, the agencies will need to review and discuss information recorded in HMIS. With your permission, an agency may contact you if that information shows that you may be eligible for local supportive services.

Information that will be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability.

Yes I agree to share my HMIS data for Connection to Supportive Services: (Circle Response): Yes/No/NA

3. We may need to document your homeless history to see if you are eligible for specific community programs. Your case manager may contact a Representative from the Michigan Coalition against Homelessness (MCAH) / NC HMIS (NC HMIS lead agency) to view data

recorded in HMIS in order to complete a housing history document. With your permission, these representatives will complete the document and give it to your case manager.

Information that will be shared includes: HMIS number, Name, date of birth and Social Security Number, housing history.

Yes I agree that MCAH may share data with my Case Manager: (Circle Response): Yes/No/NA

4. If you have served in the military and been on active duty, the VA Medical Center, Veterans Services Organization and/or veterans services organizations would like to contact you about potential housing and benefits. With your permission, they will use the information you give this agency (recorded in the HMIS) to contact you.

Information that will be shared includes: Name, date of birth, homeless status, veteran status, housing history, contact information, chronically homeless status.

Yes I agree to share my HMIS data for the Veteran's Project: (Circle Response): Yes/No/NA

5. Income is important to staying housed. Caseworkers from community agencies with SSI/SSDI Outreach Access and Recovery projects are identifying homeless people that may qualify for Social Security Income. With your permission, they may use the information you give this agency (recorded in the HMIS) to assess you for potential eligibility and to contact you if you are eligible for benefits.

Information that will be shared includes: Name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status.

Yes I agree to share my HMIS data for the SOAR Project: (Circle Response): Yes/No/NA

This Release is active for two years effective the date of Signature.

Client signature: _____ Date: _____

Signature of guardian or authorized-representative (when required):

Relationship to client: _____

Date signed by guardian/authorized representative: _____

APPENDIX E
Charlotte-Mecklenburg Continuum of Care
Homeless Management Information System
Updated October 2015

Data Quality Standards

Overview

Charlotte-Mecklenburg Continuum of Care its Homeless Management Information System (HMIS) developed the following policy standards and subsequent procedures of data usage for all Charlotte-Mecklenburg County HMIS users and user agencies. The data quality standards will serve to maintain or improve the data quality of the data entered into the Homeless Management Information System. All agencies are responsible for maintaining their own compliance with federal regulations as well as any outside applicable regulations such as the Health Insurance Portability and Accountability Act (HIPAA) standards.

Data Quality Standards

I. Introduction

This document describes the Homeless Management Information System (HMIS) data quality standards and the data quality-monitoring plan for Charlotte-Mecklenburg Continuum of Care (CoC). This document is developed for participating HMIS agencies and user agencies. These HMIS Data Quality Standards and the related data quality-monitoring plan will be updated annually, considering the latest HMIS data standards.

A. Applicability of the HMIS Data Quality Standards

This HMIS Data Quality Standards document applies to all HMIS participating agencies located within the CoC, regardless of funding source. No HMIS participating provider is exempt from the standards or process laid out in this document.

B. What is an HMIS?

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the individuals who access homeless and other human services in a community. Each CoC receiving Housing and Urban Development (HUD) funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless and at-risk of homelessness assistance system. Furthermore,

elements of HUD’s annual CoC Program competition are directly related to a CoC’s progress in implementing its HMIS.

In addition to CoC Programs and state-funded homeless programs, HMIS accommodates, the following programs:

- The Supportive Services for Veteran Families (SSVF) program
- Projects for Assistance in Transition from Homelessness (PATH) program
- Runaway and Homeless Youth Management Information System (RHYMIS)

C. HMIS Data and Technical Standards

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). The current HMIS Data and Technical Standards can be found at <https://www.onecpd.info/resource/1220/finald-hmis-data-standards>.

D. What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can “tell the story” of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics about the data such as timeliness, completeness, and accuracy. In order to assess data quality, the community must first think about what data quality means and document this understanding in a data quality plan.

E. What are Data Quality Standards?

Data quality standards set expectations for the quality of data entered into the HMIS and provide guidance to HMIS participating providers on how to capture and enter reliable and valid data for persons accessing the homeless assistance system.

Data Quality Standards

II. Data Quality Standards

All Charlotte-Mecklenburg CoC HMIS participating agencies must strive to adhere to the following

data quality standards. These standards are in addition to those identified by HUD in the HMIS Data and Technical Standards. HMIS Users and program staff should be familiar with both sets of requirements.

A. Data Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection, or service transaction, and the data entry. Ideally, the data is entered during intake, but that is not always possible.

The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

1. Data Timeliness Standard

All required data elements for each program type must be entered within five days (including weekends and holidays) of the client entering the program. Any client updates that occur during the program stay should be entered into HMIS within five days of data collection. Client records must be closed within five days of the client exiting the program.

Stage of Data Entry	Number of Days to Enter Data (including weekends and holidays)
Program Entry	5
Update data during program stay	5
Program Exit	5

A. Data Completeness

All data entered into the HMIS must be complete. Missing or incomplete data (e.g., missing digit(s) in a Social Security Number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could prevent the client from receiving needed services - services that could help them become permanently housed and end their episode of homelessness.

1. Data Completeness Standard

The percentage of required data elements identified as ‘missing’ or ‘client doesn’t know/client refused’ should be no more than 0% to 10%, depending on project type and data element. (See Table 2 for details.)

The Charlotte-Mecklenburg CoC has established an acceptable range of ‘missing’ and ‘client doesn’t know/client refused’ responses, depending on the data element and the type of project entering data. The percentages listed in the last two columns represent the maximum percentages allowed.

Data Elements	Applicability of Standard by Project Type	Missing Max Allowed	Client Doesn't Know/Refused Max Allowed	Other Max Allowed
Demographics (name, SSN, Date of Birth (DOB, gender, race, and ethnicity.)	All Projects	0%	2%	0%
Housing Status at Entry	All Projects	0%	0%	0%
Disabling Condition (Adults)	All Projects	0%	5%	0%
Type of Living Situation	All Projects	0%	1%	0%
Veteran Status	All Projects	0%	1%	0%
Zip of Last Permanent Address	All Projects	0%	1%	0%
Housing Status at Exit	All Projects except ES	0%	2%	0%
Income & Benefits at Entry	All Projects	0%	2%	0%
Income & Benefits at Exit	All Projects	0%	2%	0%
Destination	ES All Projects Only	10%	10%	0%
Destination	All Projects except ES	2%	5%	0%

*Users can find their Data Quality Measurements for Completeness in the Data Quality: Assessments report.

A. Data Accuracy

Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to HMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing than to enter inaccurate information. To ensure the most up-to-date and complete data, data correction should be performed once the error(s) is detected.

APPENDIX F

Coordinated Entry Non-Discrimination Policy

All activities provided under the Charlotte-Mecklenburg Coordinated Entry System are intended to be client-centered, including 1) physical assessment areas that are safe and confidential, 2) staff who are respectful, and 3) staff who comply with client's requests around the use of personal information.

Any person who that feels like we are not meeting these goals may contact the Coordinated Entry Supervisor, Megan Coffey at 704-926-0617, megan.coffey@mecklenburgcountync.gov, or Rebecca Pfeiffer at 704-336-2266, rpfeiffer@charlottenc.gov to express these concerns.

Política coordinada de no discriminación de entrada

Todas las actividades provistas bajo el Sistema de Entrada Coordinada de Charlotte-Mecklenburg están destinadas a centrarse en el cliente, incluidas 1) áreas de evaluación física que son seguras y confidenciales, 2) personal respetuoso y 3) personal que cumple con las solicitudes del cliente en relación con el uso de información personal.

Cualquier persona que sienta que no estamos cumpliendo con estos objetivos puede comunicarse con la Supervisora de Entrada Coordinada, Megan Coffey al 704-926-0617, megan.coffey@mecklenburgcountync.gov, o Rebecca Pfeiffer al 704-336-2266, rpfeiffer@charlottenc.gov para expresar estas preocupaciones.

Accommodations for the visually, or hearing impaired, as well as non-English speaking citizens, are available upon request.

APPENDIX G

Coordinated Entry Vulnerability Review | Updated 28 December 2019

The Coordinated Entry Vulnerability Review process will be used to review cases of individuals and families with dependent children with high vulnerability (defined below) who are unable or unwilling to complete a VI-SPDAT assessment (this includes all VISPDAT assessments: individual, family, and transitioning age youth), or whose score does not reflect their true vulnerabilities. The purpose of this process is to provide a safety net for individuals and families with dependent children where the tool did not reveal the full depth and/or urgency of the situation. It is to be used to prioritize the minority, not majority of our community's chronically homeless by-name lists. This process ensures that the most vulnerable chronically homeless individuals and families with dependent children in Mecklenburg County are considered and prioritized for housing. A review process will allow for some element of individual attention and conversation in the prioritization process, but at the same time still maintain a uniform, transparent process.

Referral Criteria

An individual or family (with dependent children) on the registry may be referred for Vulnerability Review if they or one of their dependent children meets one or more of the following criteria:

- ❖ Severe Mental Health and/ or Substance Use Condition or Developmental Disability – The person has a severe and persistent mental health or substance use condition or developmental disability, observed over time, that manifests in at least two of the following:
 - Interferes with the person's ability to complete Activities of Daily Living
 - Results in self-neglect, putting the person's health, safety, or well-being at risk
 - Impairs the person's ability to understand and perceive his or her illness
 - Prevents the person from being able to complete a VI-SPDAT assessment

 - ❖ Frequent MEDIC/Emergency Room User – The person is a high utilizer of local emergency services and is on the Frequent MEDIC User list and/or the Frequent ED User list of a hospital system.

 - ❖ Severe Medical Conditions - The person has either:
 - More than one chronic health issue with his or her liver, kidneys, stomach, lungs, or heart that impacts daily functioning.
 - A terminal illness.
- OR
- ❖ A family with dependent children living in shelter or on the street has a case worker and one collateral professional resource that believe the family's VI-F-SPDAT does not represent the true vulnerability of the family unit.

- ❖ A transitioning-age youth living in the shelter or on the street has a case worker and one collateral professional that believe the youth's VI-TAY-SPDAT does not represent the true vulnerability of the youth.

Vulnerability Review Committee

The Vulnerability Review (VR) committee will be comprised of three individuals elected by the Coordinated Entry Oversight Committee. These individuals must be familiar with the Housing First initiative and/or have practical knowledge of the chronically homeless population and preferably have a clinical background. The committee members cannot be anyone who would make a referral to the group (case managers, outreach workers), nor can they be anyone who works for a permanent supportive housing provider. The VR Committee will sign an agreement acknowledging the information received will be used for the sole purpose of determining if the client(s) should be prioritized for housing and will not be shared outside of the committee's review process. The initial VR Committee was implemented in May 2017.

Referral Process

Referrals must come from the individual's case manager/outreach worker.

1. Referring worker completes a VR referral form and includes a write up detailing the reason for the referral and any supporting documentation. Referring worker must de-identify the referral form to protect client confidentiality.
2. Once completed, referral is sent to the Vulnerability Review Committee members via a central email. The VR Committee will review and issue a determination within one week of receiving the referral.
3. The VR Committee may discuss the case further with the referring worker, request additional documentation, and/or seek additional consultation before making a decision. They can choose to staff the case via conference call or meet in person.
4. The VR Committee will document its final decision. If the decision is favorable, the VR Committee will notify the Coordinated Entry Supervisor and the referring worker. If not favorable, committee will notify the referring worker.
5. If approved, the referring worker will proceed with completing a permanent supportive housing application and will send the application to the Coordinated Entry Supervisor, in line with the current process for all completed PSH applications.
6. Coordinated Entry Supervisor will keep a list of all completed applications that were approved through this process.
7. As a housing slot opens up in a housing program, the individual will be considered along with all other completed PSH applications that fall within tier 1 of the CoC's approved prioritization matrix. The individual or family will then be prioritized based on their health score, risk score, and length of time homeless over the past three years, in accordance with the CoC's approved prioritization policies. CE Supervisor will staff the referrals with all referring case managers to determine whose application will be sent to fill the opening. Decisions are based on the tie breakers set by the community, with some consideration for other circumstances.

Vulnerability Review Referral Form

Date: _____

Individual or Family

VI SPDAT Score:

F-VI SPDAT Score:

TAY-VI SPDAT:

Date of VI SPDAT/F-VI SPDAT/TAY-VI SPDAT Score:

Referring Caseworker and Contact Information:

Veteran: YES NO

Reason for the Referral

- ❖ Severe Mental Health and/ or Substance Use Condition or Developmental Disability – The person has a severe and persistent mental health or substance use condition or developmental disability, observed over time, that manifests in at least two of the following:
 - Interferes with the person’s ability to complete Activities of Daily Living
 - Results in self-neglect, putting the person’s health, safety, or well-being at risk
 - Impairs the person’s ability to understand and perceive his or her illness
 - Prevents the person from being able to complete a VI-SPDAT assessment

- ❖ Frequent MEDIC/Emergency Room User – The person is a high utilizer of local emergency services and is on the Frequent MEDIC User list and/or the Frequent ED User list of a hospital system.

- ❖ Severe Medical Conditions - The person has either:
 - More than one chronic health issue with his or her liver, kidneys, stomach, lungs, or heart that impacts daily functioning.
 - A terminal illness.OR
- ❖ A family with dependent children living in shelter or on the street has a case worker and one collateral professional resource that believe the family’s VI-F-SPDAT does not represent the true vulnerability of the family unit.

- ❖ A transitioning-age youth living in the shelter or on the street has a case worker and one collateral professional that believe the youth’s VI-TAY-SPDAT does not represent the true vulnerability of the youth.

Please write a detailed reason for referral, citing examples and evidence observed over time. Any supporting documentation should be provided. Supporting documents can include medical records, MEDIC/ED utilization verifications, court documents, school records, CPS records, Comprehensive Clinical Assessments, etc. **The person completing this referral must de-identify the referral form to protect client confidentiality.**