Coordinated Entry System Participation Agreement

Hennepin County Continuum of Care

The purpose of this CES Participation Agreement is to document and communicate guidelines for agency participation in the Hennepin County Coordinated Entry System (CES). CES is a collaborative initiative designed to create a more effective and efficient homeless response system, as well as assure compliance with HUD mandates. By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in this Agreement, the Hennepin County CES Policy and Procedures Manual, and the CoC Written Standards. Further, the undersigned organizations agree to adopt and comply with the Agreement in order to participate in CES.

**All partner agencies participating in Hennepin County Coordinated Entry agree to:**

* Participate in the Hennepin County CES, as outlined in the HC CES policy and procedure manual.
* Accept referrals for program vacancies from HC Coordinated Entry.
* Provide up-to-date vacancy information as outlined in the HC CES policy and procedure manual.
* Treat all consumers with respect and kindness.
* Provide all program eligibility criteria to the HC CES team.
* Meet with the HC CES Team and CoC governing board when requested to discuss concerns and issues around coordinated entry as outlined in the HC CoC Written Standards.
* Make Coordinated Entry Partnership processes, including those related to access, assessment and referral to homeless programs and services, well-known to all clients.
* Use established Coordinated Entry policies and procedures to refer and accept clients into projects and programs named in Attachment A.
* Communicate with HC CES team when/if a referred household is not accepted into a project/program
* Make appropriate staff available for the training on CES policies and procedures.
* Attend/Participate in case conferencing to coordinate services for participants in your programs.
* Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness.
* Comply with the roles and responsibilities set forth in this Participation Agreement.
* Provide advanced (at least 30 days) notice of any changes in program service(s) and support(s) to the HC CES Team.

The Hennepin County Continuum of Care will serve as the administrator for the Coordinated Entry System and will assume the responsibilities and requirements of Coordinated Entry as outlined in the CoC Interim Rule. The HC CoC will:

• Ensure the operation of Coordinated Entry and participation of all funder HMIS homeless dedicated beds required to participate in CES.

• Develop written guidance for the operation of Coordinated Entry (CE).

• Monitor participation for consistency and adherence as outlined in the CoC Written Standards and CES policy and procedure manual.

• Conduct oversight of Coordinated Entry participation to ensure compliance with HUD regulations.

• Report to the Hennepin County CoC Operations Board on a regular basis with regard to Coordinated Entry participation, data quality, and compliance.

• Communicate with all agencies participating in the CES regarding changes to Coordinated Entry and upcoming meetings/calls/trainings.

• Maintain the Coordinated Entry System CES inbox, oversee the policy and procedure manual, complete referrals to providers, and ensure providers’ vacancies are updated and accurate.

Neither the CES Participating Organization nor the CES administrator may transfer the rights and responsibilities outlined in this agreement without the written consent of the other party. This Participation Agreement will be in force until revoked in writing by either party and then will be terminated without 30 days of written notice by the CES Participating Organization or the CES administrator.

This agreement will be reviewed and renewed annually, in accordance with federal guidance.

**Signature Page**

Please sign and date below if you agree to these criteria.

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

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHMENT A

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| Agency Name | Program Name | HMIS Project ID  | Funding Source | Contact Name | Contact Information |
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