# **Coordinated Entry System Policies & Procedures Comments**

# On May 15, 2018 the CE Committee reviewed all comments on the MCOC Coordinated Entry System Policies and Procedures between May 9 and May 14, 2018. Additional comments were raised during the meeting. For each comment, the Committee determined whether it could be addressed during this version of the Policies and Procedures, or whether it could be placed in a “Parking Lot” to be addressed when the document is reviewed again.

# According to the Policies and Procedures document the document is to be reviewed at least annually. The COC BOD has requested that the document be reviewed after six months. Therefore, all items that were identified as being placed in the “Parking Lot,” will be addressed at that time.

Other items were addressed at that meeting and the committee’s decision is reflected in the final draft version dated May 16, 2018. Each person who submitted comments were also provided a response.

# **Parking Lot Comments**

* The *Joint Coordinated Entry System for the State of Maine’s Continuum’s of Care MCoC and PCoC Written Standards* (Adopted by the PCoC on October 14,2015 and by the MCoC on October 29, 2015) will need to be revised in order to support this Policies and Procedures version.
* The Assessment Tools and resources do not appear to be clearly standardized and could be interpreted as allowing providers to use a variety of tools at any time and not a standardized tool for specific situations. This appears to be out of compliance with both CoC and ESG regulations.
* The Prioritization Chart that is used in the Policies and Procedures document does not appear to delineate a process by which to apply to any specific CoC or ESG funded project.
* The Prioritization Chart that is used in the Policies and Procedures document appears to prioritize singles, families, youth, and DV populations in a way that is not supported by MaineHousing ESG programs or TBRA resources currently. The current prioritization and processes are part of our Consolidated Plan and Administrative Plans.
* The Maine HMIS Authorization for Disclosure of Health and/or Personal Information (ROI) is not designed to be utilized as a “verbal” consent policy. This is a legal document that is signed by the client to collect information into HMIS.
* The Document appears to request that shelters provide a level of service and resources to all households requesting emergency shelter that we are concerned that not all of our ESHAP shelters will have the capacity to provide.
* The Policies and Procedures include a number of resources (ex: GA, or other housing providers) that are not required to participated in Coordinated Entry we would suggest that MOU’s be put in place for these providers.
* There is a system for allowing VA clients to participate in CE but these systems do not appear to currently exist for Youth or DV providers – as a result it may inadvertently appear to deny access to these populations.
* We have concerns about the clarity of the Grievance and Appeals procedures.
* If you are looking to have this document approved for use statewide and want to be able to say that the DV resource centers have reviewed and support it, then the Program Standards Committee through the Maine Coalition to End Domestic Violence are the ones who should be reviewing this.
* The CES P&P States: The MCoC will ensure that membership of its CE Committee includes at least one ESG recipient representative. At least annually, ESG recipients and representatives from the MCoC will identify and share changes to their written standards with the MCoC’s CE Committee, to ensure consistency in the CES policies and procedures.
	+ Determine the composition of CES Committee
	+ Define whether that the ESG Recipient is MH or COP, or a shelter (ie subrecipient)
* Non Discrimination: Review all shelters policies and procedures to review for their nondiscrimination policy. Create one for CES, or a process to handle them.
* Training Policy and Procedure
* This specifies training for some specific projects, but not all. Work towards including specific training for more project types.
* Increase training for coordinated assessment staff on the confidentiality and privacy rights set forth by VAWA
* Ensure there is training on domestic violence/the dv shelters in general.
* The CES P&P States: The CES participating provider serving as the CES access point should address any complaints by participants as best as they can in the moment. Ideally, the person and the CES participating provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure with the provider.

Needs to be expanded to include MCOC inclusion

Review HUD language for future policies.

* ROI: Request to add a checkbox in HMIS that confirms verbal consent was obtained. 211 colects this info already
* HMIS Data Systems: Add sections of MCOC *Data Quality and Best Practice Guide .*Guide to or refer to where it is located/ posted.
* Select key outcomes of CES, for example reduction in length of time homeless, increase in the number of placements into permenant housting, etc. Include MH HMIS staff in the conversation for creating reports.
* In the MCOC Data Quality and Best Practice Guide, add to the matrix the best practice for CES.
* Page 24: Under Participant Declined Referrals. It says that the client can refuse a referral, and then the provider needs to provide other suitable options. We suggest a limit of how many refusals any participant is allowed to prevent overburdening providers
* Appendix F: inclusion of ESHAP in this chart suggests a relationship to the Resource Priority (P5 – P1). This is not consistent with the Annual Action Plan submitted to HUD for ESG funds.