

## Centralized Intake (CI) Lead Agency



Delaware Continuum of Care

## Memorandum of Understanding Between the Delaware Continuum of Care and Housing Alliance Delaware

### I. INTRODUCTION

The purpose of this Memorandum of Understanding (MOU) is to confirm agreements between the Delaware Continuum of Care (CoC) and HOUSING ALLIANCE DELAWARE related to management of the CoC's Coordinated Entry System (CES), known as Centralized Intake (CI). This MOU establishes HOUSING ALLIANCE DELAWARE, or any duly authorized successor entity, as the CI Lead Agency, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of CI.

The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and persons experiencing homelessness is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating CI within the Delaware Continuum of Care.

### II. DURATION

Except as provided in Section VI (Amendment), VII (Termination), or VIII (Failure to Adhere to MOU), the duration of this MOU shall be from 11/1/2021 — 10/31/2026.

### III. DEFINITIONS

#### A. CoC

The Delaware CoC, consisting of voting and non-voting members (i.e., the CoC membership), as well as a Board and Committees, is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness, and strives to achieve housing for all. The CoC voting members elect membership of the CoC Board. The Board makes decisions and acts on behalf of the CoC. The CoC Board serves as the lead governance body for Delaware's Continuum of Care, providing oversight, direction, policy setting, and guidance for the contracted CI lead agency. The purpose of the CI Committee is to provide support and recommendations to the CoC Board related to the CI regulations and standards as set forth by HUD.

## **B. CI Lead Agency Designation**

CI activities are funded in part by the HUD CoC Coordinated Entry grant. The CI Lead Agency is authorized by the CoC to apply for and administer the CoC CI grant funds. The terms and uses of HUD funds are governed by the HUD grant agreement and applicable rules. The CI Lead Agency is responsible for managing and administering CI operations and activities at the direction of the CoC Board and as recommended by the CI Committee.

## **C. Centralized Intake**

The CoC's CI System coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness. Participation in CI is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all. To the extent possible, the CoC is to ensure that projects using an alternate data collection system (such as Victim Service Providers) participate in the coordinated entry system adopted by the CoC. The Centralized Intake Policies and Procedures can be found [here](#).

The HUD CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3). Minimum requirements for CI can be found in HUD Notice (CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, published on January 23, 2017). These requirements, and others, are carried out by the CI Lead Agency, as outlined in the following section.

## **IV. SPECIFIC RESPONSIBILITIES OF THE PARTIES**

### **A. CoC Responsibilities**

The CoC's responsibilities regarding CI are carried out through the Board and CI Committee.

The responsibilities assigned to the CoC Board are outlined below:

1. Ensure that there is a functioning CI Committee as defined herein
2. In conjunction with the CoC Funding Committee, ensure that the CI Lead Agency is operating the CI in compliance with HUD Technical Standards, HUD Data Standards, and other applicable laws.
3. Review and approve written standards for providing CoC assistance, which are recommended by the CI Committee in consultation with recipients of Emergency Solutions Grants

The roles and responsibilities of CI Committee are outlined below:

1. Governance and Reporting
  - a. The CI Committee will be structured and operate in accordance with the CoC Board's requirements
  - b. Ensure regular opportunities for provider and participant review of Coordinated Entry Data
  - c. Establish the structure for obtaining user/provider feedback
  - d. Provide feedback to the CoC Funding committee on the performance of the CI System

2. Planning and Policy Development
  - a. Establish, and recommend to the CoC Board, written standards for determining and prioritizing eligibility criteria for individuals and families and processes for referrals to providers
  - b. Review and approve all CI policies and procedures, approving them before they are released to other entities
  - c. In coordination with the CoC Funding Committee, establish performance benchmarks for CI, regularly review CI data, and recommends policy changes based on performance of the CoC
  - d. Ensure that there is a clear, transparent process for establishing expectations
  
3. System Administration
  - a. Recommend prioritization principles and guidelines for the Centralized Intake System
  - b. Consult with CI Lead Agency staff on identified areas that need improvement within the current system
  - c. Review and make recommendations regarding funding needs of the CI System to the CoC Board
  - d. Support communication across Committees and all CoC entities established for the purpose of carrying out the roles and responsibilities of the CI Committee
  - e. Serve as a resource for problem-solving and/or grievances regarding the CI System
  - f. Facilitate the integration of other systems of care as needed, such as veterans, justice system, healthcare / behavioral health (including substance use), and domestic violence system.
  
4. Data Quality and Compliance Monitoring
  - a. Coordinate with the CoC Funding committee as needed to ensure that there is a clear, transparent process for evaluating CI performance against established expectations and requirements
  - b. Consult with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.
  - c. Ensures adequate privacy protections of all participant information collected in the course of the annual CI evaluation

**B. CI Lead Agency Responsibilities**

Housing Alliance Delaware serves as the CI Lead Agency. The responsibilities described in this MOU are contingent on continued receipt of the HUD CoC grant funding, and are as follows:

1. Governance and Reporting
  - a. Provide staffing for the CI committee, including providing programmatic information, doing research, and preparing and presenting reports as requested by the committee
  - b. Provide data on CI activities to the CI Committee and CoC Board in a format agreed upon with the CI Committee. Publish a report on CI activities and outcomes, at least annually

## 2. Planning and Policy Development

- a. Develop, recommend, maintain, and follow CI policies and procedures as approved by the CI committee and/or CoC Board. These written CI policies and procedures need to:
  - i. Describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff
  - ii. Include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status
  - iii. Ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CI process
  - iv. Document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance
  - v. Document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters)
  - vi. Document a process by which persons are ensured access to emergency services during hours when the CI and assessment processes are not operating. CI written policies and procedures document how CI participants are connected, as necessary, to CI as soon as the intake and assessment processes are operating
  - vii. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in CI processes, describe the process by which persons will be prioritized for referrals to these programs
  - viii. Include the factors and assessment information with which prioritization decisions are made for all homeless assistance and that these prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4.
  - ix. Guide the operation of CI to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to CI and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter
  - x. Describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access CI through other access points

- xi. Ensure that CI upholds Housing First and low-barrier access principles, prohibiting CI from screening people out of the CI process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record
- xii. Establish that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals
- xiii. Document the process for participants to file a non-discrimination complaint
- xiv. Specify the conditions for participants to maintain their place in CI prioritization lists when the participant rejects options
- xv. Address the protection of all data collected through the CI assessment process
- xvi. Include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process
- xvii. Clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH)
- xviii. Document how determining eligibility is a different process than prioritization.
- xix. Describe the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and a process by which the evaluation is used to implement updates to existing policies and procedures

### 3. Grant Administration

- a. Prepare and submit CI Project Applications for HUD CoC grants in e-snaps
- b. Create annual budgets outlining the most efficient resource allocation to meet CI requirements
- c. Support CI by funding eligible CI activities with eligible matching sources to serve as the HUD-required match
- d. Manage spending for all CI grants
- e. Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records
- f. Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding
- g. Complete and submit APR for HUD CoC grants in SAGE

### 4. System Administration

- a. Follow all HUD requirements in the implementation of CI, specifically ensuring that:
  - i. CI includes a comprehensive and standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the community; meaning it provides the same assessment approach,

- including standardized decision-making, at all access points. CI provides an initial, comprehensive assessment of individuals and families for housing and services
- ii. Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations
  - iii. CI does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status
  - iv. CI referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children
  - v. CI does not deny services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information (PII) as a condition of program participation
  - vi. The CoC and each ESG recipient operating within the CoC’s geographic area works together to ensure the CoC’s CI process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance
  - vii. The CI process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC’s geographic area for referral to housing and services
  - viii. The CoC has developed and operates a CI that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements
  - ix. CI participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance
  - x. The prioritization list receives the same HMIS (i.e, CMIS) data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards
  - xi. Participants are informed of the ability to file a nondiscrimination complaint
- b. Provide services (at least 40 hours a week of service) with days/hours to be determined in coordination with the CoC Board/CI Committee, and as funding allows
  - c. Maintain housing priority lists
  - d. Work to increase awareness of coordinated entry among non-participating homeless services and shelter providers, and recruit participation
  - e. Collaborate with systems frequently releasing people to homelessness (corrections, hospitals, substance use and mental health systems), systems serving people who may not meet the HUD definition of literally homeless (schools, corrections), and systems providing other significant services to homeless individuals (such as the Division of State Service Centers) to improve coordination and continuity of care

- f. Ensure that street outreach efforts funded under ESG or the CoC program are linked to CI
5. Outreach and Access
- a. Ensure that CI covers the entire geographic area claimed by the CoC
  - b. Widely distribute marketing materials regarding CI and how to access those services
  - c. Ensure that the CI process is easily accessed by individuals and families seeking homeless services and housing
  - d. Ensure that CI is easily accessed by individuals and families seeking housing or homeless services, the CoC offers the same assessment approach at all access points, and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are identified to meet the needs of one of the five populations allowable by HUD's Coordinated Entry Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g., unaccompanied youth who access CES at the access point defined for adults without children are immediately connected to the youth-specific access point), but also that households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population
  - e. Ensure that participants are not be denied access to CI on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking
  - f. Ensure that the CI process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes
  - g. Affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach
  - h. Take reasonable steps to offer CI process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP)
6. Training
- a. Recruit, train, and manage qualified staff to operate CI
  - b. Provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments
  - c. Update and distribute training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's CI written policies and procedures
  - d. Ensure that CI training curricula includes the following topics for staff conducting assessments:

- i. Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations
    - ii. Requirements for use of assessment information to determine prioritization
    - iii. Criteria for uniform decision-making and referrals
  - e. Ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data through CI
- 7. Data Quality and Compliance Monitoring
  - a. Regularly run available CI data quality reports
  - b. Ensure CI data is complete and accurate
  - c. Regularly review CI and end user referral data for all project types
  - d. Ensure CI data entry is compliant with all of HUD's CE data requirements and HMIS data standards
  - e. Ensure CoC and all agencies participating in the coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil rights laws

**V. COMMENCEMENT**

This MOU will commence upon the signature of the affected parties.

**VI. AMENDMENT/NOTICES**

This MOU may be amended in writing by either party, so long as changes are mutually agreed upon by all parties. While it is anticipated that this MOU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. The existing MOU may be extended by the CoC Board until a new version is executed.

This annual review, done in conjunction with the CI Committee ensuring compliance, is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation. Therefore, the parties agree to update this MOU (as provided in Section VII, Amendment/Notices), other CI operational documents, and CI practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified time frame for such changes.

**VII. TERMINATION**

Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other parties. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination. Any termination prior to the annual contract end date must be done with the approval and in accordance with the guidance of HUD. If termination of this MOU occurs prior to its annual renewal and/or an award through a competitive process by either party and in accordance with the terms of CI Lead Agency contract with HUD, CI grant monies and HMIS User Fees



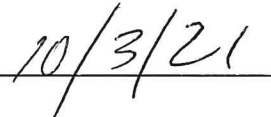
will be transferred to a new CI Lead Agency proportionate to the remaining time in the contract at the point Housing Alliance Delaware concludes CI services and transfers CI Lead responsibilities to a new CI Lead.


Any dispute around termination shall not delay the CoC's ability to operate a minimally acceptable CI System, as defined by HUD earlier in the MOU. In the event that this MOU is terminated by either party, both are obligated to adhere to HUD's guidance during the transition period.

**VIII. FAILURE TO ADHERE TO MOU**

Failure to adhere to this MOU may result in the institution of a performance improvement plan and/or termination of CI Lead Agency designation. The CoC Funding Committee will be responsible for an annual performance review of the CI Lead Agency.

  
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Rachel Stucker  
Executive Director, Housing Alliance Delaware

  
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Date

  
\_\_\_\_\_  
Carrie Casey  
Chair, Delaware Continuum of Care Board

10/19/2021  
\_\_\_\_\_  
Date