

**Charlotte-Mecklenburg Continuum of Care-NC-505**  
**Coordinated Entry Policies and Procedures**

**Approved June 18, 2024**

## Introduction

### What it is:

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

- Centralized call number Mecklenburg County Coordinated Entry (CE) Phone Line: 704-284-9665 as entry point for all persons experiencing homelessness
- A designated set of CE physical locations and Mecklenburg County CE staff members
- Street Outreach
- The use of standardized assessment tools to assess consumer housing needs
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate)
- Collection and management of data related to assessment and referrals in the CoC's Homeless Management Information System (HMIS)
- Prioritization of HUD Continuum of Care and Emergency Solutions Grant funds for persons with the most barriers to returning to housing.

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

### What it is not:

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

### How it works:

In brief, an individual or family that is literally homeless or at imminent risk is directed (by any and all agencies in the CoC) to call the Mecklenburg County CE phone line or present at one of the CE onsite locations (Roof Above Day Services Center, Roof Above Shelter, Salvation Army Center of Hope, the Valerie C. Woodard (VCW) Community Resource Center (CRC) and the Ella B. Scarborough (EBS) CRC.

Callers, with their consent, are entered into the Homeless Management Information System (Clarity Bitfocus) and a CE is completed. For those households at risk of homelessness, an abbreviated workflow is conducted, that may include the prevention targeting tool. For persons who are literally homeless, the full workflow including the VISPDAT and Supplemental Tool are entered in HMIS to give them a vulnerability score.

### Target Population:

This process is intended to serve people experiencing homelessness and those at risk of homelessness in the Charlotte-Mecklenburg geographic area as defined by HUD. Both populations are defined in accordance with the official HUD definitions.<sup>1</sup>

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<sup>1</sup> The definition is available here:

[https://www.onecpd.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

## Guiding Principles:

- **Consumer Choice:** Consumers will be given information about the programs available to them and have 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 implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication and transparent work by a strong governance body (the CE Oversight Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the CE process.
- **Accurate Data:** Data collection from people experiencing homelessness is a key component of the CE process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with re-allocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS in a timely fashion (except for some special populations and special cases outlined later in this document). Consumer rights regarding 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 length of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** CE supports a housing first approach, and therefore works to connect households with an appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing Vulnerable Households:** CE referrals prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Client-Centered:** CE follows a client-centered approach, including 1) physical assessment areas are safe and confidential at all sites, and 2) questions are orally reframed, when possible, to reflect consumer's 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.

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

## System Entry and Additional Resources

All persons experiencing housing instability, at risk of homelessness or are literally homeless are directed to call the CE phone line at 704-284-9665 or present onsite at a CE co-location.

### Experiencing Housing Instability

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

### At Risk of Homelessness

County CE staff will complete an abbreviated assessment for persons who are at risk of homelessness (within 14 days) and provide referrals to any transitional housing programs, homeless prevention and other resources as appropriate and available. Minimum eligibility requirements, location and contact information will be provided and/or direct referrals administered.

### Literally Homeless

NC-505 offers **the same assessment approach** at all in-person assessment access points, and all of the access points are usable by all people who may be experiencing homelessness. All homeless individuals, unaccompanied youth, veterans, and families are directed to call 704-284-9665 or present onsite. There are Spanish-speaking assessors and interpreters available for person limited English prophecy (LEP). TDD line is available to assist deaf and hard of hearing persons.

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

Street Outreach staff are also able to conduct Coordinated Entry or may also assist clients in calling the CE phone line or presenting at a CE in-person site. When a caller report staying in their car with children, CE staff notify street outreach staff to conduct a same day CE for prioritization for available emergency shelter beds.

Designated CE sites include:

- Salvation Army Center of Hope Shelter for Women and Children
- Roof Above Shelter (Tryon location)
- Roof Above Day Services Center (basic services, soup kitchen, Room in the Inn)
- Roof Above Street Outreach
- Mecklenburg County, Veterans Services Office (veterans only)
- The Relatives On Ramp (youth drop-in center)
- Time Out Youth (youth drop-in center)
- Valerie C Woodard Community Resource Center
- Ella B Scarborough Community Resource Center
- Safe Alliance (Safety shelter for persons fleeing Intimate Partner Violence-IPV)
- Survivor Resource Center
- Hearts for the Invisible Charlotte Coalition (Street Outreach)
- Carolinas CARE Partnership (Street Outreach)
- Ada Jenkins Center (Street Outreach)
- CARES (Street Outreach)

\*This list will be updated when additional CE sites are added or removed.

### **Ease of Access**

The CE sites centrally located and on a bus line in Charlotte and are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs and for those who may be unlikely to access homeless assistance. In the event that a person experiencing homelessness opts not to come into one of the physical CE sites, a CE assessment may be conducted by one of the Street Outreach Teams, or telephonically via the CE phone line. Persons encountered by street outreach workers are offered the same standardized process as persons who access CE through site-based access points.

County CE staff routinely provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs, transportation and childcare assistance, and job search. CE staff have community resource guides available for customers that they share in person or via text, email, or phone.

### **Coverage**

Through the combination of the CE phone line, the centrally located CE sites, and Street Outreach, CE services are accessible throughout the geographic area of the CoC.

### **Safety Planning**

Survivors fleeing or attempting to flee domestic violence, sex trafficking, dating violence, sexual assault and stalking who call the CE hotline are connected to the County CE staff that specializes in serving persons experiencing Interpersonal Violence (IPV). The County CE DV SW II connects these clients to the best available resource (the National DV Hotline, Safe Alliance, the Survivor Resource Center) and will conduct their CE to include safety planning as needed. Informed consent as it relates to their private data and HMIS-including any risks or benefits is fully explained to these consumers so that they can make an informed choice regarding their data entry.

### **Informing the Public and Mainstream Service Providers**

Information about how to access CE is available on the City of Charlotte, United Way and Mecklenburg County government, Char-Meck CoC and other provider websites. Information is also sent to agencies in the community that work with persons experiencing homeless.

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

A statement shall be posted at CE sites that inform persons with disabilities will be accommodated. Accommodations include, but are not limited to use of interpreters, Language Line and large type.

## **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 access points 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 in available in [NC-505 Written Standards](#)

## In-Person Assessment Process

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

The CE assessment, whether in-person or telephonically, refers to the process of interviewing a literally homeless or at-risk client, 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 during CE to make these determinations. Given the limited housing assistance resources available, every effort is made to assist the consumer to determine if there are diversion options available. Every consumer is provided with a Release of Information form, which is explained by the CE staff and clients sign it directly in HMIS.

In-person assessments are administered at sites listed above.

There may be situations where a client is unable or unwilling to complete the CE assessment due to Severe & Persistent mental health condition, developmental disability, or traumatic brain injury. If the client is known to meet the criteria for literal homelessness, the CEOC has a process for how to complete the CE assessment so the client can be added to the BNL and prioritized for available housing resources. This process is outlined in Appendix H.

The assessment process includes the following phases:

1. Homeless Diversion, Prevention, or Rapid Resolution
2. Household information and housing and service needs
3. Prioritization Tools
4. Emergency Shelter Referrals (as available)
5. Next Steps – Plan of Action

### **1. Homeless Diversion, Prevention, or Rapid Resolution**

Diversion is a strategy that prevents persons presenting at shelter from entering shelter. It uses a solution focused client centered approach that promotes identifying alternative housing arrangements, and if necessary, connects clients with services and financial assistance to help them return to permanent housing. Diversion arrangements may take a few days to finalize.

As part of the standard CE process, assessors routinely explore diversion opportunities. If there is potential for diversion, the assessor facilitates a warm hand off to the best available diversion resource, most often transportation assistance via County Diversion Funds provided to the local shelters.

Similarly, CE Assessors may also encounter clients facing homeless that can possibly be prevented with the appropriate intervention such as rental arrears. To be eligible, clients must reach or exceed a threshold score on the Prevention Prioritization Tool.

### **2. Household information and housing needs**



Individuals and families are asked standardized questions to capture household information and housing needs that include required HUD data elements, homeless and housing history, any domestic violence and/or safety concerns, veteran status, foster care involvement, income and benefits, employment and education, health and wellness, and housing strengths and challenges (such as credit and legal background.)

### **3. Prioritization**

All individuals and families experiencing literal homelessness are administered the correct VISPDAT (whether for families, singles or youth) and supplemental tools. These tools are used to prioritize persons for housing opportunities funded via HUD Continuum of Care & Emergency Solutions Grant programs and Mecklenburg County funding. The CoC maintains a [Prioritization Policy](#) (also in Appendix D).

All persons experiencing homelessness are entered into a By Name List (BNL) that includes information on length of time homeless and vulnerability score. In general, persons with the highest vulnerability scores are referred first for the next available housing opening for which they are eligible. The factors, in the SPDAT & supplemental tool, that lead our community to prioritize include criminal history, rental history, substance use, mental and physical disabilities, and homeless episodes. If there is a tie score, length of time homeless is considered as a factor. Client's preference for scattered site, single site, neighborhood, proximity to services, and other factors are considered when a match is made.

Additionally, as part of the prioritization process for chronic Individuals and families, the CoC has adopted a Vulnerability Review Process (Appendix E). This process is used to review cases with high vulnerability whose vulnerability score does not reflect their true vulnerabilities. The purpose of the Vulnerability Review is to provide a safety net for individuals wherein the assessment tool did not reveal the full depth and/or urgency of their current presentation beyond homelessness.

Mecklenburg County HMIS staff maintain the Community's BNL.

### **4. Referrals to Emergency Shelter**

Roof Above's Giles Night-by-Night Emergency Shelter beds are filled on a first come-first served basis and is not based on prioritization. Roof Above's Tryon & Levine Emergency Shelter beds are filled via a lottery process. Once a client is awarded a bed via the lottery, they are required to do a CE assessment at intake. Salvation Army Emergency Shelter beds are filled through CE via a triage process based on composition of bed make up. Shelter staff should work with CE staff to ensure that all clients in shelter have the appropriate CE assessment prior to shelter entry or at the latest, within 3 days of entry. Safe Alliance Emergency Shelter beds for survivors of DV are designated for clients in "imminent danger."

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

### **5. Next Steps:**

At the end of each assessment clients are given an individualized plan of action outlining next steps that reflect the client's goals. This plan (printed document, email, verbal, or text) might include how to

access available shelter, housing wait lists, mainstream resources specific to their needs, and how to get back in touch with an assessor if they have any additional questions.

Due to the information required from clients throughout the assessment process, CE assessments should only be updated if there has been a significant life change that may make them more vulnerable.

### **Match Process**

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

CoC- and ESG- funded permanent housing programs receive referrals (matches) to their programs from CE. Permanent Supportive Housing programs receive 100% of their matches from CE. Rapid rehousing programs receive at least 50% of their matches from CE. To ensure that list of available opening remains current, participating programs notify the CE supervisor immediately when there is an opening.

#### **MATCH PROCESS HIGHLIGHTS**

1. BFZ Data Team develops and maintains prioritized by-name and match pool lists.
  1. By-name lists will be able to be separated by order of priority and by families, youth, veterans, chronic singles, and non-chronic single adults.
  2. The match pool list will consist of persons who have a disability verification and homelessness verification uploaded in HMIS AND have a Vulnerability Score greater than the lowest scoring person on the Priority Pool list.
2. This match process will be the sole mechanism for referring clients to PSH and to at least 50% of housing slots of CoC/ESG funded RRH projects.
3. When housing resources become available or are expected to imminently become available, households will be matched based on prioritization and program eligibility criteria by the Coordinated Entry Housing Placement (CEHP) team.
4. The CE Supervisor will serve as the main point of contact for housing matches and will lead the CEHP match team.
5. The CEHP team will be responsible for facilitating and monitoring the match process.

#### **Coordinated Entry Housing Placements (CEHP)**

1. Coordinated Entry Supervisor: Responsible for oversight and facilitation of the process.
2. Built for Zero Data Leads: Responsible for BNL and match list management.
3. Coordinated Entry Staff: As needed for supporting the process.

#### **Match Process:**

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.
6. The case manager is expected to connect with the client within **3 business days** to offer the housing resource to the client.
7. 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.
8. If the client accepts the housing resource offer, they will be considered matched.
9. 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).
10. The CEHP team will complete a housing referral in HMIS for the client to the housing program to which they are matched.

#### REFERRAL

1. After the housing agency is notified of a referral, they should make all possible attempts to contact the responsible caseworker and/or client to arrange a meeting **within five business days**.
2. 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.
  - a. 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.
3. If the housing case worker is unable to locate the client, the CE Supervisor will move to the next eligible client for that vacancy.
  - a. The original client will remain on the match list and receive the next offer for which they are eligible.
4. 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

1. The housing provider is responsible to make all possible attempts to enroll matched individuals within **7 business days of match**.
2. 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.
  - a. The client will remain in the match priority pool and receive the next offer for which they are eligible.
  - b. Please note, the responsible case worker should contact the CE Supervisor ASAP if they are having issues enrolling the client.
  - c. 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.)
3. 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.

#### RESPONSIBILITIES: SENDING CASE MANAGERS

1. Case workers need to maintain weekly contact with their clients and can quickly contact individuals in need of match as well as anyone who is in the housing process and document all contacts in HMIS.
  - a. 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.
2. Caseworkers will upload client disability verification and homelessness verification in HMIS ASAP so that clients can be considered to be matched.
3. 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.
4. Work collaboratively with housing case manager and provide support as needed to ensure client enrolls in the housing program in a timely manner.

#### RESPONSIBILITIES: HOUSNG PROGRAM SUPERVISORS/CASE MANAGERS

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.
3. Work collaboratively with sending case manager and provide support as needed to ensure client enrolls in the housing program in a timely manner.

#### **Participant Choice**

Clients remain on the BNL if they reject project referral options if those options do not meet the participant's needs.

#### **Access to Housing**

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

## CE Staffing Roles & Responsibilities

### 1. County CE Staff

#### A) CE Staff

- Administer assessments to persons experiencing homelessness, or at risk of homelessness.
- Administer the SPDAT to all persons experiencing homelessness.
- Report capacity and operational concerns to the CE staff supervisor.
- Attend required trainings.
- Follow approved workflow, including appropriate HMIS data entries.
- Respect client privacy and confidentiality; explain these rights to consumers.
- Obtain signed or verbal Release of Information from consumers.
- Explore diversion and alternative housing options with consumers.
- Refer to mainstream services, as appropriate.
- Enter thorough, timely, quality 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 use or DV, resistance to services, any type of disability, criminal record, or evictions.**

#### B) 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.

## Assessment Site Staffing

While Mecklenburg County CSS-HISS is the primary provider of Coordinated Entry, partner agencies have designated staff that have also been trained to conduct CE with literally homeless clients with whom they have a relationship. These include:

- Mecklenburg County Veterans Services
- Roof Above Street Outreach and Unsheltered Housing Navigation
- The Relatives
- Time Out Youth
- Carolinas Care Partnership Outreach
- Salvation Army Center of Hope Shelter Case Workers
- Roof Above Shelter Case Workers
- CARES Street Outreach
- Hearts for the Invisible Charlotte Street Outreach

- Atrium Community Care Bridge
- Mecklenburg County Criminal Justice System
- Ada Jenkins Center (in North Mecklenburg)

### **Training of CE Staff**

County HMIS staff and the CE Supervisor conduct training periodically to bring on board new partners as well as to provide a refresher for those already CE HMIS Bitfocus Workflow trained. CE training also includes guidance on how to ask the standardized assessment questions in a non-leading manner, how to help consumers identify potential housing options that would prevent having to enter emergency shelter, and other population-specific topics, as needed. As specified in the ROI, 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.

### **Data Management**

This section describes the data collection process for clients going through CE.

CE follows all HMIS data privacy and security protections prescribed by HUD for HMIS practices as outlined in MeckHMIS Operating Policies and Procedures. (Appendices F ((pages 61-67)) & G)

Clients who do not agree to share their data through HMIS can still be entered into HMIS, but their profile will not be visible to other agencies. CE can also add clients anonymously to the BNL.

### **Agencies Participating in Formal Data Sharing**

Once the CE assessment process has been completed all licensed HMIS users will be able to see the completed assessment in HMIS. This reduces the need to ask the same questions over again and streamlines coordination of care. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

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

### **Confidentiality and Record Retention**

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

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

## Evaluation

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

The CE process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the CE Oversight Committee members and any consultants or third parties they engage. 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.
- **Monthly input from persons experiencing homelessness that have been through the CE process.** The CoC ensures adequate privacy protections of all participant information collected during the annual CE evaluation.
- **Public Posting of Data Reports:** Quarterly CE data reports will be posted to the Charlotte-Mecklenburg Housing & Homelessness Dashboard.
- **An annual report on the homelessness assistance system with a section devoted to CE.** A member of the CE Oversight Committee will facilitate a presentation of the major findings from this report at the CoC and other community meetings.

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

## GOVERNANCE

### 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 in the Charlotte- Mecklenburg [Written Standards](#) (Appendix A );
- 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.  
  
CE operates from multiple locations and includes a variety of participating agencies. 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.

- Veteran’s Administration designee:  
Veteran’s Administration (VA) participation in the Coordinated Entry Oversight (CEO) 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 CEO focuses on monitoring operations and reviewing and recommending policy additions and changes that relate to the population experiencing homelessness. VA presence on the CEO 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 SEATS

### 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 including 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 including 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 INLIVIAN (public housing authority) and several local housing programs. INLIVIAN provides a number of time-limited Housing Choice Vouchers to each program in order to administer, according to INLIVIAN guidelines.

Table

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

CEO Representation	
<b>Ex-Officio</b>	CoC Collaborative Applicant Designee
	HMIS Lead Agency Designee
	CE Staff Designee
	CMS Designee
	Veteran's Administration Designee
	CoC Governing Board Designee
	Person with Lived Experience Designee
<b>Elected: Population-&amp; Service Specific</b>	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.

### **Contact Information**

Questions about these policies and procedures should be directed to:

Charlotte-Mecklenburg CoC

[charmecoc@mecknc.gov](mailto:charmecoc@mecknc.gov)

704-975-9177



## **Appendix List**

Appendix A –Grievance Procedures

Appendix B – CE Memorandum of Understanding

Appendix C – CE Metrics

Appendix D – NC-505 Prioritization Policy

Appendix E – Discrimination Posting

Appendix F – Vulnerability Review Process

## Client Grievance Procedures

### 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.

### Consumer Grievances

1. About their CE Experience: The CE staff member or the CE staff supervisor should address any complaints by consumers as best as they can in the moment including complaints about how they were treated by CE staff, in-person center conditions, or violation of data agreements.

If the consumer is not satisfied with the outcome after speaking with CE supervisor, they may file a formal grievance with the CEOC Oversight committee within 10 business days of the incident with assistance from CE staff as needed. The grievance must include 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, if needed.

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

2. About their experience in a program: CE Oversight Committee will also be responsible for reviewing and responding to grievances filed by clients when they: 1) disagree with their terminated from a program after going through the program's appeal process, 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](#).

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

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

Additionally, the housing provider can submit the following information:

- Documentation and information supporting appeal decision

After receiving information, the CE oversight committee will:

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

CE oversight committee's decision is final and binding.

## **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 \_\_, 2023.**

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

<b>GLOSSARY</b>	
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



### **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:

- Total in-person assessments by household and population type (single, multiple adult, households with minor children, parenting youth, unaccompanied youth, veterans, chronically homeless)
- Total in-person assessments disaggregated by race/, ethnicity, prior living situation
- Total number of persons who reporting during their in-person assessment that they are fleeing DV, are survivors of DV, have a disability, or have income
- Number of calls to CE monthly
- Consumer satisfaction with in-person assessments

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

Community-Wide Prioritization Standards for Coordinated Entry

If we follow Federal Priorities:

1. Chronically Homeless
2. Families/Youth
3. Veterans
4. Non-Chronic Singles

AND

If we agree that all Families, Youth, and Chronic are vulnerable

If we say PSH is for

Chronically Homeless

- Families (Chronic 10-15.65 Score)
- Youth (Chronic 6-14.25 Score)
- Singles (Chronic 6-14.25 Score)

AND

If we say RRH is for

- Families (Non-Chronic/ 0-9 Score)
- Youth (Non-Chronic/ 0-5 Score)
- Singles (Non-Chronic/ 0-5 Score)

AND

If we say that all programs with youth specific beds will retain those beds for youth

THEN...

We prioritize as follows:

Housing Intervention	Prioritization	Subpopulation	Secondary Prioritization
PSH	1	Chronic Families [Families w minor children] Score: 10-15.65	1. Prioritization Score
			2. Youth
			3. Veteran
	2	Chronic Singles: Score 10-14.25	1. Prioritization Score
			2. Youth
			3. Veteran
	4	Non-Chronic 10 – 15.65 Score Families [Families w minor children]	1. Prioritization Score
			2. Youth
			3. Veteran
	5	Non-Chronic 10 – 14.25 Score Singles	1. Prioritization Score
			2. Youth
			3. Veteran

RRH	1	Non-Chronic/ Chronic 0 – 10 Score Families	1. Prioritization Score
			2. Youth
			3. Veterans (if ineligible for or VA resource is unavailable)
	2	Non-Chronic/ Chronic and 0-10 Score Singles	1. Prioritization Score
			2. Youth
			3. Veterans (if ineligible for or VA resource is unavailable)

## PRIORITY POLICY

### PURPOSE:

To ensure that homeless individuals and families assessed through Coordinated Entry receive services in the most expedient way possible and that access to homeless assistance prioritizes those with the greatest needs who are least likely to end their homelessness in the absence of CoC support.

### POLICY:

It is the policy of NC-505 that individuals and families with the most severe vulnerability are prioritized for housing.

### PROCEDURE:

The Charlotte-Mecklenburg County Continuum of Care with the input from area homeless providers, establish guidelines that outline the order of priority for housing homeless individuals and families. All current and newly developed Permanent Supportive Housing beds have been dedicated to individuals and families that are chronically homeless. All Permanent Supportive Housing turn-over beds have been prioritized for individuals and families that are chronically homeless or were chronically homeless at the time of Rapid Rehousing program entry. All Rapid Rehousing beds have been dedicated to literally homeless families with minor children, youth ages 18-24, and veterans. The steps below further outline the prioritization used for each subpopulation.

## ORDER OF PRIORITY IN CoC PROGRAM FUNDED PERMANENT SUPPORTIVE HOUSING

- 1. First Priority – Chronically homeless individuals and families with the most severe vulnerability. Within the first priority, the CoC has stipulated that vulnerable sub-populations will be placed in housing in the following order:**
  - a. Chronically homeless families with the head of household having been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years with a Vulnerability score 10- 15.65.
    - i. The chronically homeless head of household of a family, when assessed through Coordinated Entry, will be assigned a Vulnerability score between 0-15.65, with 15.65 being the most severe vulnerability.
    - ii. The chronically homeless head of household of a family in this priority group, with the highest Vulnerability score will be offered the available housing resource.
    - iii. In the event there is more than one family in this priority group with the same Vulnerability score and one of them is a parenting



haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years; and

- i. the CoC has not identified any chronically homeless families with a head of household who meets all of the criteria for housing under the first priority.
  - ii. The chronically homeless head of household of a family in this priority group, with the highest Vulnerability score will be offered the available housing resource.
  - iii. In the event there is more than one family in this priority group with the same Vulnerability score and one of them is a parenting youth (ages 18-24), the available resource will be first offered to the parenting youth.
  - iv. In the event there is more than one family in this priority group with the same Vulnerability score, and there is no parenting youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
  - v. In the event there is more than one family in this priority group with the same Vulnerability score and none of them is a parenting youth (ages 18-24) or veteran, the families will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.
- b.** Chronically homeless singles who have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months continuously or has had 4 occasions of such in the past 3 years; and
- i. the CoC has not identified any chronically homeless individual who meets all of the criteria for housing under the first priority.
  - ii. The chronically homeless single in this priority group, with the highest Vulnerability score will be offered the available housing resource.
  - iii. In the event there is more than single in this priority group with the same Vulnerability score and one of them is a youth (ages 18-24), the available resource will be first offered to the youth.
    - In the event there is more than one youth with the same Vulnerability score in this priority group, but one of them is a veteran, the available resource will be first offered to the veteran.
  - iv. In the event there is more than one single in this priority group with the same Vulnerability score, and there is no youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
  - v. In the event there is more than one single in this priority group with the same Vulnerability score and none of them is a youth or

a veteran, the single will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.

3. Third Priority – Literally homeless individuals and families with the most severe service needs. Within the third priority, the CoC has stipulated that vulnerable sub-populations will be offered housing in the following order:
  - a. Literally homeless families with the head of household having been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency; and
    - i. the CoC has not identified any chronically homeless families with a head of household who meets all of the criteria for housing under the first or second priorities.
    - ii. The literally homeless head of household of a family in this priority group, with the highest Vulnerability score will be offered the available housing resource.
    - iii. In the event there is more than one family in this priority group with the same Vulnerability score and one of them is a parenting youth (ages 18-24), the available resource will be first offered to the parenting youth.
    - iv. In the event there is more than one family in this priority group with the same Vulnerability score, and there is no parenting youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
    - v. In the event there is more than one family in this priority group with the same Vulnerability score and none of them is a parenting youth (ages 18-24) or veteran, the families will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.
  - b. Literally homeless singles who have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    - i. the CoC has not identified any chronically homeless individual who meets all of the criteria for housing under the first priority and second priorities.
    - ii. The literally homeless single in this priority group, with the highest Vulnerability score will be offered the available housing resource.
    - iii. In the event there is more than single in this priority group with the same Vulnerability score and one of them is a youth (ages 18-24), the available resource will be first offered to the youth.
      - In the event there is more than one youth with the

same Vulnerability score in this priority group, but one of them is a veteran, the available resource will be first offered to the veteran.

- iv. In the event there is more than one single in this priority group with the same Vulnerability score, and there is no youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
- v. In the event there is more than one single in this priority group with the same Vulnerability score and none of them is a youth or a veteran, the single will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.

#### ORDER OF PRIORITY IN CoC AND ESG PROGRAM FUNDED RAPID REHOUSING

##### **1. First Priority – Literally homeless or chronically homeless families with minor children and the most severe service needs and riskfactors**

- a. The literally homeless or chronically homeless family has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time.
- b. The literally homeless family, when assessed through Coordinated Entry, will be assigned a rapid rehousing family triage score between 0-15.65, with 15.65 being the most severe vulnerability.
- c. The literally homeless family with the highest Vulnerability score in this priority group will be offered housing first.
- d. In the event there is more than one family with the same Vulnerability score and one of them is a parenting youth (ages 18-24), the available resource will be first offered to the parenting youth.
- e. In the event there is more than one family with the same Vulnerability score, and there is no parenting youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
- f. In the event there is more than one family with the same Vulnerability score and none of them is a parenting youth (ages 18-24) or veteran, the families will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.

##### **2. Second Priority – Literally homeless or chronically homeless singles with the most severe service needs and risk factors**

- a. The literally homeless or chronically homeless single has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time.
- b. The literally homeless or chronically homeless single, when assessed



through Coordinated Entry, will be assigned a vulnerability score between 0-14.25, with 14.25 being the most severe vulnerability.

- c. The literally homeless single in this priority group, with the highest Vulnerability score will be offered the available housing resource.
- d. In the event there is more than single in this priority group with the same Vulnerability score and one of them is a youth (ages 18-24), the available resource will be first offered to the youth.
  - In the event there is more than one youth with the same Vulnerability score in this priority group, but one of them is a veteran, the available resource will be first offered to the veteran.
- e. In the event there is more than one single in this priority group with the same Vulnerability score, and there is no youth (ages 18-24), but one of them is a veteran, the available resource will be first offered to the veteran.
- f. In the event there is more than one single in this priority group with the same Vulnerability score and none of them is a youth or a veteran, the single will be case conferenced considering length of time homeless, number of homeless episodes, overall acuity, and living situation to determine which family is offered the available housing resource.

**EVALUATION:** The above policy will be reviewed by the Prioritization Tool Workgroup and the Coordinated Entry Oversight Committee six months from implementation to assess for effectiveness and equity.

March 15, 2021: Prioritization for the City ESG project serving households relocated from the encampment will be suspended. Progressive engagement will be used to determine who is eligible for this project who has not been prioritized for other funding sources. Coordinated Entry will connect those households to this resource until all available slots are filled.

July 27, 2021: Prioritization for ESG-CV funded projects will be suspended until each project reaches a remaining balance of 25% of funds. This is due to the fact that each project is underspending funds.

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](mailto:megan.coffey@mecklenburgcountync.gov), or Charlotte Mecklenburg Continuum of Care at [charmeckcoc@mecknc.gov](mailto:charmeckcoc@mecknc.gov) or 980-314-8923 to express these concerns.

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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](mailto:megan.coffey@mecklenburgcountync.gov), o [Charlotte-Mecklenburg](#) Continuum of Care at [charmeckcoc@mecknc.gov](mailto:charmeckcoc@mecknc.gov) or 980-314-8923 para expresar estas preocupaciones.

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

## **Coordinated Entry Vulnerability Review**

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:
  - o Interferes with the person’s ability to complete Activities of Daily Living
  - o Results in self-neglect, putting the person’s health, safety, or well-being at risk
  - o Impairs the person’s ability to understand and perceive his or her illness
  - o 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:
  - o 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).
  - o 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 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 deidentify the referral form to protect client confidentiality.
2. Once completed, the referral is sent to the VRSC Chairperson via [Qualtrics](#). 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**  
**Submit via [Qualtrics](#)**

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

VI SPDAT Score: \_\_\_\_\_

Date of VI SPDAT Score: \_\_\_\_\_

VI SPDAT Responses Upload from HMIS: \_\_\_\_\_

Supplemental Tool Score: \_\_\_\_\_

Date of Supplemental Tool Score: \_\_\_\_\_

Supplemental Tool Responses Upload from HMS: \_\_\_\_\_

Referring Caseworker: \_\_\_\_\_

Referring Caseworker 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:
  - o Interferes with the person’s ability to complete Activities of Daily Living
  - o Results in self-neglect, putting the person’s health, safety, or well-being at risk
  - o Impairs the person’s ability to understand and perceive his or her illness
  - o 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:
  - o 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).
  - o 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. Supporting documents could include medical records, MEDIC/ED utilization verifications, court documents, Comprehensive Clinical Assessments, third party documentation, 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.

## Charlotte-Mecklenburg Continuum of Care Observational Assessment Policy

There are persons who are not captured on community by-name lists because they unwilling or unable to complete a full in-person coordinated entry assessment. In order to gain a comprehensive count of all persons homeless in our community, a policy is necessary to facilitate the inclusion of these persons in community homeless counts.

At present, this community maintains a community by name list. To ensure all persons meeting these criteria are included in actively homeless by-name list counts, the following observational assessment policy is proposed. Households who are added to the community by name list via the observational assessment process will be prioritized for the next available housing slot for which they are eligible.

### Observational Assessments Criteria

To be completed with individuals who meet the following criteria:

Display signs of a severe and persistent mental health condition, developmental disability, or traumatic brain injury; and

Are not able to complete a full in-person Coordinated Entry Housing Needs Assessment due to their mental health condition; and

Are known to meet the criteria for literal homelessness either due to self-report, or third-party or HMIS verification; or

Individuals who may be chronically homeless must meet the above criteria and must also be known to meet the criteria for chronic homelessness either due to third-party or HMIS verification.

Potential veterans must meet the above criteria and also be believed to have served in the US Armed Forces either due to self-report, or third-party or HMIS verification.

Three attempts must be made to complete the full Coordinated Entry Housing Needs Assessment and can be made by three different staff members prior to requesting an Observational Assessment.

In addition, prior to the observational assessment, the individual must be discussed in a deidentified way during the most appropriate case conferencing to coordinate efforts to engage the client to complete a full in-person assessment. In the case of an individual who is neither a veteran, chronically homeless, a youth, or family with minor children, the individual will be discussed during the chronic case conferencing meeting.

### How to Request an Observational Assessment

Outreach professionals taking on this responsibility may complete this assessment after three attempts to engage a person with the standard process.

All other professionals may request an Observational Assessment after making two attempts to complete the full Coordinated Entry Housing Needs Assessment and can be made by two different staff members prior to requesting an Observational Assessment.

**To request an Observational Assessment, please complete the NC-505 Observational Assessment Request Form and associated documentation via [Qualtrics](#).**