**Appendix E: Colorado Balance of State Continuum of Care (BoS CoC) Coordinated Entry System (CES) Memorandum of Understanding (MOU)**

As part of the Colorado Balance of State Continuum of Care (CO BoS CoC) regional Coordinated Entry System (CES), we work together to assist clients in finding the support they need to make their homelessness and housing insecurity rare, brief and one-time. To do this we utilize a community-wide approach that involves individuals, agencies, and other entities at various levels of capacity and involvement.

All entities participating in the regional Coordinated Entry System (CES) are asked to sign an MOU describing their commitment and involvement in the CES. First, all entities agree to comply with the confidentiality agreement below.

**Confidentiality**

As part of this work you may have access to view, update or modify sensitive information. You must treat this information as confidential and not share with anyone unless specifically authorized. Some examples of “sensitive information” include, but are not limited to: Client names, nicknames or any other identifying information, client addresses, location information or general whereabouts, social security numbers, health information like medical conditions, treatment or history, etc. All information collected, accessed or viewed as part of the Coordinated Entry and Housing Coordination Process is to be treated as confidential in written, electronic, printed and all other forms. Information is the shared property of the client, the other signatories of this MOU, and the entity signing this agreement and should not be released, shared or discussed without prior authorization. This includes communication in any form with other clients, co-workers, researchers, law enforcement/courts, other outside agencies or any other party. Unauthorized disclosure of information may result in disciplinary or legal action or may result in dismissal from the Balance of State Continuum of Care Coordinated Entry System.

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| --- | --- | --- | --- |
| **Name (Individual / Agency / Entity):** |  | | |
| **Address/City/**  **State/Zip:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Printed Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |

**Regional Coordinated Entry System (CES) Engagement**

**Purpose**

This MOU outlines and clarifies the mutual responsibilities of individuals and entities participating in the regional Coordinated Entry System (CES). By signing this MOU you agree to be added and listed as an active entity in your regional Coordinated Entry System, committing to the duties checked below. Review the duties assigned to each role and check the role(s) that you/the signing entity can commit to. (Check all that apply)

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|  | **Market the CES to Clients** - Display and distribute marketing materials for the regional Coordinated Entry System (CES), which can be obtained from the local Coordinated Entry (CE) Lead(s). |
|  | **Referral Partner Only** - provide appropriate agency resources and referrals to full CES access points in the region for the populations specified above. |
|  | **Serve as a Diversion/Prevention Access Point and Referral Partner** – Administer the Diversion and Prevention assistance tool and provide referrals to appropriate resources. |
|  | **Serve as a Full Access Point -** Provide the Diversion and/or Prevention assistance tool and/or the Youth CO Screen, to help identify alternative options to entering the homelessness system, administer a VI-SPDAT Triage tool to assess vulnerability, and act as a referral partner to an appropriate individuals and entities should the client need services in the homelessness system. |
|  | **Homeless Management Information System (HMIS) Data Entry** - Enter information (Diversion/Prevention, VI-SPDAT Assessments, etc.) into the HMIS System for the regional CES. (Requires BoS HMIS Lead Training) |
|  | **Train on Youth CO Screen / VI-SPDAT** - Provide training to regional partners on these triage tools (an option primarily for individuals and entities concerned with the privacy of their clients.) |
|  | **Participate in Case Conferencing -** Case Conferencing is a process by which the Regional CE Committee meets regularly and reviews the By-Name List of clients who are in queue for available housing resources. |
|  | **Housing Navigation** - Provide clients with these services in the CES. |
|  | **Housing Retention/Case Management** - Provide clients with these services in the CES. |
|  | **Housing Resources -** Provide/Contribute in the CES process. (Furniture, food, household funds, etc.) |
|  | **Other** (Please List): |

**Populations Served by Signing Entity Part 1**

|  |  |
| --- | --- |
| **Check all that Apply** | **Primary Populations:** Please indicate (by marking with X) all populations you primarily serve or could serve in the Coordinated Entry System (check all that apply): |
|  | Adults (Singles and/or Couples 18+) |
|  | Families (including children under 18) |
|  | Unaccompanied Youth (Under 18, Ages 18 to 24, Youth parenting households) |

**Populations Served by Signing Entity Part 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check all that Apply** | **Special Populations:** Please indicate all special populations of people experiencing homelessness you serve or could serve in the Coordinated Entry System (check all that apply): | | |
|  | Mental Health / Substance Use |  | Physical Health / Chronic Illness |
|  | Survivors of Domestic Violence / Violence |  | Veterans |
|  | People experiencing/Survivors of Human Trafficking |  | All of the Above |
|  | Other (Please list): | | |

**Progress Tracking and Reporting**

The Coordinated Entry Committee tracks the progress, the functioning, and efficacy of the Coordinated Entry System; making at least annual reports to individuals and entities through the regular communications of the BoS CoC, and during the submission and approval process for regional policies and procedures.

**Substance Use Disorder Notice** (SAMHSA 42 CFR Part 2 Revised Rule)

In the CO BoS CoC Coordinated Entry System, no entities operating under or following SAMHSA 42 CFR Part 2 are required or asked to disclose information regarding a client's Substance Use Disorder conditions or treatment. When this information is required to find and/or maintain housing, a client must consent to disclose information via a release of information compliant with Part 2.

**Funding & Legality**

The signed MOU is not a commitment of funds by individuals and entities nor does it act as a legally binding contract.

**Duration**

This MOU is at-will and may be modified by mutual consent of authorized individuals, including officials from Agencies and other entities. It shall become effective upon signature and will remain in effect until updated, modified or terminated by the Coordinated Entry Committee and/or the signing individual and/or entity.

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| --- | --- | --- | --- |
| **Name (Individual / Agency / Entity):** |  | | |
| **Address/City/**  **State/Zip:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Printed Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |