

Coordinated Entry Policies and Procedures

Charlotte-Mecklenburg, NC (NC-505) Approved 09/20/2022

This Document governs the implementation, governance, and evaluation of coordinated entry in Charlotte-Mecklenburg County NC (NC-505). These policies and procedures will be reviewed annually and may only be changed by the approval of the Coordinated Entry Oversight Committee of NC-505.

INTRODUCTION & OVERVIEW

What it is:

The Coordinated Entry (formerly called Coordinated Assessment) System (CES) is a community-wide infrastructure that governs access to all CoC and ESG resources under the CoC's jurisdiction. The main functions of the system are to provide a standardized intake and assessment process to evaluate the housing and services needs of individuals and families who meet the HUD literally homeless, or imminent risk of becoming homeless definitions.¹ Individuals and families who do not meet either definition are directed to other resources available in the community.

The implementation of a CES 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 a national best practice.

Key components of CE include:

- A local Coordinated Entry hotline
- Designated physical locations where people can present for an in-person assessment
- Street Outreach
- Client-centered, strengths-based, solution-focused service
- The use of standardized assessment tools to assess consumer housing and service needs
- Referrals, based on the results of the assessment tools to available, homeless assistance and other related resources as 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 funded programs for the individuals and families as defined by the CoC and local context

CE cannot:

- guarantee a housing or shelter for any individual or family who is homeless.
- A financial or voucher (hotel or housing) resource

¹ https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

- Provide transportation, bus passes or moving assistance
- Act as landlords, housing providers or housing navigators

How it works:

In brief, an individual or family that is literally homeless or at imminent risk of homelessness may either call the Charlotte-Mecklenburg CE Hotline or present at a designated physical location where a CE assessor is located. A CE assessor administers a standardized assessment and prioritization tools and collaborates with the client to identify potential next steps based on client choice and availability of shelter and community resources.

The CE assessment is a two phased process. Persons who are at imminent risk of becoming homeless (within 14 days) complete a short assessment that determines whether a household can have their homelessness prevented or if their homeless situation can be resolved through diversion. CE assessors engage in problem-solving focused conversations and provide clients with all appropriate referrals. Persons who are precariously housed do not complete the CE process and are instead provided with information about available community resources.

Guiding Principles:

- **Consumer Choice:** Consumers will be given information about the programs available 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 consistent collaboration between the CoC, providers, community 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, strong governance by the CE Oversight Committee (CEOC), consistent reporting on the performance of the CE process and a regular feedback loop between clients accessing CE and the CEOC.
- **Accurate Data:** The collection of data 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, reducing returns to homelessness and increasing household income. 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 matches to available housing resources prioritize households that have the highest service need as evidenced by community prioritization tools. 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 committee of the CoC, provides general oversight and guidance, and monitors and evaluates CE activities. The CE Oversight Committee is comprised of membership from: persons with lived experience in homelessness, homeless & housing service providers and other stakeholders. See Appendix F for full description of committee responsibilities and membership priorities.

ACCESS

All persons experiencing housing instability, at imminent of risk of homelessness or who are literally homeless may call the CE hotline: 704-284-9665 or engage with a CE assessor via designated physical location or via the provision of street outreach. Households that call the CE hotline are instructed to leave a voicemail and will receive a return call within 2 business days.

Experiencing Housing Instability

For persons experiencing housing instability but are not literally homeless, CE staff will not complete the phased assessment tool but will provide information about community resources that may be able to assist, including location and contact information.

Imminent Risk of Homelessness

CE staff will complete phase one of the two phase CE assessment with persons who are at imminent risk of homelessness (within 14 days) and provide referrals to relevant appropriate prevention, diversion, or community resources, minimum resource eligibility requirements, location and contact information.

Literally Homeless

CE Assessors will complete both phase one and phase two of the CE assessment with households that present as literally homeless.

NC-505 offers the same assessment approach via the CE hotline and at all in-person assessment access points. All the access points are available to all people who may be experiencing homelessness, except for population-specific sites: the Veterans Services Office (serves Veterans only) and The Relatives (serves unaccompanied youth ages 18-24 only). Interpreters are available for persons with limited English proficiency (LEP). Telecommunication Device for the Deaf line is available to assist deaf and hard of hearing persons.

CE assessors complete the community Release of Information with all callers who identify as literally homeless or at imminent risk prior to entering client information into the HMIS database.

Outreach

Street Outreach staff conduct face-to-face assessments with clients who are unsheltered.

In Person Sites

In person sites are available to clients who frequent these locations and/or are residing there. These sites include:

- Salvation Army Center of Hope Shelter for Women and Children
- Roof Above N. Tryon shelter for men

- Roof Above Day Services Center/Room in the Inn)
- Mecklenburg County, Veterans Services Office (veterans only)
- Safe Alliance
- Valerie C. Woodard Community Resource Office
- The Relatives (unaccompanied youth ages 18-24 only)
- Criminal Justice Services

*This list will be updated as CE sites are added or removed. All are accessible for persons with disabilities.

Ease of Access

All CE sites, are located on a bus line in Charlotte and are accessible to individuals with disabilities, including persons who use wheelchairs and for those who may be unlikely to access homeless assistance. In the event that a person who is homeless 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. Marketing materials are printed both in English and Spanish.

CE also routinely provides connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs, transportation and childcare assistance, and job search. The CE sites have community resource guides available for customers.

Full Coverage

Through the combination of the CE hotline, centrally located and satellite CE sites, partner agencies, and street outreach providers, CE services are accessible throughout the geographic area of the CoC.

Safety Planning

Persons fleeing domestic violence, sex trafficking, dating violence, sexual assault and stalking who call the CE hotline or present to an in-person access point will be referred to Safe Alliance for safety screening, planning and shelter. The person is provided with the DV? shelter phone number and the CE assessor will strive to ensure they have a safe place from which to make the call. The CE assessor 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. As

with all households, 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.

Any homeless person who is fleeing DV is eligible to receive a CE in-person assessment or via phone after having received safety planning from the DV Shelter.

Informing the Public and Mainstream Service Providers

CE access information is updated periodically and posted on the City of Charlotte, and Mecklenburg County government websites.

The CE Oversight Committee holds bi-monthly 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 informs persons with disabilities of the availability of special accommodations. Accommodations include but are not limited to use of interpreters, LanguageLine and large type. CE assessors have been informed that CE accommodates persons with disabilities and have been directed to relay this information to consumers, when asked.

Non-Discrimination

NC-505'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 in person locations post information about housing discrimination and how to file a complaint (Appendix D). CE staff receives on-going information about non-discrimination practices as part of the training curriculum.

For additional information on grievances and appeals process is available in NC-505 Written Standards: <https://mecklenburghousingdata.org/charlotte-mecklenburg-coc/coc-documents/>.

The CoC's Non-Discrimination policy can be found [here](#).

ASSESSMENT

All assessments follow a client-centered, strength-based, and solution-focused approach, including 1) physical assessment areas that are safe and confidential and 2) questions that 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 or CE Hotline process of interviewing a literally homeless imminently at-risk consumer, using a consistent and uniform set of questions, to determine which programs or services are most appropriate to meet their 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 sites to make these determinations. Assessment staff is trained on administering the questions, including the community identified prioritization tools. Given the limited housing assistance resources available, every effort is made to assist the consumer to determine if they have diversion options available and to explore possible natural supports and resources. Consumers in need of immediate shelter are referred to the appropriate community shelter resource, if available.

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

The CE assessment utilizes a phased approach that reflects the Housing First philosophy. In phase one, the CE assessors explore safety, diversion whenever appropriate and prevention. If shelter diversion is not a viable option, phase two is completed and the CE 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. Basic safety inquiry
2. Diversion
3. Prevention
4. Household information and housing needs
5. Vulnerability assessment
6. Community resource referrals including emergency shelter referrals
7. Next Steps

Diversion

Diversion is a strategy that prevents individuals and families from entering shelter by assisting them to identify immediate alternate housing arrangements, and if possible, connecting them with services and financial assistance to help them return to stable housing.

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 community diversion specialist housed. These diversion specialists have access to financial resources that can be used to provide diversion through things such as bus passes for travel to permanent placement, rental deposits, utility payments and other reasonable expenses, per funding guidelines.

Household information and housing needs

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

Prioritization

Standardized Prioritization

Policy (effective XX/XX/22)

The Charlotte-Mecklenburg CoC uses data collected through the CE assessment to prioritize homeless persons in the CoC's geography. The Charlotte-Mecklenburg Continuum of Care, with the input from area homeless providers, establishes guidelines that outline the order of priority for housing homeless individuals and families. NC-505 prioritizes chronically homeless individuals and families with the highest vulnerability for all permanent supportive housing. NC-505 requires that rapid rehousing programs prioritize 50% of their resources to serve the next most vulnerable person on the community by-name list who meets program eligibility requirement (RRH Level 1). Rapid rehousing programs are encouraged to prioritize no more than 50% of their rapid rehousing resources to serve individuals of varying vulnerability who meet program eligibility and whose housing crisis could be quickly resolved through the utilization of these resources (RRH Level 2).

To view the current community prioritization policy and order of priority, click X (or go to appendix X).

Evaluation

All community prioritization tools, processes, and policies will be reviewed on a regular basis by the Prioritization Tool Workgroup to assess for effectiveness. CoC and ESG-funded programs will be assessed on adherence to the prioritization policy via funding application scorecards and

quarterly project monitoring.

Procedure

Permanent Supportive Housing (PSH)

The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule). All current and newly developed Permanent Supportive Housing beds are dedicated to individuals and families that are chronically homeless or were documented as chronically homeless at the time of Rapid Rehousing program entry. All literally homeless families, when assessed through Coordinated Entry, will be assigned a Vulnerability Score between 0-15.65, with 15.65 being the most severe vulnerability. All literally homeless individuals, when assessed through Coordinated Entry, will be assigned a Vulnerability Score between 0-14.25, with 14.25 being the most severe vulnerability. The steps below further outline the prioritization used for each subpopulation.

Rapid Rehousing (RRH)

All Rapid Rehousing beds are dedicated to literally homeless families with minor children, youth ages 18-24, veterans, and singles. All literally homeless families, when assessed through Coordinated Entry, will be assigned a Vulnerability Score between 0-15.65, with 15.65 being the most severe vulnerability. All literally homeless individuals, when assessed through Coordinated Entry, will be assigned a Vulnerability Score between 0-14.25, with 14.25 being the most severe vulnerability. The steps below further outline the prioritization used for each subpopulation.

Unit Set-Asides

With approval from the Coordinated Entry Oversight Committee (CEOC), programs may set aside units to serve specific populations. The current prioritization policy and order of priority located X outlines the current unit set-asides approved by the CEOC. Unit set-aside requests may be reviewed on an annual basis to ensure that the set-asides continue to meet emergent community need.

Transitional Housing

Transitional Housing funded with HUD dollars is filled on a first come, first served basis. Transitional housing beds are not prioritized at this time. HUD funded TH projects only accept consumers who have completed an assessment with a CE assessor (or who will complete an assessment as soon as practical) and meet their program eligibility criteria.

Emergency Services

Emergency services are a critical crisis response resource, and access to such services will not be prioritized.

Emergency shelter beds are filled on a first come-first served basis. Emergency Shelters only accept consumers who have completed an assessment with a CE assessor (or who will complete an assessment as soon as practical).

Referrals to Emergency Shelter

During the assessment process, if need for a shelter bed is desired and identified, CE staff will provide the consumer with information on how to access population specific shelter beds, will complete a CE Event shelter referral in HMIS, and if necessary, connect the consumer directly to ES staff for assistance.

By-Name Prioritization List

Policy:

The CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant choice and need, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process.

Procedure:

The CoC's prioritization list will be managed by the CE coordinating entity and the HMIS Lead. New participants will be added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization policy established by the CoC's written policies and procedures governing CE operations and decision-making.

Coordinated Entry Vulnerability Review:

The Coordinated Entry Vulnerability Review process is used review cases of individuals with high vulnerability as a result of a severe mental health condition, frequent medic or emergency room use, or severe medical conditions who are unable or unwilling to complete the community prioritization tools, or whose score does not reflect their true vulnerabilities. The purpose of this process is to provide a safety net for individuals where the tool did not reveal the full depth and/or urgency of the situation, not a side door to the process. It is to be used to prioritize the minority, not majority of our community's chronically homeless registry. This process ensures that the most vulnerable chronically homeless individuals in Mecklenburg

County are considered and prioritized for housing. This review process allows for some element of individual attention and conversation in the prioritization process, but at the same time still maintains a uniform, transparent process. For complete information on the vulnerability review process see Appendix X.

Housing Match Process

The match process is grounded in the Continuum of Care (COC)/Coordinated Entry Oversight Committee (CEOC) approved Prioritization Policy and HUD guidance that suggests that Coordinated Entry Systems (CES) support the swift assessment and referral of persons experiencing homelessness, while employing a racial equity lens. Provider/community feedback is welcomed and strongly encouraged.

On a quarterly basis the CEOC will solicit stakeholder feedback on prioritization and match processes for effectiveness in ensuring that the goal of housing the community's most vulnerable individuals and families is being met and that people of color are matched and housed at a rate that is proportionate to their makeup of homeless households in Charlotte-Mecklenburg.

Match Responsibilities and Procedure

Oversight and facilitation of the match process will be the responsibility of the Coordinated Entry Housing Placement (CEHP) team which will consist of the Coordinated Entry Supervisor, the Built for Zero Community Data Leads, and designated Coordinated Entry staff.

Responsibilities:

CEHP Team/ Coordinated Entry/ Shelter/ Outreach

1. Once the client is determined to be literally homeless without diversion options, CE staff will complete a housing needs assessment including prioritization tools (full CE) with the client.
2. Chronically homeless single adults, unaccompanied youth ages 18-24, and chronically homeless families with children will be provided with a list of documentation that is typically needed for housing placement by CE staff including (length of time homeless, disabling condition, income, credentials etc.). If the household has any documentation at the time of CE, staff will upload all available documents to HMIS.
3. Case workers need to maintain weekly contact with their clients and have the ability to quickly contact individuals in need of match as well as anyone who is in the housing process and document all contacts in HMIS.
4. Clients that are unable to be contacted and do not have any HMIS activity for 30 days will be removed from the prioritization list but will be re-added if they become actively homeless again.
5. Caseworkers will upload client disability verification and homelessness verification in

HMIS ASAP so that clients can be considered to be matched.

6. Case workers will communicate all housing offers to their clients, discussing the pros and cons of the resources to facilitate the client's ability to make an informed decision about the housing resource.
7. The CEHP Data Team will manage the community match priority list, priority pool, matched list, and all by-name lists and document match information in HMIS.

Housing Programs

1. When a PSH/RRH project has an upcoming opening to fill, the housing program will notify the CE Supervisor and provide information about the opening including when the space will become available.
2. The PSH/RRH case manager will make all attempts to follow the match timeline and enroll the client within 14 days of match.

Procedure:

The match process led by the CEHP team, and will function as follows:

1. When resources are available or are known to be coming online housing provider staff will notify the CE supervisor.
2. The Match Pool list will be presorted based on the target population (i.e., vets, chronic, youth) and then sorted based on our prioritization criteria.
3. Individual program level eligibility criteria will be reviewed and households who meet the program eligibility criteria will be identified as a tentative match and offered the next available housing slot for which they are eligible.
4. When a client is determined to be a tentative match, the CE supervisor will email the client's case manager to inform them that the client has been tentatively matched and to which program they have been tentatively matched.
5. The case manager will communicate housing resource availability, housing resource pros and cons to the client, and the client will decide whether or not they accept the housing resource match.
 - a. The case manager is expected to connect with the client within 3 business days to offer the housing resource to the client.
6. If the client declines or it is decided that the individual should not be matched to the resource (ex. they refuse to work with that particular agency, they are known to be ineligible for the program, etc.), the individual will remain in the match priority pool and an alternative housing plan will be discussed.
7. If the client accepts the housing resource offer, they will be considered matched.
 - a. The CE supervisor will notify the case manager and the housing program supervisor via email that the client has been matched and to facilitate the development of a plan for next steps based on who knows the individual, who can connect them to the PH provider they are matched to, who can complete the application, assist client in obtaining additional documentation, if needed).

- b. The CEHP team will complete a housing referral in HMIS for the client to the housing program to which they are matched.

Case Conferencing Policy and Process

The Case Conferencing policy and process outlines the parameters of Case Conferencing homeless persons on the By-Name Prioritization List (BNL) generated by the CoC coordinated entry system and defines roles, responsibilities, and metrics to ensure the case conferencing process is focused on problem solving and resource coordination for clients, strengths-based, action-oriented, and effective. It’s goal is to streamline and ensure consistency in case conferencing across population groups and increase and expedite housing placements.

The By-Name Case Conferencing Planning Team is a sub-committee of the Coordinated Entry Oversight Committee (CEOC) and consists of the Coordinated Entry Manager, CoC Staff, Case Conferencing sub-population leads, sub-population work group leads, and BNL leads. All policies produced by the By-Name Case Conferencing Planning Team must be approved by the CEOC.

Sub-population case conferencing teams are sub-committees of their associated sub-population workgroup and are authorized and endorsed by CoC Board. These sub-committees include the following:

Work Group	Sub-committee	Population
Chronic Homelessness Work Group	Chronic Homelessness Case Conferencing Sub-committee	Single adult, non-veteran chronically homeless
Family Homelessness Work Group	Family Homelessness Case Conferencing Sub-committee	Families with minor children
Veteran Homelessness Work Group	Veteran Homelessness Case Conferencing Sub-committee	All veteran populations
Youth Homelessness Work Group	Youth Homelessness Case Conferencing Sub-committee	Single unaccompanied youth

Acknowledging that the composition for each sub-population’s case conferencing sub-committee may vary, it is recommended that at minimum the following partners be represented for specific sub-populations. Some providers may only need to participate when specific barriers or target populations are discussed.

- Street Outreach/ Housing Navigator
- Emergency Shelter
- Transitional Housing
- Permanent Housing Providers, e.g. All PSH and RRH providers, housing search assistance providers, housing authority, other housing providers/landlords
- Service Providers, e.g., non-profit and public service providers including behavioral and health providers; population specific providers (e.g., Veterans Administration, Youth and Family Services, Criminal Justice Services); and peer support specialists.
- CoC Coordinated Entry Manager
- CoC Staff

- BNL Leads

For a complete overview of the Case Conferencing Policy and Process, see Appendix X.

REFERRALS

Housing Referrals and Enrollment

Referral:

After the housing agency is notified of a match and referral, they should make all possible attempts to contact the responsible caseworker and/or client to arrange a meeting within five business days.

If after 3 attempts at contact (phone, mail, email, message board, via case manager, etc.), the housing program is unable to schedule an intake with the client, the client will be unmatched.

The housing case worker should keep the CE Supervisor informed about their efforts and progress in connecting with the client and document contact attempt in HMIS via client note. If the housing case worker is unable to locate the client, the CE Supervisor will move to the next eligible client for that vacancy.

The original client will remain on the match list and receive the next offer for which they are eligible.

Housing programs are expected to begin housing identification (if applicable) immediately after receiving a referral, and no later than the day after they first meet a client.

Enrollment:

The housing provider is responsible to make all possible attempts to enroll matched individuals within 7 business days of match.

If the responsible case worker and client are unable to provide documentation needed to enroll within 7 days and the submission of these materials is not imminent, the CE Supervisor will move to the next eligible client for that vacancy.

The client will remain in the match priority pool and receive the next offer for which they are eligible.

Please note, the responsible case worker should contact the CE Supervisor ASAP if they are having issues enrolling the client.

Time will be set aside during each case conferencing meeting to discuss any challenges related to enrolling an individual who is eligible and interested in

enrolling in the program (e.g. documentation challenges, etc.)

If the housing case worker is unable to contact an individual that is assigned to them or if they found them to be ineligible within 7 business days of the match, that information should be communicated to CEHP team so that the next eligible client for the vacancy can be offered the available housing resource.

Goal: The total time from match to enrollment should take no longer than 14 calendar days.

Extenuating Referral Circumstances:

Housing agencies will be evaluated annually during the ESG/NOFA ranking process based upon the timeliness of housing clients. Periodically there will be unusual circumstances outside of the housing agency's control that abnormally delays the process. In these circumstances, the length of time placing a client can be excluded from the agency average for NOFA rankings only as follows:

- Length of time from enrollment to placement (lease signing) exceeds 90 days for PSH and 30 days for RRH.
- The housing agency regularly participates in case conferencing meetings and communicates all housing efforts and obstacles to the CE Supervisor and documents in HMIS;
- The housing agency submits a Request to Exclude Placement from NOFA Computation to the CoC Manager to exclude placement results for a client no later than 60 days after date of referral; and
- It is determined by the CE Supervisor or, if necessary, an appeal of the CoC Manager's decision by submitting an Appeal of Request to Exclude Placement from NOFA Computation, that unusual circumstances outside of the receiving agency's control adversely delayed the process.

Goal: The total time from enrollment to housing should take no longer than 30 calendar days.

Notification of Vacancies

Policy:

All CE participating providers will enroll new participants only from the CoC's CE referral process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies immediately when there is an opening.

Procedure:

When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE Coordinator via email within 5 business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CE Coordinator will provide vacancy information to the CE Housing Placement Team, which will work to identify a prioritized household to fill the vacancy. **Participant-Declined Referrals**

Policy:

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion. 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.

Procedure:

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

Provider-Declined Referrals:

Policy:

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

Procedure:

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

- The person does not meet the project's eligibility criteria.
- The person would be a danger to self or others if allowed to stay at this

particular project.

- The services available through the project are not sufficient to address the intensity and scope of participant need.
- The project is at capacity and is not available to accept referrals at this time.
- Other justifications as specified by the “referred to” project.

The agency must communicate the refusal to the CE Coordinator within 5 business days of making the refusal. The agency must notify the CE Coordinator why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresee additional, similar refusals occurring in the future. This information will then be shared by the CE Coordinator with the CE Committee, which will discuss and decide on the most appropriate next steps for both the project and the participant.

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 a 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 XX). All HUD funded Permanent Supportive Housing projects utilize a Housing First approach.

Permanent Supportive Housing

When there is a program opening for Permanent Supportive Housing, the Coordinated Entry Staff Supervisor verifies the program eligibility parameters (singles, families, veterans, specified disability) and reviews the By Name List to identify the next most vulnerable household based on total vulnerability. The household is then 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.

CE STAFFING

Coordinated Entry In-Person Assessment and Hotline Staff

CE Staff

- Administer assessments to homeless consumers
- Report capacity and operational concerns to the CE staff supervisor
- Attend required trainings
- Follow approved workflow, 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)
- Roof Above Street Outreach
- Other community partner agencies are also trained to conduct Coordinated Entry to meet their specific populations where they present (The Relatives, Salvation Army Center of Hope, Time Out Youth and Ada Jenkins Center.)

Mecklenburg County CSS has one supervisor and 5 social workers dedicated to CE.

This staff perform most of the in-person assessments for the CoC. They are located at three sites: Salvation Army Center of Hope shelter for women and children, Roof Above Men's Shelter of Charlotte. Roof Above Day Services Center and the Valerie C. Woodard Community Resource Center staff do assessments with consumers living on the street, while The Relatives engages unaccompanied youth.

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 engaging clients in a client-centered trauma-informed manner and to ask the standardized assessment questions in a non-leading manner. CE are also regularly trained on Homeless Management Information System workflow, how to help consumers identify potential housing options that would prevent entry to 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 SYSTEMS

Data System:

Policy:

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

Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Procedure:

Participants must receive and acknowledge a "Release of Information" form prior to the collection of data for CE. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

Data Collection Stages and Standards:

Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual.

This section describes the data collection process for consumers enrolled in the CES. The CES 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.

Once a consumer has been identified as literally or at risk of homelessness, the CE assessor review the HMIS Release of Information with the client via paper form or reads the client a verbal consent statement to the consumer and then asks the consumer for consent to enter data in HMIS (See Appendix X or link?). 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. This consent allows information entered in HMIS to be shared with designated provider agencies to which. The paper consent is valid for two years and the verbal consent is valid only for 14 days.

Some consumers are never entered into HMIS. These include:

- **Domestic Violence:** Consumers who are being served by a victim services provider. Victim services providers are prohibited by law from entering data into the HMIS system. Consumers, who are served being served by a victim services provider have their program specific information entered into a HMIS-comparable database. Consumers who are being served by a victim's services provider may, with consumer consent, have their data entered into the HMIS system as Coordinated Entry is not a designated victim services provider. All clients who have their data entered in HMIS have the risks and benefits of HMIS data entry shared with them as part of the informed consent process. Clients may choose to share their data within the HMIS system, have their client record locked down so it is not visible to any other providers, have their record locked down so it is only visible with the HMIS number, or decline to have their data entered in HMIS. In cases where clients decline to have their data entered, a paper assessment form can be completed. Upon completion, the client can be added to the By-Name List under a code name with the data needed to prioritize and the paper assessment will be kept in a locked file cabinet in the CE assessor's office and retained for in alignment with the HMIS records retention policy.

Participant Consent Process:

Policy:

Data may be collected but may not be shared without the consent of participants, according to the defined privacy policies and agreements adopted by the CoC.

Procedure:

As part of the assessment process, upon request, participants will be provided with a written copy of the CoC's "Release of Information" and or "Privacy Notice", which outline what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for CE. Data Sharing

All HMIS Contributing Organizations sign the HMIS Coordinated Services Agreement which outlines which data will be shared between agencies and with whom. Once the CE assessment process has been completed, all HMIS Contributing Organizations will be able to see the completed Coordinated Entry assessment in HMIS. Internal HMIS data sharing 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 XX)

Data Privacy and Security

The CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices and as outlined in the Release of Information and NC HMIS Operating Policies and Procedures to the community by-name list.

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

Evaluation of CE System

Policy:

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

Procedure:

The CE will be evaluated using HMIS data on a quarterly basis. Results will be published on the public CE System website, after they have been reviewed by the CE Committee.

The CE Committee has selected the following as key outcomes for CE:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in the number of placements into permanent housing (system and project level).

The CoC will evaluate the effectiveness of its CE System using participant feedback gathered via a web-based survey that each CE project must request participants complete at the time of entry and exit from the project. Indicators measured via the participant feedback survey will include:

1. appropriateness of questions asked on assessment.
2. effectiveness of process to find and secure referrals; and
3. satisfaction with placement.

In addition, a CE metric sheet is updated and reviewed on a monthly. The data sheet provides information on who has received a CE assessment in the previous month and their characteristics. These data are used to inform CE system needs and improvements.

Role of Participating Agencies

Policy:

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

Procedure:

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.

APPENDIX LIST

- Appendix A – Declined Referrals and Grievance Procedures
- Appendix B – Memorandum of Understanding to conduct CE
- Appendix C – CE Metrics
- Appendix D – Discrimination Posting
- Appendix E – Vulnerability Review Process
- Appendix F –CEOC Governance

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 Coordinated Entry Oversight Committee via the CoC email: charmeckcoc@mecknc.gov or 980-314-8979 within 15 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.

[\(https://mecklenburghousingdata.org/charlotte-mecklenburg-coc/coc-documents/\)](https://mecklenburghousingdata.org/charlotte-mecklenburg-coc/coc-documents/).

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 CE Oversight Committee via the CoC email: charmeckcoc@mecknc.gov or 980-314-8979 within 15 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

Memorandum of Understanding to Conduct Coordinated Entry

Memorandum of Understanding (MOU) Between _____
(Name of Agency) and the Charlotte- Mecklenburg Continuum of Care (CoC).
This MOU is entered into as of the ___ day of __, 20__.

Background: HUD requires communities to ensure the Coordinated Entry (CE) system is easily accessible to all persons seeking assistance with homeless resources. The CoC, which is responsible for the implementation of CE, seeks to partner with agencies that can fill existing gaps to accessing CE in the Charlotte-Mecklenburg CoC.

WHEREAS, the parties to this agreement agree to implement a Coordinated Entry system to ensure that anyone who is literally homeless or at imminent risk of becoming homeless can access available shelter, housing and other related resources quickly and easily. **NOW THEREFORE,** the parties will provide services and resources upon the following conditions:

Agency responsibilities:

- Be a contributing homeless organization to Homeless Management Information System (HMIS) with all agency sharing agreements executed prior to obtaining HMIS license
- Ensure that staff have the required HMIS licensure, technology, private space and tools required to conduct CE
- Identify an agency administrator that will attend monthly Agency Administrator meetings
- Demonstrate that by your agency conducting CEs, an identified gap in accessing CE will be filled
- Ensure staff conducting CE receive all required training on the CE assessment, referral, and data entry processes and any other trainings the Coordinated Entry Oversight Committee (CEOC) deems necessary
- Make referrals in HMIS in alignment with the community's CE work
- CE trained staff must participate in meetings and trainings (at least quarterly) to enhance skills, maintain up-to-date knowledge of policies and procedures, and sustain mutual support with other CE trained colleagues in the community.

Responsibilities of Staff Conducting Coordinated Entry Assessments:

- Conduct CE with sensitivity to the clients' situations, treating all with positive regard
- Maintain unconditional respect for clients and utilize a Housing First, solution-focused, client centered-approach
- Demonstrate understanding of the eligibility criteria one must meet to receive a CE assessment: Clients must be literally homeless while seeking shelter or street outreach services at the time of their call or be imminently at risk of becoming literally homeless

- within 3 days of the time of their call
- Complete at minimum 3 CE assessments per month
- Demonstrate understanding of how to administer the assessment from a trauma-informed perspective
- Administer in-person or telephonic assessments to consumers that are eligible to receive an assessment
- Record assessment tool results thoroughly and accurately in the HMIS system, per CE workflow requirements
- **Monitor data quality and respond timely to requests for data corrections.** Assessors who do not meet the data quality standards outlined in the CoC's Data Quality Monitoring Plan for 2 consecutive quarters will lose the ability to conduct CE assessments until they demonstrate improved data quality
- Demonstrate understanding of what is included in the HMIS Release of Information (ROI) and be able to confidently explain what it means to clients so they can make an informed decision about their privacy rights.
- Obtain a signed ROI from each client whose information is entered into the HMIS system
- Refer clients who are ineligible for homeless assistance services to other, more appropriate community resources as available
- Attend any required CE-related meetings and/or trainings
- Attend 1 CEOC meeting per quarter

Responsibilities of the Continuum of Care (CoC):

- Ensure fluctuations in consumer demand are met with solutions as available
- Ensure agencies & staff conducting CE follow all policies and procedures and HMIS workflows
- Provide training on updated assessment tools, data quality and CE workflow annually and as needed
- Monitor CE data quality
- Complete quality control checks on completed assessments
- Annually evaluate the need for each agency to continue conducting CE
- Manage the By-Name List and bed availability lists in collaboration with HMIS administrators for various interventions as requested

For all agencies participating in Coordinated Entry (CE):

- 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 match sub-committee of the CEOC
- Participate in the HMIS and enter CE information into the HMIS, per CE workflow requirements, unless they are legally prohibited from doing so
- Abide by the policies and procedures of the CE process

- Meet with the CEOC when requested to discuss concerns and issues around the CE process
- Discourage staff from administering system wide assessments or any program assessments that duplicate questions asked during the CE process

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.

Executive Director Name (please print): _____

Executive Director Signature: _____

Date: _____

Continuum of Care

CEOC Chair Name (please print): _____

CEOC Chair Signature: _____

Date: _____

CoC Board Chair Name (please print): _____

CoC Board Chair Signature: _____

Date: _____

GLOSSARY	
Continuum of Care	CoC
Coordinated Entry	CE
Coordinated Entry Oversight Committee	CEOC
Homeless Management Information System	HMIS
Memorandum of Understanding	MOU
Release of Information	ROI

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 in-person assessments completed, and locations disaggregated by race and subpopulation
- Breakout of individual and multi-person assessments
- Consumer satisfaction with in-person assessments
- 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

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 charmecckcoc@mecknc.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, charmecckcoc@mecknc.gov para expresar estas preocupaciones.

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

APPENDIX E

Coordinated Entry Vulnerability Review

Approved 05/2021

The Coordinated Entry Vulnerability Review process is used review cases of households with high vulnerability (defined below) who are unable or unwilling to complete a VI-SPDAT assessment and/or the Supplemental Prioritization Tool, or whose vulnerability score does not reflect their true vulnerability. The purpose of this process is to provide a safety net for individuals where the tool did not reveal the full depth and/or nature of their vulnerability and is not a side door to the Continuum of Care (CoC) approved prioritization process. It is to be used to prioritize the minority, not majority of households experiencing homelessness in the Charlotte-Mecklenburg CoC. This process ensures that the most vulnerable households experiencing homelessness are considered and prioritized for available housing resources. This review process allows for some element of individual attention and conversation in the prioritization process, but at the same time still maintains a uniform, transparent process.

Referral Criteria

A household on the CoC By-Name List may be referred to the Vulnerability Review Subcommittee if they meet one or more of the following criteria.

- ❖ **Severe Mental Health Condition, Severe Substance Use Disorder, or Developmental Disability –**
A household member has a severe and persistent mental health condition, severe substance use disorder, 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 and Supplemental Prioritization 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 or requires intense medical management (e.g. dialysis, oxygen).
 - A terminal illness.

Vulnerability Review Subcommittee Membership

The Vulnerability Review subcommittee (VRSC) of the Coordinated Entry Oversight Committee (CEOC) and will be the CoC Manager (or designated staff) and two individuals who have practical knowledge of the homeless population and preferably have a clinical background. Persons who

Updated June 2021

would make a referral to the subcommittee (case managers, outreach workers) or who work for a permanent supportive housing provider are not permitted to serve on the VRSC.

Subcommittee members will be elected from the CEOC membership during July of each year and will serve a term of one year. The CoC Manager (or designated staff) will serve as Chairperson and receive all Vulnerability Review requests. On a quarterly basis, the Chairperson will report out to CEOC on the number and nature of the requests submitted and the outcome of the requests.

All VRSC members will sign an agreement acknowledging the information received will be used for the sole purpose of determining if the client should be prioritized for housing resources and will not be shared outside of the subcommittee's review process.

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, the referral is sent to the VRSC Chairperson via CharmeckCoC@MeckNC.gov. The VRSC will review within one week of receiving the referral.
3. The VRSC 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 VRSC Chairperson will document its final decision. If the decision is favorable, the VRSC Chairperson 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. 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:

VI SPDAT Score:

Date of VI SPDAT Score:

Supplemental Tool Score:

Date of Supplemental Tool Score:

Referring Caseworker:

Referring Case Worker Contact Information: _

Length of interaction with this household:

Veteran: YES _ NO

Reason for the Referral (*circle/highlight the reason(s) for referral*)

- ❖ Severe Mental Health Condition, Severe Substance Use Disorder, or Developmental Disability – A household member has a severe and persistent mental health condition, severe substance use disorder, 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 and Supplemental Prioritization 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 or requires intense medical management (e.g. dialysis, oxygen).
 - A terminal illness.

Please write a detailed reason for referral, citing examples and evidence observed over time. Supporting documentation must be provided including a copy of the completed VI SPDAT and Supplemental Score. Supporting documents could include medical records, MEDIC/ED utilization verifications, court documents, Comprehensive Clinical Assessments, third party documentation form or statement/letter, etc. **The person completing this referral must de-identify the referral form and all supplemental documentation to protect client confidentiality.** Failure to do this will result in referral not being reviewed until corrected.

APPENDIX F GOVERNANCE

COORDINATED ENTRY OVERSIGHT COMMITTEE

COMPOSITION & STRUCTURE

The following section is intended to replace “Governance” which begins on page 4 and 18 of the “Coordinated Entry Policies and Procedures for Charlotte-Mecklenburg (NC505)”.

GOVERNANCE

The Coordinated Entry Oversight Committee (CEOC), a committee of the Continuum of Care (CoC), is responsible for operating an effective CE system that promotes equal access to resources and enables efficient allocation of available housing resources. The CEOC operates a coordinated access system that provides an initial assessment of the needs of homeless individuals and families for housing and services, and annually assesses and reports to the CoC Governing Board regarding participation in the Coordinated Entry (CE) system by users throughout the CoC geography.

ROLES & RESPONSIBILITIES

In order to ensure that the Charlotte-Mecklenburg CoC operates an effective CE system and integrates the following qualities and/or components: prioritization, low barrier, Housing First orientation, person-centered and fair and equal access, emergency services, standardized access and assessment, inclusive, referral to projects, referral protocols, outreach, ongoing planning and stakeholder consultation, inform local planning, leverage local attributes and capacity, safety planning, use HMIS and other systems, and ensure full coverage in HMIS, the CEOC responsibilities shall include:

- Oversee and manage CE system processes, procedures and related activities;
- Investigate and resolve complaints or concerns related to CE;
- Review and respond to grievances filed when individual/household has exercised their right to appeal a decision from Coordinated Entry as outlined in the Charlotte- Mecklenburg CoC Written Standards (Appendices A & D);
- Share data and information about CE and the CE system to CoC Governing Board and community;
- Review & analyze CE data;
- Recommend CE quality improvements to CoC Governance Board;
- Implement CE changes; and
- Review and update CE Policies & Procedures.

COMPOSITION

The CEOC will consist of no more than 13 members, and no fewer than 9, all of whom will have one vote. CEOC composition is categorized into two sections: Ex-officio and elected. Elected positions include population-specific and service-specific areas. There are over 20 identified roles and/or areas within the CoC that directly impact or are directly impacted by Coordinated Entry. All roles/areas within the three categories should be represented by the full CEOC composition. It is possible for one CEOC member to cover multiple sections as well as different

roles/areas.

All CEOC members must also be member organizations or individuals of the CoC. The CEOC is committed to a diverse and inclusive oversight committee composition in terms of race, gender, sexual orientation, immigration status, and other factors. The Membership / Nominating Committee of the CoC will be charged with monitoring the CEOC and undertaking efforts to recruit a diverse membership.

EX-OFFICIO

- **CoC Collaborative Applicant designee:**

The Collaborative Applicant (CA) is responsible for providing staff support to all committees of the Continuum of Care. The CoC is responsible for the implementation of the Coordinated Entry system, so it is important that a designee from the CA be on the Coordinated Entry Oversight Committee.

- **HMIS Lead Agency designee:**

The HMIS Lead Agency is the agency designated by the CoC to establish and operate the CoC's Homeless Management Information System. Mecklenburg County Community Support Services serves as the local System Administrator for the HMIS in the Charlotte- Mecklenburg CoC and currently represents the CoC on the NC HMIS Governance Committee. The HMIS Lead is responsible for ensuring that projects meet national data quality objectives; that the CoC has an HMIS data privacy plan, security plan and data quality plan; and that HMIS is administered in compliance with HUD requirements. To understand whether the CE system is functioning as planned, CE data must be combined with existing HMIS individual participant data already required to be collected in a CoC's HMIS. These data allow for monitoring, managing, and evaluating the coordinated entry process. By looking at how the system functions together with participant progress, a CoC can begin to understand whether the pathways it has created for participants are effective. HUD recommends that the Coordinated Entry Policy Oversight entity include representation from the HMIS Lead.

- **Coordinated Entry Staff designee:**

Coordinated Entry (CE) is a countywide system that aims to connect individuals and families experiencing homelessness, or at very imminent risk, to an existing available shelter or housing resource in the community. The first step of the process is to call 2-1-1. CE operates from multiple locations and includes a variety of participating agencies. In addition to the core Mecklenburg County Community Support Services (CSS) – Homeless Services Division (HSS) team of six staff, other organizations and programs that serve the homeless have CE-trained staff including 1) Supportive Housing Communities (SHC) – Project for Assistance in Transition from Homelessness Program (PATH), 2) Urban Ministry Center (UMC) | Men's Shelter of Charlotte (MSC) Street Outreach/Housing Navigation, 3) Veteran Service Office (VSO), 4) Veterans Bridge Home (VBH), 5) SSVF- funded entities, and the 6) Davidson Housing Coalition. Because the CE supervisor plays a crucial role administering and monitoring CE, this position provides important information to CE Oversight related to the front-line experience for clients and staff alike.

- Charlotte-Mecklenburg Schools designee:**
Charlotte-Mecklenburg Schools (CMS) identifies students who are eligible for McKinney- Vento assistance and resources because they are experiencing homelessness. This definition of homelessness includes doubled up with family and/or friends and paying to stay in a hotel or motel. This population is at a high risk for experiencing homelessness within emergency shelter or transitional housing. It is critical that the school system and Coordinated Entry coordinate to ensure that resources can be targeted upstream to prevent families from entering homelessness whenever possible. When homelessness occurs, CMS and CE can partner to ensure homelessness is brief and services are in place to ensure homeless students have access to both educational and housing resources.
- United Way of Central Carolinas designee:**
United Way of Central Carolinas (UWCC) serves as the liaison between Charlotte-Mecklenburg’s Coordinated Entry Oversight Committee (CEOC) and United Way North Carolina 2-1-1 (UWNC 2-1-1), the community’s entry point for the Coordinated Entry process. Participation in the CEOC allows UWCC, a funder for UWNC 2-1-1, to more knowledgeably communicate and streamline feedback and requests to and from UWNC 2-1-1, as well as ensure that the work of the CEOC remain aligned with 2-1-1’s purpose and mission.
- Veteran’s Administration designee:**
Veteran’s Administration (VA) participation in the Coordinated Entry Oversight (CEOC) is one of several ways for the VA to fulfill the goal of participating with the local CoC. The VA recognizes that Coordinated Entry systems are a critical element in efforts to end Veteran homelessness and homelessness for all populations, and VA participation is essential to the success of this effort. VA participation on this committee allows an opportunity to review system data and metrics to identify gaps and barriers that impact the veteran population and recommend adjustments accordingly. The CEOC focuses on monitoring operations and reviewing and recommending policy additions and changes that relate to the population experiencing homelessness. VA presence on the CEOC is important to support and strengthen access to and prioritization of resources for veterans experiencing homelessness.
- CoC Governing Board designee:**
The CoC Governing Charter outlines that each committee must have at least 1 CoC Board member.
- Person with Lived Experience:**
It is important to incorporate the experience of people who are currently or formerly homeless in the work of committees. The newly adopted CoC Governing Charter outlines that each committee should include at least 1 seat for a person with lived experience in homelessness. [add about representation; important to have voice at table but also not at high level; front-line views and high-level views both important]

ELECTED SEAT

Population Specific

An effective Coordinated Entry process is inclusive. A Coordinated Entry process includes all subpopulations, including people experiencing chronic homelessness, veterans, families, unaccompanied children and youth, older adults, single adults, and survivors of domestic violence. Coordinated Entry may include different access points and assessment tools for 1) adults without children, 2) adults unaccompanied by children, 3) unaccompanied youth, or 4) households fleeing domestic violence. As part of the process to ensure that all subpopulations have equal access, the Coordinated Entry Oversight Committee will ensure that there is representation from all subpopulations outlined below by at least one CEOC Board member. It is possible that one Board member may represent more than one subpopulation.

- **Victim Services Provider**

HUD defines a victim service provider to mean a private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence. This term includes permanent housing providers—including rapid re-housing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs (HUD).

- **Single Adults**

An individual who is 18 years of age or older not currently part of a household.

- **Unaccompanied Children and Youth**

An unaccompanied child is a single individual younger than 18 that is not part of a household. An unaccompanied youth is a single individual between 18 and 25 that is not part of a household.

- **Families**

A household unit with at least one adult who is 18 years of age or older and at least one child who is younger than 18.

- **Older Adults (55 and older)**

Individuals and/or couples who are 55 years of age or older.

- **Chronic Homelessness**

A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in

an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless. Recipients and subrecipients of Continuum of Care Program funds are required to maintain and follow written intake procedures to ensure compliance with the “chronically homeless” definition. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the individual seeking assistance third.

- **Veterans** (There is also an Ex Officio position from the Veteran’s Administration) Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training. Reserves and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad; or anyone who was disabled in the line of duty during a period of active-duty training; or anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

Service-Specific

As the community’s front door to homeless and housing resources in the community, Coordinated Entry serves as the source for all referrals to projects receiving Emergency Solutions Grants (ESG) and Continuum of Care (CoC) program funds. This includes emergency shelter, rapid re-housing, permanent supportive housing and transitional housing as well as other housing and homelessness projects. In order to ensure that all persons experiencing homelessness have equal access to housing and homelessness resources, the Coordinated Entry Oversight Committee will ensure that there is representation from all project types outlined below by at least one CEOC Board member. It is possible that one Board member may represent more than one project type.

- **Prevention**
A housing category targeting households facing housing instability who have not yet lost their housing. Prevention includes community-wide interventions aimed at changing

systems and structures that perpetuate housing instability; cross-sector collaboration and coordination to reduce the prevalence of homelessness; and targeted interventions including financial and legal assistance to help households maintain their housing.

- **Diversion**

A housing category targeting households who are homeless and seeking emergency shelter. Diversion helps households resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or the experience of unsheltered homelessness. Diversion assistance includes problem-solving to identify an immediate, alternate housing arrangement or financial assistance such as a bus pass to stay with a family member.

- **Street Outreach**

Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care (HUD).

- **Emergency Shelter**

A facility with the primary purpose of providing temporary shelter for people experiencing homelessness. It includes shelters that are open seasonally and year-round. This housing type is included in the Continuum of Care (CoC)'s Housing Inventory Count and reported as part of the annual Point-in-Time (PIT) Count to the U.S. Department of Housing & Urban Development (HUD).

- **Transitional Housing**

Temporary housing usually coupled with supportive services to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). This housing type is included in the Continuum of Care (CoC)'s Housing Inventory Count and reported as part of the annual Point-in-Time (PIT) Count to the U.S. Department of Housing & Urban Development (HUD).

- **Residential / Institutional Care**

Other non-emergency, temporary housing types including institutional and residential settings such as jails, hospitals or mental health and/or substance use treatment programs for people experiencing homelessness.

- **Rapid Re-housing**

Short-term rental subsidy (up to 24 months) designed to help households quickly exit homelessness, return to housing in the community, and not become homeless again. RRH typically combines financial assistance and supportive services to help households access and stabilize in housing. The participating household must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a

minimum term of one month. This housing type is including the Continuum of Care (CoC)'s Housing Inventory Count.

- **Permanent Supportive Housing**

Long-term rental subsidy (3+ years) designed to provide housing and supportive services to assist homeless households with a disability or families with an adult or child member with a disability to achieve housing stability. The participating household must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month. This housing type is including the Continuum of Care (CoC)'s Housing Inventory Count.

- **Other Permanent Housing**

Medium-term rental subsidy (1 – 3 years) designed to help households quickly exit homelessness, return to housing in the community, and not become homeless again. While OPH is longer than Rapid Re-housing, it also typically combines financial assistance and supportive services to help households access and stabilize in housing. The lease for the housing unit is between the landlord and program participant. This housing type is including the Continuum of Care (CoC)'s Housing Inventory Count. In Charlotte-Mecklenburg, OPH exists through an arrangement between the Charlotte Housing Authority (CHA) and several local housing programs. CHA provides a number of time-limited Housing Choice Vouchers to each program in order to administer, according to CHA guidelines.

Table

The table below outlines the full CEOC representation, including Ex-Officio and Elected positions.

Table	
Ex-Officio	CoC Collaborative Applicant Designee
	HMIS Lead Agency Designee
	CE Staff Designee
	CMS Designee
	United Way of Central Carolinas Designee
	Veteran's Administration Designee
	CoC Governing Board Designee
	Lived Experience Designee
Elected: Population-& Service Specific	Victim Services Provider
	Single Adults
	Unaccompanied Children & Youth
	Families
	Older Adults (55+)
	Chronic Homelessness
	Prevention
	Diversion
	Street Outreach

Emergency Shelter
Transitional Housing
Residential / Institutional Care
Rapid Re-housing
Permanent Supportive Housing
Other Permanent Housing

OFFICERS

The CEOC will have three officers, who will be selected by majority vote of the members of the CEOC for one-year terms. Any member of the Board may serve as an officer. Board officers may serve up to four consecutive terms. The term for CEOC Officers will run from January to December. The process for CEOC Officer Selection will take place each December. Interim terms of less than 12 months may occur to temporarily fill a vacant CEOC Officer position prior to the end of the regular term.

- **CHAIR**

The Chair will preside at meetings of the CEOC meetings, develop meeting agendas in conjunction with the other CEOC members, publicly speak on behalf of the CEOC, ensure that CEOC member representation covers all categories; and serve as the point- of-contact for CE. Unless there are extenuating circumstances, it is expected that the Chair will have previously served as Vice-Chair prior to nomination as Chair.

- **VICE-CHAIR**

The Vice-Chair will fulfill the functions of the Chair when the Chair is unavailable. Upon successful completion of term, Vice-Chair will be eligible for nomination as Chair.

- **SECRETARY**

The Secretary will take minutes and attendance at all CEOC meetings. The Secretary is also responsible for distributing copies of the minutes to CEOC members. [post to website]

EXPECTATIONS OF CEOC MEMBERS & CEOC MEETINGS

It is expected that CEOC members participate fully in all aspects of the CEOC, attend at least 75% of the CEOC meetings. Meeting attendance will be reviewed quarterly. The meeting schedule will be determined by the CEOC Chair, in consultation with CEOC members. All meetings are open to the public. Minutes are available upon request. At a minimum of once per quarter, the CEOC will schedule a time and encourage CoC providers to attend.

VOTING PROCEDURES

For the purpose of conducting business, a quorum of the CEOC will be half of the voting members and no less than 5. Changes to assessment tools and/or policies and procedures must

be approved by the CoC Governing Board. All other CE related decisions require a simple majority of the CEOC.

TERM LENGTH & LIMITS

Terms will be staggered, creating 2-year limits for each member of the CEOC, with the ability to renew for two additional 1-year extensions (maximum of 4 years, unless there are extenuating circumstances for a member who is filling an unexpired term). There are no term limits for individuals serving in an Ex-Officio capacity on the CEOC. Term extensions must be requested by the individual member and approved by the CoC Membership / Nominating Committee. If a CEOC member leaves before the end of the term, the replacement will be filled in the manner it was originally filled; and will serve to the end of that term, and then must be reappointed or reelected.

TERMINATION & RESIGNATION

CEOC members may be dismissed by the CEOC for violations of the Conflict-of-Interest Policy or for other violations of the CoC policies and procedures, including but not limited to:

- Missing more than 25% of the CEOC meetings
- Fraud
- Failure to maintain confidentiality

Removal of a CEOC member requires a majority of the CEOC voting members present at a CEOC meeting, but in no event shall such a vote occur if there are fewer than 5 members present. If a CEOC member wishes to resign, the CEOC member shall submit a letter of resignation to the CEOC Chair.

CONFLICT OF INTEREST

If at any point an [client/consumer] individual/household/provider wishes to address a complaint or grievance with a provider or agency with representation on the CEOC, that member must recuse themselves from participating in those proceedings or voting on the outcome of that issue. In addition, CEOC members must abide by all other CoC policies.

PROCESS FOR CEOC MEMBER SELECTION

Ex-officio members of the CEOC will be designated by their organizations; it is possible that one individual may fulfill more than one Ex-officio role (for example, one individual might represent both Charlotte-Mecklenburg Schools and the CoC Governing Board). All other elected CEOC members will be voted on by the CoC Membership / Nominating Committee, chaired by the Vice-Chair of the CoC Governing Board. At least one month prior to the start of a new term, which runs from January 1 – December 31, the CEOC Chair will solicit nominations for open seats from the [community via website posting, agency distribution and CoC email list.] The open seats will specify which roles/areas need to be covered, using the [CEOC Application Form](#). Nominations will be collected and reviewed by the CoC Membership / Nominating Committee with input from the CEOC.