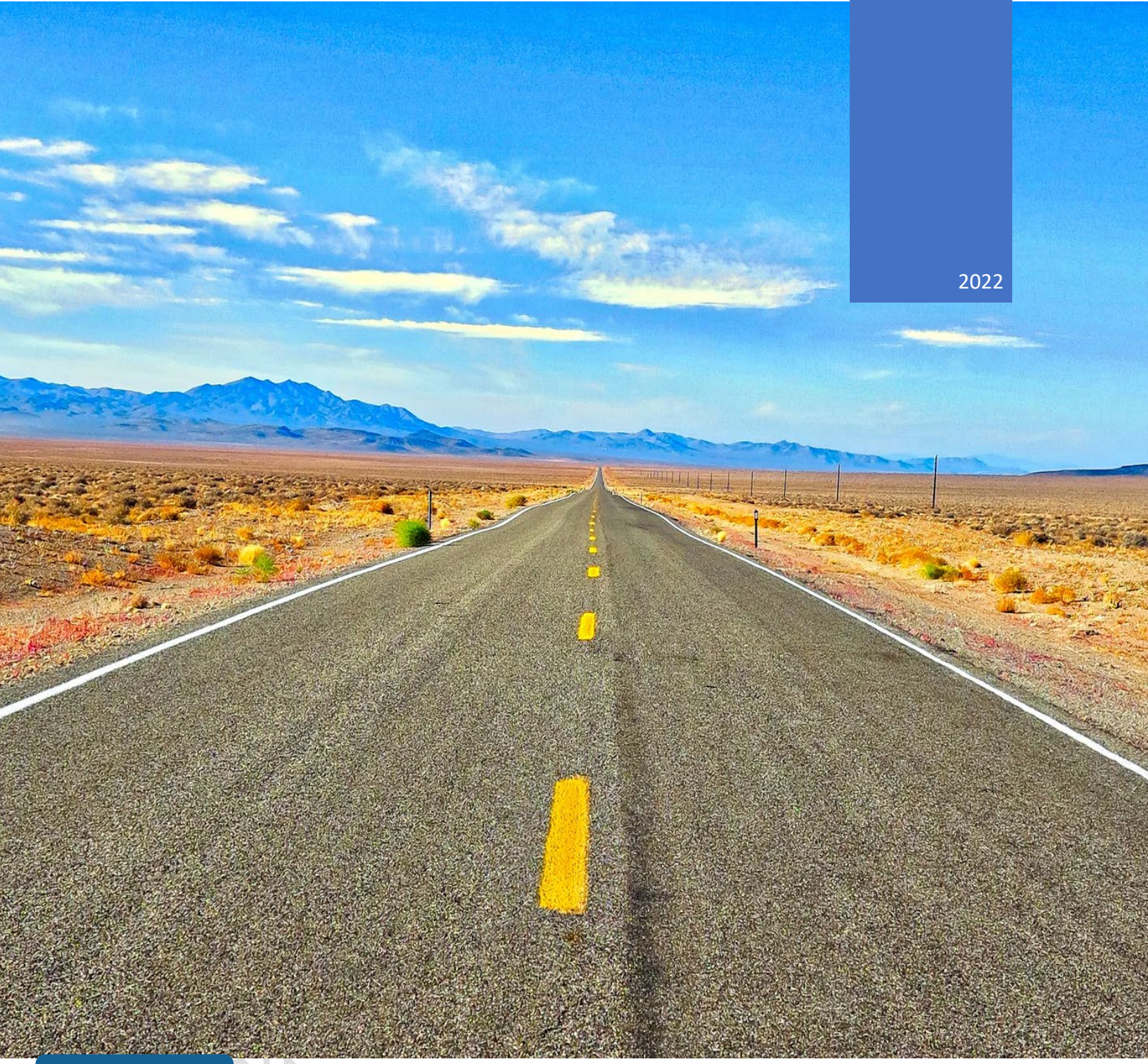

2022

Rural Nevada Continuum of Care

COORDINATED ENTRY POLICIES AND PROCEDURES

ADOPTED JUNE 23, 2022 (UPDATED SEPTEMBER 22, 2022)

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1. RURAL NEVADA CONTINUUM OF CARE (RNCOC)

Nevada is more than 480 miles long and 320 miles wide. Most of this land is found in the 15 rural counties of Nevada, which include Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey and White Pine. Those counties comprise Nevada's Balance of State homelessness continuum of care (CoC) known as the Rural Nevada Continuum of Care (RNCoC).

The RNCoC is dedicated to providing housing and supportive services for people who are experiencing or at risk of experiencing homelessness in the 15-county region. It is important to note that throughout this document, the RNCoC has elected to describe our friends and neighbors experiencing homelessness or at-risk of homelessness who are accessing services in the RNCoC as "participants."

The RNCoC also is responsible for planning homeless housing and managing the homeless service system in the CoC's geography, including applying for funding and being responsive to the local, state, and federal regulations issued as part of that funding.

The RNCoC Steering Committee functions as the primary decision-maker the CoC's geography. The CoC's members, including agencies from across the 15 counties and grant recipients (hereinafter, "members" unless otherwise specified) are each responsible for implementing the RNCoC's larger strategic vision and coordinated entry process by building capacity across a broad and diverse partnership base. With each county, members have the responsibility to name a community site to provide in person services, including intake, assessment, service provision, and housing placement related to the coordinated entry system.

Every year since 2002, the RNCoC has successfully submitted applications for McKinney-Vento funding for its homelessness response system from the Department of Housing and Urban Development (HUD). This has resulted in an increasingly enhanced system of housing, which includes a coordinated entry system (CES), additional supportive services, and a sophisticated shared database that stores participant and program information known as Case Management Information System (CMIS). Coordinated and streamlined approaches will support further increases in the RNCoC's capacity to serve persons experiencing housing crises with additional funding and supportive resources. These policies and procedures are designed to describe processes by which the RNCoC's homelessness response coordinated entry system operates and to enhance fairness, compliance, and effectiveness of that system.

2. PURPOSE AND BACKGROUND

Why do we need Policies and Procedures for the Coordinated Entry System?

With the implementation of RNCoC's coordinated entry system (CES), the members in the Balance of State are part of a system that includes all of the housing and service providers in all 15 counties in the RNCoC. This new approach to service and housing provision means that all 15 members must understand and abide by a single clear and cohesive set of policies and procedures that guide the new approach.

The operation of CES systems is guided by regulations from HUD and influenced by evidence-based practices that have developed over the course of many other communities' successful implementation of coordinated entry systems nationwide. The policies and procedures adopted in this document by the RNCoC for use in each member county represent the values, priorities, and goals of the RNCoC.

These policies and procedures are aligned with the principles, best practices and policies promoted by the HUD and in *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness* created by the United States Interagency Council on Homelessness.

How should this document be used?

This document is intended to provide the foundation for decision making related to the Rural Nevada CoC's CES. This document will be reviewed and evaluated semi-annually from the last date of Steering Committee approval and updated as needed to reflect system changes, incorporate CoC and ESG mandated CES requirements, and to improve the performance of the RNCoC's CES. Contact information will be updated as needed and distributed to the group.

This document should be utilized in conjunction with the RNCoC's Written Standards.

Overview and Guiding Principles of Coordinated Entry

Coordinated Entry Overview

What is coordinated entry? A coordinated entry system (CES) coordinates access, assessment, prioritization, and referral for housing and supports for people experiencing or at imminent risk for homelessness in a community. The purpose of CES is to ensure that all people experiencing a housing crisis have fair and equal access to the system's resources and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized.
What are the benefits of coordinated entry? People are connected to the right solutions as quickly and effectively as possible. Prioritization is based on need and vulnerability instead of who can find the resource first. The process is participant driven, encouraging and empowering

providers to end homelessness instead of just managing it. Decisions, planning, resource allocation and performance evaluation are all data driven. The community is able to know what resources are available and even can identify all people experiencing homelessness in their community by name. Coordinated entry supports a housing first or barrier free approach. Also, the process is compliant with the policy and funding priorities of major funding sources (HUD, VA, state of Nevada).

Why should we implement coordinated entry? It creates easier, faster access to system (continuum) resources, including housing stock, rental assistance, housing navigation and other services. It increases the focus on the community's shared goals, such as housing vouchers. It increases exits to permanent housing, creating system flow and reducing waitlists. It maximizes resources by matching highest need participants with the most intensive resources, including case management. This resource helps end homelessness across communities, instead of program by program. Finally, implementing coordinated entry is a federal requirement for several HUD programs.

Guiding Principles of Coordinated Entry:

- Streamlined access and referral
- Fair and equal access
- Standardized tools and practices
- A barrier free approach (Housing First)
- Prioritization of those most in need

This Coordinated entry System complies with HUD Coordinated Entry Notice CPD-17-01, CPD - 16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs are committed to implementing this program. These policies and the written standards will be updated as needed to comply with evolving regulations and any changes in the RNCoC homeless system of care. Except as otherwise specified, RNCoC's Coordinated Entry System Policies and Procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the RNCoC.

3. SYSTEM OVERVIEW

Geographic Coverage and Referral Zones

The Nevada Balance of State covers 15 rural counties called the Rural Nevada Continuum of Care (RNCoC or CoC). The RNCoC is comprised of the following counties: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

To best serve participants within that 15-county geographic range, the CoC established designated access points by member county, to avoid forcing persons to travel or move long distances to be assessed or served. In the CoC there is one coordinated entry process with a prioritization list (called the Community Queue), a single housing matchmaker, and standardized assessment tool, data management system, and matching process. Agencies receiving referrals will independently determine program eligibility based on the terms of their program funding. Such consistency across member counties allows for fairness and system efficiency. The approach is also intended to remove population-specific barriers to accessing the system by connecting persons likely to present in each member community to resources within reasonable travel distances.

Under ordinary circumstances, residents within each member county will travel to the access point (called a Site) established to serve that member county. However, anyone living within the CoC may choose to travel to any Site. People will not be denied an intake or assessment on the grounds that they are from the "wrong" member county.

The list of Sites that provide in-person assessment and referral services for each county are included in Appendix B. In some locations, limited in-person services may be available.

CoC Housing and Service Types

RNCoC's service and housing options are growing. To date they include the following:

Permanent Supportive Housing (PSH)	***Prevention and Diversion Services*** [1]	***Behavioral Health Treatment***	***Housing Clinics***
Rapid Rehousing (RRH)	***Social Services Case Management***	***Vocational Services***	***Health Clinics***

Any immediate crisis response services provided by the system will not be prioritized. Currently, the CES is designed to prioritize for Permanent Supportive Housing and Rapid Rehousing resources only.

[1] It is important to note that Prevention and Diversion services offered to participants across the CoC are not prioritized via the CES. These services are available in all member counties; however, they are provided on a first come, first serve basis.

Process Flow

Coordinated Entry System (CES) Process

RNCoC's CES process to be used across the region by each member county will have five key steps: participant access to the system, participant assessment, community prioritization, an eligibility determination, and housing and service matching and referrals.

Process Flow

1) **Access:** RNCoC maintains access sites within each member county or within a neighboring county, where persons experiencing a housing crisis may go to receive assistance, which include an assessment and referrals for housing and services offered through CES.
2) **Assessment:** At each access site, RNCoC determines severity and type of needs for each participant using a variety of tools, including the following:
    - *SATT Pre-Screen*: The Short Assessment Triage Tool, developed by the Southern Nevada Continuum of Care, is used with all clients to collect basic information regarding the individual or family, identify immediate safety needs, and identify which assessment is best suited for the participant.
    - *CHAT* (for single adults/households without minor children): The Community Housing Assessment Tool, developed by the Southern Nevada Continuum of Care, prioritizes single adults for available permanent housing based on acuity and chronicity.
    - *F-CHAT* (for families/households with minor children): The Family Community Housing Assessment Tool is a community-developed tool that prioritizes families for available permanent housing based on acuity and chronicity.
3) **Prioritization:** A central Housing Matchmaker prioritizes participants based on need and vulnerability using the scores and the prioritization scheme defined by the CoC. The most vulnerable participants (those scoring the highest) with the longest time homeless are prioritized for available housing and services. All programs and provider agencies are required to use the CE system to link participants to housing and services programs participating in CE.
4) **Matching and Referrals:** The Housing Matchmaker matches the participant to available resources. RNCoC's crisis response system is based on the practice of matching the service intervention to the participant's level and depth of needs. The Housing Matchmaker monitors CMIS, identifies persons on the Community Queue that match the housing available, and makes referrals to available community housing.
5) **Eligibility Determination:** RNCoC's CES is designed to serve anyone in the geographic region experiencing a housing crisis. Individual projects are responsible for determining barrier free eligibility of prospective participants and collecting and maintaining eligibility documentation within the Case Management Information System (CMIS), which is their HMIS, for purposes of program participation.

Case Conferencing

The process has several objectives that reflect the values of the RNCoC and provide the most complete and appropriate service solutions for persons experiencing or at risk of homelessness.

For persons experiencing homelessness, referral to rapid rehousing and permanent supportive housing interventions will be intentionally and primarily made in a centralized manner, following the prioritization categories outlined in these policies and procedures. To ensure that all individuals are matched to appropriate resources based on objective determinations of vulnerability and need, the role of case conferencing will be limited to the following activities as needed:

- **Ensuring Successful Placement**: Address the needs of households with the highest barriers to housing to ensure they are able to access the resources for which they have been or are likely to be referred, including clients who have refused multiple referrals or been refused by programs on multiple occasions;
- **Ensuring Document Readiness**: Ensure all clients' needs related to gathering and preparing the documents needed to obtain housing are (e.g., identification, income and assets verification, eviction history, etc.) being addressed, beginning with those individuals in the First Priority group and continuing in order; and
- **Ensuring Effective Client Navigation of the Coordinated Entry System**: Ensure that clients are not excluded from accessing resources for which they are eligible and are appropriate to their needs if they would otherwise remain on the housing Queue for an extended period of time (e.g., prioritizing clients with documentation from an appropriate medical professional regarding a terminal illness or imminent serious health danger due to homelessness, or identifying and assisting clients to connect to community resources that may support them in overcoming barriers to housing and other positive outcomes).

A case conference will be deemed as necessary when an individual or household has been on the Queue for six months or has been referred to a housing program or programs **three or more times** and remains unhoused. The agency who initially placed the individual or household on the Queue will be responsible for first convening a county-level case conference with relevant stakeholders to address the activities outlined above. Should this not result in placement in a housing program, the agency will then request a case conference at the CoC level. Case conferencing within the CoC will include the following representatives:

- A representative from the program who placed the individual or household on the Queue
- A representative providing services within the same county as the individual or household
- The Matchmaker
- A representative from the program most recently receiving the referral from the Queue

CES Objectives

The process has several objectives that reflect the values of the RNCoC and provide the most complete and appropriate service solutions for persons experiencing or at risk of homelessness.

RNCoC CES Objectives

- To prioritize the most vulnerable as the primary factor among many considerations, such as limited resources, access, and availability of needed services and transportation;
- To remove barriers to housing and services;

- To provide a complete, targeted, and trauma-informed intake and referral service for individuals and families presenting in each member county;
- To coordinate services across partners with resources that best serve residents in need;
- To promote person-centered practices, including participant choice and plan participation; and
- To promote collaborative and inclusive planning and data-driven decision-making practices.

4. GENERAL POLICIES

CES Participation

In the HUD notice CPD-17-01: Notice Establishing Additional Requirements for Coordinated Entry, HUD established that all programs that receive Continuum of Care funding or Emergency Solutions Grant funding (recipients and sub-recipients) must participate in the coordinated entry system for their Continuum of Care.

Every program that receives CoC or ESG funding has to participate in coordinated entry, regardless of project type and whether they also receive other types of funding that do not require participation in the CES. Emergency shelters funded through ESG do **not** need to receive referrals for open beds through the CE prioritization and matching process. However, these programs should be actively participating in the coordinated entry Committee, administering the SATT, and, as needed, actively referring participants to designated access points for assessment.

Additionally, all ESG- and CoC-funded project vacancies (housing units or resources) should be filled through the CES' prioritization and referral processes. These programs should be accepting referrals through the CES based on the prioritization process outlined in these Policies and Procedures, participating in CES planning at the member and RNCoC levels, actively promoting the CES throughout the community, and providing, at least annually program guidelines and service inventories to the Matchmaker.

HUD allows and actively promotes the full participation and integration of victim service providers into the CoC coordinated entry process. The overarching goal is for individuals and families presenting to the homeless and victim services system to have full and complete access to the housing and service resources available through both systems.

Counties and programs not funded under federal or state sources are strongly encouraged to participate to achieve the maximum effectiveness and intent of the CES. If there is no agency or capacity to provide services or participate independently, member counties may partner with a CES access site in another county to participate in CES. Members are responsible for ongoing outreach to programs or partners not funded under federal and state sources and for collaborating with those entities to promote and ease participation in the CES.

Non-Discrimination Policy

RNCoC does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status) during any phase of the Coordinated entry process.

Some programs may need to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a Housing Opportunities for Persons with Aids (HOPWA)-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the RNCoC Coordinated Entry system will comply with all federal, state, and local Fair Housing laws and regulations. Participants will not be "steered" toward any particular housing facility or neighborhood because of any protected class or status. For example, if there is a PSH program that operates by communicating in American Sign Language (ASL), participants who are deaf and communicate using ASL should be informed of all housing program options, including but not limited to the ASL program.

All locations where persons are likely to access or attempt to access the coordinated entry system will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint or grievance with the RNCoC. The policy for filing a complaint or grievance is described in the Complaint and Grievance section of these policies.

Fair Housing and Equal Access

The Steering Committee will identify and approve access points in each county or within a neighboring county. Access points will ensure fair and equal access to CES programs and services for all participants regardless of protected class (including actual or perceived race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status). To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation at each Site.

In the event an access point is established for specific subpopulations, the access point MUST have the capacity to screen, assess and refer all populations regardless of their actual or perceived sub-population group.

The screening, assessment, prioritization, and referral processes shall abide by all federal, state, and local nondiscrimination laws. In each of these processes, access to housing should not be based on protected class (including actual or perceived race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status). In addition, a participant shall not be required to provide specific disability information to qualify for any of the CES services. Participants may be asked upon program referral or entry to verify their disability status.

During the referral process, participants should not be steered towards any particular housing based on actual or perceived protected status.

Fair and Equal Marketing Policy

The CoC will affirmatively market coordinated entry as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an evaluation of CMIS service data, the Point-in-Time Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the

following media:

- Brochures/Flyers
- Announcements at Community Events
- Newspapers/Magazines
- Radio
- Television
- Social Media/Websites

The marketing campaign will be designed to ensure that the coordinated entry process is available to all eligible persons regardless of protected class including actual or perceived race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status. Sites will also take reasonable steps to make available materials and services in multiple languages, as needed.

Similarly, the marketing campaign will be designed to ensure that 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 coordinated entry system.

All physical access points in the coordinated entry system must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

Complaint and Grievance Policy

RNCoC recognizes that participants, participating provider agencies, or other parties may express dissatisfaction with the coordinated entry system. A grievance is any formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the coordinated entry system (which includes the agencies participating in the system such as service providers) and its potential violation of the written Coordinated Entry Policies and Procedures. A general complaint differs from a grievance in that a general complaint does not claim a violation of the Policies and Procedures, nor does it reflect gross misconduct or describe a legal violation.

Coordinated Entry Review Board

The purpose of the Coordinated Entry Review Board is to ensure fairness within the coordinated entry system as well as provide oversight for coordinated entry processes within the RNCoC. The policy included here is intended to cover only requests, complaints, and grievances related specifically to coordinated entry related policies, decisions, services, or activities. This policy does not address those involving a participating provider agency's internal policies, services, or activities. In the event a request, complaint, or grievance is received regarding an agency's internal policies, services, or activities, the submitter will be referred to the appropriate provider agency for resolution under that agency's grievance policy.

The Review Board will consist of at least three stakeholders with housing system oversight experience. The Steering Committee will select and approve the Review Board members. Representatives from the following agencies or service sectors will be selected to participate unless otherwise determined by the Steering Committee:

- A representative from the Nevada Housing Division
- A behavioral health provider
- A representative from Nevada Rural Housing Authority who does not serve as the Coordinated Entry Matchmaker

Members of the review board agree to recuse themselves from discussion and decision-making in the event that the request, complaint, or grievance under review represents a conflict of interest. Additionally, a representative from the Division of Welfare and Supportive Services will serve as an alternate should one of the designated representatives be unable to convene to address an issue or must recuse themselves from participating.

The Review Board will meet upon request to review potential requests, complaints, or grievances made by either participants or providers. Requests, complaints, or grievances must be submitted within five business days of the occurrence.

Submissions for review may be anonymous but must be received in writing and submitted to the RNCoC email address at: rncocnevada@gmail.com or via mail at:

ATTN: Rural Nevada CoC
Social Entrepreneurs, Inc.
6548 S. McCarran Blvd, Ste. B
Reno, NV 89509

Submissions may be written by the participant or by someone on the participant's behalf. Submissions should include any relevant documentation.

Requests, complaints, or grievances will be reviewed and addressed by the Review Board as soon as possible and within at least 10 business days.

Participant Complaints

General complaints not related to discrimination, gross misconduct or negligence, a legal violation, or claiming to violate the Policies and Procedures should be addressed initially by the provider and following the provider's complaints procedure. Complaints that should be addressed directly by the provider staff member or provider staff supervisor may include complaints about: provider conditions, how the participant was treated by provider staff, and violations of confidentiality agreements. Ideally, the participant and the provider will try to work out the problem directly as a first step in the process.

If this does not resolve the issue, the complaint can be forwarded to the Coordinated Entry Review Board. The Coordinated Entry Review Board will work with the complainant to address the issue and improve the system's overall operations. Complaints may be further elevated and submitted as grievances should a formal decision be required.

Participant Grievances

Each participating provider agency must make a good faith effort to resolve a discrimination or coordinated entry-related participant grievance as best they can in the moment. If the participant feels the grievance was not adequately addressed, the participant may file a formal grievance with the Review Board. The Coordinated Entry Review Board's decision upon review is final.

If a participant has a coordinated entry-related grievance that is not specific to a particular provider agency and cannot use any provider agency's grievance procedure, the participant may submit a grievance directly to the Coordinated Entry Review Board.

All participating provider agencies must have a participant grievance policy in place, a copy of which should be made available to participants.

The person filing the grievance has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The filer has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information, so the Review Board can contact the filer to discuss the issues.

Provider Review Request

In cases where the assessment tool does not produce the entire body of information necessary to accurately determine a household's or individual's prioritization, either because of withheld information or circumstances outside of the scope of assessment, assessors may provide additional information to the Review Board. The purpose of this process is to provide a safety net for participants where the assessment tool does not accurately reflect the household's vulnerability. Providers must provide the following information to the Review Board:

1) Which assessment question or questions need review because the current answer does not reflect their knowledge of the participant's circumstances or history
2) Information and any available documentation to support the need for a changed response to that question or questions

The Review Board will not be privy to identifying information of the participant. Not all cases will result in an assessment score change. In some instances, the review panel may determine that the initial score is correct. In other situations, the flag review panel may determine that a higher or lower score is warranted. The decision of the Coordinated Entry Review Board is final.

Provider Grievances

Any participating provider agency filing a grievance concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing there is a violation of the Coordinated Entry System Policies and Procedures.

Grievances will be processed in such a way in which grievances are addressed in the most objective and fair way; including a process by which the agency involved in the grievance does not participate in the review.

To file a grievance, the participating provider agency will contact the Housing Matchmaker with a written statement describing the alleged violation of the Coordinated Entry System Policies and Procedures, and the steps taken to resolve the issue locally. The Housing Matchmaker will contact the agency(s) in question to request a response to the grievance. Once the Matchmaker has received all documentation, they will convene the Coordinated Entry Review Board to determine if the grievance is valid and if further action needs to be taken. The decision of the Coordinated Entry Review Board is final.

5. ROLES AND RESPONSIBILITIES

RNCoC

The RNCoC is responsible for the oversight of the continuum of care process, including the following CES management and coordination tasks:

- Provide overall direction and leadership for developing and implementing the CES;
- Make formal decisions for CES;
- Accept, review, and address any formal complaints or grievances received;
- Establish priorities for and make decisions about the allocation of CE resources;
- Designate the HMIS Lead Agency;
- Monitor and evaluate both system wide and individual program performance based on established goals;
- Receive and review reports and recommendations from CE committee and subcommittees or working groups;
- Increase participation of CMIS users; and
- Oversee submission of required CE reporting to the Department of Housing and Urban Development.

The RNCoC is composed of a board and several committees that provide strategic, management, and oversight functions for RNCoC's coordinated entry system.

- **RNCoC Steering Committee**: Role is to provide general oversight and management of the statewide process, as well as communicate with members, including member counties and housing and service providers, and make final decisions about system policies and procedures. Additionally, it reviews the performance of each agency based on RNCoC performance standards and goals and HUD's and the RNCoC's Strategic Plans.
- **Coordinated Entry Subcommittee**: Role is to design, develop, implement, and evaluate coordinated entry system. CE Committee also does outreach and engages homeless providers for partnership in the CES and ensures compliance with CES policies and procedures.

Operational functions are performed by:

- Housing Matchmaker (Nevada Rural Housing Authority)
- HMIS Lead (Clark County Social Service)
- Access Sites (See Appendix B)

Members

The 15 counties within RNCoC, grant recipients, and other agencies participate as members of the CoC. Within each county, Steering Committee members will identify and approve sites to provide in-person services, such as intake, assessments, and referrals, or can connect to sites with in-person services.

Members are primarily responsible for actively promoting CES throughout the community.

CES Participating Provider Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care Program (CoC) or Emergency Solutions Grant (ESG) funding to participate in their jurisdiction's Coordinated Entry system.

Other housing and service provider agencies are also encouraged to participate in CES—as referral sources, access sites, and providers of housing and services. Provider agencies participating in the RNCoC coordinated entry system will:

- **Follow the RNCoC Coordinated Entry System Policies & Procedures**, as identified in this document and approved by the RNCoC Steering Committee, regarding access points, assessment procedures, participant prioritization, and referral and placement in available services and housing. Other entry points into services and housing not identified in these Policies & Procedures will not be used.
- **Maintain low barrier to enrollment in services and housing.** No participant may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to participants with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to coordinated entry system programs and services for all participants regardless of protected class (including actual or perceived race, color, religion, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status).
    - Participating provider agencies will ensure equal access to programs, for all individuals and their families; provide housing, services, and/or accommodations in accordance with a participants' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.
    - Participating provider agencies will offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, veterans, youth, persons and households fleeing domestic violence, and transgender persons.
    - Population-specific projects and those projects maintaining affinity focus (e.g., women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered by the RNCoC Coordinated Entry Committee and recommended for action by the Board.
- **Provide appropriate safety planning**. Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee

family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.

- **Create and share written eligibility standards.** Participating provider agencies will provide detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be recommended to the Board for action. This may include funder-specific requirements for eligibility and program defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Housing Matchmaker.
- **Communicate vacancies.** Participating provider agencies will communicate project vacancies, either bed, unit, or voucher, via CMIS to the Housing Matchmaker.
- **Limit enrollment to participants referred through the defined access point(s).** All projects with HUD CoC and ESG-funded beds, units, or vouchers required to serve an individual or family experiencing homelessness are required to receive referrals through coordinated entry. A finite number of specialized programs serving distinct populations (e.g., domestic violence, youth, reentry, veterans) may receive a waiver for accepting referrals through coordinated entry but will need to provide the RNCoC CE Committee with detailed engagement and eligibility plans. Regardless, the Housing Matchmaker will need to be informed of every opening and how and when they were filled.
- **Participate in planning.** Participating provider agencies should participate, and CoC/ESG funded provider agencies and others mandated by funding streams shall participate, in RNCoC's planning and management activities as defined and established by the RNCoC Board, including participation in committees and workgroups.
- **Contribute data to CMIS.** Each participating provider with homeless dedicated units will be required to participate in CMIS to some extent. CMIS Lead and Housing Matchmaker will work with these providers to determine what forms they will need to complete in CMIS.
- **Ensure staff who interact with the Coordinated Entry system receive regular training and supervision**. Each participating provider must notify the Housing Matchmaker of changes in staffing, in order to ensure employees have access to the required introductory and ongoing training and information related to the coordinated entry system.
- **Ensure participant rights are protected and participants are informed of their rights and responsibilities.** Participants will have rights explained to them verbally and in writing when completing an initial intake. Posters listing these rights will be posted in areas visible to participants. At a minimum, participant rights will include:
  - The right to be treated with dignity and respect;
  - The right to be treated with cultural sensitivity;
  - The right to appeal coordinated entry system decisions;

- The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
- The right to choose among available housing/services; and
- The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Participants

Participants will be expected to participate in assessments in order to be connected to the available services that best meet their needs.

Participants are expected to partner with provider agencies in resolving their housing crisis by participating in finding and obtaining housing and services. If a participant exercises their right to refuse a housing or service placement, they will be placed back into the Community Queue.

While participants have the right to refuse to participate in CMIS (e.g., refusal to sign a Release of Information), participation will assist providers in coordinating referrals. Participants are asked to cooperate with staff to provide documentation to meet program eligibility criteria (e.g., homeless status). A participant's refusal to sign a Release of Information will not preclude them from participation in the Community Queue or CE process.

Participants are expected to attend scheduled appointments. Transportation to and from appointments may be available at certain sites.

6. ACCESS

Multi-Site Approach

Because of the diversity and size of the RNCoC, access to the coordinated entry system follows a multi-site approach, with at least one access site (or alternative solution) identified in each member county. The principles of this approach are:

- Each access site will use the same assessment tools and use the same assessment approach.
- All people experiencing homelessness can access the coordinated entry system regardless of where in the CoC they live and which access site they initially contact.
- Site staff should be aware of all mainstream benefits and community-based social services, such as food, behavioral health, and vocational services, and applications for income assistance available in the community in order to make appropriate referrals.
- Site staff will connect persons experiencing homelessness to the coordinated entry system and provide appropriate referrals to emergency non-housing services.
- Site staff have a responsibility to respond to the range of service needs pertaining to homelessness, and act as the primary contact for persons who apply for assistance through their site unless or until another provider assumes that role.
- People will have equal access to information about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs.
- Sites will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for people, particularly for those with high, complex, or urgent needs.

Sites

There are currently seven member counties providing in-person sites. The remaining member counties use teleconferencing to connect participants to services based at other member sites.

These in-person sites are considered the primary designated access points for the following counties and include the following organizations:

- Carson City Human Services: Carson City
- Churchill County Social Services: Churchill County
- Douglas County Social Services: Douglas County
- Elko Friends in Service Helping (FISH): Elko County, Eureka County
- Nevada Outreach and Training Organization: Nye County, Lincoln County, Esmeralda County
- Frontier Community Action Agency: Humboldt County, Lander County, Pershing County
- Lyon County Human Services: Lyon County, Mineral County, Storey County

Additional access points include the following:

- New Frontier: Churchill County
- Nye County Health and Human Services: Nye County

An agency that wishes to be considered as an additional access point within a county that already has a primary designated access point must meet the following three baseline criteria:

1. Actively participates in CoC's regular meetings and in the CE Committee (with a record of at least six months of participation)
2. Offers active case management services
3. Has a documented record of collaborative communication with the primary designated access point agency related to assessment, referral, and/or housing services, OR the primary designated access point agrees to allow an additional access point

In addition, an agency must meet at least two of the following criteria:

1. Provides services to a geographically isolated population or a population that may face geographical challenges in accessing the primary access point
2. Must meet specific grant requirements regarding assessment of their service population and provide evidence of those requirements
3. Has a specialized capacity to serve a specific subpopulation
4. Provides street outreach services

If an agency meets these criteria, as outlined above, the agency must submit a request to serve as an additional access point to the RNCoC Coordinator (rncocnevada@gmail.com) at least two weeks in advance of a scheduled quarterly Steering Committee. This request should include any relevant documentation needed to demonstrate how an agency meets the above outlined criteria.

The RNCoC Coordinator will, in consultation with the RNCoC Chair(s), add the request as an agenda item. The RNCoC Chair(s) can request any additional documentation after their initial review. During the Steering Committee in which the item is under discussion, additional documentation may also be requested and/or the primary designated access point will be given the opportunity to respond and/or provide additional information to inform the Steering Committee. If the agency meets these criteria, the Steering Committee will take up the vote during a scheduled Steering Committee meeting to determine whether to accept them as an additional access point.

Each in-person site will offer assessments for services and have access to CMIS. The sites will take responsibility for arranging transportation or developing transportation or outreach plans for people who have disabilities or who are otherwise unable to reach their local access point. It is expected that any agency serving as an access point for coordinated entry within the Rural Nevada Continuum of Care agrees to meet the expectations for providing access to the CE System as outlined in these Policies and Procedures.

Telephonic Access

RNCoC has expanded the geographic service coverage by implementing phone or Zoom-based access to designated access points.

Online Information

The RNCoC looks forward to using a dedicated, publicly available website. It is a valuable tool for sharing information about the CoC's access points and available services, promoting events, and posting documents, tools, and data relevant to current and prospective service providers and the public. Until this website is available, the RNCoC posts information relevant to CE at the following address: https://socialent.com/2020/10/coordinated-entry-resources/.

The information and tools presented in these Policies and Procedures will be available online.

Additional Safeguards for Survivors of Domestic Violence

Families and individuals will not be denied access to the coordinated assessment process on the basis that they are survivors of domestic violence, dating violence, sexual assault, stalking, or trafficking. Such individuals will have safe and confidential access to the coordinated assessment process and victim service providers, as well as full access to other housing and services through the coordinated assessment process.

All staff conducting assessments at DV-dedicated and non-DV-dedicated member sites will be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations. If a household is determined to be at risk of harm when an assessment is being conducted or indicates a preference to receive services from victim service providers, then staff should contact emergency and/or victim service providers and provide a warm hand-off to victim services.

7. ASSESSMENT

Services are offered through CES based on an assessment of severity and type of needs. The standardized assessment process, including the criteria used for uniform decision-making across access points and staff is described in this section. Assessors are required to complete a user agreement prior to accessing the assessment tools in the HMIS. This user agreement outlines the code of conduct for assessors in reference to interaction with clients and other providers. A copy of the user agreement is included in the appendix.

RNCoC uses the SATT, the CHAT, and the F-CHAT (as outlined on page 8) as the community assessment tools.

In accordance with the Housing First approach, potential tenants will be assessed based only on the CoC's priorities and the housing program's eligibility criteria, using a standardized assessment process. No other screening factors will be used to prevent entry to housing opportunities. All participants must be informed of the ability to file a discrimination complaint.

Note: A project's intake process is not always the same as an assessment, as intake usually includes collecting basic data about a participant but may not include administering the CHAT, or F-CHAT. The assessments referred to in this section are entered into CMIS as part of that participant's profile and separate than site-specific intake processes. RNCoC expects each site to administer assessments in the same way using CMIS. However, the site's intake process may differ.

Each assessment tool is designed to measure clients' vulnerability based on the following factors:

- significant challenges or functional impairments—including physical, mental, developmental, or behavioral health challenges—which require a considerable level of support in order to maintain housing;
- high utilization of crisis or emergency services to meet basic needs;
- vulnerability to illness or death; and
- vulnerability to victimization, including physical assault, trafficking or sex work.

Scores are only one factor used to prioritize people for housing interventions. Other factors include additional RNCoC and/or members' priorities (as described in Section 9 Prioritization), length of time homeless, presence of a disabling condition, and chronic homelessness.

The tools gather only enough participant information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (i.e., youth, individuals, families, and chronically homeless). The tools incorporate a person-centered approach, in that they are at least partly based on participants' strengths, goals, risks, and protective factors, they are easily understood by participants, and they are sensitive to participants' lived experience. Finally, these tools use locally specific assessment approaches that reflect the characteristics and attributes of the CoC and CoC participants.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or other communications, which appears relevant to the CoC's written prioritization policies (as outlined on page 28).

Participant Autonomy

All spaces where in-person assessments are conducted will be made as safe and confidential as possible, within reason, so that people will feel comfortable identifying sensitive information and/or safety issues.

No participant will be screened out of the coordinated entry process due to perceived barriers to housing or services. Examples include, but are not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the coordinated entry process will be free to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.

Privacy Protections

While some assessment questions may provide the opportunity for the participant to disclose a disability or health diagnosis, no diagnosis details are required to participate in the coordinated entry system. Any diagnostic information that is disclosed will only be used for the purpose of determining specific program eligibility to make appropriate referrals, or to provide a reasonable accommodation for the participant being served.

Additional Safeguards for Survivors of Domestic Violence

Domestic violence service providers will refer their clients to sites for assessment. Sites will take care to provide additional safeguards for these participants. Sites will take care not to enter personally identifiable information in CMIS unless the client provides informed written consent, so the assessment results and additional eligibility criteria that are usually included in the CMIS standard intake may be anonymized. This modified intake form will only include the minimum information necessary to determine eligibility and prioritization. Personally identifiable information to be specifically excluded, include name, date of birth, social security number, and last permanent address. Furthermore, no information about survivors of domestic violence may be disclosed to any other entity or individual expect to the extent that the disclosure is

consented to by the client in writing in a time-limited release; required for use in an eviction proceeding or hearing regarding termination of assistance; or otherwise required by applicable law. The site completing the assessment will include the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the staff to maintain client confidentiality. The site will include an internally generated identifier that the site can associate with the client, but that cannot otherwise be associated with the client. RNCoC's Housing Matchmaker will use this identifier to identify the client when communicating with the staff contact(s).

A Note about Veterans

It is important to note that there are many resources available to serve veterans regardless of their discharge status. If a designated access point should encounter and assess a veteran, beyond placement on the Queue, they may also consider reaching out directly to the Veterans Administration's Coordinated Entry Coordinator at the closest location. Contact information for this position is available in Appendix C.

Periodic Check-Ins and Reassessment

Periodic Check-In

Clients who have been placed on the community Queue are required to check in with the provider who either completed their intake and assessment or who is managing their case and referred them to a designated coordinated entry access point. Check-ins should occur every 30-days in order to remain active on the Queue. Check-ins can be conducted via telephone, in-person visits, or other means. Check-ins provide the opportunity for service providers to actively case manage participants on the Queue to ensure that their needs are met and opportunities for diversion and prevention are identified. Additionally, check-ins ensure that contact information is up to date so that when housing resources become available participants can be notified of referrals and potential placement opportunities.

A check-in may include a change in CMIS reflecting the receipt of services, an update to the current living situation assessment (see information below), or enrollment in a project. It is important to note that a status update does not suffice as a check-in for a client to remain on the Queue. Additionally, in order to ensure a meaningful check-in has occurred, a case manager should enter a note in CMIS under the referral when a check-in has been completed.

A Note about the Current Living Situation Assessment

The Current Living Situation Assessment is a requirement of the 2020 HMIS Data Standards. The Current Living Situation Assessment should be recorded at the time of enrollment in the Coordinated Entry project, and at the time of every direct contact with a participant thereafter. While the assessment must be completed by staff at night-by-night emergency shelters and services only projects, the Current Living Situation Assessment also serves as a check-in and should be completed **at least every 30-days**.

Reassessment

The RNCoC has determined that participants who are placed on the Queue and remain on the Queue without placement in permanent housing should be reassessed at least annually. Annual reassessment will ensure that priority placement on the Queue reflects participants' circumstances.

However, reassessment at an earlier interval may be necessary. The following events may prompt a reassessment:

- In the event that a participant experiences a drastic change to their circumstance, where three or more factors relevant to the CHAT or F-CHAT have changed, a reassessment may be warranted. A drastic change may include, but is not limited to, a significant change in health or disability status, income or employment, household structure, justice involvement or other circumstance.
- If a participant has not complied with the monthly check-in process in such a way as to ensure regular case management can occur, a provider may determine that reassessment should take place at a six-months interval.

It is important for providers to consider the option for earlier reassessment using a trauma-informed and person-centered approach and avoid creating trauma for participants via frequent, recurring assessment.

Recordkeeping

In accordance with 24 CFR 578.103 (C) all records must be retained for a period of five years.

8. PRIORITIZATION

Once participants have been connected with the coordinated entry designated access point and participated in assessment they are prioritized for housing and services consistent with their needs. All services that are needed for an emergency crisis response, including emergency shelter, will not be prioritized through coordinated entry. However, referrals to emergency shelter providers will be tracked through the Program Eligibility Determination screen within CMIS.

Permanent Supportive Housing and Rapid Rehousing

The RNCoC utilizes both the HUD-14-012 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status and the HUD CPD-16-11 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing to prioritize persons experiencing chronic homelessness and other vulnerable households for Permanent Supportive Housing.

RNCoC established the following order of priority for Permanent Supportive Housing and Rapid Rehousing resources:

Priority	Chronically Homeless?	Severity of Service Needs as Determined by the CHAT or F-CHAT	Length of Time Homeless	Length of Time on the Community Queue
First Priority	Yes	Highest Assessment Score	Longest, most recent length of time homeless (As determined by: "Total length of time lived on streets, in shelters")	Longest length of time on the Community Queue
Second Priority	No	Highest Assessment Score	Longest, most recent length of time homeless	Longest length of time on the Community Queue

Should these orders of priority sort the Queue in such a manner that multiple individuals and/or families are similarly located at the top of the list, the following additional priorities will be applied to determine which household will be offered assistance first:

1. Unsheltered
2. Families with children
3. Families with adult dependents
4. Individuals and Heads of Household Aged 65+
5. Domestic violence and sexual assault survivors and/or those participants experiencing severe safety concerns (e.g., life threatening healthcare needs, suicidality, and mental health crises)

The order of participant priority on the Community Queue will under no circumstances be based on disability type or diagnosis.

The CoC has elected to use rapid rehousing resources as a bridge to permanent housing. In no way will placement in a rapid rehousing unit jeopardize a participant's prioritization on the Community Queue for permanent supportive housing.

9. MATCHING AND REFERRALS

Community Queue

After each site conducts the SATT, and if determined necessary, the CHAT or F-CHAT assessments in CMIS, persons in need of housing are placed on the Community Queue in the CMIS. If at any time there are insufficient housing resources to house all eligible persons, those persons will also be placed on the Community Queue ranked in order of priority based on the assessment score and other community priority factors as outlined in Section 8. The Community Queue is managed via CMIS.

A participant will remain on the Community Queue until they are matched with a housing opportunity as outlined in the following section ("Match"), unless any of the following conditions are met:

- The participant obtains housing through another means and no longer requires assistance.
- The participant is known to have left the CoC to pursue other assistance or resources.
- The participant is deceased.
- No staff working in the CE system has been able to locate the participant for more than 90 days from last contact with a project, and there are no Current Living Situation records within that time period.

It is the responsibility of program staff to remove a client from the Queue in the event that the participant has obtained housing through other means, has left the CoC, or is deceased.

The Matchmaker will run a report once per quarter to identify those participants on the Queue with no activity within the last 90 days. The Matchmaker will email programs serving these inactive participants to notify them that removal from the Queue is imminent using their unique identifier within HMIS. If the Matchmaker does not receive notice of activity within 10 days of this notification, the participant will be removed from the Queue.

After removal from the Queue, a participant should also be exited from the Coordinated Entry Project within CMIS by the same person who removes them from the Queue. The reason for exit must be provided, including if the reason is that a participant has moved into available housing, either through the CoC or otherwise. Program staff or the Matchmaker will verify that a participant does not have an open referral prior to exiting the participant from the Coordinated Entry Project. A participant with an open referral should only be exited from the Coordinated Entry Project once they have an established move in date.

Match

RNCoC uses a Housing Matchmaker to match participants with an assessment score in CMIS to housing opportunities. Participants are matched with available resources based on need and vulnerability. The participant's intake and assessment will help identify the most appropriate service intervention for which they should be referred. The most vulnerable participants are prioritized for available housing services.

When a permanent housing program has a space available, the Housing Matchmaker will use the Community Queue in CMIS to identify the household or individual to be referred by:

1. Filtering the Community Queue based on the eligibility criteria of the housing program.
2. Prioritizing the Community Queue based on the prioritization methodology described above.
3. Reviewing the 10 most highly prioritized households to identify which household(s) should be referred from among those households. The Housing Matchmaker will provide human judgment and discretion in determining matches and making referrals based upon the prioritization and match-making methodology laid out in this document. Discretion may include:
    - taking into account a client's/household's known preferences, including their preferences related to relocation to a different county within the CoC;
    - considering whether unit eligibility and available services are the right fit to household need; and
    - specialized programs serving unique populations follow the same prioritization guidelines as other programs. Program-eligible households that answer yes to "are you interested in being referred to programs that specialize in serving [specific population]" will be prioritized for the open, specialized resource. If there is no match with a household that is interested in a particular specialized program, the next eligible households will be offered the resource.

Vacancies

Tracking of vacancies is handled through CMIS. As of June 30, 2022, housing providers participating in the CE system are required to update CMIS with any new vacancies (e.g., due to turnover or a new program coming online) using the program availability function as soon as possible, but no later than seven days following a vacancy. The program availability function should be the only means by which providers notify the Matchmaker of vacancies.

When a vacancy is reported, the Housing Matchmaker will identify and refer two of the most highly prioritized households per vacancy as outlined in the matching process described above.

Assignment and Referral

Referral

The Housing Matchmaker will make the referrals from the Community Queue to the appropriate participating provider agency within 10 business days of receiving the notice of vacancy within CMIS. Should the availability be updated and no response from the Matchmaker received within this period, the provider agency should send a follow up email to the Matchmaker to resolve the issue.

The participating provider agency will use the eligibility criteria established for the program and confirm eligibility and availability of units. Referrals cannot screen out potential clients based on actual or perceived barriers related to housing services. Once the referral has been made, the household should remain on the Queue until they have accepted the housing option and been enrolled in the program.

All programs receiving referrals through the coordinated entry system, including CoC/ESG funded programs, must use the coordinated entry system established by RNCoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the coordinated entry system will nonetheless be required to use the coordinated entry system to link their clients to the housing and services programs that are participating in coordinated entry. RNCoC will maintain and annually update a list of all resources that may be accessed through referrals from the coordinated entry system and attach it to these policies and procedures as Appendix C.

Participant Rejection and Provider Denials of Referrals

Both participating provider agencies and participants may deny or reject referrals from the Housing Matchmaker, however service denials by a provider agency should be infrequent and must be documented. All participating provider agencies and participants must provide the reason for service denial or service rejection and may be subject to a limit on the number of service denials. Aggregate counts of service denials must be reported to the Housing Matchmaker and CE Committee annually.

At a minimum, a project's referral rejection/denial reasons must include the following:

- Participant/household refused further participation
- Participant/household does not meet required criteria for program eligibility
- Participant/household unresponsive to multiple communication attempts
- Participant/household resolved crisis without assistance
- Participant/household safety concerns; the participant's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues
- Participant/household needs cannot be addressed by the program; the program does not offer the services and/or housing supports necessary to successfully serve the household
- Property management denial (include specific reason cited by property manager)
- Conflict of interest

A participant's rejection of a referral will not preclude them from participation in the Community Queue or CE process.

Exception Request

In certain situations, the CoC will allow a provider agency that has received a referral and is unable to place the referred participant within the 30-day timeframe to request an exception. Exception requests are reserved to support the placement in housing of an individual on the community queue who has been previously referred at least two times to a CoC or ESG-funded housing program and was unable to be placed in housing during the initial periods of referral. Such an exception request must be made to the Matchmaker **within a week before the referral expires**. The exception request must include:

- The individual's unique identifier (but no names or other personally identifying information should be shared)
- Narrative describing efforts made to house and serve that person in the period since their referral
- A description of the nature of the exception requested. A request may include:
    - The ability to automatically house the participant with CoC or ESG funding resources after the referral has expired but within six months of the initial referral. In this case, the participant would be returned to the community queue and local case conferencing to support them to find housing should begin. The matchmaker would note the exception and when housing is located, that participant would be immediately referred to the program that had requested the exception.
    - Extension of the referral by an additional 30 days.

The Matchmaker will grant the exception when the following conditions have been met:

- Efforts documented by the program to contact, house, and serve the participant demonstrate the following:
    - It is likely that the participant will be housed within a year based on the position of the participant on at least one housing waitlist
    - Evidence of active search for housing, supported by the program provider (e.g., housing search documentation, case worker documentation/narrative, etc.)
    - Evidence of support for the participant in preparation for housing (e.g., document readiness, renter education, etc.)
- The program has submitted fewer than three (3) exception requests in the last 365 days
- The program agrees to convene a local case conference within a month of the exception request to support the participant in connecting with multiple local resources

The requesting program will be notified of the status of the exception request within five (5) business days, and the appropriate action will be taken by the Matchmaker and program to align with the exception request.

Follow Up

Each participating provider agency is encouraged to provide a continuity of services to all program participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals. The participating provider agency is strongly encouraged to develop exit plans with the program participant to ensure continued housing stability and connection with community resources, as necessary.

Additional Safeguards for Survivors of Domestic Violence

When a participant who is anonymous in the Community Queue due to domestic violence receives a housing referral, the Housing Matchmaker will contact the staff contacts included with the assessment. It is the responsibility of the staff contacts to reach out to the client. The standard policies regarding referral and follow up, including the individual's/household's right to decline a referral, still apply. The RNCoC will comply with the Violence Against Women Act. If and when a domestic violence survivor requests an emergency transfer, the RNCoC will add the survivor's identifier to the top of the Community Queue. The survivor will be prioritized for the next available safe housing placement for which they are eligible.

In addition, all individuals and families presenting for services will be informed that an emergency transfer plan is included in the CoC's adopted Coordinated Entry (CE) Policies and Procedures and will be informed of the process to request an emergency transfer.

10. ELIGIBILITY

RNCoC's CE system is designed to serve anyone in the 15-county RNCoC region who is experiencing a housing crisis. This includes those who are:

- Unsheltered (i.e., living in a place not meant for human habitation, including outside, in a car, on the streets, or in an encampment),
- Sheltered (e.g., in emergency shelter, transitional housing, or safe haven), or
- At imminent risk of homelessness (i.e., will lose primary nighttime residence within 14 days and/or is fleeing or attempting to flee domestic violence, has no subsequent residence identified, and lacks resources and support to obtain other permanent housing).

Each participating provider agency must establish specific eligibility criteria that its project(s) will use to make enrollment determinations, and these criteria must be made available to the public. Determining eligibility is a different process than determining prioritization:

- **Eligibility** refers to limitations on who can be accepted into a program based on the program's funding sources, authorizing regulations, real estate covenants or rental agreements, capacity to provide necessary services, and other similar limitations. Each participating provider agency is responsible for eligibility determinations.
- **Prioritization** refers to the order in which the Housing Matchmaker will refer eligible persons to a project based on factors such as need and vulnerability. The RNCoC establishes all priorities for the CoC, which must be implemented by each participating provider agency.

11. CMIS STANDARDS, DATA QUALITY, AND PRIVACY POLICY

CMIS Standards

Except as otherwise specified, data associated with the coordinated entry system should be stored in the RNCoC's Case Management Information System (CMIS). All data entered into or accessed or retrieved from the CMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule in 24 CFR 578.7(a)(8).

Before collecting any information as part of the coordinated entry system, all staff and volunteers must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the coordinated entry process, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant's consent should be in written form.

The RNCoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally identifiable information as possible for statistical purposes.

The completeness and accuracy of data entered into CMIS for the coordinated entry system should be checked at least once per month as part of the community's overall efforts to continuously improve data quality. The RNCoC will provide training and technical assistance on request to anyone using the coordinated entry system who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for participating providers who receive a low score on automated data quality reports.

What Data Will Be Collected

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the coordinated entry system.

Data needed to assess and evaluate the coordinated entry system itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the coordinated entry system.

Whenever possible, the coordinated entry system should avoid collecting personal data that is not needed for the above purposes.

Who May Access Coordinated Entry Data

Only individuals who have completed a full set of CMIS training and signed an CMIS end-user agreement may directly access CE system data. All such persons must be informed of and

understand the privacy rules associated with collection, management, and reporting of participant data.

When and How Personally Identifiable Data Can Be Shared

It is often useful to share certain kinds of data collected during the CE process, including:

- Among different homeless service providers;
- Between a homeless service provider and a mainstream resource provider such as Medicaid;
- Between multiple data systems to reduce duplicative efforts and increase case
- Coordination across providers and funding streams; or
- With the general community for purposes of education and advocacy.

However, in sharing data, great care must be taken not to share personally identifiable data outside the context of the systems and purpose(s) covered by the participant's affirmative consent.

Therefore, all entities that routinely share data with or receive data from the CE system must sign data-sharing agreements that obligate the entities to follow comparable privacy standards and that restrict the use of the data being shared to uses that are compatible with participants' consent.

Personally identifiable data must always be used for the benefit of the participant to which the data pertains, and not for the general convenience of other government entities. Requests for data made by Child Protective Services, Adult Protective Services, legal counsel, detectives, immigration officials, or by law enforcement who are not actively cooperating with the CoC through outreach or other CoC-related efforts should be refused unless the requesting party displays a valid warrant specifically ordering the release of the data, or with the participant's affirmative written consent.

The Release of Information (ROI) form grants permission to share information within CMIS. Individuals who do not sign the ROI form will be entered into CMIS, but their data will not be shared within the CMIS system. A participant's refusal to sign the ROI form will not prevent the participant from being included in the Community Queue. Within the CMIS system, the Community Queue does not contain any personally identifying information. When a participant's ID is chosen, a system administrator must be contacted to connect the participant's agency with the program the participant has been approved to enter.

For the purpose of determining housing placement referrals, participants will be asked to complete a CE ROI, verbally or in writing, to have their identifying names placed on the Community Queue. Participants may opt out of having their identifying name shared on the list and be identified by a number or anonymous identifier only. Participants not allowed to be in CMIS, including those served by victim services providers, shall be identified only by a number or other anonymous identifier at all times.

When Anonymous Data Can Be Shared

Data that is truly anonymous can be shared for any legitimate purpose of the CoC, but care must be taken to ensure that data has been reliably stripped of all characteristics that could conceivably be used to re-associate the data with a particular individual or household. Some characteristics that appear to be anonymous could be personally identifiable within the context of a relatively small community. For example, there may be only one formerly homeless person in the CoC who has a particular birthdate.

Similarly, a piece of data that is not personally identifiable in isolation may become personally identifiable when combined with other (supposedly) anonymous data. For instance, "chronically homeless" is not a personally identifiable characteristic, but if there are only three chronically homeless Hispanic veterans in the CoC, then informed observers may be able to match a case note made about a "chronically homeless Hispanic veteran" with a particular individual, thereby violating that individual's privacy.

Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing from or experiencing any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

Any data collected from this population should be recorded and protected anonymously in CMIS or on-site by individual victim service providers, using all appropriate safeguards, including, where necessary to keep participants safe, the total anonymization of all incoming data on potential victims of domestic violence.

12. EVALUATION AND MONITORING

The RNCoC evaluates its CES based on desktop monitoring, CES reports, provider feedback, and aggregate data. Data evaluation will be reviewed by the Steering Committee and Coordinated Entry and Monitoring and Peer Review Committees at least quarterly to understand the impact of CES changes. This may also be completed in support of the annual Rating and Ranking process as part of the CoC's Collaborative Application to HUD. All members must participate and comply with all CES evaluation and monitoring requirements.

Monitoring and Evaluation

RNCoC uses multiple tools and mechanisms to monitor and evaluate member sites and programs participating in the CES.

Coordinated Entry Committee

The Coordinated Entry Committee is responsible for monitoring each project's compliance with the RNCoC's CES intake, assessment, and referral processes. During monthly Coordinated Entry Committee meetings, the group will review a customizable dashboard providing the following information:

- Overall number of people on the Queue
- Number of referrals to the Queue by program
- Number of placements from the Queue by program
- Demographics of participants on the Queue
- Demographics of participants being placed in housing
- CHAT and F-CHAT Scores
- Other data points requested by the Coordinated Entry Committee

Steering Committee and Monitoring and Peer Review Committee

The Steering Committee and Monitoring and Peer Review Committee may also review performance and grant management of programs after the initial Coordinated Entry Committee monitoring and evaluation.

Data

During all phases of the CES monitoring and evaluation process, participant privacy protections are to be upheld and evaluated. No personally identifying information will be provided during the evaluation phase.

As part of the evaluation process, the CoC will examine how the coordinated entry system is affecting the CoC's HUD System Performance Measures, and vice versa. To that end, the evaluation will also include project- and system-level CMIS data.

Feedback

Project-specific Feedback for CES Monitoring and Evaluation

At least once per year, the Coordinated Entry Committee, will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with coordinated entry. They will solicit feedback addressing the quality and effectiveness of the entire coordinated entry experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information. Each year, the evaluation will use ***one or more*** of the following methods:

- Surveys designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households; or
- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

The Coordinated Entry Committee will collect feedback and data comprising the evaluation to present to the Steering Committee for review and analysis. The Coordinated Entry Committee will meet to consider what changes are necessary to the coordinated entry system's processes, policies, and procedures in light of the feedback received and make recommendations to the Steering Committee as appropriate.

Additional Feedback for CES Monitoring and Evaluation

The RNCoC must also collect stakeholder feedback annually and engage participants from all component types, referral sources, residents, participants of homeless services, programs, funders of homeless response systems and mainstream system providers.

Access Sites are strongly encouraged to support the implementation, expansion, and ongoing operation and evaluation of the coordinated entry system by regularly convening stakeholder input and feedback opportunities.

13. TRAINING

The RNCoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points. The purpose of the training is to provide all coordinated entry site staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the RNCoC's Coordinated Entry written policies and procedures.

New staff and new volunteers who begin to participate in the coordinated entry process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the RNCoC's written coordinated entry system policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for administration and use of assessment information to determine prioritization;
- Requirements for access and use of CMIS;
- Criteria for uniform decision-making and referrals; and
- Non-discrimination and fair housing policies as applied to the coordinated entry system.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff and volunteers who enter data into CMIS or access data from CMIS must be trained in current CMIS policy and procedures.

14. APPENDIX A: FORMS

a. CMIS Data Sharing Agreement
b. CMIS Release of Information (ROI)
c. Coordinated Entry Assessor User Agreement

CMIS Data Sharing Agreement

Nevada CMIS/HMIS

(Community and Homeless Management Information System)
Memorandum of Understanding and Data Sharing Agreement between

Nevada Balance of State (Rural) Continuum of Care
(CoC)
and

_____
(Partner Agency)

Memorandum of Understanding (MOU)

Updated July 2017

1. INTRODUCTION

This agreement is entered into on _____ (m/d/y) between _____, (CoC lead name) hereafter known as the CoC, and (agency name)_____, hereafter known as "Agency," regarding access and use of the Nevada Community and Homeless Management Information System, hereafter

The HMIS is a shared homeless database and software application that allows authorized personnel at participating agencies throughout Nevada to collect, use, and share information on common clients.

The State of Nevada HMIS governance model is that of a HMIS Working Group. This HMIS Working Group is comprised of the following:

- CoC Representatives
- HMIS Lead Agency Staff (Clark County Social Service)
- Local Jurisdictional Representatives
- Participating Agency Staff and Consumers

However, in this governance model, the three Nevada Continuums of Care are collectively responsible for all final decisions regarding the planning of policies and procedures, coordination of resources, data integration, determination of software applications, while also directing the HMIS lead agency.

Subject to the direction of the HMIS Working Group, Bitfocus, Inc. is the HMIS Program Administrator and has assumed responsibility for overall project administration and monitoring, hosting of the HMIS and limiting access to the database to participating agencies.

2. CONFIDENTIALITY

A. The Agency will use its reasonable best efforts to uphold relevant Federal and State confidentiality regulations and laws that protect client records, and the Agency will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws. A client is anyone who receives services from the Agency and a guardian is one legally in charge of the affairs of a minor or of a person deemed incompetent. For convenience of reference, future references in this Agreement to a client include reference to any guardians of a client.

1. The Agency will use its reasonable best efforts to comply with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records. The Agency understands that Federal laws and regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
2. The Agency will use its reasonable best efforts to comply with the Health Insurance Privacy Portability and Accountability Act of 1996 and corresponding regulations adopted by the U.S. Department of Health and Human Services.
3. The Agency will use its reasonable best efforts to comply with laws of the State of Nevada regarding substance abuse and medical records.
4. The Agency will use its reasonable best efforts to provide a written explanation of the HMIS to all clients.
5. The Agency will use its reasonable best efforts not to input information from clients into the HMIS unless it is essential to provide services or conduct evaluation or research.
6. The Agency will use its reasonable best efforts not to divulge any confidential information received from the HMIS to any participating agency, outside organizations, internal organization, or individuals without proper written consent by the client unless otherwise permitted by relevant regulations or laws. This includes, but is not limited to, client contact or location information and client program or service participation.
7. The Agency is encouraged to seek its own legal advice in the event that a non-participating agency requests identifying confidential client information.
8. The Agency agrees that client information obtained from within the HMIS is not to be used for criminal investigation of clients unless required by law in compliance with court orders, warrants, and subpoenas.

B. The Agency agrees to use its reasonable best efforts to maintain appropriate documentation of client consent to participate in the HMIS.

    1. If a client does not grant authorization to share basic identifying information and non-confidential service data via the HMIS, then such information should not be provided to HMIS.
    2. The Agency will use its reasonable best efforts to incorporate a HMIS Clause into one or more existing Agency Authorization for Release of Information Form(s). The CoC and/or its contractors may conduct periodic audits to enforce informed consent standards, but the primary oversight of this function is between agencies.
    3. The Agency will use its reasonable best efforts to modify its client grievance procedures to incorporate the HMIS Client Grievance Procedures, or to add the HMIS Procedures as an addendum.
    4. The Agency will use its reasonable best efforts to modify its Privacy Notice, which describes the protocols taken by Agency staff to protect the protected personal information of clients to include the HMIS Privacy Notice.
    5. The Agency understands that provision of services by the Agency is not and will never be contingent upon a client's participation in the HMIS, and that the CoC does not require or imply otherwise.

C. The Agency and the CoC understand that the HMIS, and Bitfocus, Inc. as administrator, are custodians of data and not owners of data.

    1. If this Agreement is terminated, the CoC and the remaining participating agencies will maintain their right to the use of all client data previously entered by the former participating agency, subject to all of the other provisions of this Agreement.

3. DATA ENTRY AND SHARING

A. The Agency will use its reasonable best efforts to comply with and enforce the current HMIS Standard Operating Procedures (SOP) and the HMIS Responsibility Statement and Code of Ethics.

B. The Agency may collect client-identified information only when appropriate to the purposes for which the information is obtained or when required by law. The Agency must collect client information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual.

C. Clients MUST be provided a notification and consent form that explains HMIS and why their personal information is being collected.

D. If a client has previously given permission to multiple agencies to have access to her/his information and then chooses to eliminate one or more of those agencies, the agency to which such choice is expressed will use its reasonable best efforts to notify the affected agencies that the information will no longer be available at the client's request. Participating agencies understand that at no time should they penalize or threaten to penalize clients for requesting that their information be held in strict confidence.

E. The Agency is responsible for setting the sharing parameters for files that the Agency enters or updates.

F. The Agency will not condition any services upon or decline to provide any services to a Client based upon a Client's refusal to sign a Client Consent to Release Information form for the sharing of identified information or refusal to allow entry of identified information into HMIS.

G. The Agency agrees not to release any Client identifying information received from HMIS to any other person or organization without written informed Client consent, or as required by law.

H. The Agency will maintain security and confidentiality of HMIS information and is responsible for the actions of its users and for their training and supervision. Agencies will follow the User Polices and Guidelines, which is on the Nevada HMIS web page (http://nvcmis.bitfocus.com/) and is incorporated into this agreement and may be modified from time to time

I. The Agency will use its reasonable best efforts not to make any misrepresentations concerning its clients in the HMIS (i.e., the Agency will not purposefully enter inaccurate information on a new record or on a record entered by another agency).

J. The Agency will use its reasonable best efforts to enter data into the HMIS in a consistent manner.

K. Agency will not alter or over-write information entered by another Agency with the exception of basic demographic information if that data has not been entered, or that information was found to be incorrect.

L. Discriminatory comments based on race, ethnicity, religion, national origin, ancestry, disability, age, gender, and sexual orientation are not permitted in the HMIS.

M. Offensive language and profanity are not permitted in the HMIS.

N. Use of the HMIS system or network to transmit any material in violation of any laws or regulations of the United States or any constituent state or territory is prohibited. This includes, but is not limited to, copyrighted material and threatening or obscene material.

O. The Agency will not use the HMIS with intent to defraud any person or entity, including any governmental agencies, or to conduct any illegal activity.

P. The Agency will permit access to HMIS only with use of a User ID and password, which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location.

Q. The Agency recognizes the HMIS Working Group to be the discussion and decision-making center regarding the HMIS, including process updates, policy and practice guidelines, data analysis, and software/hardware upgrades. The Agency will designate an assigned staff member to attend Working Group meetings regularly, and understands that the CoC will be responsible for coordinating Working Group activities subject to the direction of the Working Group.

R. The Agency understands that when it enters information into HMIS, such information will be available to Bitfocus, Inc. who may review the data to administer HMIS; to conduct analysis; and to prepare reports which may be submitted to others in de-identified form without individual identifying Client information.

4. REPORTS

A. The Agency understands that it will have full access to all identifying and statistical data on the clients it serves.

B. The Agency understands that access to data on those it does not serve will be limited or not available depending on the sharing agreement(s) maintained with other participating agencies.

C. Reports containing information not served by the Agency are limited to statistical and frequency reports that do not disclose identifying information.

D. The Agency understands that before non-identifying system wide aggregate information collected by the HMIS is disseminated to participating agencies or funding sources, it shall be authorized by the HMIS Working Group. If urgent requests from an authorized entity indicate that it is unreasonable and unnecessary to wait for approval, the Program Administrator and HMIS Working Group Chair must concur on such dissemination. Working Group members will be notified immediately of the Chair's decision, and a full written report will be provided at the next Working Group meeting.

E. The CoC will use its reasonable best efforts never to release proprietary information about agencies or their services, procedures or clients without written permission of the Agency.

5. INSURANCE

A. Except as otherwise expressly provided in this Agreement, neither the Agency nor the CoC make any representations or warranties, express or implied. Each of the parties will obtain and keep in force insurance in such amounts and covering such risks for the benefit of the Working Group, the CoC, Bitfocus, Inc., and participating agencies. Neither of the parties shall be liable to the other or to any other person or entity for damages, losses, or injuries other than if and to the extent the same are the result of gross negligence or willful misconduct by the management of the Agency or the CoC.

B. Agency and the CoC each agree to defend, indemnify and hold each other harmless for any claims or liability arising from the acts and omissions of the other, including any third party claims arising from the acts and omissions of any officers, employees, agents, representatives, licensees or clients of the other.

6. TERMS AND CONDITIONS

A. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.

B. Neither party shall have the right to transfer or assign any rights or obligations under this Agreement without the written consent of the other party.

C. This Agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. Notwithstanding the foregoing, if there is credible evidence regarding possible or actual breach of this Agreement and the nature of the breach threatens the integrity of the HMIS, the Working Group will have the right to suspend or limit access to the HMIS by the alleged wrongdoer pending investigation and resolution of the matter to the extent reasonably required to protect the integrity of the system.

D. This Agreement may be modified or amended only by a written agreement executed by both parties.

E. The qualifications and meetings of members of the HMIS Working Group and all other matters relating to the Working Group shall be provided in by-laws of the Working Group adopted or modified from time to time by majority vote of all of the participating agencies.

F. This Agreement is made for the purpose of defining and setting forth certain obligations, rights and duties of the Working Group, the CoC, Bitfocus, Inc. and the Participating Agency. It is made solely for the protection of the Working Group, the CoC, Bitfocus, Inc., and the Participating Agency and their respective heirs, personal representatives, successors and assigns. No other person or entity shall have any rights of any nature under this Agreement or by reason hereof. Without limiting the generality of the preceding sentence, no user of the HMIS system in his or her capacity as such and no current, former or prospective client of any agency shall have any rights of any nature under this Agreement or by reason hereof.

Name and Address of Participating Agency:

_____

_____

_____

_____

_____ _____

Authorized Representative Signature Date (m/d/y)

_____ _____

Authorized Representative Printed Name Title

_____

Signature of Chair of Agency Board of Directors

CoC Authorized Representative

_____ _____

CoC Authorized Representative Signature Date (m/d/y)

_____ _____

CoC Authorized Representative Printed Name Title

CMIS Release of Information (ROI)

Nevada Community Management Information System (CMIS)
Client Consent for Data Collection and Release of Information

What is the CMIS?
The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?
With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at http://nvcmis.bitfocus.com/.

BY SIGNING THIS FORM, I AUTHORIZE the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:
- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:
- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at http://nvcmis.bitfocus.com/, to nevada@bitfocus.com.

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research;however, my identity will remain private.

SIGNATURE:

_____ _____
Signature of Patient/Client or Representative Date

_____
PRINTED NAME

Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or "de-identified".

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

FOR AGENCY USE ONLY:

Client Opted Out (Refused Consent) _____ *(Staff/Agency Initials)*

_____ _____

Witness Staff & Agency Date

Coordinated Entry Assessor User Agreement

Rural Nevada Continuum of Care's (CoC) Coordinated Entry Assessments are used to uniformly prioritize homeless Participants based on their vulnerability and severity of need. Due to the nature of the data accessible, all agencies and staff across the Continuum of Care must agree to the following:

Definitions & Additional Resources:

- Participant (Client): a user of services.
- Agency staff: paid employees, interns and volunteers.
- CMIS/HMIS: Case Management Information System/Nevada Homeless Management Information System.
    - o Additional Resources on HMIS:
        - HMIS Agency Data Sharing Agreement
        - HMIS Memorandum of Understanding (MOU)

Administration of Assessment Tools:

- Assessment Tools Administration:
    - Agency staff administering Assessments will use a person-centered, trauma-informed and culturally and linguistically appropriate approach to conducting administration
    - Agency staff administering Assessments will provide a safe and private place to conduct Assessments
    - Agency staff administering assessments will not attempt to manipulate or affect a Participant's answers for the purposes of increasing or decreasing the Participant's assessment score. This includes, but is not limited to:
        - Coaching or leading a Participant to answer questions
        - Causing a Participant to think or have the impression that an answer will enable the Participant to access housing or services, or reduce the length of time it will take to access housing or services.
        - Altering a Participant's answer.
        - Not entering a Participant's response as given.
- Agency staff administering the assessment will not inform Participants of their assessment score.
- Agency staff administering the assessments will not inform Participants how their score compares to any other Participant(s).
- Agency staff administering the assessment will not guarantee or imply a Participant will receive housing or services simply for taking the assessment or participating in the process.

- Agency staff administering the assessment will not inform or speculate of the categories of housing and services for which Participants are eligible based upon their assessment answers or assessment score.
- Agency staff will only enter Participant information for Participants of the agency that provided the HMIS license.
- Termination of Rights Due to Misuse: The right(s) of an Agency or Agency staff to administer the Assessment Tools may be suspended and/or terminated for failure to comply with the terms of this User Agreement.

- Determination of Failure to Comply.
    - If any agency discovers that one or more members of its staff has violated the terms of assessment Administrator User Agreement, it is the Agency's responsibility to report this information to the CoC Coordinator.
    - The CoC Coordinator is responsible for providing appropriate additional training to agency staff member(s). More than one instance of violation per agency staff member may result in additional measures as determined necessary by the Coordinated Entry Committee. These measures may include, but are not limited to: training, support, or suspension or revocation of the right to administer the Assessment Tools.
- Grievances: If an Agency or individual disagrees with a decision of the Committee to suspend or revoke the right to administer the Assessment ools, the grievance policies set forth in the CoC Policies and Procedures apply.

By signing here, the undersigned agrees to and understands the above and that they have participated in Coordinated Entry Assessor Training.

Signature		Date	
Print Name		Agency	
Email Address		Phone	

15. APPENDIX B: LIST OF ACCESS SITES IN THE RNCOC

The following is a list of all designated access points within the Rural Nevada Continuum of Care. For those counties without a physical access point, it is noted to which agency a person seeking access will be connected either by telephone or virtually.

County	Agency Name	Address	Phone and Email
Carson City	Carson City Human Services	900 East Long St., Carson City, NV 89706	**775-887-2110**
Churchill	Churchill County Social Services	485 W. B Street #105, Fallon, NV 89406	**775-423-6695** sssupervisor@churchillcounty.org sshousing@churchillcounty.org
	New Frontier Treatment Center	1490 Grimes Street, Fallon, NV 89406	**(775) 423-1412** ccoad@ccomm.net
Douglas	Douglas County Social Services	2300 Meadow Lane, Gardnerville, NV 894410	**775-782-9825**
Elko	Elko Friends in Service Helping (FISH)	821 Water St., Elko, NV 89801	**775-738-3038** Contact@fishelko.org
Esmeralda	**Telephone:** Nevada Outreach Training Organization		**775-751-1118**
Eureka	TBD		
Humboldt	Frontier Community Action Agency	667 Anderson St., Winnemucca, NV 89445	**775-623-9003**
Lander	Frontier Community Action Agency	370 South Mountain Street, Battle Mountain, NV 89820	**775-635-8302**
Lincoln	**Telephone:** Nevada Outreach Training Organization		**775-751-1118**
Lyon	Lyon County Human Services	620 Lake Avenue, Silver Springs, NV 89429	**775-577-5009**
Mineral	**Telephone:** Lyon County Human Services		**775-577-5009**
Nye	Nevada Outreach Training Organization	612 S. Blagg, Pahrump, NV 89048	**775-751-1118**
	Nye County Health and Human Services	1981 East Calvada Blvd. North, Ste.120, Pahrump, NV 89048	**775-751-7095** HHS@co.nye.nv.us
Pershing	Frontier Community Action Agency		**775-623-9003**
Storey	**Telephone:** Lyon County Human Services		**775-577-5009**
White Pine	TBD		

16. APPENDIX C: LIST OF AGENCIES/PROGRAMS PARTICIPATING IN COORDINATED ENTRY SYSTEM

Agency Name	Housing Program	Address	Phone and Email
Carson City Human Services	Shelter Plus Care	900 East Long St., Carson City, NV 89706	**775-887-2110**
Churchill County Social Services	Rapid Rehousing	485 W. B Street #105, Fallon, NV 89406	**775-423-6695** sssupervisor@churchillcounty.org sshousing@churchillcounty.org
Frontier Community Action Agency	Rapid Rehousing Permanent Supportive Housing	667 Anderson St., Winnemucca, NV 89445	**775-623-9003**
Nevada Outreach Training Organization	Rapid Rehousing for Survivors of Domestic Violence	612 S. Blagg, Pahrump, NV 89048	**775-751-1118**
Nye County Health and Human Services	Rapid Rehousing	1981 East Calvada Blvd. North, Ste.120, Pahrump, NV 89048	**775-751-7095** HHS@co.nye.nv.us
Division of Public and Behavioral Health Rural Clinics	Permanent Supportive Housing	Multiple Sites	**702-486-6059** dtann@health.nv.org
Vitality Unlimited	Permanent Supportive Housing	1250 Lamoille Hwy. STE 942, Elko, NV 89801	**775-738-4158** lovia.larkin@vitalityunlimited.org

Other Important Contact Information

Veterans Administration Coordinated Entry Coordinator: For locations within a two-hour radius of Reno, please contact Kara Fraki at 775-324-6600 or Kara.fraki@va.gov. For other locations, please reach out the nearest VA.